Analytical Laboratories, Inc.

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

Date Report Printed: 2/15/2007 11:33:5
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0704523

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:
WW EFFLUENT

Time of Collection: 10:20
Date of Collection: 2/12/2007
Date Received: 2/13/2007
Report Date: 2/15/2007

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		10	MPN/100mL		SM 9223	2/14/2007	LM

2/16/07

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: 2/15/2007 11:33:5
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0704524

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:
WW EFFLUENT

Time of Collection: 10:22
Date of Collection: 2/12/2007
Date Received: 2/13/2007
Report Date: 2/15/2007

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		3	MPN/100mL		SM 9223	2/14/2007	LM

2/16/7

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: 2/15/2007 11:33:5

http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0704525

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:
WW EFFLUENT

Time of Collection: 10:25
Date of Collection: 2/12/2007
Date Received: 2/13/2007
Report Date: 2/15/2007

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		3	MPN/100mL		SM 9223	2/14/2007	LM

B. M. 2/16/7

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

CLIENT CODE= NEWMWW

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: City of New Meadows
Address: 401 Virgina St
New Meadows, ID 83654
Phone: 208-630-3820 Fax:

PROJECT INFORMATION:

Project Name:
PWS Number:
Purchase Order Number:
Required Due Date:
E-mail Address:

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:
4523	2-12-07	10:20A	WW EFFluent											
4524	2-12-07	10:22A												
4525	2-12-07	10:25A												

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

Special Instructions: Return cooler

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 Mountain Management	2-12-07	4:30P
Received By: *(Signature)*				
Relinquished By: *(Signature)*				
Received at Laboratory By: *(Signature)*	Ben Bethe	Analytical Laboratories	2/13	14:00

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

Date Report Printed: 2/20/2007 8:25:34
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0704897

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

Collected By: M MOORE
Submitted By: M MOORE

RECEIVED 2-23-07 MAC

Source of Sample:
PLANT EFFLUENT GRAB

Time of Collection: 14:00
Date of Collection: 2/14/2007
Date Received: 2/15/2007
Report Date: 2/20/2007

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	2/16/2007	LM

2/20/07

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: 2/22/2007 11:07:3

http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0704895

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

Collected By: M MOORE
Submitted By: M MOORE

RECEIVED 2-28-07 MAC

Source of Sample:
PLANT INFLUENT-COMPOSITE 08:05, 09:05, 10:05, 11:05, 12:05

Time of Collection:
Date of Collection: 2/14/2007
Date Received: 2/15/2007
Report Date: 2/22/2007

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		89	mg/L		EPA 405.1	2/20/2007	DLR
Total Suspended Solids		48	mg/L	3	EPA 160.2	2/20/2007	CC

Michael Moore 2/26/07

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: 2/22/2007 11:07:3
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0704896

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

Collected By: M MOORE
Submitted By: M MOORE

RECEIVED 2-28-07 MMc

Source of Sample:
PLANT INFLUENT-GRAB

Time of Collection: 14:10
Date of Collection: 2/14/2007
Date Received: 2/15/2007
Report Date: 2/22/2007

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		13	mg/L		EPA 405.1	2/20/2007	DLR
Total Suspended Solids		9	mg/L	3	EPA 160.2	2/20/2007	CC

Michael Moore 2/26/07

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: 3/6/2007 3:27:11 P

http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0704895

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

Collected By: M MOORE
Submitted By: M MOORE

RECEIVED 3-8-07 mpc

Source of Sample:
PLANT INFLUENT

Time of Collection:
Date of Collection: 2/14/2007
Date Received: 2/15/2007
Report Date: 2/22/2007

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		89	mg/L		EPA 405.1	2/20/2007	DLR
Total Suspended Solids		48	mg/L	3	EPA 160.2	2/20/2007	CC

AMENDED

Michael Moore 3/6/2007

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: 3/6/2007 3:30:24 P
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0704896

