Analytical Laboratories, Inc.

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

Date Report Printed: 5/20/2008 1:18:04
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0813785

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: 14:20
Date of Collection: 5/14/2008
Date Received: 5/15/2008
Report Date: 5/20/2008

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		162	mg/L		SM 5210 B	5/20/2008	DLR
Total Suspended Solids		169	mg/L	3	SM 2540 D	5/19/2008	DLR

Michael Moore 5/22/08

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 your client manager:

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: 5/20/2008 1:18:04

http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0813786

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:
POND #1 - EFFLUENT

Time of Collection: 14:25
Date of Collection: 5/14/2008
Date Received: 5/15/2008
Report Date: 5/20/2008

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		24	mg/L		SM 5210 B	5/20/2008	DLR
Total Suspended Solids		30	mg/L	3	SM 2540 D	5/19/2008	DLR

Michael Moore 5/22/08

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 your client manager:

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: 5/16/2008 1:28:04

http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0813746

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: 14:30
Date of Collection: 5/14/2008
Date Received: 5/14/2008
Report Date: 5/16/2008

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	5/16/2008	MDM

B. M. 5/19/8

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 your client manager:

Michael Moore

Analytical Laboratories, Inc.

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

Date Report Printed: 5/20/2008 1:18:03

http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0813784

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: 5/14/2008
Date Received: 5/15/2008
Report Date: 5/20/2008

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		<7	mg/L		SM 5210 B	5/20/2008	DLR
Total Suspended Solids		17	mg/L	3	SM 2540 D	5/19/2008	DLR

Michael Moore 5/22/08

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 your client manager:

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: 5/16/2008 1:28:05

http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0813747

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: 14:35
Date of Collection: 5/14/2008
Date Received: 5/14/2008
Report Date: 5/16/2008

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	5/16/2008	MDM

5/19/8

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 your client manager:

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: 5/16/2008 1:28:05

http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0813748

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: 5/14/2008
Date Received: 5/14/2008
Report Date: 5/16/2008

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	5/16/2008	MDM

M. M 5/16/8

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 your client manager:

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: 5/20/2008 1:18:05

http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0813787

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:
POND #2 - EFFLUENT

Time of Collection: 14:45
Date of Collection: 5/14/2008
Date Received: 5/15/2008
Report Date: 5/20/2008

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		22	mg/L		SM 5210 B	5/20/2008	DLR
Total Suspended Solids		15	mg/L	3	SM 2540 D	5/19/2008	DLR

Michael Moore 5/22/08

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 your client manager:

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: 6/2/2008 11:39:51
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0815686

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:
W/W EFFLUENT

Time of Collection: 16:15
Date of Collection: 5/29/2008
Date Received: 5/30/2008
Report Date: 6/2/2008

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		8	MPN/100mL		SM 9223	5/31/2008	TJR

M. M 6/3/8

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 your client manager:

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: 6/2/2008 11:39:51

http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0815687

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:
W/W EFFLUENT

Time of Collection: 16:16
Date of Collection: 5/29/2008
Date Received: 5/30/2008
Report Date: 6/2/2008

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	5/31/2008	TJR

6/3/8

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 your client manager:

Michael Moore

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

CLIENT CODE= NewMnw

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 Virginia 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:
15686	5-29-08	4:15P	WW EFFluent		✓								
15687	5-29-08	4:16P	WW EFFluent		✓								

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

Special Instructions: Return cooler + Bottles 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	5-29-08	4:50P
Received By: (Signature)				
Relinquished By: (Signature)				
Received at Laboratory By: (Signature)	Ben B	Analytical Laboratories	5/30	10:00

SAMPLE RECEIPT Total # of Containers: 2 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

