Analytical Laboratories, Inc.

1804 N. 33rd Street
Boise, Idaho 83703
Phone (208) 342-5515

Date Report Printed: 1/10/2006 3:22:54
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0600461

Attn: GAIL
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: D MACNICHOL
Submitted By: UPS

Source of Sample:
EFFLUENT WASTEWATER

Time of Collection: 13:00
Date of Collection: 1/5/2006
Date Received: 1/6/2006
Report Date: 1/10/2006

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		2	MPN/100mL		SM 9223	1/7/2006	RLV

MCL = Maximum Contamination Level
MDL = Method/Minimum Detection Limit
UR = Unregulated

Thank you for choosing Analytical Laboratories for your testing needs.

If you have any questions about this report, or any future analytical needs, please contact: Michael Moore

Analytical Laboratories, Inc.

1804 N. 33rd Street
Boise, Idaho 83703
Phone (208) 342-5515

Date Report Printed: 1/10/2006 3:22:55
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0600462

Attn: GAIL
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: D MACNICHOL
Submitted By: UPS

Source of Sample:
EFFLUENT WASTEWATER

Time of Collection: 13:05
Date of Collection: 1/5/2006
Date Received: 1/6/2006
Report Date: 1/10/2006

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		2	MPN/100mL		SM 9223	1/7/2006	RLV

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MDL = Method/Minimum Detection Limit
UR = Unregulated

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Boise, Idaho 83703
Phone (208) 342-5515

Date Report Printed: 1/10/2006 3:22:55
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0600463

Attn: GAIL
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: D MACNICHOL
Submitted By: UPS

Source of Sample:
EFFLUENT WASTEWATER

Time of Collection: 13:10
Date of Collection: 1/5/2006
Date Received: 1/6/2006
Report Date: 1/10/2006

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		2	MPN/100mL		SM 9223	1/7/2006	RLV

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MDL = Method/Minimum Detection Limit
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Analytical Laboratories, Inc.
1804 N. 33rd Street
Boise, Idaho 83703
Phone (208) 342-5515

Date Report Printed: 1/25/2006 8:40:46
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0601886

Attn:
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: C BRIGHAM/M MOORE
Submitted By: C BRIGHAM/M MOORE

Source of Sample:
LITTLE SALMON RIVER - DOWNSTREAM

Time of Collection: 15:00
Date of Collection: 1/19/2006
Date Received: 1/20/2006
Report Date: 1/25/2006

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Ammonia Direct (as N)		0.61	mg/L	0.04	EPA 350.1	1/24/2006	WW

Michael Moore 1/25/06

Thank you for choosing Analytical Laboratories for your testing needs.

If you have any questions about this report, or any future analytical needs, please contact: Michael Moore

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MDL = Method/Minimum Detection Limit
UR = Unregulated

Analytical Laboratories, Inc.

1804 N. 33rd Street
Boise, Idaho 83703
Phone (208) 342-5515

Date Report Printed: 1/26/2006 1:05:31
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0601879

Attn:
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: C BRIGHAM/M MOORE
Submitted By: C BRIGHAM/M MOORE

Source of Sample:
WWTP INFLUENT

Time of Collection: 15:00
Date of Collection: 1/19/2006
Date Received: 1/20/2006
Report Date: 1/26/2006

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		54	mg/L		EPA 405.1	1/25/2006	DLR
Total Suspended Solids		32	mg/L	3	EPA 160.2	1/26/2006	DLR

Michael Moore 1/26/06

Thank you for choosing Analytical Laboratories for your testing needs.

If you have any questions about this report, or any future analytical needs, please contact: Michael Moore

MCL = Maximum Contamination Level
MDL = Method/Minimum Detection Limit
UR = Unregulated

Analytical Laboratories, Inc.

