Analytical Laboratories, Inc.

RECEIVED 9-11-14 MAC

September 9th, 2014

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

Sent 9/12/14 to EPA 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

Email to 9/12/14 MAC

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: NEW MEADOWS, CITY OF
ADDRESS: PO BOX 324
NEW MEADOWS, ID 83654
FACILITY: NEW MEADOWS, CITY OF - NEW MEADOWS WWTP
LOCATION: 100 WEST MCLAIN STREET
NEW MEADOWS, ID 83654
ATTN: DOUG BUYS, PUBLIC WORKS SUPV

PERMIT NUMBER	DISCHARGE NUMBER
ID0023159	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2014	8/31/2014

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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	.....	.....	.....	.....						
00010 P 0 See Comments	PERMIT REQUIREMENT	.....	.....	.....	.....	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				.....						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	90 MO AVG	135 WKLY AVG	lb/d	.....	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.....	.....	.....	.....		.....				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	.....	.....	.....	.....	Req. Mon. MO AVG	.....	mg/L		Weekly	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	195 WKLY AVG	lb/d	.....	45 MO AVG	65 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	.....	.....	.....	.....		.....				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	.....	.....	.....	.....	Req. Mon. MO AVG	.....	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....					
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anthony J Koberstein Council President TYPED OR PRINTED	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	208-347-2171 AREA Code NUMBER	09/11/2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent monitoring for temperature shall begin within six months of the effective date of the permit. (Part 1 B. Table 1. Footnote 8 for details.)

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FACILITY: NEW MEADOWS, CITY OF - NEW MEADOWS WWTP
LOCATION: 100 WEST MCLAIN STREET
NEW MEADOWS, ID 83654
ATTN: DOUG BUYS, PUBLIC WORKS SUPV

PERMIT NUMBER	DISCHARGE NUMBER
ID0023159	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2014	8/31/2014

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

External Outfall

No Discharge [X]

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.....			.....		.....				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.....	6.6 MO TOTAL	lb/mo	.....	Req. Mon. MO AVG	.....	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	.....	.....	.....	.....						
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	.....	.....	.....	.....	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	.....			.....	.....	.....	.....			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	.....	0 MO MAX	Y=1,N=0	.....	.....	.....	.....		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				.....	.....	.....	.....			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	MGD	.....	.....	.....	.....		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT				.....						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	2.25 WKLY AVG	lb/d	.....	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	.....	.....	.....		.....	.....				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	.....	.....	.....	85 MO AV MN	.....	.....	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	.....	.....	.....		.....	.....				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	.....	.....	.....	65 MO AV MN	.....	.....	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=Effluent monitoring for temperature shall begin within six months of the effective date of the permit. (Part 1.B. Table 1. Footnote 8 for details.)

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8/1/2014	8/31/2014

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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			
Oil and grease visual	SAMPLE MEASUREMENT		.....		.....	.....	.....	.....			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	0 MO MAX	.....	Y=1;N=0	.....	.....	.....	.....		When Discharging	VISUAL

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			AREA Code	NUMBER	MM/DD/YYYY

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City of New Meadows
Discharge Monitoring Report
August 2014