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

RECEIVED 3-8-07 Mx

Collected By: M MOORE
Submitted By: M MOORE

Source of Sample:
PLANT EFFLUENT GRAB

Time of Collection: 14:10
Date of Collection: 2/14/2007
Date Received: 2/15/2007
Report Date: 2/22/2007

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		13	mg/L		EPA 405.1	2/20/2007	DLR
Total Suspended Solids		9	mg/L	3	EPA 160.2	2/20/2007	CC

AMENDED

Michael Moore 3/6/2007

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: 2/28/2007 4:28:04
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0706515

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

Collected By: D MACNICHOL
Submitted By: UPS

RECEIVED 3-5-07 MAC

Source of Sample:
WW EFFLUENT

Time of Collection: 12:00
Date of Collection: 2/26/2007
Date Received: 2/27/2007
Report Date: 2/28/2007

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		3	MPN/100mL		SM 9223	2/28/2007	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= NewMWW

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 Virginia St
New Meadow, ID 83654
Phone: 630-3820 Fax:

PROJECT INFORMATION:

Project Name:
PWS Number:
Purchase Order Number:
Required Due Date:
E-mail Address:

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:
6515	2-26	12:00	WW Effluent											

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

Special Instructions: Please Return cooler to D. MacNichol 36 Rogers Ln, McCall ID 83638

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 Mountain Management	2-26	4:00 PM
Received By: *(Signature)*				
Relinquished By: *(Signature)*				
Received at Laboratory By: *(Signature)*	Ben Butler	Analytical Laboratories	2/27	9:15

SAMPLE RECEIPT Total # of Containers: 1 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

MONTH Feb YEAR 2007

DATE	DAY	TEMP	WTHR	CL/2 RES	INN.PH	INN.FLOW	INN.TEMP	FLOW MTR	ACT FLOW	EF.PH	EF.FLO	EF.TEMP.	IN.COLOR	FLOW METER	ACT.FLOW
								FLOW END OF MONTH 35141						FLOW END OF MONTH 758807	
02-01	Thurs	10°	Clear	.8		49.8		36136	99500	6.77	48.6	6.5	Ex light brown	759605	79800
02-02	Fri	-5	Clear	.8		15.7		37211	107500	4.78	51.8	11.5	Clear	760461	85600
02-03	Sat														
02-04	Sun														
02-05	Mon	28°	Foggy	.5	6.90	51.6	12.5	40072	286100	6.50	43.4	7.3	Ex l Green	762346	188500
02-06	Tues	30°	Foggy	.7		68.4		41164	103200	6.13	48.1	7.3	Ex l Green	763078	68200
02-07	Wend	26°	Foggy	.9		55.8		42130	102600	6.31	50.8	7.5	Clear	763745	71700
02-08	Thurs.	40°	Sunny	.6		78.1		43553	142300	6.20	60.1	8.8	Clear	769770	102500
02-09	Fri	38°	Rain	.5		89.1		44561	100800	6.08	66.7	8.6	Light Brown	765425	65500
02-10	Sat														
02-11	Sun														
02-12	Mon	36°	Fog	.2	6.56	70.3	11.4	48907	434100	7.02	112.8	7.4	Ex l Green	769674	424900
02-13	Tues	36°	Clear	.4		77.2		50322	142000	6.56	81.8	7.4	Clear	771050	137600
02-14	Wend	39°	P/C	.5		80.4		51722	140000	6.11	82.8	6.8	Clear	772213	116300
02-15	Thurs	41	Snow	.6		90.3		53135	141300	6.43	80.1	6.9	Clear	773435	122200
02-16	Fri	40	Clear	.4		83.3		55103	196800	6.31	123.2	9.0	Ex l Green	775532	209700
02-17	Sat	~~30~~	~~clear~~					~~60193~~						~~780200~~	
02-18	Sun														
02-19	Mon														
02-20	Tues	38	Snow	.4	4.90	112.2	13.7	61923	682000	4.78	101.1	11.4	Clear	781753	622100
02-21	Wend	36	Cloudy	.3		100.4		63663	174000	6.16	100.9	7.1	Clear	783243	149000
02-22	Thurs.	38°	Rain/Snow	.3		94.9		65267	160400	5.93	101.4	7.7	Clear	784618	137500
02-23	Fri	35	Snow	.2		195.6		67190	192300	5.98	149.6	6.4	Ex l Green	786428	181000
02-24	Sat														
02-25	Sun														
02-26	Mon	34°	Sunny	.3	4.99	43.2	12.2	71933	474300	4.80	114.5	8.1	Clear	791911	548300
02-27	Tues	38°	Snow	.3		77.2		73528	159500	6.21	101.1	7.9	Clear	793406	149500
02-28	Wend	38°	MIC	.5		76.6		74968	144000	6.25	85.9	6.0	Clear	794719	131300

