Analytical Laboratories, Inc.

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

Date Report Printed: 2/20/2008 3:49:20
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0804259

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: 15:25
Date of Collection: 2/14/2008
Date Received: 2/15/2008
Report Date: 2/20/2008

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	2/16/2008	TJR

M. M 2/20/08

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: 2/20/2008 9:23:14
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0804260

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: 15:30
Date of Collection: 2/14/2008
Date Received: 2/15/2008
Report Date: 2/20/2008

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	2/16/2008	TJR

M. M 2/20/8

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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: 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:
4259	2-14	3:25P	WW EFFluent			
4260	2-14	3:30	WW EFFluent			

Invoice to: (If different than above address)

Special Instructions: return cooler to shipper

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	2-14-08	4:30P
Received By: (Signature)				
Relinquished By: (Signature)				
Received at Laboratory By: (Signature)	Ben Bu[illegible]	Analytical Laboratories	2/15	11:45

SAMPLE RECEIPT Total # of Containers: 2 Chains of Custody Seals Y / N / NA Intact: Y / N / NA Temperature Received: Cool Condition: Good

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: 2/29/2008 12:11:1
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0804912

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-COMPOSITE

Time of Collection:
Date of Collection: 2/21/2008
Date Received: 2/22/2008
Report Date: 2/29/2008

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Ammonia Direct (as N)		16.4	mg/L	0.04	EPA 350.1	2/28/2008	SS
Total Phosphate (as P)		3.90	mg/L	0.05	EPA 365.4	2/28/2008	WW
Biochemical Oxygen		7	mg/L		EPA 405.1	2/27/2008	DLR
Total Suspended Solids		6	mg/L	3	EPA 160.2	2/26/2008	MG

Thank you for choosing Analytical Laboratories for your testing needs.

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UR = Unregulated

Analytical Laboratories, Inc.

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

Date Report Printed: 2/29/2008 9:50:44

http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0804911

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-COMPOSITE

Time of Collection:
Date of Collection: 2/21/2008
Date Received: 2/22/2008
Report Date: 2/29/2008

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		109	mg/L		EPA 405.1	2/27/2008	DLR
Total Suspended Solids		107	mg/L	3	EPA 160.2	2/26/2008	MG

Thank you for choosing Analytical Laboratories for your testing needs.

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UR = Unregulated

Analytical Laboratories, Inc.

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

Date Report Printed: 2/25/2008 5:31:14
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0804907

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 - GRAB

Time of Collection: 14:40
Date of Collection: 2/21/2008
Date Received: 2/21/2008
Report Date: 2/25/2008

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	2/22/2008	MDM

Michael Moore 3/5/08

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

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MDL = Method/Minimum Detection Limit
UR = Unregulated

Analytical Laboratories, Inc.

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

Date Report Printed: 2/25/2008 5:31:15
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0804908

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 - GRAB

Time of Collection: 14:45
Date of Collection: 2/21/2008
Date Received: 2/21/2008
Report Date: 2/25/2008

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	2/22/2008	MDM

Michael Moore 3/5/08

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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= NewMun

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: Doug McNichols
Company: City of New Meadows
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	BOD, TSS	NH4, TPO4	E. coli							Remarks:
4911	2/21/08	*	Plant Influent Composite	Wastewater	X									
4912	2/21/08	*	Plant Effluent Composite	Wastewater	X	X								
0804907	2/21/08	14:40	Plant Effluent - Grab	Wastewater			X							
0804908	2/21/08	14:45	Plant Effluent - Grab	Wastewater			X							

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

Special Instructions:
* Composite times 8:00 AM, 12:00 N, 2:30 pm

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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)* Michael D. Moore	Michael Moore	ALI	2/21/08	6:50 pm ~~7:00 am~~
Received By: *(Signature)*				
Relinquished By: *(Signature)*				
Received at Laboratory By: *(Signature)*	Ben Buhl	Analytical Laboratories	2/22	8:30

SAMPLE RECEIPT Total # of Containers: Chains of Custody Seals Y / N / NA Intact: Y / N / NA Temperature Received: 7.5°C Condition: Good

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: 2/28/2008 9:41:39
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0805371

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: 16:00
Date of Collection: 2/26/2008
Date Received: 2/27/2008
Report Date: 2/28/2008

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	2/28/2008	LM

M. M 2/29/8

Thank you for choosing Analytical Laboratories for your testing needs.

