Analytical Laboratories, Inc.

October 6th, 2014

RECEIVED 10-8-14 MAC

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

Sent 10/14/14 MAC

- 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: 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
9/1/2014	9/30/2014

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
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	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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ATTN: DOUG BUYS, PUBLIC WORKS SUPV

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ID0023159	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

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

D=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.)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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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
9/1/2014	9/30/2014

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	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.				
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)

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PERMIT NUMBER	DISCHARGE NUMBER
ID0023159	REC-Q

MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 83654
MINOR $
(SUBR 02)
LITTLE SALMON RIVER, UPSTREAM
Receiving Water (Ambient)

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	18.1		0	QUARTER	GRAB
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. INST MAX	deg C		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	9.01	******	9.01		0	QUARTER	GRAB
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	Req. Mon. INST MIN	******	Req. Mon. INST MAX	SU		Quarterly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	<0.04		0	QUARTER	GRAB
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. INST MAX	mg/L		Quarterly	GRAB

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

Monitoring starts within six months after the effective date of permit. Monitoring during each calendar quarter (Jan-Mar, Apr-June,Jul-Sep,Oct-Dec). Report results on the DMR for each end-of-quarter month (i.e Mar, un, Sep, Dec) until 12 quarterly samples have been collected, analyzed, and the results reported.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

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

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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			
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

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9/1/2014	9/30/2014

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			
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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MONITORING PERIOD MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 83654
MINOR $
(SUBR 02)
LITTLE SALMON RIVER, UPSTREAM
Receiving Water (Ambient)

No Discharge ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	18.1		0	QUARTER	GRAB
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. INST MAX	deg C		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	9.01	******	9.01		0	QUARTER	GRAB
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	Req. Mon. INST MIN	******	Req. Mon. INST MAX	SU		Quarterly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	<0.04		0	QUARTER	GRAB
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. INST MAX	mg/L		Quarterly	GRAB

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City of New Meadows
Discharge Monitoring Report
September 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 2056333							FLOW END OF PREV. MONTH 3492606							
1	9/1/2014	Mon																			
2	9/2/2014	Tues	9:10 AM	Clear	55		8.7			2059356	302300	0				3492606	0				No Discharge
3	9/3/2014	Wed	8:52 AM	Clear	51		21.9			2060061	70500	0				3492606	0				No Discharge
4	9/4/2014	Thurs	9:04 AM	Clear	46		10.1			2060808	74700	0				3492606	0				No Discharge
5	9/5/2014	Fri	9:12 AM	Clear	51		7.7			2061512	70400	0				3492606	0				No Discharge
6	9/6/2014	Sat																			
7	9/7/2014	Sun																			
8	9/8/2014	Mon	8:58 AM	Clear	49		17.9			2063562	205800	0				3492606	0				No Discharge
9	9/9/2014	Tues	8:52 AM	Clear	50		21.3			2064235	67300	0				3492606	0				No Discharge
10	9/10/2014	Wed	8:50 AM	Clear	48		21.2			2064928	69300	0				3492606	0				No Discharge
11	9/11/2014	Thurs	8:54 AM	Clear	44		9			2065607	67900	0				3492606	0				No Discharge
12	9/12/2014	Fri	8:54 AM	Clear	41		7.1			2066353	74600	0				3492606	0				No Discharge
13	9/13/2014	Sat																			
14	9/14/2014	Sun																			
15	9/15/2014	Mon	7:59 AM	Clear	36		63.1			2068297	194400	0				3492606	0				No Discharge
16	9/16/2014	Tues	8:49 AM	Clear	48		73.1			2068983	68600	0				3492606	0				No Discharge
17	9/17/2014	Wed	9:06 AM	M/C	51		54.5			2069713	73000	0				3492606	0				No Discharge
18	9/18/2014	Thurs	9:26	Rain	55		67.1			2070479	76600	0				3492606	0				No Discharge
19	9/19/2014	Fri	9:03 AM	Clear	52		20.2			2071188	70900	0				3492606	0				No Discharge
20	9/20/2014	Sat																			
21	9/21/2014	Sun																			
22	9/22/2014	Mon	8:04 AM	M/C	57		78.1			2073257	206900	0				3492606	0				No Discharge
23	9/23/2014	Tues	8:11 AM	M/C	51		75.1			2074045	78800	0				3492606	0				No Discharge
24	9/24/2014	Wed	8:01 AM	Clear	45		79.1			2074837	79200	0				3492606	0				No Discharge
25	9/25/2014	Thurs	8:06 AM	Clear	41		75.4			2075573	73600	0				3492606	0				No Discharge
26	9/26/2014	Fri	9:28 AM	Fog	49		66.7			2076332	75900	0				3492606	0				No Discharge
27	9/27/2014	Sat																			
28	9/28/2014	Sun																			
29	9/29/2014	Mon	7:57 AM	Rain	51		91.2			2078877	254500	0				3492606	0				No Discharge
30	9/30/2014	Tues	8:16 AM	Rain	48		74.1			2079863	98600	0				3492606	0				No Discharge
31																					