Analytical Laboratories, Inc.

March 8, 2007

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@analyticallaboratories.com • Website: www.analyticallaboratories.com

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

Form Approved
OMB No. 2040-0004

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

NAME: NEW MEADOWS, CITY OF
ADDRESS: W MCLAIN STREET
NEW MEADOWS, ID 83654
FACILITY: NEW MEADOWS, CITY OF (WWTP)
LOCATION: W MCLAIN STREET
NEW MEADOWS, ID 83654

ID0023159	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

DMR MAILING ZIP CODE: 83654
MINOR $
(SUBR02)

External Outfall

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.1283	0.2097	(03)	******	******	******		0	CONTIN	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	Mgal/d	******	******	******			Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0.50	******	(26)	******	0.47	******	(19)	0	19/28	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	******	lb/d	******	.5 MO AVG	******	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	0.68	******	(26)	******	0.64	******	(19)	0	19/28	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.3 WKLY AVG	******	lb/d	******	.75 WKLY AVG	******	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	******	******		******	3	10	(13)	0	5/28	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******		85	******	******	(23)	0	1/28	CALC
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******		85 MN % RMV	******	******	%		Once Per Month	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******		81	******	******	(23)	0	1/28	CALC
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******		65 MN % RMV	******	******	%		Once Per Month	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
JPF / City Mngr	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					07	03	12

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

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

Form Approved
OMB No. 2040-0004

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

NAME: NEW MEADOWS, CITY OF
ADDRESS: W MCLAIN STREET
NEW MEADOWS, ID 83654
FACILITY: NEW MEADOWS, CITY OF (WWTP)
LOCATION: W MCLAIN STREET
NEW MEADOWS, ID 83654

ID0023159	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

DMR MAILING ZIP CODE: 83654
MINOR $
(SUBR02)

External Outfall

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14	******	(26)	******	13	******	(19)	0	1/28	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	90 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Once Per Month	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	89	******	(19)	0	1/28	GRAB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	Req. Mon. MO AVG	******	mg/L		Once Per Month	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14	******	(26)	******	13	******	(19)	0	1/28	GRAB
00310 W 0 See Comments	PERMIT REQUIREMENT	135 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Once Per Month	COMP-8
pH	SAMPLE MEASUREMENT	******	******		4.8	******	7.0	(12)	1*	19/28	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.5 INST MIN	******	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10	******	(26)	******	9	******	(19)	0	1/28	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	135 MO AVG	******	lb/d	******	45 MO AVG	******	mg/L		Once Per Month	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	48	******	(19)	0	1/28	GRAB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	Req. Mon. MO AVG	******	mg/L		Once Per Month	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	10	******	(26)	******	9	******	(19)	0	1/28	GRAB
00530 W 0 See Comments	PERMIT REQUIREMENT	195 WKLY AVG	******	lb/d	******	65 WKLY AVG	******	mg/L		Once Per Month	COMP-8

* EFFLUENT pH EXCEEDED PERMIT MINIMUM 14 OF 19 TIMES MONITORED.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JBF / City Mngr	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.	/S/			07	03	12
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