Analytical Laboratories, Inc.

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

RECEIVED 3/25/16 MAC

Date Report Printed: 3/7/2016 9:49:07 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1608710

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: 3/2/2016
Date Received: 3/3/2016
Report Date: 3/7/2016

PWS#:

Field Temp: Temp Rcvd in Lab: 5.5 °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	3/4/2016	LM

3/16/16

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.

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Date Report Printed: 3/8/2016 12:43:08 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1608708

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

Collected By: DRB
Submitted By: ACTION

RECEIVED 3-14-16 MAC

Source of Sample:
WASTEWATER EFFLUENT COMPOSITE 03/02/16 08:00, 12:00, 14:00

Time of Collection: 14:00
Date of Collection: 3/2/2016
Date Received: 3/3/2016
Report Date: 3/8/2016

PWS#:

Field Temp: Temp Rcvd in Lab: 5.5 °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	3/8/2016	GM
Total Suspended Solids		15	mg/L	3	SM 2540 D	3/6/2016	SMC

Michele Moore 3/8/2016

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

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Date Report Printed: 3/8/2016 12:43:08 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1608709

RECEIVED 3-14-16 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 03/02/16 08:00, 12:00, 14:00

Time of Collection: 14:00
Date of Collection: 3/2/2016
Date Received: 3/3/2016
Report Date: 3/8/2016

PWS#:

Field Temp: Temp Rcvd in Lab: 5.5 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		109	mg/L	3	SM 5210 B	3/8/2016	GM
Total Suspended Solids		192	mg/L	3	SM 2540 D	3/6/2016	SMC

Michael Moore 3/8/2016

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=

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION:		PROJECT INFORMATION:
Project Manager: Doug Buys		Project Name:
Company: City of New Meadows		PWS Number:
Address: 401 Virginia Str		Purchase Order Number:
New Meadows, Id 83654		Required Due Date:
Phone: 347-2171	Fax: 347-2384	E-mail Address:
Sampled by: (Please print) DKB		Transported by: (Please print) Action Couriers

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 3-4-16 mk

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	TSS	BOD	E. coli							Remarks:
8708	2-3	8-12-2	wastewater effluent	Comp	X	X								
8709	2-3	8-12-2	wastewater Influent	Comp	X	X								
8710	2-3	2:00	wastewater effluent	grab			X							
	3/2-RB													

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	3-2-16	2:15
Received By: (Signature)				
Relinquished By: (Signature)				
Received By: (Signature)	Ben Butler	ACT	3/3/16	7:40

SAMPLE RECEIPT Total # of Containers: 3 | Chains of Custody Seals Y / N / NA | Intact: Y / N / NA | Temperature Received: 5.5°C | Condition: good

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

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RECEIVED 3/25/16 mmc

Date Report Printed: 3/16/2016 2:07:04 PM
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These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1609828

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 03/09/16 08:00; 12:00; 14:00

Time of Collection: 14:00
Date of Collection: 3/9/2016
Date Received: 3/10/2016
Report Date: 3/16/2016

PWS#:
PWS Name: CITY OF NEW MEADOWS

Field Temp: Temp Rcvd in Lab: 5.6 °C

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		<7	mg/L	3	SM 5210 B	3/15/2016	SMC
Total Suspended Solids		31	mg/L	3	SM 2540 D	3/13/2016	SMC

Michael Moore 3/16/2016

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

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RECEIVED 3/25/16 lmg

Date Report Printed: 3/16/2016 2:07:04 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1609829

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 03/09/16 08:00; 12:00; 14:00

Time of Collection: 14:00
Date of Collection: 3/9/2016
Date Received: 3/10/2016
Report Date: 3/16/2016

PWS#:

Field Temp: Temp Rcvd in Lab: 5.6 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		70	mg/L	3	SM 5210 B	3/15/2016	SMC
Total Suspended Solids		87	mg/L	3	SM 2540 D	3/13/2016	SMC

Michael Moore 3/16/2016

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

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MAR
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3/25/16

Date Report Printed: 3/14/2016 11:44:11 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1609830

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: 3/9/2016
Date Received: 3/10/2016
Report Date: 3/14/2016

PWS#:

Field Temp: Temp Revd in Lab: 5.6 °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	3/11/2016	LM

Clo. mDm
3-16-16

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 St	Purchase Order Number:
New Meadows	Required Due Date:
Phone: 347-2171 Fax: 347-2384	E-mail Address:
Sampled by: (Please print) DNB	Transported by: (Please print) Action Courier