1804 N. 33rd Street
Boise, Idaho 83703
Phone (208) 342-5515

Date Report Printed: 1/26/2006 1:05:32

http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0601880

Attn:
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: C BRIGHAM/M MOORE
Submitted By: C BRIGHAM/M MOORE

Source of Sample:
WWTP EFFLUENT

Time of Collection: 15:05
Date of Collection: 1/19/2006
Date Received: 1/20/2006
Report Date: 1/26/2006

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		<1	MPN/100mL		SM 9223	1/21/2006	RLV
Ammonia Direct (as N)		9.9	mg/L	0.04	EPA 350.1	1/24/2006	WW
Biochemical Oxygen		<7	mg/L		EPA 405.1	1/25/2006	DLR
Total Suspended Solids		8	mg/L	3	EPA 160.2	1/26/2006	DLR

Michael Moore 1/26/06

Thank you for choosing Analytical Laboratories for your testing needs.

If you have any questions about this report, or any future analytical needs, please contact: Michael Moore

MCL = Maximum Contamination Level
MDL = Method/Minimum Detection Limit
UR = Unregulated

Analytical Laboratories, Inc.

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Boise, Idaho 83703
Phone (208) 342-5515

Date Report Printed: 1/25/2006 8:40:46
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0601885

Attn:
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: C BRIGHAM/M MOORE
Submitted By: C BRIGHAM/M MOORE

Source of Sample:
LITTLE SALMON RIVER - UPSTREAM

Time of Collection: 15:10
Date of Collection: 1/19/2006
Date Received: 1/20/2006
Report Date: 1/25/2006

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Ammonia Direct (as N)		<0.04	mg/L	0.04	EPA 350.1	1/24/2006	WW

Michael Moore 1/25/06

Thank you for choosing Analytical Laboratories for your testing needs.

If you have any questions about this report, or any future analytical needs, please contact: Michael Moore

MCL = Maximum Contamination Level
MDL = Method/Minimum Detection Limit
UR = Unregulated

Analytical Laboratories, Inc.

1804 N. 33rd Street
Boise, Idaho 83703
Phone (208) 342-5515

Date Report Printed: 1/27/2006 10:33:2
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0602465

Attn: DOUGLAS MACNICHOL
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: D MACNICHOL
Submitted By: UPS

Source of Sample:
WWTP EFFLUENT

Time of Collection: 13:15
Date of Collection: 1/25/2006
Date Received: 1/26/2006
Report Date: 1/27/2006

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		<1	MPN/100mL		SM 9223	1/27/2006	LM

Michael Moore 1/31/06

Thank you for choosing Analytical Laboratories for your testing needs.

If you have any questions about this report, or any future analytical needs, please contact: Michael Moore

MCL = Maximum Contamination Level
MDL = Method/Minimum Detection Limit
UR = Unregulated

CITY OF NEW MEWADOWS WWTP MONTHLY REPORT

MONTH Jan YEAR 2006

DATE	DAY	TEMP	WEATHER	CL/2 RES	INN.PH	INN.FLOW	INN.TEMP	EFF.PH	EFF.FLOW	EFF.TEMP.	IN.COLOR	FLOW METER	ACT.FLOW
											FLOW END OF MONTH	335141	
01-03	Tues	30	P/C	0.1	5.55		13.2	5.31	156.9	10.3	Light Green	347208	1,306,700
01-04	Wed	32	M/C	0.2				6.38	120.3	11.7	Light Green	349422	221,400
01-05	Thurs	25	P/C	0.2				6.20	108.0	10.0	Ex Light Green	351149	172,700
01-09	Mon	25	M/C	0.8	6.38		11.8	6.54	106.8	7.1	Ex Light Green	357550	640,100
01-12	Thurs	24	P/C	0.5				6.44	184.9	6.9	Ex Light Green	364792	724,200
01-17	Tues	32	Snow	0.5	7.05		13.4	7.30	146.2	8.4	Ex Light Green	375732	1,094,000
01-20	Fri	30	Snow	1.0				7.06	83.5	8.5	Ex Light Green	381218	548,600
01-23	Mon	25	P/C	1.0	6.64		14.3	6.73	69.4	9.4	Ex Light Green	385115	389,700
01-25	Wed	15	P/C	1.0				7.69	63.5	8.4	Ex Light Green	387059	194,400
01-30	Mon	33	Rain	0.5	7.22		13.3	7.55	128.4	11.0	Ex Light Green	392751	569,200

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME NEW MEADOWS, CITY OF (WWTP)

