Analytical Laboratories, Inc.

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

Date Report Printed: 11/19/2008 9:56:3
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0838586

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: 11/17/2008
Date Received: 11/18/2008
Report Date: 11/19/2008

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	11/19/2008	LM

11/20/8

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: 11/19/2008 9:56:3
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0838587

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: 16:01
Date of Collection: 11/17/2008
Date Received: 11/18/2008
Report Date: 11/19/2008

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	11/19/2008	LM

M. M. 11/20/08

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Michael Moore

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UR = Unregulated

Analytical Laboratories, Inc.

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

Date Report Printed: 11/19/2008 9:49:0
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0838588

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: 16:05
Date of Collection: 11/17/2008
Date Received: 11/18/2008
Report Date: 11/19/2008

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	11/19/2008	LM

11/20/8

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Michael Moore

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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:**

Sampled by: *(Please print)* Douglas MacNichol

PROJECT INFORMATION:

Project Name:

PWS Number:

Purchase Order Number:

Required Due Date:

E-mail Address:

Transported by: *(Please print)* United Parcel Service

TESTS REQUESTED

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	E. coli	Remarks:
	11-17-08	4:00 P	WW EFFluent		✓	38586
	11-17-08	4:01 P	WW EFFluent		✓	38587
	11-17-08	4:05 P	WW EFFluent		✓	38588

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

Special Instructions: Please Return Cooler to Shipper - CMM

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	11-17-08	5:00 PM
Received By: *(Signature)*				
Relinquished By: *(Signature)*				
Received at Laboratory By: *(Signature)* Ben Butcher	Ben Butcher	Analytical Laboratories	11/18/08	9:30

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

14

Analytical Laboratories, Inc.

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

Date Report Printed: 12/1/2008 10:40:5
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0838813

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

Collected By: DOUG/MOORE
Submitted By: M MOORE

Source of Sample:
SALMON RIVER UPSTREAM

Time of Collection: 13:45
Date of Collection: 11/18/2008
Date Received: 11/18/2008
Report Date: 12/1/2008

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	11/26/2008	SS
Total Phosphate (as P)		<0.05	mg/L	0.05	EPA 365.4	11/21/2008	JK
pH		7.6	S.U.		EPA 150.1	11/19/2008	JMS

Michael Moore 12/1/2008

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 your client manager:

Michael Moore

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UR = Unregulated

Analytical Laboratories, Inc.

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

Date Report Printed: 11/20/2008 9:44:1
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0838770

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:
EFFLUENT GRAB

Time of Collection: 13:58
Date of Collection: 11/18/2008
Date Received: 11/18/2008
Report Date: 11/20/2008

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	11/19/2008	MDM

11/21/8

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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: 12/1/2008 10:40:5
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0838812

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

Collected By: DOUG/MOORE
Submitted By: M MOORE

Source of Sample:
PLANT EFFLUENT 8:00, 12:00, 14:00

Time of Collection: 14:00
Date of Collection: 11/18/2008
Date Received: 11/18/2008
Report Date: 12/1/2008

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Ammonia Direct (as N)		3.09	mg/L	0.04	EPA 350.1	11/26/2008	SS
Total Phosphate (as P)		1.84	mg/L	0.05	EPA 365.4	11/21/2008	JK
pH		7.6	S.U.		EPA 150.1	11/19/2008	JMS
Biochemical Oxygen		12	mg/L		SM 5210 B	11/24/2008	DLR
Total Suspended Solids		16	mg/L	3	SM 2540 D	11/21/2008	MG

Michael Moore 12/1/2008

Thank you for choosing Analytical Laboratories for your testing needs.

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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: 11/25/2008 5:02:5
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0838815

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

Collected By: DOUG/MOORE
Submitted By: M MOORE

Source of Sample:
POND #1

Time of Collection: 14:00
Date of Collection: 11/18/2008
Date Received: 11/18/2008
Report Date: 11/25/2008

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		101	mg/L		SM 5210 B	11/24/2008	DLR
Total Suspended Solids		68	mg/L	3	SM 2540 D	11/21/2008	MG

Michael Moore 11/26/08

Thank you for choosing Analytical Laboratories for your testing needs.