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(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:
9828	3-9-16	8-12-2	wastewater effluent	Comp	X	X									
9829	3-9-16	8-12-2	wastewater Influent	Comp	X	X									
9830	3-9-16	2:00	wastewater effluent	grab			X								

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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)*	Doug Buys	City of New Meadows	3-9-16	2:30
Received By: *(Signature)*				
Relinquished By: *(Signature)*				
Received By: *(Signature)*		A-I	3/10/16	07:30

SAMPLE RECEIPT Total # of Containers: 3 | 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

CLIENT CODE=

CHAIN OF CUSTODY RECORD

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

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Website: www.analyticallaboratories.com
E-mail: ali@analyticallaboratories.com

TESTS REQUESTED

TSS, BOD

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix										Remarks:
	3-9-16	8:15	Wastewater effluent	Comp	X	X								
	3-9-16	8:15	Wastewater Influent	Comp	X	X								
	3-9-16	7:00	wastewater effluent	grab			X							

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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.

Relinquished By: *(Signature)*	**Print Name:**	**Company:** City of New Meadows	**Date:** 3-9-16	**Time:** 2:30
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

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RECEIVED 4/4/16 mpc

Date Report Printed: 3/23/2016 8:25:43 AM
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Laboratory Analysis Report

Sample Number: 1610664

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

Collected By: MM/DB
Submitted By: M MOORE

Source of Sample:
PLANT INFLUENT COMPOSITE 03/15/16 08:00; 10:00; 13:00

Time of Collection: 13:00
Date of Collection: 3/15/2016
Date Received: 3/15/2016
Report Date: 3/23/2016

PWS#:
Field Temp: Temp Rcvd in Lab: 1.1 °C
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		49	mg/L	3	SM 5210 B	3/21/2016	SMC
Total Suspended Solids		42	mg/L	3	SM 2540 D	3/18/2016	GM

MCL = Maximum Contamination Level
MDL = Method/Minimum Detection Limit
UR = Unregulated

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

Analytical Laboratories, Inc.

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Boise, Idaho 83703
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RECEIVED 4/4/16 mac

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Laboratory Analysis Report

Sample Number: 1610665

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

Collected By: MM/DB
Submitted By: M MOORE

Source of Sample:
PLANT EFFLUENT COMPOSITE 03/15/16 08:00; 10:00; 13:00

Time of Collection: 13:00
Date of Collection: 3/15/2016
Date Received: 3/15/2016
Report Date: 3/24/2016

PWS#:

Field Temp: Temp Rcvd in Lab: 1.1 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Ammonia Direct (as N)		4.98	mg/L	0.04	EPA 350.1	3/18/2016	CJS
Total Phosphate (as P)		1.46	mg/L	0.05	EPA 365.4	3/22/2016	DS
Biochemical Oxygen		15	mg/L	3	SM 5210 B	3/21/2016	SMC
Total Suspended Solids		51	mg/L	3	SM 2540 D	3/18/2016	GM

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Michael Moore

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MDL = Method/Minimum Detection Limit
UR = Unregulated

Analytical Laboratories, Inc.

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Phone (208) 342-5515

RECEIVED 4/4/16 mac

Date Report Printed: 3/17/2016 2:01:28 PM
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These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1610666

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

Collected By: MM/DB
Submitted By: M MOORE

Source of Sample:
PLANT EFFLUENT GRAB

Time of Collection: 13:05
Date of Collection: 3/15/2016
Date Received: 3/15/2016
Report Date: 3/17/2016

PWS#:

Field Temp: Temp Rcvd in Lab: 1.1 °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	3/16/2016	MDM

Michael Moore 3/21/2016

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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

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RECEIVED 4/4/16 mac

Date Report Printed: 3/17/2016 2:01:28 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1610667

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

Collected By: MM/DB
Submitted By: M MOORE

Source of Sample:
PLANT EFFLUENT GRAB

Time of Collection: 13:10
Date of Collection: 3/15/2016
Date Received: 3/15/2016
Report Date: 3/17/2016

PWS#:

Field Temp: Temp Rcvd in Lab: 1.1 °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	3/16/2016	MDM

Michael Moore 3/21/2016

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

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RECEIVED 4/4/16 mm

Date Report Printed: 3/24/2016 4:20:05 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1610668

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

Collected By: MM/DB
Submitted By: M MOORE

Source of Sample:
LITTLE SALMON DOWNSTREAM

Time of Collection: 13:10
Date of Collection: 3/15/2016
Date Received: 3/15/2016
Report Date: 3/24/2016

