Analytical Laboratories, Inc.

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

Date Report Printed: 7/27/2009 8:36:24
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0918685

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

Collected By: M MOORE/DB
Submitted By: M MOORE

Source of Sample:
LITTLE SALMON - UPSTREAM

Time of Collection: 14:05
Date of Collection: 7/15/2009
Date Received: 7/15/2009
Report Date: 7/27/2009

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	7/22/2009	SS
Total Phosphate (as P)		0.23	mg/L	0.05	EPA 365.4	7/22/2009	JK

Michael Moore 7/29/09

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: 7/20/2009 8:57:21
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0918622

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: 14:15
Date of Collection: 7/15/2009
Date Received: 7/15/2009
Report Date: 7/20/2009

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	7/16/2009	MDM

7/20/9

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: 7/22/2009 8:14:27
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0918684

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

Collected By: M MOORE/DB
Submitted By: M MOORE

Source of Sample:
POND #1

Time of Collection: 14:15
Date of Collection: 7/15/2009
Date Received: 7/15/2009
Report Date: 7/22/2009

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		92	mg/L		SM 5210 B	7/21/2009	MG
Total Suspended Solids		90	mg/L	3	SM 2540 D	7/20/2009	DLR

Michael Moore 7/22/09

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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Analytical Laboratories, Inc.

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

Date Report Printed: 7/20/2009 8:57:21

http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0918623

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: 14:20
Date of Collection: 7/15/2009
Date Received: 7/15/2009
Report Date: 7/20/2009

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	7/16/2009	MDM

M. M. 7/20/09

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: 7/22/2009 8:14:27
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0918681

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

Collected By: M MOORE/DB
Submitted By: M MOORE

Source of Sample:
PLANT INFLUENT COMPOSITE 08:00, 12:00, 14:20

Time of Collection: 14:20
Date of Collection: 7/15/2009
Date Received: 7/15/2009
Report Date: 7/22/2009

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		176	mg/L		SM 5210 B	7/21/2009	MG
Total Suspended Solids		97	mg/L	3	SM 2540 D	7/20/2009	DLR

Michael Moore 7/22/09

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

Analytical Laboratories, Inc.

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

Date Report Printed: 7/27/2009 8:36:24
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0918682

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

Collected By: M MOORE/DB
Submitted By: M MOORE

Source of Sample:
PLANT EFFLUENT COMPOSITE 08:00, 12:00, 14:20

Time of Collection: 14:20
Date of Collection: 7/15/2009
Date Received: 7/15/2009
Report Date: 7/27/2009

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Ammonia Direct (as N)		0.92	mg/L	0.04	EPA 350.1	7/22/2009	SS
Total Phosphate (as P)		3.78	mg/L	0.05	EPA 365.4	7/22/2009	JK
Biochemical Oxygen		<7	mg/L		SM 5210 B	7/21/2009	MG
Total Suspended Solids		8	mg/L	3	SM 2540 D	7/20/2009	DLR

Michael Moore 7/29/09

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

Analytical Laboratories, Inc.

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

Date Report Printed: 7/20/2009 8:57:21

http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0918624

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: 14:25
Date of Collection: 7/15/2009
Date Received: 7/15/2009
Report Date: 7/20/2009

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	7/16/2009	MDM

M. M. 7/2019

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

Analytical Laboratories, Inc.

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

Date Report Printed: 7/22/2009 8:14:27
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0918683

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

Collected By: M MOORE/DB
Submitted By: M MOORE

Source of Sample:
POND #2

Time of Collection: 14:30
Date of Collection: 7/15/2009
Date Received: 7/15/2009
Report Date: 7/22/2009

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		38	mg/L		SM 5210 B	7/21/2009	MG
Total Suspended Solids		47	mg/L	3	SM 2540 D	7/20/2009	DLR

Michael Moore 7/22/09

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

Analytical Laboratories, Inc.

