Analytical Laboratories, Inc.

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

Date Report Printed: 12/11/2007 11:41:

http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0739528

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

Source of Sample:
PLANT EFFLUENT

Time of Collection: 14:30
Date of Collection: 11/27/2007
Date Received: 11/28/2007
Report Date: 12/11/2007

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		11	mg/L		EPA 405.1	12/3/2007	MG
Total Suspended Solids		18	mg/L	3	EPA 160.2	12/3/2007	DLR

Michael Moore 12/13/2007

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

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Boise, Idaho 83703
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Date Report Printed: 12/11/2007 11:41:

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Laboratory Analysis Report

Sample Number: 0739527

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

Source of Sample:
PLANT INFLUENT

Time of Collection: 14:30
Date of Collection: 11/27/2007
Date Received: 11/28/2007
Report Date: 12/11/2007

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		202	mg/L		EPA 405.1	12/3/2007	MG
Total Suspended Solids		116	mg/L	3	EPA 160.2	12/3/2007	DLR

Michael Moore 12/13/2007

Thank you for choosing Analytical Laboratories for your testing needs.

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Analytical Laboratories, Inc.

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

Date Report Printed: 11/30/2007 4:48:5

http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0739467

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

Collected By:

Submitted By: M MOORE

Source of Sample:
EFFLUENT GRAB

Time of Collection: 14:30
Date of Collection: 11/27/2007
Date Received: 11/27/2007
Report Date: 11/30/2007

PWS#:

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		170	MPN/100mL		SM 9223	11/29/2007	LM

Michael Moore 12/4/2007

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: 1/2/2008 2:52:37 P
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0739467

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

Collected By:
Submitted By: M MOORE

Source of Sample:
EFFLUENT GRAB

Time of Collection: 14:30
Date of Collection: 11/27/2007
Date Received: 11/27/2007
Report Date: 11/30/2007

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		170	MPN/100mL		SM 9223	11/29/2007	LM

Michael Moore 1/2/2008

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**

copy

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

CITY OF NEW MEWADOWS WWTP MONTHLY REPORT

MONTH Nov YEAR 2007

DATE	DAY	TEMP	WTHR	CL/2 RES	INF.PH	INF.FLOW	INF.TEMP	FLOW MTR	ACT FLOW	EFF.PH	EFF.FLO	EFF.TEMP.	INF.COLOR	FLOW METER	ACT.FLOW
								FLOW END OF MONTH	270902				FLOW END OF MONTH	915930	
11-1	Thurs	38	Clear			0.1		271327	42500		19.8			916173	24300
11-2	Fri	21	Clear			23.1		271750	42,300		13.7			916373	20,000
11-3	Sat														
11-4	Sun														
11-5	Mon	29	Clear			0.7		273033	128300		20.1			917164	79100
11-6	Tues	27°	Fog			35.4		273397	36400		33.9			917500	336,00
11-7	Wend	60°	Clear	.4	6.62	28.9	17.3	273874	47700	7.07	20.7	10.1	Ex light Green	917901	40100
11-8	Thurs	30°	Fog			27.4		274257	38300		18.8			918203	22,200
11-9	Fri	30°	Clear			42.5		274788	53,100		21.3			918406	28,300
11-10	Sat														
11-11	Sun														
11-12	Mon														
11-13	Tues	40°	Clear			0.1		276913	212500		92.3			920937	253100
11-14	Wend	20°	Clear	.2	7.46	12.1	15.0	277418	50500	6.85	36.1	7.9	light Green	921735	79800
11-15	Thurs	32°	P/C			26.6		277825	45,700		26.2			922128	39,300
11-16	Fri	42°	Fog			39.4		278384	50,900		33.3			922519	39,100
11-17	Sat														
11-18	Sun														
11-19	Mon	40	Rain			67.3		280540	215600		108.9			926470	395100
11-20	Tues	40	P/C			37.5		281390	85000		76.9			928026	155600
11-21	Wend	15°	Clear	.2	7.09	4.0	15.1	281991	69100	6.96	43.7	7.0	light Green	928860	83400
11-22	Thurs														
11-23	Fri														
11-24	Sat														
11-25	Sun														
11-26	Mon	10°	Fog			36.1		284452	246100		34.3			931296	243600
11-27	Tues	25°	Snow			37.1		284916	46400		52.7			931889	59300
11-28	Wend	30°	Fog	.3	7.40	10.9	12.8	285310	39400	7.59	39.4	4.8	light Green	932525	103600
11-29	Thurs	29°	Snow			28.1		285679	36900		40.7			933048	52300
11-30	Fri	27	Clear			36.5		286081	40,200		30.8			933523	47,500