PWS#:
PWS Name: CITY OF NEW MEADOWS

Field Temp: 3.4 °C Temp Rcvd in Lab: 1.1 °C

FIELD PH=6.1

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Ammonia Direct (as N)		0.06	mg/L	0.04	EPA 350.1	3/24/2016	CJS
Total Phosphate (as P)		0.14	mg/L	0.05	EPA 365.4	3/22/2016	DS
pH		6.1	S.U.		SM 4500-H B	3/15/2016	MDM

MCL = Maximum Contamination Level
MDL = Method/Minimum Detection Limit
UR = Unregulated

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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Boise, Idaho 83703
Phone (208) 342-5515

RECEIVED 4/4/16 mar

Date Report Printed: 3/24/2016 4:20:05 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1610669

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

Collected By: MM/DB
Submitted By: M MOORE

Source of Sample:
LITTLE SALMON UPSTREAM

Time of Collection: 13:45
Date of Collection: 3/15/2016
Date Received: 3/15/2016
Report Date: 3/24/2016

PWS#:
PWS Name: CITY OF NEW MEADOWS

Field Temp: 3.4 °C Temp Rcvd in Lab: 1.1 °C
FIELD PH=6.1

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Ammonia Direct (as N)		<0.04	mg/L	0.04	EPA 350.1	3/24/2016	CJS
Total Phosphate (as P)		0.08	mg/L	0.05	EPA 365.4	3/22/2016	DS
pH		6.1	S.U.		SM 4500-H B	3/15/2016	MDM

MCL = Maximum Contamination Level
MDL = Method/Minimum Detection Limit
UR = Unregulated

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

CLIENT CODE=

CHAIN OF CUSTODY RECORD

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(208) 342-5515 • Fax: (208) 342-5591 • 1-800-574-5773
Website: www.analyticallaboratories.com
E-mail: ali@analyticallaboratories.com

RECEIVED 4/4/16 dmt

CLIENT INFORMATION:		PROJECT INFORMATION:
Project Manager: Doug Byes		Project Name:
Company: City of New Meadows		PWS Number:
Address: 401 Virginia / P.O. Box 324		Purchase Order Number:
New Meadows ID 83654		Required Due Date:
Phone:	Fax:	E-mail Address:
Sampled by: (Please print) M Moore & D. Byes.		Transported by: (Please print) M Moore

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	BOD, TSS, NH4, TPO4, E. coli	TPO4, NH4	Field tests	Remarks:
10664	3/15/16	**	Plant Influent Composite	Wastewater	X			
10665	3/15/16	**	Plant Effluent Composite	Wastewater	X			
10666	3/15/16	1:05pm	Plant Effluent Grab	Wastewater	X			
10667	3/15/16	1:16pm	Plant Effluent Grab	Wastewater	X			
10668	3/15/16	1:10pm	Little Salmon - Downstream	Surface H2O		X		pH = 6.1 su, Temp = 3.4°C
10669	3/15/16	1:45pm	Little Salmon - Upstream	Surface H2O		X		pH = 6.1 su, Temp = 3.4°C

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

Special Instructions:
** composite times 8:00, 10:00, 1:00 pm

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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)* Michael M. Moore	Michael Moore	ALI	3/15/2016	5:45 pm
Received By: *(Signature)*				
Relinquished By: *(Signature)*				
Received By: *(Signature)*				

SAMPLE RECEIPT — Total # of Containers: 9 — Chains of Custody Seals Y / N / NA — Intact: Y / N / NA — Temperature Received: 1.1°C — Condition:

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 Byes		**Project Name:**
Company: City of New Meadows		**PWS Number:**
Address: 401 Virginia / P.O. Box 324 New Meadows ID 83654		**Purchase Order Number:**
		Required Due Date:
Phone:	**Fax:**	**E-mail Address:**
Sampled by: *(Please print)* M Mercer & D. Byes		**Transported by:** *(Please print)* M Mercer

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 MAY 4/4/12

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	BOD, TSS, pH	Alk, Hard, Cond	TPH, IDPH	Fecal Coli	Remarks:
1065	3/15/12	**	Plant influent composite	Wastewater	X				
0665	3/15/12	**	Plant effluent composite	Wastewater	X	X			
0666	3/15/12	1:05pm	Plant effluent Grab	Wastewater			X		
0667	3/15/12	1:14pm	Plant effluent Grab	Wastewater			X		
1066X	3/15/12	1:10pm	Pettit Lotion - Downstream	Surface H2O				X	pH=6.1 Lab, Temp=3.4°C
0667	3/15/12	1:45pm	Pettit Lotion - Upstream	Surface H2O				X	pH=6.6 Lab, Temp=3.4°C