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

Date Report Printed: 7/27/2009 8:36:24
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0918686

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

Collected By: M MOORE/DB
Submitted By: M MOORE

Source of Sample:
LITTLE SALMON - DOWNSTREAM

Time of Collection: 14:35
Date of Collection: 7/15/2009
Date Received: 7/15/2009
Report Date: 7/27/2009

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	7/22/2009	SS
Total Phosphate (as P)		0.34	mg/L	0.05	EPA 365.4	7/22/2009	JK

Michael Moore 7/29/09

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= Newmdw

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION:

Project Manager: Doug Byes
Company: City of New Meadows
Address: 401 Virginia St.
New Meadows Id 83654
Phone:
Fax:

PROJECT INFORMATION:

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

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

Sampled by: (Please print) M Moore + D.B.
Transported by: (Please print) M Moore

TESTS REQUESTED

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	BOD, SS	NH4, TPO4	E coli							Remarks:
18681	7/15/09	*	Plant Effluent	Wastewater	X									
18682	7/15/09	*	Plant Effluent	Wastewater	X	X								
18683	7/15/09	2:30pm	Pond #2	Wastewater	X									
18684	7/15/09	2:15	Pond #1	Wastewater	X									
18685	7/15/09	2:05	little salmon - Upstream	Surface H_2O		X								
18686	7/15/09	2:35	little salmon - Downstream	Surface H_2O		X								
18622	7/15/09	2:15	Plant Effluent	Wastewater			X							
18623	7/15/09	2:20	" "	Wastewater			X							
18624	7/15/09	2:25	" "	Wastewater			X							

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

Special Instructions:
composite times = 8:00AM, 12:00N, 2:20pm

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) Michael N Moore	Michael N. Moore	ALE	7/15/09	6:40pm
Received By: (Signature)				
Relinquished By: (Signature)				
Received at Laboratory By: (Signature) Ben Butler	Ben Butler	Analytical Laboratories	7/15/09	18:40

SAMPLE RECEIPT Total # of Containers: 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: 7/30/2009 3:49:57
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0919990

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

Collected By: D MACNICHOL
Submitted By: M MOORE

Source of Sample:
NEW MEADOW PLANT EFFLUENT GRAB #1

Time of Collection: 13:30
Date of Collection: 7/28/2009
Date Received: 7/28/2009
Report Date: 7/30/2009

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	7/30/2009	LM

M. M 7/30/09

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: 7/30/2009 3:49:57
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0919991

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

Collected By: D MACNICHOL
Submitted By: M MOORE

Source of Sample:
NEW MEADOW PLANT EFFLUENT GRAB #2

Time of Collection: 13:30
Date of Collection: 7/28/2009
Date Received: 7/28/2009
Report Date: 7/30/2009

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		2	MPN/100mL		SM 9223	7/30/2009	LM

7/31/9

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

Analytical Laboratories, Inc.

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

Date Report Printed: 7/30/2009 3:49:57
http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0919992

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

Collected By: D MACNICHOL
Submitted By: M MOORE

Source of Sample:
NEW MEADOW PLANT EFFLUENT GRAB #3

Time of Collection: 13:30
Date of Collection: 7/28/2009
Date Received: 7/28/2009
Report Date: 7/30/2009

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	7/30/2009	LM

7/31/9

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= Newmw

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION:

Project Manager:

Company: City of New Meadows

Address: 401 Virgina St

New Meadows ID 83654

Phone:

Fax:

PROJECT INFORMATION:

Project Name:

PWS Number:

Purchase Order Number:

Required Due Date:

E-mail Address:

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

TESTS REQUESTED

Sampled by: *(Please print)* Douglas MacNichol

Transported by: *(Please print)* ANA Lab

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	E. coli									Remarks:
19990	7-28-09	1:30P	WW EFFluent											
19991	7-28	1:30P	"											
19992	7-28	1:30P	"											
			"											

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

Special Instructions:

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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)*	Douglas MacNichol	Central Mountain Management	7-28-09	4:00P
Received By: *(Signature)*	Michael Moore	ALI	7-28-09	18:20
Relinquished By: *(Signature)*				
Received at Laboratory By: *(Signature)* Ben Butler	Ben Butler	**Analytical Laboratories**	7/28/09	18:20