NO DISCHARGE - NO RECORDED EFFLUENT TEMPS

NO DISCHARGE - NO MONTHLY AVERAGE EFFLUENT TEMP

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

MAc
RECEIVED
10-01-14

Date Report Printed: 9/30/2014 11:48:37 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1437728

Attn: DOUG BUYS
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:
LITTLE SALMON-DOWNSTREAM

Time of Collection: 13:40
Date of Collection: 9/23/2014
Date Received: 9/23/2014
Report Date: 9/30/2014

PWS#:
PWS Name: CITY OF NEW MEADOWS

Field Temp: 18.5 °C Temp Rcvd in Lab: 5.6 °C

FIELD PH=9.02

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Ammonia Direct (as N)		<0.04	mg/L	0.04	EPA 350.1	9/26/2014	CJS
Total Phosphate (as P)		0.12	mg/L	0.05	EPA 365.4	9/25/2014	DS

Michael P. Moore 9/30/2014

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

MAC
RECEIVED
10-1-14

Date Report Printed: 9/30/2014 11:48:37 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1437729

Attn: DOUG BUYS
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:
LITTLE SALMON-UPSTREAM

Time of Collection: 14:06
Date of Collection: 9/23/2014
Date Received: 9/23/2014
Report Date: 9/30/2014

PWS#:
PWS Name: CITY OF NEW MEADOWS

Field Temp: 18.1 °C Temp Rcvd in Lab: 5.6 °C
FIELD PH=9.01

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Ammonia Direct (as N)		<0.04	mg/L	0.04	EPA 350.1	9/26/2014	CJS
Total Phosphate (as P)		0.07	mg/L	0.05	EPA 365.4	9/25/2014	DS

Michael P Moore 9/30/2014

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= Neumm

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION:

Project Manager: Doug Byes
Company: City of New Meadows.
Address:
Phone: Fax:
Sampled by: (Please print) M Moore
Transported by: (Please print) M Moore

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

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	NH4, TPO4	Field Measure	Remarks:
37728	9/23/014	1:40pm	Little Salmon - Downstream	Surface H2O ~~Wastewater~~	X		Temp = 18.5°C pH = 9.02 SU
37729	9/23/014	2:06pm	Little Salmon - Upstream	Surface H2O	X		Temp = 18.1°C pH = 9.01 SU

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.

	Print Name:	Company:	Date:	Time:
Relinquished By: (Signature) Michael N. Moore	Michael N. Moore	ALI	9/23/2014	6:05 pm
Received By: (Signature)				
Relinquished By: (Signature)				
Received By: (Signature) Ben Burk	Ben Burk	ALI	9/23/14	18:05

SAMPLE RECEIPT Total # of Containers: 2 Chains of Custody Seals Y / N / NA Intact: Y / N / NA Temperature Received: 5.6°C Condition: cold

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

CLIENT CODE= Nemmer

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION:

Project Manager: Doug Byers

Company: City of New Meadows

Address:

Phone: Fax:

Sampled by: (Please print) M Meier

PROJECT INFORMATION:

Project Name:

PWS Number:

Purchase Order Number:

Required Due Date:

E-mail Address:

Transported by: (Please print) M Meier

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

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	NH4, TKN									Remarks:
37728	9/23/2014	1:40 pm	Little Salmon - Downstream	Surface H2O ~~Wastewater~~	X									Temp = 18.5°C pH = 9.02 SU
37729	9/23/2014	2:06 pm	Little Salmon - Upstream	Surface H2O	X									Temp = 18.1°C pH = 9.01 SU

Field Phone

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.

	Print Name:	Company:	Date:	Time:
Relinquished By: (Signature) Michael D. Meier	Michael D. Meier	ALI	9/23/2014	6:05 pm
Received By: (Signature)				
Relinquished By: (Signature)				
Received By: (Signature) B. Bek	B. Bek	A.I.	9/23/14	18:05

SAMPLE RECEIPT Total # of Containers: Chains of Custody Seals Y / N / NA Intact: Y / N / NA Temperature Received: 5.6°C Condition: Good

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