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

Special Instructions:
** composite times 8:10, 10:05, 1:05pm

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)* Michael M. Mercer	**Print Name:** Michael Mercer	**Company:** ALI	**Date:** 3/15/2012	**Time:** 5:45pm
Received By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Relinquished By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Received By: *(Signature)*	**Print Name:**	**Company:**	**Date:** 3/15/12	**Time:** 17:15
SAMPLE RECEIPT **Total # of Containers:** 9	**Chains of Custody Seals** Y / N / NA	**Intact:** Y / N / NA **Temperature Received:** 4°C	**Condition:**	

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

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RECEIVED 4-11-16 mkr

Date Report Printed: 3/31/2016 11:54:01 AM
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These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1611810

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 COMP

Time of Collection: 14:00
Date of Collection: 3/23/2016
Date Received: 3/24/2016
Report Date: 3/31/2016

PWS#:

Field Temp: Temp Rcvd in Lab: 7.5 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		12	mg/L	3	SM 5210 B	3/29/2016	SMC
Total Suspended Solids		58	mg/L	3	SM 2540 D	3/25/2016	GM

Michael Moore 4/5/2016

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

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RECEIVED
4-11-16
MAC

Date Report Printed: 3/31/2016 11:54:01 AM
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These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1611811

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 INFLUENT COMP

Time of Collection: 14:00
Date of Collection: 3/23/2016
Date Received: 3/24/2016
Report Date: 3/31/2016

PWS#:

Field Temp: Temp Rcvd in Lab: 7.5 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		93	mg/L	3	SM 5210 B	3/29/2016	SMC
Total Suspended Solids		114	mg/L	3	SM 2540 D	3/25/2016	GM

Michael Moore 4/5/2016

Thank you for choosing Analytical Laboratories for your testing needs.

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Michael Moore

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RECEIVED
4-11-16
MAC

Date Report Printed: 3/30/2016 8:16:35 AM
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These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1611812

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: 3/23/2016
Date Received: 3/24/2016
Report Date: 3/30/2016

PWS#:

Field Temp: Temp Rcvd in Lab: 7.5 °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	3/25/2016	LM

Michael Moore 4/5/2016

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Michael Moore

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UR = Unregulated

CLIENT CODE= NEWMWW

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION:

Project Manager: Doug Buys
Company: City of New Meadows
Address: 401 Virginia Street
New Meadows, ID 83654
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) Adrian Cumins

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TESTS REQUESTED

RECEIVED 4-1-16 MK

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	TSS	BOD	E. coli								Remarks:
11810	3-23	8-12-2	wastewater effluent	Comp	X	X									
11811	3-23	8-12-2	wastewater Influent	Comp	X	X									
11812	3-23	2:00	wastewater effluent	grab			X								

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.

Relinquished By: *(Signature)*	**Print Name:** Doug Buys	**Company:** City of New Meadows	**Date:** 3-23-16	**Time:** 2:10
Received By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Relinquished By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Received By: *(Signature)*	**Print Name:** W Hong St	**Company:** ALI	**Date:** 3-24-16	**Time:** 7:30
SAMPLE RECEIPT **Total # of Containers:**	**Chains of Custody Seals** Y / N / NA	**Intact:** Y / N / NA **Temperature Received:** 7.5	**Condition:**	

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: Clayton Madsen	PWS Number:
Address: 401 Warm Springs Ave Ste A Ketchum, Id 83340	Purchase Order Number:
	Required Due Date:
Phone: 727-2171 Fax: 727-2388	E-mail Address:
Sampled by: *(Please print)* DLB	Transported by: *(Please print)*

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TESTS REQUESTED

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	TSS	BOD	E. coli							Remarks:
	3-2	5:13	wastewater Effluent	Comp	1	1								
	3-3	5:15	wastewater Effluent	Comp	1	1								
	3-3	7:00	wastewater Effluent	grab			1							

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

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Relinquished By: *(Signature)*	**Print Name:** Doug Buys	**Company:** Clayton Madsen	**Date:** 3-3-16	**Time:** 7:10
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

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Laboratory Analysis Report

Sample Number: 1612024

RECEIVED 4-25-16 MPC

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:
POND #3 #1

Time of Collection: 14:10
Date of Collection: 3/23/2016
Date Received: 3/25/2016
Report Date: 4/4/2016

Field Temp: Temp Rcvd in Lab:

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Dry Weight Calculation		*				3/26/2016	TJR
Fecal Coliform - 503		* 350	MPN/g		SM 9221	3/26/2016	TJR
* Fecal coliforms calculated as MPN/g dry weight.							
Total Solids		6.9	%	0.200	SM 2540 G	3/28/2016	SMC