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UR = Unregulated

Analytical Laboratories, Inc.

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

Date Report Printed: 2/28/2008 9:41:41
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0805372

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: 16:02
Date of Collection: 2/26/2008
Date Received: 2/27/2008
Report Date: 2/28/2008

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	2/28/2008	LM

M. Moore 2/29/8

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CITY OF NEW MEWADOWS WWTP MONTHLY REPORT

208-342-5591

MONTH Feb YEAR 2008

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 315814					FLOW END OF MONTH 988373		
02-01	Fri	35	P/C			12.6		316714	900,000		68.1			990811	243,800
02-02	Sat														
02-03	Sun														
02-04	Mon	46	P/C			24.4		318124	141000		62.9			993790	297900
02-05	Tues	17	M/C			22.2		318566	44,200		53.5			994515	72,500
02-06	Wend	38	M/C	.4	7.05	4.3	11.3	319049	48,300	7.35	56.2	5.9	Clear	996353	183800
02-07	Thurs	25	Snow			50.7		319450	40,100		74.0			997101	74,800
02-08	Fri														
02-09	Sat														
02-10	Sun														
02-11	Mon	42°	Fog			7.4		321540	2090000		48.5			1000687	358600
02-12	Tues	27°	P/C			6.4		322012	47,200		47.5			1001334	64,700
02-13	Wend	30°	Sunny	.4	6.89	12.2	13.1	322490	43,800	7.74	51.5	5.7	Clear	1002063	72,900
02-14	Thurs	25°	Sunny			6.5		322955	31,500		48.5			1002255	69,200
02-15	Fri	20°	Sunny			17.5		323494	53,900		47.0			1003439	68,400
02-16	Sat														
02-17	Sun														
02-18	Mon														
02-19	Tues	20°	Sunny			6.2		325511	201700		215.3			01017546	1410700
02-20	Wend	34	P/C	.6	7.46	3.2	10.2	325996	48,500	6.86	193.2	3.4	Clear	1020805	32,5900
02-21	Thurs	32°	Sunny			4.5		326486	49,000		244.3			1023977	317200
02-22	Fri	32°	P/C			2.3		326853	46,700		61.7			1025073	109600
02-23	Sat														
02-24	Sun														
02-25	Mon	42°	M/C			36.5		328365	141,200		76.3			1028495	342200
02-26	Tues	31°	Clear			2.3		328977	61200		90.6			1029684	118900
02-27	Wend	41°	Clear	.3	7.08	17.8	11.7	329637	66000	7.85	96.3	5.2	Clear	1030869	118500
02-28	Thurs	32	M/C			23.5		330282	64500		84.9			1032025	115600
02-29	Fri	31	P/C			59.0		331053	77,100		93.1			1033236	121100

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CORRECTED COPY
4/10/2008

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	08	02	01	TO	08	02	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	0.1547	0.326	(03)	******	******	******		0	19/29	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	0.52	******	(26)	******	.4	******	(19)	0	1/29	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	0.52	******	(26)	******	.4	******	(19)	0	1/29	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	******	******		******	1.0	3	(13)	0	6/29	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	******	******		94	******	******	(23)	0	1/29	CALC
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******		85 MN % RMV	******	******	%		MONTHLY	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******		94	******	******	(23)	0	1/29	CALC
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******		65 MN % RMV	******	******	%		MONTHLY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
	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		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)

CORRECTED COPY
4/10/2008

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	08	02	01	TO	08	02	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	9	******	(26)	******	7	******	(19)	0	1/29	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	******	******		******	109	******	(19)	0	1/29	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	9	******	(26)	******	7	******	(19)	0	1/29	COMP
00310 W 0 See Comments	PERMIT REQUIREMENT	135 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		MONTHLY	COMP-8
pH	SAMPLE MEASUREMENT	******	******		6.86	******	7.85	(12)	0	4/29	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.5 INST MIN	******	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8	******	(26)	******	6	******	(19)	0	1/29	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	******	******		******	107	******	(19)	0	1/29	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******		******	Req. Mon. MO AVG	******	mg/L		MONTHLY	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	8	******	(26)	******	6	******	(19)	0	1/29	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		
	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		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