Analytical Laboratories, Inc.

December 6, 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 Ste 900
  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
LOCATION: 100 WEST MCLAIN STREET
NEW MEADOWS, ID 83654

ID0023159	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

DMR MAILING ZIP CODE: 83654
MINOR $
(SUBR02)

External Outfall

No Discharge ☐

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	0.0492	0.0719		******	******	******		0	99/RC	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	Mgal/d	******	******	******			Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0.11	******		******	0.28	******		0	4/30	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	0.11	******		******	0.28	******		0	4/30	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	******	******		******	.04	290		0	5/30	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	******	******		95	******	******		0	1/30	CALC
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******		85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******		84	******	******		0	1/30	CALC
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******		65 MN % RMV	******	******	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JOHN P FRANKS, CITY 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.	John P. Franks	208-347-2171		07	12	13
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

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
LOCATION: 100 WEST MCLAIN STREET
NEW MEADOWS, ID 83654

ID0023159	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

DMR MAILING ZIP CODE: 83654
MINOR $
(SUBR02)

External Outfall

No Discharge ☐

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	4.5	******		******	11	******		0	1/30	COMP
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	90 MO AVG	******	lb/d	******	30 MO AVG	******	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	202	******		0	1/30	COMP
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	Req. Mon. MO AVG	******	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4.5	******		******	11	******		0	1/30	COMP
00310 W 0 See Comments	PERMIT REQUIREMENT	135 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	******	******		6.85	******	7.59		0	4/30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.5 INST MIN	******	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7.4	******		******	18	******		0	1/30	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	135 MO AVG	******	lb/d	******	45 MO AVG	******	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	116	******		0	1/30	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	Req. Mon. MO AVG	******	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	7.4	******		******	18	******		0	1/30	COMP
00530 W 0 See Comments	PERMIT REQUIREMENT	195 WKLY AVG	******	lb/d	******	65 WKLY AVG	******	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JOHN P FRANKS, 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.	John P. Franks	208-347-2171		07	12	13
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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

REVISED 12/13/07

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
LOCATION: 100 WEST MCLAIN STREET
NEW MEADOWS, ID 83654

ID0023159	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

DMR MAILING ZIP CODE: 83654
MINOR $
(SUBR02)

External Outfall

No Discharge ☐

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	0.0492	0.0719		******	******	******		0	99/RC	CONTI
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	Mgal/d	******	******	******			Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0.11	******		******	0.28	******		0	4/30	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	0.11	******		******	0.28	******		0	4/30	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	******	******		******	104	290		0	5/30	GRAB
51040 1 0 Effluer	PERMIT REQUIREMENT	******	******		******	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD,	SAMPLE MEASUREMENT	******	******		95	******	******		0	1/30	CALC
81010 Percei	PERMIT REQUIREMENT	******	******		85 MN % RMV	******	******	%		Monthly	CALCTD
Solids	SAMPLE MEASUREMENT	******	******		84	******	******		0	1/30	CALC
81011 Percei	PERMIT REQUIREMENT	******	******		65 MN % RMV	******	******	%		Monthly	CALCTD

AMMENDED

Sent 12-17-07 MAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
John P. Franks / 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.	John P. Franks	208	347-2171	07	12	17
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