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Michael Moore

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MDL = Method/Minimum Detection Limit
UR = Unregulated

Analytical Laboratories, Inc.

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Boise, Idaho 83703
Phone (208) 342-5515

Date Report Printed: 11/25/2008 5:02:5
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0838811

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

Collected By: DOUG/MOORE
Submitted By: M MOORE

Source of Sample:
PLANT INFLUENT 8:00, 12:00, 14:00

Time of Collection: 14:00
Date of Collection: 11/18/2008
Date Received: 11/18/2008
Report Date: 11/25/2008

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		288	mg/L		SM 5210 B	11/24/2008	DLR
Total Suspended Solids		123	mg/L	3	SM 2540 D	11/21/2008	MG

Michael Moore 11/26/08

Thank you for choosing Analytical Laboratories for your testing needs.

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Michael Moore

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MDL = Method/Minimum Detection Limit
UR = Unregulated

Analytical Laboratories, Inc.

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Boise, Idaho 83703
Phone (208) 342-5515

Date Report Printed: 12/1/2008 10:40:5
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0838814

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

Collected By: DOUG/MOORE
Submitted By: M MOORE

Source of Sample:
SALMON RIVER DOWNSTREAM

Time of Collection: 14:05
Date of Collection: 11/18/2008
Date Received: 11/18/2008
Report Date: 12/1/2008

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Ammonia Direct (as N)		0.26	mg/L	0.04	EPA 350.1	11/26/2008	SS
Total Phosphate (as P)		0.21	mg/L	0.05	EPA 365.4	11/21/2008	JK
pH		7.3	S.U.		EPA 150.1	11/19/2008	JMS

Michael Moore 12/1/2008

Thank you for choosing Analytical Laboratories for your testing needs.

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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: 11/20/2008 9:40:3
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0838771

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:
EFFLUENT GRAB

Time of Collection: 14:05
Date of Collection: 11/18/2008
Date Received: 11/18/2008
Report Date: 11/20/2008

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	11/19/2008	MDM

B. M 11/21/8

Thank you for choosing Analytical Laboratories for your testing needs.

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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: 11/25/2008 5:02:5
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0838816

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

Collected By: DOUG/MOORE
Submitted By: M MOORE

Source of Sample:
POND #2

Time of Collection: 14:10
Date of Collection: 11/18/2008
Date Received: 11/18/2008
Report Date: 11/25/2008

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		98	mg/L		SM 5210 B	11/24/2008	DLR
Total Suspended Solids		84	mg/L	3	SM 2540 D	11/21/2008	MG

Michael Moore 11/26/08

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

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MDL = Method/Minimum Detection Limit
UR = Unregulated

CLIENT CODE= Newnnw

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 + Doug
Company: City of New Meadows
Address:
Phone: Fax:
Sampled by: (Please print) Doug B & MM
Transported by: (Please print) MM Moore

PROJECT INFORMATION:

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

TESTS REQUESTED

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	BOD, TSS	Ecoli	NH4, pH, TPO4	Remarks:
38811	11/18/08	*	Plant Influent *	Wastewater	X			
38812	11/18/08	*	Plant Effluent *	"	X		X	
38770	11/18/08	1:55	Plant Eff Grab	Wastewater		X		
38771	11/18/08	2:05	Plant Eff Grab	"		X		
38813	11/18/08	1:45	Salmon R upstream	Surface W.	~~X~~ No		X	
38814	11/18/08	2:05	Salmon R. Downstream	"			X	
38815	11/18/08	2:00	pond #1	Wastewater	X			
38816	11/18/08	2:10	pond #2	"	X			

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

Special Instructions: * 8:00, 12:00N, 2:00pm

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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 Moore	Michael Moore	ALI	11/18/08	2:15pm
Received By: (Signature) Michael Moore	Michael Moore	"	11/18/08	6:15pm
Relinquished By: (Signature)				
Received at Laboratory By: (Signature) Ben Butler	Ben Butler	Analytical Laboratories	11/18/08	18:15

SAMPLE RECEIPT Total # of Containers: 12 Chains of Custody Seals Y / (N) / NA Intact: Y / (N) / NA Temperature Received: 5.2°C Condition: Good