Michael Moore 4/6/2016

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Michael Moore

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MDL = Method/Minimum Detection Limit
UR = Unregulated

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Laboratory Analysis Report

Sample Number: 1612025

RECEIVED 4-25-16 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:
POND #3 #2

Time of Collection: 14:15
Date of Collection: 3/23/2016
Date Received: 3/25/2016
Report Date: 4/4/2016

Field Temp: Temp Rcvd in Lab:

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Dry Weight Calculation		*				3/26/2016	TJR
Fecal Coliform - 503		* 250	MPN/g		SM 9221	3/26/2016	TJR
* Fecal coliforms calculated as MPN/g dry weight.							
Total Solids		5.3	%	0.200	SM 2540 G	3/28/2016	SMC

Michael Moore 4/6/2016

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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Laboratory Analysis Report

Sample Number: 1612026

RECEIVED 4-25-16 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:
POND #3 #3

Time of Collection: 14:30
Date of Collection: 3/23/2016
Date Received: 3/25/2016
Report Date: 4/4/2016

Field Temp: Temp Rcvd in Lab:

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Dry Weight Calculation		*				3/26/2016	TJR
Fecal Coliform - 503		* 1,200	MPN/g		SM 9221	3/26/2016	TJR
* Fecal coliforms calculated as MPN/g dry weight.							
Total Solids		1.1	%	0.200	SM 2540 G	3/28/2016	SMC

Michael Moore 4/6/2016

Thank you for choosing Analytical Laboratories for your testing needs.

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Laboratory Analysis Report

Sample Number: 1612027

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

Collected By: DRB
Submitted By: ACTION

RECEIVED 4-25-16 MAC

Source of Sample:
POND #3 #4

Time of Collection: 14:35
Date of Collection: 3/23/2016
Date Received: 3/25/2016
Report Date: 4/4/2016

Field Temp: Temp Rcvd in Lab:

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Dry Weight Calculation		*				3/26/2016	TJR
Fecal Coliform - 503		* 210	MPN/g		SM 9221	3/26/2016	TJR
* Fecal coliforms calculated as MPN/g dry weight.							
Total Solids		6.3	%	0.200	SM 2540 G	3/28/2016	SMC

Michael Moore 4/6/2016

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UR = Unregulated

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Date Report Printed: 4/4/2016 4:30:35 PM
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Laboratory Analysis Report

RECEIVED 4-25-16 mac

Sample Number: 1612028

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:
POND #3 #5

Time of Collection: 14:40
Date of Collection: 3/23/2016
Date Received: 3/25/2016
Report Date: 4/4/2016

Field Temp: Temp Rcvd in Lab:

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Dry Weight Calculation		*				3/26/2016	TJR
Fecal Coliform - 503		* 410	MPN/g		SM 9221	3/26/2016	TJR
* Fecal coliforms calculated as MPN/g dry weight.							
Total Solids		2.7	%	0.200	SM 2540 G	3/28/2016	SMC

Michael Moore 4/6/2016

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Date Report Printed: 4/4/2016 4:30:35 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1612029

RECEIVED 4-25-16 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:
POND #3 #6

Time of Collection: 14:45
Date of Collection: 3/23/2016
Date Received: 3/25/2016
Report Date: 4/4/2016

Field Temp: Temp Rcvd in Lab:

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Dry Weight Calculation		*				3/26/2016	TJR
Fecal Coliform - 503		* <150	MPN/g		SM 9221	3/26/2016	TJR
* Fecal coliforms calculated as MPN/g dry weight.							
Total Solids		3.8	%	0.200	SM 2540 G	3/28/2016	SMC

Michael Moore 4/6/2016

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Date Report Printed: 4/4/2016 4:30:35 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1612030

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

Collected By: DRB
Submitted By: ACTION

RECEIVED 4-25-16 MRC

Source of Sample:
POND #3 #7

Time of Collection: 14:50
Date of Collection: 3/23/2016
Date Received: 3/25/2016
Report Date: 4/4/2016

Field Temp: Temp Rcvd in Lab:

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Dry Weight Calculation		*				3/26/2016	TJR
Fecal Coliform - 503		* 170	MPN/g		SM 9221	3/26/2016	TJR
* Fecal coliforms calculated as MPN/g dry weight.							
Total Solids		4.7	%	0.200	SM 2540 G	3/28/2016	SMC

Michael Moore 4/6/2016

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Analytical Laboratories, Inc.

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Boise, Idaho 83703
http://www.analyticallaboratories.com
Phone (208) 342-5515

Date Report Printed: 4/20/2016 9:25:07 AM

These test results relate only to the items tested.

