Analytical Laboratories, Inc.

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

Date Report Printed: 11/11/2015 3:37:15 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1548357

Attn: DOUG BUYS
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: DRB
Submitted By: ACTION

RECEIVED 11/23/15 NAC

Source of Sample:
WASTEWATER EFFLUENT COMPOSITE 11/05/15 08:00; 12:00; 14:00

Time of Collection: 14:00
Date of Collection: 11/5/2015
Date Received: 11/6/2015
Report Date: 11/11/2015

PWS#:

Field Temp: Temp Rcvd in Lab: 9.4 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		7	mg/L	3	SM 5210 B	11/11/2015	GM
Total Suspended Solids		23	mg/L	3	SM 2540 D	11/9/2015	AR

Michael Moore 11/12/2015

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: 11/11/2015 3:37:15 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1548358

RECEIVED 11/23/15 MAC

Attn: DOUG BUYS
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: DRB
Submitted By: ACTION

Source of Sample:
WASTEWATER INFLOW COMPOSITE 11/05/15 08:00; 12:00; 14:00

Time of Collection: 14:00
Date of Collection: 11/5/2015
Date Received: 11/6/2015
Report Date: 11/11/2015

PWS#:

Field Temp: Temp Rcvd in Lab: 9.4 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		1,700	mg/L	3	SM 5210 B	11/11/2015	GM
Total Suspended Solids		1,550	mg/L	3	SM 2540 D	11/9/2015	AR

Michael Moore 11/12/2015

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: 11/9/2015 3:56:07 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1548359

RECEIVED 11/23/15 nmz

Attn: DOUG BUYS
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: DRB
Submitted By: ACTION

Source of Sample:
WASTEWATER EFFLUENT GRAB

Time of Collection: 14:00
Date of Collection: 11/5/2015
Date Received: 11/6/2015
Report Date: 11/9/2015

PWS#:

Field Temp: Temp Rcvd in Lab: 9.4 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		<1	MPN/100mL		SM 9223	11/7/2015	LM

Clo. mDm 11-10-15

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=

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION:		PROJECT INFORMATION:	
Project Manager: Doug Buys		Project Name:	
Company: City of New Meadows		PWS Number:	
Address: 401 Virginia		Purchase Order Number:	
		Required Due Date:	
Phone: 347-2171	Fax: 347-2384	E-mail Address:	
Sampled by: (Please print) DRB		Transported by: (Please print) Action	

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

RECEIVED 11/23/15

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	TSS	BOD	E.coli							Remarks:
48357	11-5	8-12-2	wastewater effluent	Comp	X	X								
48358	11-5	8-12D	waste water Influent	Comp	X	X								
48359	11-5	2:00	wastewater effluent	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 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)*	Doug Buys	City of New Meadows	11-5-15	2:10
Received By: *(Signature)*				
Relinquished By: *(Signature)*				
Received at Laboratory By: *(Signature)* Ben Butler	BEN Butler	Analytical Laboratories	11/6/15	07:05
SAMPLE RECEIPT — Total # of Containers:	Chains of Custody Seals Y / N / NA	Intact: Y / N / NA — Temperature Received:	Condition:	

REV. 2/19/10 WHITE: STAYS WITH SAMPLE(S) YELLOW: LAB PINK: SAMPLER

9.4°C - sent extra ice in cooler

CLIENT CODE=

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 INFORMATION:
Project Manager: Doug Buys		Project Name:
Company: City of New Meadows		PWS Number:
Address: 401 Virginia		Purchase Order Number:
		Required Due Date:
Phone: 347-2171	Fax: 347-2384	E-mail Address:
Sampled by: *(Please print)* ORB	Transported by: *(Please print)* Action	

TESTS REQUESTED

RECEIVED 11/5/15 KB

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix										Remarks:
	11-5	8-12-2	wastewater effluent	Comp	X	X								
	11-5	8-12-2	wastewater Influent	Comp	X	X								
	11-5	2:00	wastewater effluent	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 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.