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

Nov 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 Meter	ACT. FLOW	PH Cal.
Nov-08						Flow end of the Month		530719				Flow end of the Month		1217999		
11/1/2008	Sat															
11/2/2008	Sun															
11/3/2008	Mon	Rain	38			45.5		532452	173,300		29.9			1218906	90,700	
11/4/2008	Tues	Rain	40			47.5		533060	60,800		67.9			1219557	65,100	
11/5/2008	Wends	clear	42	0.4	6.39	0.9	18.9	533655	59,500	7.36	30.2	13.1	lt. Green	1220288	73,100	Yes
11/6/2008	Thurs	M/C	34			32.8		534121	46,600		15.9			1220564	27,600	
11/7/2008	Fri	M/C	39			43.5		534655	53,400		16.8			1220810	24,600	
11/8/2008	Sat															
11/9/2008	Sun															
11/10/2008	Mon	M/C	46			43.1		536,416	17,610		18			1,221,552	74,200	
11/11/2008	Tues	M/C	33			41.4		536,925	50,900		14.3			1,221,770	21,800	
11/12/2008	Wends	Rain	35	0.3	6.58	50.9	16.7	537,560	63,500	7.26	60.4	10.6	Lt. Green	1,222,415	64,500	Yes
11/13/2008	Thurs	P/C	43			50.4		538,201	64,100		56.9			1,223,211	79,600	
11/14/2008	Fri	clear	35			0.7		538,747	54,600		22.6			1,223,731	52,000	
11/15/2008	Sat															
11/16/2008	Sun															
11/17/2008	Mon	clear	32			10.5		540,287	154,000		16.8			1,224,454	72,300	
11/18/2008	Tues	Fog	25			40.5		540,729	44,200		17.5			1,224,706	25,200	
11/19/2008	Wends	Fog	33	0.5	6.01	20.4	16.6	541,211	48,200	6.98	16.3	11.3	Lt. Green	1,224,963	25,700	Yes
11/20/2008	Thurs	clear	32			32.8		541,729	51,800		14.9			1,225,207	24,400	
11/21/2008	Fri	clear	38			12.7		542,244	51,500		22.8			1,225,521	31,400	
11/22/2008	Sat															
11/23/2008	Sun															
11/24/2008	Mon	clear	28			3.6		543,792	154,800		16.2			1,226,249	72,800	
11/25/2008	Tues	clear	29			21.7		544,283	49,100		17.5			1,226,481	23,200	
11/26/2008	Wends	P/C	30	0.3	6.84	23.8	15.7	544,797	51,400	7.18	16.4	8.7	Lt. Green	1,226,723	24,200	Yes
11/27/2008	Thurs															
11/28/2008	Fri															
11/29/2008	Sat															
11/30/2008	Sun															

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	11	01	TO	08	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	3.4	******		******	12	******		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	******	******		******	288	******		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	3.4	******		******	12	******		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	******	******		6.98	******	7.36		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	4.5	******		******	16	******		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	******	******		******	123	******		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	4.5	******		******	16	******		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 MNG	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		08	12	10
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

DMR MAILING ZIP CODE: 83654
MINOR $
(SUBR02)

External Outfall

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	11	01	TO	08	11	30

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	0.0335	0.0731		******	******	******				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	Mgal/d	******	******	******		0	26/30	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0.13	******		******	0.4	******			Continuous	RCORDR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	******	lb/d	******	.5 MO AVG	******	mg/L	0	4/30	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	0.14	******		******	0.5	******			Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.3 WKLY AVG	******	lb/d	******	.75 WKLY AVG	******	mg/L	0	4/30	GRAB
E. coli	SAMPLE MEASUREMENT	******	******		******	<1	<1			Weekly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	126 MO GEOMN	406 INST MAX	#/100mL	0	5/30	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******		96	******	******			5 Times Every Month	GRAB
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******		85 MN % RMV	******	******	%	0	1/30	CALC
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******		87	******	******			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******		65 MN % RMV	******	******	%	0	1/30	CALC
										Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JOHN P FRANKS, CITY MNG	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		08	12	10
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