RECEIVED 4-26-16 mm

Laboratory Analysis Report

Sample Number: 1612033

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

Collected By: DRB
Submitted ACTION

Source of Sample:
POND #3 COMPOSITE

Time of Collection: 13:50
Date of Collection: 3/23/2016
Date Received: 3/25/2016
Report Date: 4/19/2016

Dry Weight Results:	mg/kg
Arsenic	< 20
Cadmium	5.1
Copper	180
Lead	10
Mercury	< 0.4
Molybdenum	< 10
Nickel	27
Selenium	< 20
Zinc	245
Ammonia	884
Nitrate + Nitrite (as N)	< 4
Nitrogen, Total Kjeldahl (TKN)	19,100

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Arsenic 503		<1.0	mg/kg	1.0	SW 846 6010	4/5/2016	JMS
Cadmium 503		0.25	mg/kg	0.05	SW 846 6010	4/5/2016	JMS
Copper 503		9.0	mg/kg	0.1	SW 846 6010	4/5/2016	JMS
Lead 503		0.7	mg/kg	0.5	SW 846 6010	4/5/2016	JMS
Mercury 503		<0.02	mg/kg	0.02	SW 846 7471	4/1/2016	JD
Metals Digestion		*			SW 846 3050	3/31/2016	JD
Molybdenum 503		<0.5	mg/kg	0.5	SW 846 6010	4/5/2016	JMS
Nickel 503		1.3	mg/kg	0.2	SW 846 6010	4/5/2016	JMS
Selenium 503		<1.0	mg/kg	1.0	SW 846 6010	4/5/2016	JMS
Zinc 503		12.0	mg/kg	0.1	SW 846 6010	4/5/2016	JMS
Ammonia 503 (as N)		43.3	mg/kg	4.00	SM 4500 NH3	3/31/2016	CJS
Nitrate + Nitrite 503 (as N)		<0.2	mg/kg	0.2	SM 4500 NO3	4/5/2016	CJS
Nitrogen, Total Kjeldahl 503 (TKN)		938	mg/kg	20.0	WSLPTP	4/12/2016	DS
DRY WT 503		*				4/19/2016	SK
pH 503		6.8	S.U.		SW 9045	4/6/2016	JH
Total Solids		4.9	%	0.200	SM 2540 G	3/28/2016	SMC

Michael Moore 4/20/2016

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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.	Purchase Order Number:
New Meadows, Id 83654	Required Due Date:
Phone: 347-2171 Fax: 347-2384	E-mail Address:
Sampled by: (Please print) DRB	Transported by: (Please print) Action Couriers

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	metals/nutrients 503	FL 503							Remarks:
12033	3-23	1:50	pond 3	Comp	x	x						7	1 sample BB
12033	3-23	2:00	pond 3	Comp	x	x						7	
12024	3-23	2:10	pond3 1	grab			x						
12025	3-23	2:15	pond3 2	grab			x						
12026	3-23	2:30	pond3 3	grab			x						
12027	3-23	2:35	pond3 4	grab			x						
12028	3-23	2:40	pond3 5	grab			x						
12029	3-23	2:45	pond3 6	grab			x						
12030	3-23	2:50	pond3 7	grab			x						

RECEIVED 4/25/16

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.

Relinquished By: *(Signature)*	Print Name: Doug Buys	Company: City of New Meadows	Date: 3-24-16	Time: 12:30
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: 3/25/16	Time: 07:30
SAMPLE RECEIPT Total # of Containers: 9	Chains of Custody Seals Y / N / NA	Intact: Y / N / NA Temperature Received:	Condition: Good	

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

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 St. New Meadows, Id 83654		**Purchase Order Number:**
		Required Due Date:
Phone: 347-2171	**Fax:** 347-2354	**E-mail Address:**
Sampled by: *(Please print)* DLB		**Transported by:** *(Please print)* Action Courier

TESTS REQUESTED

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix										Remarks:
	3-23	1:50	pond 3	Comp										
	3-23	2:00	pond 3	Comp										
	3-23	2:10	pond3	grab										
	3-23	2:15	pond3	grab										
	3-23	2:30	pond3	grab										
	3-23	2:35	pond3	grab										
	3-23	2:40	pond3	grab										
	3-23	2:45	pond3	grab										
	3-23	2:50	pond3	grab										

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:** 3-24-16	**Time:** 12:30
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 4-11-16 mmc

Date Report Printed: 4/6/2016 8:12:03 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1612788

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 COMP 03/30/16 08:00, 12:00, 14:00

Time of Collection: 14:00
Date of Collection: 3/30/2016
Date Received: 3/31/2016
Report Date: 4/6/2016

