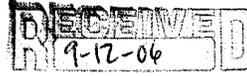




Analytical Laboratories, Inc.

September 8, 2006

CITY OF NEW MEADOWS
P O BOX 324
NEW MEADOWS, IDAHO 83654



EPA DISCHARGE MONITORING REPORT

Enclosed is our EPA Discharge Monitoring Report. The EPA report is to be signed and submitted to the following agencies as soon as possible.

- United States Environmental Protection Agency
1200 Sixth Avenue
Seattle, WA 98101
Attn: Water Compliance Section, OCE-133
- Idaho Department of Environmental Quality
Southwest Regional Office
1445 N. Orchard
Boise, Id 83706-2239

You may want to make a copy for your files. If you have any questions, please give us a call.

Sincerely,

Michael D. Moore
Laboratory Director

MDM/wh

Enclosure

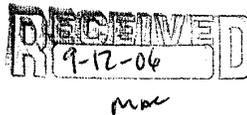


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Michael D. Moore
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Enclosure

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 ID 0023159 PERMIT NUMBER
 001A DISCHARGE NUMBER
 MINOR PL 92-500 (SUBR 02)
 F - FINAL

Form Approved, OMB No. 2040-0004
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 FROM 08 05 01 TO 08 08 31
 *** NO DISCHARGE ***
 NOTE: Read Instructions before completing this form.



PARAMETER	SAMPLE 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	*****	*****		*****	*****	(19)		ONCE / MONTH	COMPS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MAX			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DPD MAX	MGD	*****	*****	*****		CONTIN RECORD	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT		*****	(26)	*****	*****	(19)			
50060 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	2.3 WKLY AVG	*****	LBS/DY	*****	*****	0.75 WKLY AVG		WEEKLY GRAB	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT		*****	(26)	*****	*****	*****			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.5 MO AVG	*****	LBS/DY	*****	*****	0.5 MO AVG		WEEKLY GRAB	
E. COLI	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			
51040 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	126 MO GEOMN INST MAX		3 TMS / GRAB	
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		MONTH	
81010 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		ONCE / MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		ONCE / MONTH	CALCTD
81011 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		ONCE / MONTH	CALCTD
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 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										
MONITORING LOCATION "W" IS FOR EFFLUENT										
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
TELEPHONE AREA NUMBER YEAR MO DAY										