Sept 2009

Date:	Day:	Weathe	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.
Sep.-09						Flow end of the Month		723,684				Flow end of the Month		1,491,241		
9/1/2009	Tues	Clear	58			1.2		724206	52,200		0			1491241	0	
9/2/2009	Wends	Clear	59			1.5		724670	46,400		0			1491241	0	
9/3/2009	Thurs.	Clear	70			10.5		725142	47,200		0			1491241	0	
9/4/2009	Fri	Clear	53			1.5		725611	46,900		0			1491241	0	
9/5/2009	Sat															
9/6/2009	Sun															
9/7/2009	Mon															
9/8/2009	Tues	Clear	45			0.1		727,826	221,500		0			1,491,241	0	
9/9/2009	Wends	Clear	40			1.1		728,297	47,100		0			1,491,241	0	
9/10/2009	Thurs.	Clear	50			1.9		728,721	42,400		0			1,491,241	0	
9/11/2009	Fri	Clear	55			0.1		729,171	45,000		0			1,491,241	0	
9/12/2009	Sat															
9/13/2009	Sun															
9/14/2009	Mon	M/C	52			29.7		730,452	128,100		0			1,491,241	0	
9/15/2009	Tues	Clear	70			7.3		731,003	55,100		0			1,491,241	0	
9/16/2009	Wends	Clear	58			0.1		731,455	45,200		0			1,491,241	0	
9/17/2009	Thurs.	Clear	52			15.2		731,900	44,500		0			1,491,241	0	
9/18/2009	Fri	Clear	57			1.6		732,424	52,400		0			1,491,241	0	
9/19/2009	Sat															
9/20/2009	Sun															
9/21/2009	Mon	Clear	40			0.1		733,803	137,900		0			1,491,241	0	
9/22/2009	Tues	Clear	45			0.1		734,265	46,200		0			1,491,241	0	
9/23/2009	Wends	Clear	50			0.1		734,699	43,400		0			1,491,241	0	
9/24/2009	Thurs.	Clear	55			0.1		735,144	44,500		0			1,491,241	0	
9/25/2009	Fri	Clear	50			1.1		735,599	45,500		0			1,491,241	0	
9/26/2009	Sat															
9/27/2009	Sun															
9/28/2009	Mon	Clear	40			13.2		736,913	131,400		0			1,491,241	0	
9/29/2009	Tues	M/C	40			49.3		737,345	43,200		0			1,491,241	0	
9/30/2009	Wends	M/C	30			36.1		737,929	58,400		0			1,491,241	0	

Analytical Laboratories, Inc.

October 6, 2009

CITY OF NEW MEADOWS
P O BOX 324
NEW MEADOWS, IDAHO 83654

Sent 10/13/09 MAC

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

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 BUYS, PUBLIC WORKS SUPV

ID0023159	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

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

External Outfall

No Discharge [X]

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

* THERE WAS NO DISCHARGE FOR PERIOD.

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		10/13/2009
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

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

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	09/01/2009	TO	09/30/2009

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

External Outfall

No Discharge X

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	*			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	Mgal/d	******	******	******	******		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT		******		******		******				
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		******		******		******				
50060 W 0 See Comments	PERMIT REQUIREMENT	2.3 WKLY AVG	******	lb/d	******	.75 WKLY AVG	******	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******						
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	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 MN % RMV	******	******	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	65 MN % RMV	******	******	%		Monthly	CALCTD

* THERE WAS NO DISCHARGE FOR PERIOD.

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		10/13/2009
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