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

BB

July 2009

City of New Meadows DMR

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.
Jul-09						Flow end of the Month		694743				Flow end of the Month		1460573		
7/1/2009	Wends	Clear	58	0.3	6.94	0.1	19.1	695239	49,600	7.27	21.3	23.1	Light Green	1460871	29,800	Yes
7/2/2009	Thurs	Clear	60			0.1		695712	47,300		21.9			1461152	28,100	
7/3/2009	Fri															
7/4/2009	Sat															
7/5/2009	Sun															
7/6/2009	Mon	M/C	60			30.6		697486	177,400		29.5			1462495	134,300	
7/7/2009	Tues	P/C	65			17.3		697962	47,600		15.2			1462790	29,500	
7/8/2009	Wends	Clear	61	0.3	6.12	0.1	19.9	698,443	48,100	7.65	17.9	23	Light Green	1,462,980	19,000	Yes
7/9/2009	Thurs	P/C	53			14.4		698,916	47,300		14.6			1,463,150	17,000	
7/10/2009	Fri	Fog	50			6.2		699,501	58,500		20.8			1,463,379	22,900	
7/11/2009	Sat															
7/12/2009	Sun															
7/13/2009	Mon	M/C	60			8.5		700,829	132,800		44.6			1,464,553	117,400	
7/14/2009	Tues															
7/15/2009	Wends	Clear	62	0.5	6.17	0.1	19.7	701,914	108,500	7.41	35.3	22	Light Green	1,466,252	169,900	Yes
7/16/2009	Thurs	Clear	52			37.7		702,361	44,700		24.2			1,466,596	34,400	
7/17/2009	Fri	Clear	64			10.4		702,812	45,100		25.8			1,466,952	35,600	
7/18/2009	Sat															
7/19/2009	Sun															
7/20/2009	Mon	Clear	65			0.1		704,120	130,800		13.3			1,467,778	82,600	
7/21/2009	Tues	Clear	62			0.1		704,564	44,400		12.3			1,467,927	14,900	
7/22/2009	Wends	Clear	65	0.3	6.8	0.1	22.2	704,988	42,400	8.02	12.5	25.1	Clear	1,468,086	15,900	Yes
7/23/2009	Thurs	Clear	63			11.9		705,448	46,000		14.6			1,468,246	16,000	
7/24/2009	Fri	Clear	65			6.7		705,842	39,400		12.4			1,468,408	16,200	(Lowered Ponds)
7/25/2009	Sat															
7/26/2009	Sun															
7/27/2009	Mon	Clear	65			3.6		707,122	128,000		17.6			1,473,891	548,300	
7/28/2009	Tues	Clear	66			0.1		707,577	45,500		7.6			1,474,020	12,900	(Lowered Ponds)
7/29/2009	Wends	Clear	68	0.3	6.54	0.1	22.1	707,982	40,500	6.94	201.4	25.1	Light Green	1,477,808	378,800	Yes
7/30/2009	Thurs	Clear	48			43.6		708,419	43,700		117.4			1,481,962	415,400	(Lowered Ponds)
7/31/2009	Fri	Clear	63			0.9		708,872	45,300		62.4			1,485,948	398,600	(Lowered Ponds)

Analytical Laboratories, Inc.

August 6, 2009

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: CITY OF NEW MEADOWS
ADDRESS: PO BOX 324
NEW MEADOWS, ID 83654
FACILITY: NEW MEADOWS, CITY OF
LOCATION: 100 WEST MCLAIN STREET
NEW MEADOWS, ID 83654

ATTN: DOUG BIJYS, PUBLIC WORKS SUPV

ID0023159	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2009	TO	07/31/2009

DMR Mailing ZIP CODE: 83654
MINOR $
(SUBR 02)

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	0.0819	0.415		******	******	******	******	0	31/31	99/RC
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	Mgal/d	******	******	******	******		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0.21	******		******	0.3	******		0	5/31	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	0.34	******		******	0.5	******		0	5/31	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	******	******	******	******	1.0	2		0	6/31	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	******	******	******	93	******	******		0	1/31	CALC
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John P Franks, City Admin.	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		08/10/2009
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

DKB

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: CITY OF NEW MEADOWS
ADDRESS: PO BOX 324
NEW MEADOWS, ID 83654
FACILITY: NEW MEADOWS, CITY OF
LOCATION: 100 WEST MCLAIN STREET
NEW MEADOWS, ID 83654

ATTN: DOUG BUYS, PUBLIC WORKS SUPV

ID0023159	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2009	TO	07/31/2009

DMR Mailing ZIP CODE: 83654
MINOR $
(SUBR 02)

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	<4.8	******		******	<7	******		0	1/31	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	******	******	******	******	176	******		0	1/31	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	<4.8	******		******	<7	******		0	1/31	COMP
00310 W 0 See Comments	PERMIT REQUIREMENT	135 WKLY AVG	******	lb/d	******	45 WKLY AVG	******	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	******	******	******	6.94	******	8.02		0	5/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	5.5	******		******	8	******		0	1/31	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	******	******	******	******	97	******		0	1/31	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	******	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	5.5	******		******	8	******		0	1/31	COMP
00530 W 0 See Comments	PERMIT REQUIREMENT	195 WKLY AVG	******	lb/d	******	65 WKLY AVG	******	mg/L		Monthly	COMP-8

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DKB