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

RECEIVED 10-25-06 MAC

Date Report Printed: 10/18/2006 4:04:4

http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0633623

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: 11:55
Date of Collection: 10/16/2006
Date Received: 10/17/2006
Report Date: 10/18/2006

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	10/18/2006	LM

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: 10/18/2006 4:04:4
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0633624

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: 11:57
Date of Collection: 10/16/2006
Date Received: 10/17/2006
Report Date: 10/18/2006

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	10/18/2006	LM

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

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

Date Report Printed: 10/18/2006 4:04:4
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0633625

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: 12:00
Date of Collection: 10/16/2006
Date Received: 10/17/2006
Report Date: 10/18/2006

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	10/18/2006	LM

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

CLIENT CODE= WMWW 10/17/06

CHAIN OF CU ODY RECORD

ANALYTICAL LABS, INC.
1804 N. 33rd Street • Boise, ID 83703
(208) 342-5515 • Fax: (208) 342-5591 • 1-800-574-5773
Website: www.analyticallaboratories.com
E-mail: ali@analyticallaboratories.com

CLIENT INFORMATION:

Project Manager:
Company: city of New Meadows
Address: 401 Virgina ST
New Meadows ID 83654
Phone: 630-3820 Fax:

PROJECT INFORMATION:

Project Name:
PWS Number:
Purchase Order Number:
Required Due Date:
E-mail Address: dmnmacNichol@Frontiernet.Net

Sampled by: (Please print) Douglas MacNichol
Transported by: (Please print) United Parcel Service

TESTS REQUESTED

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	E-coli	Remarks:
33623	10-16	11:55	ww Effluent			
24	10-16	11:57	ww Effluent			
25	10-16	12:00	ww Effluent			

Invoice to: (If different than above address)

Special Instructions: Return cooler to city

ALLOCATIONS OF RISK: Analytical Laboratories, Inc. will perform preparation and testing services, obtain findings and prepare reports in accordance with Good Laboratory Practices (GLP). If, for any reason, Analytical Laboratories, Inc. errors in the conduct of a test or procedure their liability shall be limited to the cost of the test or procedure completed in error. Under no circumstance will Analytical Laboratories, Inc. be liable for any other cost associated with obtaining a sample or use of data.

Note: Samples are discarded 21 days after results are reported. Hazardous samples will be returned to client or disposed of at client expense.

	Print Name:	Company:	Date:	Time:
Relinquished By: (Signature)	Douglas MacNichol	Central Wtr Management	10-16-06	4:58 pm
Received By: (Signature)				
Relinquished By: (Signature)				
Received at Laboratory By: (Signature) Matthew C Long	Matthew C Long	Analytical Laboratories	10/17/06	13:05

SAMPLE RECEIPT Total # of Containers: 3 Chains of Custody Seals Y / N / NA Intact: Y / N / NA Temperature Received: Condition:

REV. 10/04 WHITE: STAYS WITH SAMPLE(S) YELLOW: LAB PINK: SAMPLER

Analytical Laboratories, Inc.

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

RECEIVED 11-13-06 MAC

Date Report Printed: 10/30/2006 9:00:0
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0634018

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

Collected By: C BRIGHAM
Submitted By: C BRIGHAM

Source of Sample:
LITTLE SALMON RIVER-UPSTREAM FROM WWTP

Time of Collection: 14:25
Date of Collection: 10/19/2006
Date Received: 10/20/2006
Report Date: 10/30/2006

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Ammonia Direct (as N)		0.05	mg/L	0.04	EPA 350.1	10/26/2006	MMM
Total Phosphate (as P)		0.10	mg/L	0.05	EPA 365.4	10/27/2006	WW

Michael D. Moore 10/31/2006

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: 10/30/2006 9:00:0
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0634019

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

Collected By: C BRIGHAM
Submitted By: C BRIGHAM

Source of Sample:
LITTLE SALMON RIVER-DOWNSTREAM FROM WWTP

Time of Collection: 14:30
Date of Collection: 10/19/2006
Date Received: 10/20/2006
Report Date: 10/30/2006

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	10/26/2006	MMM
Total Phosphate (as P)		0.09	mg/L	0.05	EPA 365.4	10/27/2006	WW

Michael Moore 10/31/2006

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: 10/26/2006 4:15:1

http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0634020

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

Collected By: C BRIGHAM
Submitted By: C BRIGHAM

Source of Sample:
WWTP INFLUENT

Time of Collection: 14:10
Date of Collection: 10/19/2006
Date Received: 10/20/2006
Report Date: 10/26/2006

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		364	mg/L		EPA 405.1	10/25/2006	DLR
Total Suspended Solids		114	mg/L	3	EPA 160.2	10/22/2006	CC

Michael Moore 10/30/2006

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: 11/8/2006 9:46:30
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0634021

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

Collected By: C BRIGHAM
Submitted By: C BRIGHAM

Source of Sample:
WWTP EFFLUENT

Time of Collection: 14:15
Date of Collection: 10/19/2006
Date Received: 10/20/2006
Report Date: 10/30/2006

