

PERMITTEE NAME/ ADDRESS: NEW MEADOWS; CITY OF (WMTF)
 NATIONAL POLLUTANT DISCHARGE PERMIT NUMBER: ID0023159
 DISCHARGE NUMBER: 001A

FACILITY: NEW MEADOWS; CITY OF (WMTF)
 LOCATION: NEW MEADOWS ID 83654
 MONITORING PERIOD: FROM 06/06/06 TO 06/06/30
 LARGE ELIMINATION SYSTEM (NPDES) LITORING REPORT (DMR)
 MINOR (SUBR 02) PL92-500
 F - FINAL

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****		*****					
00310 G 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	*****	*****	ONCE/MONTH	COMP-8
RAM SEM/INFLEUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	MD AVG	*****	*****	ONCE/MONTH	COMP-8
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****		*****					
00310 M 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	45 WPLY AVG	*****	*****	ONCE/MONTH	COMP-8
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	MD AVG	*****	*****	ONCE/MONTH	COMP-8
BOD, 5-DAY (20 DEG. C)	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MD AVG	*****	*****	ONCE/MONTH	COMP-8
00310 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	ONCE/MONTH	COMP-8
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****					
PH	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	ONCE/MONTH	COMP-8
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	ONCE/MONTH	COMP-8
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****					
SOLIDS, TOTAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	ONCE/MONTH	COMP-8
00530 G 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	ONCE/MONTH	COMP-8
RAM SEM/INFLEUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	ONCE/MONTH	COMP-8
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****					
00530 M 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	ONCE/MONTH	COMP-8
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	ONCE/MONTH	COMP-8
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****					
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	ONCE/MONTH	COMP-8
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	ONCE/MONTH	COMP-8
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	ONCE/MONTH	COMP-8

David Sawyer / Manager

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: 208 347-2171
 DATE: 07 26 06

MONITORING LOCATION "W" IS FOR EFFLUENT PLANT DISCHARGE IS INACTIVE AT THIS TIME.

PERMITTEE NAME/SSS (Include Facility Name/Location if Different)
 NAME NEW MEADOWS; CITY OF (WMTF)
 ADDRESS P.O. BOX 324 NEW MEADOWS ID 83654

NATIONAL POLLUTANT DISCHARGE PERMIT NUMBER 100023153
 LARGE ELIMINATION SYSTEM (NPDES) MONITORING REPORT (DMR) DISCHARGE NUMBER 001A

MINOR PL92-500 (SUBR 02)
 F - FINAL

Approved. 0.2040-0004

FACILITY NEW MEADOWS; CITY OF (WMTF)
 LOCATION NEW MEADOWS ID 83654

MONITORING PERIOD
 FROM YEAR 06 MO 06 DAY 01 TO YEAR 06 MO 06 DAY 30

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*****				
00610 1 0 1	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MX	MG/L	ONCE/MONTH	COMP-B
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)						
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT									
50050 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DPD MAX	MGD	*****	*****	*****	*****	CONTINUOUS	RECORD
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(26)						
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT									
50060 0 0 0	PERMIT REQUIREMENT	2.3 WKLY AVG	*****	LBS/DY	*****	0.75 WKLY AVG	*****	MG/L	WEEKLY	GRAB
SEE COMMENTS BELOW	PERMIT REQUIREMENT			(26)						
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT									
50060 1 0 0	PERMIT REQUIREMENT	1.5 MO AVG	*****	LBS/DY	*****	0.5 MO AVG	*****	MG/L	WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT									
E. COLI	SAMPLE MEASUREMENT									
51040 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	126 MD GEOMN	406 INST MAX	# / 100ML	5 TMS/MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT									
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT									
81010 0 0 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		ONCE/MONTH	TACTD
PERCENT REMOVAL	PERMIT REQUIREMENT									
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT									
81011 0 0 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		ONCE/MONTH	TACTD
PERCENT REMOVAL	PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.									
TYPED OR PRINTED										
DAVID SAWYER/MANAGER										
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
228 377 2111										
07 26 06										

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 MONITORING LOCATION "W" IS FOR EFFLUENT