PWS#:

Field Temp: Temp Rcvd in Lab: 3.9 °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	4/5/2016	GM
Total Suspended Solids		49	mg/L	3	SM 2540 D	4/2/2016	GM

Michael Moore 4/6/2016

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 4-11-16 MAL

Date Report Printed: 4/6/2016 8:12:03 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1612789

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 COMP 03/30/16 08:00, 12:00, 14:00

Time of Collection: 14:00
Date of Collection: 3/30/2016
Date Received: 3/31/2016
Report Date: 4/6/2016

PWS#:

Field Temp: Temp Rcvd in Lab: 3.9 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		130	mg/L	3	SM 5210 B	4/5/2016	GM
Total Suspended Solids		195	mg/L	3	SM 2540 D	4/2/2016	GM

Michael Moore 4/6/2016

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
4-11-16
MAR

Date Report Printed: 4/4/2016 4:30:35 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1612790

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: 3/30/2016
Date Received: 3/31/2016
Report Date: 4/4/2016

Field Temp: Temp Rcvd in Lab: 3.9 °C

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	4/1/2016	LM

c/o mDm
4-6-16

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 Burns
Company: City of New Meadows
Address:
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) Action Courier

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

RECEIVED 4-1-16 MAC

TESTS REQUESTED

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	TSS	BOD	E. coli							Remarks:
12788	3-30	8-12-2	wastewater effluent	Comp	X	X								
12789	3-30	8-12-2	wastewater Influent	Comp	X	X								
12790	3-30	2:00	wastewater effluent	grab			X							

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.

Relinquished By: *(Signature)*	**Print Name:** Doug Burns	**Company:** City of New Meadows	**Date:** 3-30-16	**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:** A-I	**Date:** 31 3/30/16	**Time:** 07:30 ~~8:45~~

SAMPLE RECEIPT **Total # of Containers:** 3 **Chains of Custody Seals** Y / N / NA **Intact:** Y / N / NA **Temperature Received:** 3.9°C **Conditions** 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 Meadows		**PWS Number:**
Address:		**Purchase Order Number:**
		Required Due Date:
Phone: 347-2171	**Fax:** 347-2384	**E-mail Address:**
Sampled by: *(Please print)* DKB		**Transported by:** *(Please print)* Adam Graves

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:
	3-30	8-12-2	wastewater effluent	Comp	X	X								
	3-30	8-12-2	wastewater Influent	Comp	X	X								
	3-30	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 Meadows	**Date:** 3-30-16	**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

Emailed 4/19/16
Mailed 4/19/16
Attached

This institution is an equal opportunity provider

City of New Meadows * P.O. Box 324 * New Meadows, Idaho 83654
Phone (208) 347-2171 * Fax (208) 347-2384

United States EPA
1200 Sixth Avenue Ste 900
Seattle, WA 98101
Attn: Water Compliance Section, OCE-133
(via: https://netdmr.epa.gov/netdmr/public/login.htm)

Idaho DEQ Southwest Regional Office
1445 North Orchard
Boise, ID 83706-2239
(via: NPDESPermitElectronicDMR@deq.idaho.gov)

April 19, 2016

RE: New Meadows DMR / Permit # ID0023159

While reviewing our DMR's for the month of March 2016, we realized our effluent total suspended solids permit level had been exceeded for this period. We believe the level was exceeded due to reducing the amount of stored volume in the lagoons from the winter months as well as a large amount of snow melt and rain during the period. We will continue to monitor the situation and continue to contact our consultants to help determine a better course of action if needed.

It may also be of importance to note this is our third year under the new NPDES Permit with more stringent seasonal discharge limits. The city is currently in the design phase of Land Application and hope to move quickly to the construction phase by the mid-summer months.

Since the netdmr does not have a specific space for recording the temperature, we are doing it in the form of a letter attached to the netdmr and listing the data below.

Highest Recorded Effluent Temp	50.40 F (10.22222 C)	03/22/2016 22:00 Hours
Monthly Average Effluent Temp	40.93 F (4.961111 C)	March 2016

Thank you,

Anthony J Koberstein
Mayor – New Meadows Idaho

Cc: 2016 Sewer Testing File

DMR Copy of Record

Permit

Permit #:	ID0023159	Permittee:	NEW MEADOWS, CITY OF	Facility:	NEW MEADOWS, CITY OF - NEW MEADOWS WWTP
Major:	No	Permittee Address:	PO BOX 324 NEW MEADOWS, ID 83654	Facility Location:	100 WEST MCLAIN STREET NEW MEADOWS WWTP NEW MEADOWS, ID 83654
Permitted Feature:	001 External Outfall	Discharge:	001-A (no description)		

Report Dates & Status

Monitoring Period:	From 03/01/16 to 03/31/16	DMR Due Date:	04/20/16	Status:	NetDMR Validated

Considerations for Form Completion

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.)