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	10/21/2006	LM
Ammonia Direct (as N)		0.75	mg/L	0.04	EPA 350.1	10/26/2006	MMM
Total Phosphate (as P)		2.28	mg/L	0.05	EPA 365.4	10/27/2006	WW
Biochemical Oxygen		<10	mg/L		EPA 405.1	10/25/2006	DLR
Total Suspended Solids		22	mg/L	3	EPA 160.2	10/22/2006	CC

11/9/06

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: 10/23/2006 7:55:0
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0634022

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

Collected By: C BRIGHAM
Submitted By: C BRIGHAM

Source of Sample:
WWTP EFFLUENT

Time of Collection: 14:35
Date of Collection: 10/19/2006
Date Received: 10/20/2006
Report Date: 10/23/2006

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	10/21/2006	LM

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

CLIENT CODE= NMEW 10/20/06

CHAIN OF CUSTODY RECORD

ANALYTICAL LABS, INC.
1804 N. 33rd Street • Boise, ID 83703
(208) 342-5515 • Fax: (208) 342-5591 • 1-800-574-5773
Website: www.analyticallaboratories.com
E-mail: ali@analyticallaboratories.com

CLIENT INFORMATION:

Project Manager:
Company: NEWMEA
Address:
Phone: Fax:
Sampled by: *(Please print)*

PROJECT INFORMATION:

Project Name:
PWS Number:
Purchase Order Number:
Required Due Date:
E-mail Address:
Transported by: *(Please print)*

TESTS REQUESTED

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	NH4	BOD	TSS	Ecoli	TPO4	TC				Remarks:
34018	10-19-06	1425	UP River from WWTP		X									
34019		1430	Down River from WWTP		X									
34020		1410	WWTP Influent			X	X							
34021		1415	WWTP Effluent		X	X	X	X						
		1435	" "					X						
34022		1420	" "					X	X					
		~~1440~~	~~Construction on New Lots (Yards)~~							X				
		~~1450~~	~~Men's Room @ Chevron~~							X				

Invoice to: *(If different than above address)*

Special Instructions:

ALLOCATIONS OF RISK: Analytical Laboratories, Inc. will perform preparation and testing services, obtain findings and prepare reports in accordance with Good Laboratory Practices (GLP). If, for any reason, Analytical Laboratories, Inc. errors in the conduct of a test or procedure their liability shall be limited to the cost of the test or procedure completed in error. Under no circumstance will Analytical Laboratories, Inc. be liable for any other cost associated with obtaining a sample or use of data.

Note: Samples are discarded 21 days after results are reported. Hazardous samples will be returned to client or disposed of at client expense.

	Print Name:	Company:	Date:	Time:
Relinquished By: *(Signature)*	Chris Brigham	ALI	10-20-06	0930
Received By: *(Signature)*				
Relinquished By: *(Signature)*				
Received at Laboratory By: *(Signature)* Matthew C Long	Matthew C Long	Analytical Laboratories	10/20/06	09:15

SAMPLE RECEIPT Total # of Containers: Chains of Custody Seals Y / N / NA Intact: Y / N / NA Temperature Received: Condition:

REV. 10/04 WHITE: STAYS WITH SAMPLE(S) YELLOW: LAB PINK: SAMPLER

CITY OF NEW MEWADOWS WWTP MONTHLY REPORT Faxed to Analytical Labs 11/7/06 MAC

MONTH Oct. 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	650470	
10-01	Sun												
10-02	Mon	42°	Sunny	.4	6.49		16.7	5.04	30.2	12.8	Light Green	651365	94500
10-03	Tues	44°	Sunny	.5				7.16	29.5	13.0	Light Green	651794	42900
10-04	Wed	50°	M/C	.3				7.75	43.6	14.2	Light Green	652225	43100
10-05	Thurs	42°	Fog	.2				7.60	28.7	13.7	Light Green	652688	46300
10-06	Fri	45°	Fog	.2				7.85	29.3	13.1	Light Green	653087	39900
10-07	Sat												
10-08	Sun												
10-09	Mon	40	P/C	.5	8.09		16.0	8.75	20.2	10.9	Ex Light Green	653921	83400
10-10	Tues	24	Sunny	.7				7.64	14.4	9.2	Ex Light Green	654147	22600
10-11	Wed	32	Sunny	.7				7.98	12.3	10.3	Ex Light Green	654396	24900
10-12	Thurs	28	Sunny	.7				8.26	19.3	9.7	Ex Light Green	654646	25000
10-13	Fri	30	Sunny	.8				8.37	20.2	10.2	Ex Light Green	654912	26600
10-14	Sat												
10-15	Sun												
10-16	Mon	40	M/C	.6	8.17		16.8	8.60	39.4	10.7	Light Green	656096	118400
10-17	Tues	32	M/C	.6				8.06	46.4	9.6	Light Green	656805	70900
10-18	Wed	30	P/C	1.0				7.89	23.2	11.2	Light Green	657358	55300
10-19	Thurs	36°	Rain	.8				8.05	21.7	10.6	Ex Light Green	657605	24700
10-20	Fri	45°	Rain/P/C	.7				7.91	31.5	10.6	Ex Light Green	658035	43000
10-21	Sat												
10-22	Sun												
10-23	Mon	24	Sunny	.8	7.87		15.2	8.50	25.6	7.5	Ex Light Green	658995	96000
10-24	Tues	30	Sunny	.7				8.75	29.1	8.0	Ex Light Green	659379	38400
10-25	Wed	40	M/C	1.0				7.06	21.8	8.7	Ex Light Green	659710	33100
10-26	Thurs	28°	Sunny	.7				8.12	20.9	6.8	Ex Light Green	659970	26000
10-27	Fri	36°	Sunny	1.0				8.25	23.2	6.9	Ex Light Green	660244	27400
10-28	Sat												
10-29	Sun												
10-30	Mon	30	Sunny	.8	7.34		14.2	8.41	28.9	6.4	Light Green	661081	83700
10-31	Tues	18	Sunny	1.0				7.76	20.5	3.9	Ex Light Green	661404	32300