#	Date	Day	Time	Weather	Temp. (F)	Cl. Res.	In. Flow	In. Flow PH	In. Flow Temp	In Flow Meter.	ACT. Flow	EFF. Flow	EFF. PH	EFF. Temp	EFF. Color	EFF. Flow Meter	ACT. Flow	PH. Cal.	Visable Oil / Grease	Visable Foam / Solids	Comments
							FLOW END OF PREV. MONTH 2035717							FLOW END OF PREV. MONTH 3492606							
1	8/1/2014	Fri	9:28 AM	Clear	63		0.1			2036316	59900	0				3492606	0				No Discharge
2	8/2/2014	Sat																			
3	8/3/2014	Sun																			
4	8/4/2014	Mon	9:06 AM	P/C	61		46.4			2038287	197100	0				3492606	0				No Discharge
5	8/5/2014	Tues	8:49 AM	P/C	56		22.4			2038956	66900	0				3492606	0				No Discharge
6	8/6/2014	Wed	8:45 AM	Clear	58		26.7			2039599	64300	0				3492606	0				No Discharge
7	8/7/2014	Thurs	9:09 AM	Clear	58		13.9			2040282	68300	0				3492606	0				No Discharge
8	8/8/2014	Fri	8:55 AM	Clear	53		14.7			2040960	67800	0				3492606	0				No Discharge
9	8/9/2014	Sat																			
10	8/10/2014	Sun																			
11	8/11/2014	Mon	9:06 AM	Clear	59		16.2			2042935	197500	0				3492606	0				No Discharge
12	8/12/2014	Tues	9:19 AM	P/C	73		22.1			2043608	67300	0				3492606	0				No Discharge
13	8/13/2014	Wed	9:10 AM	Fog	59		45.3			2044363	75500	0				3492606	0				No Discharge
14	8/14/2014	Thur	8:48 AM	Fog	59		58.1			2045223	86000	0				3492606	0				No Discharge
15	8/15/2014	Fri	9:00 AM	Clear	59		35.1			2046109	88600	0				3492606	0				No Discharge
16	8/16/2014	Sat																			
17	8/17/2014	Sun																			
18	8/18/2014	Mon	9:02 AM	Clear	59		9.1			2048427	231800	0				3492606	0				No Discharge
19	8/19/2014	Tues																			Power outage
20	8/20/2014	Wed	8:55 AM	Clear	56		22.7			2049817	139000	0				3492606	0				No Discharge
21	8/21/2014	Thurs	9:06 AM	Fog	51		32.2			2050562	74500	0				3492606	0				No Discharge
22	8/22/2014	Fri	8:04 AM	Clear	43		65.9			2051248	68600	0				3492606	0				No Discharge
23	8/23/2014	Sat																			
24	8/24/2014	Sun																			
25	8/25/2014	Mon	8:53 AM	Clear	50		10.9			2053568	232000	0				3492606	0				No Discharge
26	8/26/2014	Tues	9:01 AM	Fog	46		56.8			2054263	69500	0				3492606	0				No Discharge
27	8/27/2014	Wed	8:05 AM	Clear	44		44.8			2054964	70100	0				3492606	0				No Discharge
28	8/28/2014	Thurs	9:06 AM	Clear	60		13.4			2055666	70200	0				3492606	0				No Discharge
29	8/29/2014	Fri	9:19 AM	Clear	64		22.1			2056333	66700	0				3492606	0				No Discharge
30	8/30/2014	Sat																			
31	8/31/2014	Sun																			

NO DISCHARGE - NO RECORDED EFFLUENT TEMPS

NO DISCHARGE - NO MONTHLY AVERAGE EFFLUENT TEMP

CLIENT CODE=

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION:	PROJECT INFORMATION:	ANALYTICAL LABS, INC.
Project Manager: Doug Buys	Project Name:	1804 N. 33rd Street • Boise, ID 83703
Company: City of New Meadows	PWS Number:	(208) 342-5515 • Fax: (208) 342-5591 • 1-800-574-5773
Address: 401 Virginia Ste.	Purchase Order Number:	Website: www.analyticallaboratories.com
New Meadows, ID 83654	Required Due Date:	E-mail: ali@analyticallaboratories.com
Phone: 347-2171 Fax: 347-2384	E-mail Address:	TESTS REQUESTED
Sampled by: *(Please print)* DAB	Transported by: *(Please print)* Action Express	

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	[illegible]									Remarks:
	8-28	12:20	School, Faculty Men	grab	X									
	8-28	12:22	School, Men's Room	grab	X									
	8-28	12:27	School, Faculty, women	grab	X									
	8-28	12:35	well #3	grab	X									

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

Special Instructions:

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 circumstances 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.

Relinquished By: *(Signature)*	**Print Name:** Doug Buys	**Company:** City of New Meadows	**Date:** 8-28-14	**Time:** 12:50
Received By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Relinquished By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Received By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
SAMPLE RECEIPT **Total # of Containers:**	**Chains of Custody Seals** Y / N / NA	**Intact:** Y / N / NA **Temperature Received:**	**Condition:**	

REV. 2/19/12 WHITE: STAYS WITH SAMPLE (S) YELLOW: LAB PINK: SAMPLER

CLIENT CODE=

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION:

Project Manager: Doug Buys
Company: City of New Meadows
Address: 401 Virginia Ste
New Meadows Id 83654
Phone: 347-2171 Fax: 347-3384

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)*
Transported by: *(Please print)*

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	TC									Remarks:
	8-10	1:30	wastewater plant	grab	X									
	8-10	1:40	S&S enterprises	grab	X									
	8-10	1:50	D&D custom meats	grab	X									
	8-10	2:10	City hall	grab	X									

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

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Relinquished By: *(Signature)*	Print Name: Doug Buys	Company: City of New Meadows	Date: 8-10-11	Time: 2:20
Received By: *(Signature)*	Print Name:	Company:	Date:	Time:
Relinquished By: *(Signature)*	Print Name:	Company:	Date:	Time:
Received By: *(Signature)*	Print Name:	Company:	Date:	Time:
SAMPLE RECEIPT Total # of Containers:	Chains of Custody Seals Y / N / NA	Intact: Y / N / NA Temperature Received:	Condition:	

REV. 2/19/12 WHITE: STAYS WITH SAMPLE (S) YELLOW: LAB PINK: SAMPLER