ADDRESS P.O. BOX 324
NEW MEADOWS ID 83654

FACILITY NEW MEADOWS, CITY OF (WWTP)

LOCATION NEW MEADOWS ID 83654

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
ID0021199	001 A

MINOR PL92-500
(SUBR 02)
F - FINAL

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

*** NO DISCHARGE [illegible] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 8 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	******	******		******	54	******	(19)	0	1/31	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	REPORT MO AVG	******	MG/L		ONCE MONTH	COMP-C
BOD, 5-DAY (20 DEG. C) 00310 N 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<11.2	******	(26)	******	<7	******	(19)	0	1/31	GRA
	PERMIT REQUIREMENT	135 WKLY AVG	******	LBS/DY	******	45 WKLY AVG	******	MG/L		ONCE MONTH	COMP-C
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<11.2	******	(26)	******	<7	******	(19)	0	1/31	GRAB
	PERMIT REQUIREMENT	90 MO AVG	******	LBS/DY	******	30 MO AVG	******	MG/L		ONCE MONTH	COMP-C
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		5.31	******	7.69	(12)	0	10/31	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	6.5 INST MIN	******	9.0 INST MAX	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 8 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	******	******		******	32	******	(19)	0	1/31	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	REPORT MO AVG	******	MG/L		ONCE MONTH	COMP-C
SOLIDS, TOTAL SUSPENDED 00530 N 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	12.8	******	(26)	******	8	******	(19)	0	1/31	GRA
	PERMIT REQUIREMENT	135 WKLY AVG	******	LBS/DY	******	45 WKLY AVG	******	MG/L		ONCE MONTH	COMP-C
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	12.8	******	(26)	******	8	******	(19)	0	1/31	GRAB
	PERMIT REQUIREMENT	135 MO AVG	******	LBS/DY	******	45 MO AVG	******	MG/L		ONCE MONTH	COMP-C

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

MONITORING LOCATION "N" IS FOR EFFLUENT

PA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

PAGE OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME [illegible] MEADOWS, CITY OF [illegible]
ADDRESS P.O. BOX 324
NEW MEADOWS ID 83654

FACILITY [illegible] MEADOWS, CITY OF [illegible]
LOCATION NEW MEADOWS ID 83654

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
[illegible]	001 A

MINOR PL92-500
(SUBR 02)
F - FINAL

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]

*** NO DISCHARGE [illegible] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
[illegible]	SAMPLE MEASUREMENT	******	******		******	******	9.9	[illegible]	0	1/31	GRAB
[illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.1920	0.2188	[illegible]	******	******	******		0	10/31	DIRE[illegible]
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAY MAX	MGD	******	******	******	*** ****		ONCE/MO	CONTIN MEASUREM
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.93	******	[illegible]	******	0.58	******	[illegible]	0	1/31	GRAB
	PERMIT REQUIREMENT	[illegible] WKLY AVG	******	LBS/DY	******	0.25 WKLY AVG	******	MG/L		WEEKLY	GRAB
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.93	******	[illegible]	******	0.58	******	[illegible]	0	5/31	GRAB
	PERMIT REQUIREMENT	[illegible] DAY AVG	******	LBS/DY	******	0.25 MO AVG	******	MG/L		WEEKLY	GRAB
C. COLI 31040 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	1.5	2	[illegible]	0	5/31	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	126 MO GEOMAN	406 INST MAX	/100ML		1/WEEK MONTH	GRAB
COD, 5 DAY PERCENT REMOVAL 81010 1 0 0 EFFLUENT REMOVAL	SAMPLE MEASUREMENT	******	******		>87	******	******	[illegible]	0	1/31	CALC
	PERMIT REQUIREMENT	******	******	*** ****	[illegible] MO 2 DAY	******	******	PER-CENT		ONCE MONTH	CALC
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 1 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		75	******	******	[illegible]	0	1/31	CALC
	PERMIT REQUIREMENT	******	******	*** ****	[illegible] MO 2 DAY	******	******	PER-CENT		ONCE MONTH	CALC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
MONITORING LOCATION 'UA' IS FOR EFFLUENT