Analytical Laboratories, Inc.

November 10, 2006

RECEIVED 11-13-06 MAC

Sent 11-14-06 MAC

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

1804 North 33rd St. • Boise, Idaho 83703-5814
1-800-574-5773 • Ph: (208) 342-5515 • Fax: (208) 342-5591
E-mail: ali@rmci.net • Website: http://home.rmci.net/ali

Form Approved.
OMB No. 2040-0004

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 LOCATION NEW MEADOWS, CITY OF (WWTP)
NEW MEADOWS ID 83654

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

PERMIT NUMBER	DISCHARGE NUMBER
ID0023159	001 A

MINOR PL92-500
(SUBR 02)
F - FINAL

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	10	31

*** NO DISCHARGE [ ] ***
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 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	******	******		******	364	******	(19)	0	1/31	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	******	MG/L		ONCE/ MONTH	COMP-B
BOD, 5-DAY (20 DEG. C) 00310 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	4.9	******	(26)	******	<10	******	(19)	0	1/31	GRAB
	PERMIT REQUIREMENT	135 WKLY AVG	******	LBS/DY	******	45 WKLY AVG	******	MG/L		ONCE/ MONTH	COMP-B
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.9	******	(26)	******	<10	******	(19)	0	1/31	GRAB
	PERMIT REQUIREMENT	30 MO AVG	******	LBS/DY	******	30 MO AVG	******	MG/L		ONCE/ MONTH	COMP-B
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.16	******	8.75	(12)	0	22/31	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	6.5 INST MIN	******	9.0 INST MAX	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	******	******		******	114	******	(19)	0	1/31	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	******	MG/L		ONCE/ MONTH	COMP-B
SOLIDS, TOTAL SUSPENDED 00530 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	9.2	******	(26)	******	22	******	(19)	0	1/31	GRAB
	PERMIT REQUIREMENT	195 WKLY AVG	******	LBS/DY	******	65 WKLY AVG	******	MG/L		ONCE/ MONTH	COMP-B
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	9.2	******	(26)	******	22	******	(19)	0	1/31	GRAB
	PERMIT REQUIREMENT	135 MO AVG	******	LBS/DY	******	45 MO AVG	******	MG/L		ONCE/ MONTH	COMP-B

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
JOHN P FRANKS	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.	208	347-2171	11	14	06
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

MONITORING LOCATION "W" IS FOR EFFLUENT

Form Approved.
OMB No. 2040-0004

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 LOCATION NEW MEADOWS, CITY OF (WWTP)
NEW MEADOWS ID 83654

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

ID0023159 — PERMIT NUMBER

001 A — DISCHARGE NUMBER

MINOR PL92-500
(SUBR 02)
F - FINAL

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	10	31

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	******	0.75	(19)	0	1/31	GRAB
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-8
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0499	0.1184	(03)	******	******	******		0	99/RC	CONTIN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DPD MAX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	0.3	******	(26)	******	0.70	******	(19)	0	22/31	GRAB
50060 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	2.3 WKLY AVG	******	LBS/DY	******	0.75 WKLY AVG	******	MG/L		WEEKLY	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	0.3	******	(26)	******	0.70	******	(19)	*	22/31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.5 MO AVG	******	LBS/DY	******	0.5 MO AVG	******	MG/L		WEEKLY	GRAB
E.COLI	SAMPLE MEASUREMENT	******	******		******	<1	<1	(13)	0	5/31	GRAB
51040 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	126 MO GEOMN	406 INST MAX	#/ 100ML		5 TMS/ MONTH	GRAB
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		97	******	******	(23)	0	1/31	CALC
81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	**** ****	85 MN % RMV	******	******	PER- CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		81	******	******	(23)	0	1/31	CALC
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	**** ****	65 MN % RMV	******	******	PER- CENT		ONCE/ MONTH	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOHN P FRANKS CITY MANAGER

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 AREA CODE	NUMBER	DATE YEAR	MO	DAY
208	347-2171	11	14	06

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

MONITORING LOCATION "W" IS FOR EFFLUENT

* CHLORINE RESIDUAL EXCEEDED PERMIT LIMITS 8 OF 22 MONITORING PERIODS.