Relinquished By: *(Signature)*	**Print Name:** Doug Buys	**Company:** City of New Meadows	**Date:** 11-5-15	**Time:** 2:10
Received By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Relinquished By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Received at Laboratory By: *(Signature)*	**Print Name:**	**Company:** Analytical Laboratories	**Date:**	**Time:**
SAMPLE RECEIPT **Total # of Containers:**	**Chains of Custody Seals** Y / N / NA	**Intact:** Y / N / NA **Temperature Received:**	**Condition:**	

REV. 2/19/10 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: 11/19/2015 7:55:03 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1549263

Attn: DOUG BUYS
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: DRB
Submitted By: ACTION

RECEIVED 11/23/15 MAC

Source of Sample:
WASTEWATER EFFLUENT COMPOSITE 11/12/15 08:00; 12:00; 14:00

Time of Collection: 14:00
Date of Collection: 11/12/2015
Date Received: 11/13/2015
Report Date: 11/19/2015

PWS#:

Field Temp: Temp Rcvd in Lab: 13.3 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		<7	mg/L	3	SM 5210 B	11/18/2015	GM
Total Suspended Solids		12	mg/L	3	SM 2540 D	11/14/2015	GM

Michael Moore 11/19/2015

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: 11/19/2015 7:55:03 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1549264

Attn: DOUG BUYS
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: DRB
Submitted By: ACTION

RECEIVED 11/23/15 mse

Source of Sample:
WASTEWATER INFLOW COMPOSITE 11/12/15 08:00; 12:00; 14:00

Time of Collection: 14:00
Date of Collection: 11/12/2015
Date Received: 11/13/2015
Report Date: 11/19/2015

PWS#:

Field Temp: Temp Rcvd in Lab: 13.3 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		699	mg/L	3	SM 5210 B	11/18/2015	GM
Total Suspended Solids		1,420	mg/L	3	SM 2540 D	11/14/2015	GM

Michael Moore 11/19/2015

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: 11/16/2015 8:12:57 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1549265

RECEIVED 11/23/15 mgr

Attn: DOUG BUYS
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: DRB
Submitted By: ACTION

Source of Sample:
WASTEWATER EFFLUENT GRAB

Time of Collection: 14:00
Date of Collection: 11/12/2015
Date Received: 11/13/2015
Report Date: 11/16/2015

PWS#:

Field Temp: Temp Rcvd in Lab: 13.3 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		<1	MPN/100mL		SM 9223	11/14/2015	LM

Michael Moore 11/18/2015

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: Doug Buys
Company: City of New Meadows
Address: 401 Virginia Str
New Meadows, ID
Phone: 347-2171 Fax: 347-2384
Sampled by: (Please print) DRB

PROJECT INFORMATION:

Project Name:
PWS Number:
Purchase Order Number:
Required Due Date:
E-mail Address:
Transported by: (Please print) Actives

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

RECEIVED 11/23/15 MAC

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	TSS	BOD	E. coli							Remarks:
49263	11-12	8:12, 2	wastewater effluent	Comp	X	X								
49264	11-12	8:12 2	wastewater Influent	Comp	X	X								
49265	11-12	2:00	wastewater effluent	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.

	Print Name:	Company:	Date:	Time:
Relinquished By: (Signature)	Doug Buys	City of New Meadows	11-12-15	2:15
Received By: (Signature)				
Relinquished By: (Signature)				
Received By: (Signature)	Ben Baker	A L I	11/13/15	07:00

SAMPLE RECEIPT Total # of Containers: 3 | Chains of Custody Seals Y / (N) / NA | Intact: Y / (N) / NA | Temperature Received: 13.3 C | Condition: Good

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

CLIENT CODE=

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION:		PROJECT INFORMATION:
Project Manager: Doug Buys		**Project Name:**
Company: City of New Medanos		**PWS Number:**
Address: 401 Wayne Ste New Medanos, ID		**Purchase Order Number:**
		Required Due Date:
Phone: 347-2171	**Fax:** 347-3354	**E-mail Address:**
Sampled by: *(Please print)* DRB		**Transported by:** *(Please print)* Action

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

RECEIVED 11/13/15 KS

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	TSS	BOD	Fecal								Remarks:
	11-12	8:12	wastewater effluent	Comp	X	X									
	11-12	8:12	wastewater Influent	Comp	X	X									
	11-12	2:00	wastewater effluent	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 Medanos	**Date:** 11-13-15	**Time:** 2:15
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

Analytical Laboratories, Inc.