MAY 2008

Date:	Day:	Weather	Temp.	Cl/2 RES	INF. PH	INF. Flow	INF.Temp	IN. FLOW MTR	ACT. FLOW	EFF.PH	EFF.FLOW	EFF.TEMP	EFF.COLOR	EFF.Flow Mete	ACT. FLOW	PH Cal.
May-08						Flow end of the Month		417738				Flow end of the Month		1168247		
5/1/2008	Thurs	Sunny				17.2		418920	118,200		87.4			1167147	126,400	
5/2/2008	Fri	Sunny				7.5		420041	112,100		77.6			1168247	110,000	
5/3/2008	Sat															
5/4/2008	Sun															
5/5/2008	Mon	Sunny				36.6		423141	310,000		72.8			1171287	304,000	
5/6/2008	Tues.	Sunny				48.8		423995	85,400		61.4			1172208	92,100	
5/7/2008	Wends.	P/C	43	0.3	6.53	49.6	15.1	424910	91,500	7.98	52.8	17	Green	1173044	83,600	Yes
5/8/2008	Thurs	Fog	39			74.7		426,021	111,100		48.7			1,173,682	63,800	
5/9/2008	Fri	Sunny	43			52.1		426,925	90,400		44.6			1,174,367	68,500	
5/10/2008	Sat															
5/11/2008	Sun															
5/12/2008	Mon	Sunny	40			2.3		429,646	272,100		43.5			1,176,009	164,200	
5/13/2008	Tues.	Sunny	39			46.4		430,563	91,700		36.3			1,176,467	45,800	
5/14/2008	Wends.	Rain	48	0.5	6.26	67.7	14.2	431,359	79,600	7.23	41.2	15.2	light green	1,177,038	57,100	Yes
5/15/2008	Thurs	P/C	59			61.1		432,243	88,400		48.2			1,177,721	68,300	
5/16/2008	Fri	Fog	43			72.3		433,053	81,000		32.9			1,178,233	51,200	
5/17/2008	Sat															
5/18/2008	Sun															
5/19/2008	Mon	Sunny	48			8.2		434,801	174,800		30.6			1,179,603	137,000	
5/20/2008	Tues.	P/C	55			51.3		435,425	62,400		26.1			1,179,960	35,700	
5/21/2008	Wends.	Sunny	52	0.3	6.2	20.7	18.4	436,250	82,500	7.32	8.9	18.5	light green	1,180,219	25,900	Yes
5/22/2008	Thurs	M/C	45			57.3		437,098	84,800		2.8			1,180,270	5,100	
5/23/2008	Fri	P/C	43			12.7		437,987	88,900		1.2			1,180,291	2,100	
5/24/2008	Sat															
5/25/2008	Sun															
5/26/2008	Mon															
5/27/2008	Tues.	P/C	54			43.8		440762	277,500		34.8			1182054	176,300	
5/28/2008	Wends.	M/C	63	0.4	6.38	43.5	16.8	441,500	73,800	8.1	63.4	18.6	Green	1,182,643	58,900	Yes
5/29/2008	Thurs	Rain	52			61.4		442,313	81,300		75.6			1,183,760	111,700	
5/30/2008	Fri	M/C	57			45.1		443,157	84,400		55.7			1,184,702	94,200	

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	08	05	01	TO	08	05	31

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	0.0896	0.304		******	******	******		0	21/31	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	0.30	******		******	0.4	******		0	4/31	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	0.37	******		******	0.5	******		0	4/31	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		0	5/31	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	******	******		>96	******	******		0	1/31	CALC
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******		85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******		90	******	******		0	1/31	CALC
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******		65 MN % RMV	******	******	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
GAIL STILLMAN - MAYOR	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.	Gale Stillman	208-347-2171		08	06	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	08	05	01	TO	08	05	31

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	0.0896	0.304		******	******	******		0	21/31	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	0.30	******		******	0.4	******		0	4/31	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	0.37	******		******	0.5	******		0	4/31	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		0	5/31	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	******	******		>96	******	******		0	1/31	CALC
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******		85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******		90	******	******		0	1/31	CALC
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******		65 MN % RMV	******	******	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
GAIL STILMAN - MAYOR	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.	Gale Stillman	208-347-2171		08	06	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