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

RECEIVED 12/4/15 LJS

Date Report Printed: 11/24/2015 9:09:27 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1549889

Attn: DOUG BUYS
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

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

Source of Sample:
WASTEWATER PLANT INFLUENT COMPOSITE 11/17/15
08:15; 09:45; 11:30; 13:05

Time of Collection: 13:05
Date of Collection: 11/17/2015
Date Received: 11/17/2015
Report Date: 11/24/2015

PWS#:

Field Temp: Temp Rcvd in Lab: 3.3 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		602	mg/L	3	SM 5210 B	11/23/2015	AR
Total Suspended Solids		680	mg/L	3	SM 2540 D	11/19/2015	AR

Michael Moore 11/24/2015

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

RECEIVED
12/4/15 KS

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

Date Report Printed: 11/24/2015 9:09:27 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1549890

Attn: DOUG BUYS
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

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

Source of Sample:
WASTEWATER PLANT EFFLUENT COMPOSITE 11/17/15
08:15; 09:45; 11:30; 13:05

Time of Collection: 13:05
Date of Collection: 11/17/2015
Date Received: 11/17/2015
Report Date: 11/24/2015

PWS#:

Field Temp: Temp Rcvd in Lab: 3.3 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Ammonia Direct (as N)		0.44	mg/L	0.04	EPA 350.1	11/19/2015	CJS
Total Phosphate (as P)		3.49	mg/L	0.05	EPA 365.4	11/22/2015	NC
Biochemical Oxygen		<6	mg/L	3	SM 5210 B	11/23/2015	AR
Total Suspended Solids		18	mg/L	3	SM 2540 D	11/19/2015	AR

Michael Moore 11/24/2015

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

RECEIVED 12/4/15 KB

Date Report Printed: 11/19/2015 12:08:19 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1549891

Attn: DOUG BUYS
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

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

Source of Sample:
WASTEWATER PLANT EFFLUENT GRAB #1

Time of Collection: 13:35
Date of Collection: 11/17/2015
Date Received: 11/17/2015
Report Date: 11/19/2015

PWS#:

Field Temp: Temp Rcvd in Lab: 3.3 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		<1	MPN/100mL		SM 9223	11/18/2015	MM

Cl. mDM 11-20-15

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

RECEIVED 12/4/15 KD

Date Report Printed: 11/23/2015 1:42:41 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1549892

Attn: DOUG BUYS
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

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

Source of Sample:
LITTLE SALMON - DOWNSTREAM GRAB

Time of Collection: 13:40
Date of Collection: 11/17/2015
Date Received: 11/17/2015
Report Date: 11/23/2015

PWS#:

Field Temp: 2.3 °C Temp Rcvd in Lab: 3.3 °C

PWS Name: CITY OF NEW MEADOWS

FIELD PH=7.1

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Ammonia Direct (as N)		<0.04	mg/L	0.04	EPA 350.1	11/19/2015	CJS
Total Phosphate (as P)		0.21	mg/L	0.05	EPA 365.4	11/22/2015	NC
pH		7.3	S.U.		SM 4500-H B	11/18/2015	RME

Michael Moore 11/23/2015

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

RECEIVED 12/4/15 RD

Date Report Printed: 11/30/2015 5:07:40 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1549893

Attn: DOUG BUYS
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

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

Source of Sample:
LITTLE SALMON - UPSTREAM GRAB

Time of Collection: 13:50
Date of Collection: 11/17/2015
Date Received: 11/17/2015
Report Date: 11/30/2015

PWS#:

Field Temp: 1.7 °C Temp Rcvd in Lab: 3.3 °C

PWS Name: CITY OF NEW MEADOWS

FIELD PH=7.2

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Ammonia Direct (as N)		<0.04	mg/L	0.04	EPA 350.1	11/19/2015	CJS
Total Phosphate (as P)		<0.05	mg/L	0.05	EPA 365.4	11/30/2015	DS
pH		7.0	S.U.		SM 4500-H B	11/18/2015	RME

Michael Moore 12/1/2015

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

RECEIVED 12/14/15

Date Report Printed: 11/19/2015 12:08:19 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1549894

Attn: DOUG BUYS
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

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

Source of Sample:
WASTEWATER PLANT EFFLUENT GRAB #2

Time of Collection: 13:40
Date of Collection: 11/17/2015
Date Received: 11/17/2015
Report Date: 11/19/2015

PWS#:

Field Temp: Temp Rcvd in Lab: 3.3 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		<1	MPN/100mL		SM 9223	11/18/2015	MM

C/o: mDm 11-2015

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=

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION:	PROJECT INFORMATION:
Project Manager: Doug Burp	Project Name:
Company: City of New Meadows	PWS Number: 12/4/15
Address: 401 Virgina St.	Purchase Order Number:
New Meadows Id 83654	Required Due Date:
Phone: 347-2171 Fax: 347-2384	E-mail Address:
Sampled by: (Please print) DB & M Moore	Transported by: (Please print) M Moore

RECEIVED

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	BOD, TSS	NH_4, TPO4	E. coli	Temp, pH-mils						Field tests Remarks:
49889	11/17/015	**	Wastewater Plant Effluent-Comp	Wastewater	X									
49890		**	Wastewater Plant Effluent-Comp	"	X	X								
49891		1:35pm	Wastewater Plant - Effluent - Grab #1	"			X							
49892		1:40pm	Little Salmon - Downstream - Grab	Surface Water		X		X						pH = 7.1 su Temp = 2.3°C
49893		1:50pm	Little Salmon - upstream - Grab	Surface Water		X		X						pH = 7.2 su Temp = 1.7°C
49894		1:40pm	Wastewater Effluent - Grab #2	Wastewater			X							

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

Special Instructions:
** Sample times = 8:15, 9:45, 11:30, 1:05

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:	Company:	Date:	Time:
Michael D. Moore	Michael D. Moore	ALI	11/17/2015	6:20pm
Received By: (Signature)	Print Name:	Company:	Date:	Time:
Relinquished By: (Signature)	Print Name:	Company:	Date:	Time:
Received By: (Signature) Ben Butler	Print Name: Ben Butler	Company: ALI	Date: 11/17/15	Time: 18:20

SAMPLE RECEIPT Total # of Containers: 8 Chains of Custody Seals Y / N / NA Intact: Y / N / NA Temperature Received: 3.3°C Condition:

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

H

CLIENT CODE=

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION:		PROJECT INFORMATION:	
Project Manager: Doug Burns		Project Name:	
Company: City of New Meadows		PWS Number:	12/4/15
Address: 401 Virginia St.		Purchase Order Number:	
New Meadows Id 83654		Required Due Date:	
Phone: 347-2171	Fax: 347-2384	E-mail Address:	
Sampled by: (Please print) DBd Mallow		Transported by: (Please print) M Moore	

RECEIVED 12/4/15

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	BOD TSS	NH3 TPCs	E.coli	Temp, pH-oil						Field tests Remarks:
47887	11/17/15	**	Wastewater Plant Effluent Comp	Wastewater	X									
47890		**	Wastewater Plant Effluent Comp	"	X	X								
47891		1:35pm	Wastewater Plant - Effluent - Grab #1	"			X							
47892		1:40pm	Little Salmon - Downstream - Grab	Surface Water		X		X						pH = 7.1 su Temp = 2.3°C
47893		1:50pm	Little Salmon - upstream - Grab	Surface Water		X		X						pH = 7.2 su Temp = 1.7°C
47894		1:40pm	Wastewater Effluent - Grab #2	Wastewater			X							

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

Special Instructions: ** Sample times = 8:15, 9:40, 11:30, 1:05

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:	Company:	Date:	Time:
Michael D. Moore	Michael D. Moore	ALI	11/17/2015	6:20 pm
Received By: (Signature)	**Print Name:**	**Company:**	**Date:**	**Time:**
Relinquished By: (Signature)	**Print Name:**	**Company:**	**Date:**	**Time:**
Received By: (Signature)	**Print Name:**	**Company:**	**Date:**	**Time:**
[signature]	[signature]	ALI	11/17/15	18:20

SAMPLE RECEIPT Total # of Containers: 8 | Chains of Custody Seals Y / N / NA | Intact: Y / N / NA | Temperature Received: 3.3°C | Condition:

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

Analytical Laboratories, Inc.

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

RECEIVED 12/4/15 DD

Date Report Printed: 11/30/2015 5:10:44 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1550996

Attn: DOUG BUYS
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: DRB
Submitted By: ACTION

Source of Sample:
WASTEWATER EFFLUENT COMPOSITE 11/24/15 08:00; 12:00; 14:00

Time of Collection: 14:00
Date of Collection: 11/24/2015
Date Received: 11/25/2015
Report Date: 11/30/2015

PWS#:

Field Temp: Temp Rcvd in Lab: 5.7 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		8	mg/L	3	SM 5210 B	11/30/2015	AR
Total Suspended Solids		22	mg/L	3	SM 2540 D	11/28/2015	GM

Michael Moore 12/1/2015

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

RECEIVED 12/4/15 kb

Date Report Printed: 11/30/2015 5:10:44 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1550997

Attn: DOUG BUYS
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: DRB
Submitted By: ACTION

Source of Sample:
WASTEWATER INFLOW COMPOSITE 11/24/15 08:00; 12:00; 14:00

Time of Collection: 14:00
Date of Collection: 11/24/2015
Date Received: 11/25/2015
Report Date: 11/30/2015

PWS#:

Field Temp: Temp Rcvd in Lab: 5.7 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		358	mg/L	3	SM 5210 B	11/30/2015	AR
Total Suspended Solids		860	mg/L	3	SM 2540 D	11/28/2015	GM

Michael Moore 12/1/2015

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

RECEIVED 12/4/15 KS

Date Report Printed: 11/30/2015 8:51:33 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1550998

Attn: DOUG BUYS
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: DRB
Submitted By: ACTION

Source of Sample:
WASTEWATER EFFLUENT GRAB

Time of Collection: 14:00
Date of Collection: 11/24/2015
Date Received: 11/25/2015
Report Date: 11/30/2015

PWS#:

Field Temp: Temp Rcvd in Lab: 5.7 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Escherichia coli		<1	MPN/100mL		SM 9223	11/25/2015	LM

Michael Moore 11/30/2015

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=

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION:

Project Manager: Doug Buys
Company: City of New Meadows
Address: 401 Virginia St, New Meadows, Id
Phone: 347-2171 Fax: 347-2389
Sampled by: (Please print) DRB

PROJECT INFORMATION:

Project Name:
PWS Number:
Purchase Order Number:
Required Due Date:
E-mail Address:
Transported by: (Please print) Action

RECEIVED 12/4/15

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	TSS	BOD	E. coli	Remarks:
50196	11-24	8-12-2	wastewater effluent	Comp	X	X		
50197	11-24	8-12-2	wastewater influent	Comp	X	X		
50198	11-24	2:00p.m.	wastewater effluent	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.

	Print Name:	Company:	Date:	Time:
Relinquished By: *(Signature)*	Doug Buys	City of New Meadows	11-24-15	2:15
Received By: *(Signature)*				
Relinquished By: *(Signature)*				
Received By: *(Signature)* Ben Butler	Ben Butler	AmI	11/25/15	7:45

SAMPLE RECEIPT Total # of Containers: 3 | Chains of Custody Seals Y / (N) / NA | Intact: Y / (N) / NA | Temperature Received: 5.7°C | Condition: Good

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

17

CLIENT CODE=

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION:		PROJECT INFORMATION:
Project Manager: Doug Buys		Project Name:
Company: City of New Meadows		PWS Number:
Address: 401 Virginia St. New Meadows, Id		Purchase Order Number:
		Required Due Date:
Phone: 347-2171	Fax: 347-2389	E-mail Address:
Sampled by: *(Please print)* DRB		Transported by: *(Please print)* Action

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

RECEIVED 11/25/15 KJ

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	TSS	BOD	E. coli							Remarks:
	11-24	8:12-2	waste water effluent	Comp	X	X								
	11-24	8:12-2	waste water Inflow	Comp	X	X								
	11-24	2:00pm	waste water effluent	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)* [signature]	Print Name: Doug Buys	Company: City of New Meadows	Date: 11-24-15	Time: 2:15
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