Principal Executive Officer

First Name:	Anthony	Title:	Mayor	Telephone:	208-347-2171
Last Name:	Koberstein				

No Data Indicator (NODI)

Form NODI: --

	Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
	00010	Temperature, water deg. centigrade	P - See Comments	0	--	Sample								=	4.96	=	10.2	04 - deg C		99/99 - Continuous	RC - Recorder (auto)
						Permit Req.									Req Mon MX DA AV		Req Mon INST MAX	04 - deg C	0	99/99 - Continuous	RC - Recorder (auto)
						Value NODI															
	00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	--	Sample	=	25	=	62	26 - lb/d			=	10	=	15	19 - mg/L		01/07 - Weekly	08 - COMP-8
						Permit Req.	<=	90 MO AVG	<=	135 WKLY AVG	26 - lb/d			<=	30 MO AVG	<=	45 WKLY AVG	19 - mg/L	0	01/07 - Weekly	08 - COMP-8
						Value NODI															
	00310	BOD, 5-day, 20 deg. C	G - Raw Sewage Influent	0	--	Sample								=	90			19 - mg/L		01/07 - Weekly	08 - COMP-8
						Permit Req.									Req Mon MO AVG			19 - mg/L	0	01/07 - Weekly	08 - COMP-8
						Value NODI															
	00400	pH	1 - Effluent Gross	0	--	Sample						=	7.7			=	8.78	12 - SU		01/07 - Weekly	GR - GRAB
						Permit Req.						>=	6.5 INST MIN			<=	9 INST MAX	12 - SU	0	01/07 - Weekly	GR - GRAB
						Value NODI															
X	00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	=	103	=	241	26 - lb/d			=	41	=	58	19 - mg/L		01/07 - Weekly	08 - COMP-8
						Permit Req.	<=	135 MO AVG	<=	195 WKLY AVG	26 - lb/d			<=	45 MO AVG	<=	65 WKLY AVG	19 - mg/L	0	01/07 - Weekly	08 - COMP-8
						Value NODI															
	00530	Solids, total suspended	G - Raw Sewage Influent	0	--	Sample								=	126			19 - mg/L		01/07 - Weekly	08 - COMP-8
						Permit Req.									Req Mon MO AVG			19 - mg/L	0	01/07 - Weekly	08 - COMP-8
						Value NODI															
	00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	0	--	Sample										=	4.98	19 - mg/L		01/30 - Monthly	08 - COMP-8
						Permit Req.											Req Mon MO MAX	19 - mg/L	0	01/30 - Monthly	08 - COMP-8
						Value NODI															
	00665	Phosphorus, total [as P]	1 - Effluent Gross	2	--	Sample			=	6.1	76 - lb/mo			=	1.46			19 - mg/L		01/30 - Monthly	08 - COMP-8
						Permit Req.				Req Mon MO TOTAL	76 - lb/mo				Req Mon MO AVG			19 - mg/L	0	01/30 - Monthly	08 - COMP-8
						Value NODI															
	31648	E. coli, MTEC-MF	1 - Effluent Gross	0	--	Sample								<	1	=	1	13 - #/100mL		05/30 - 5 Times Every Month	GR - GRAB
						Permit Req.								<=	126 MO GEOMN	<=	406 INST MAX	13 - #/100mL	0	05/30 - 5 Times Every Month	GR - GRAB
						Value NODI															
	45613	Floating solids, waste or visible foam-visual	1 - Effluent Gross	0	--	Sample			=	0	9P - N=0,Y=1									WH/DS - When Discharging	VI - VISUAL
						Permit Req.			<=	0 MO MAX	9P - N=0,Y=1								0	WH/DS - When Discharging	VI - VISUAL
						Value NODI															
	50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.3025	=	0.4986	03 - MGD									99/99 - Continuous	RC - Recorder (auto)
						Permit Req.		Req Mon MO AVG		Req Mon MO TOTAL	03 - MGD								0	99/99 - Continuous	RC - Recorder (auto)
						Value NODI															
	50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample	=	1.3	=	2.1	26 - lb/d			=	0.5	=	0.5	19 - mg/L		01/07 - Weekly	GR - GRAB
						Permit Req.	<=	1.5 MO AVG	<=	2.25 WKLY AVG	26 - lb/d			<=	.5 MO AVG	<=	.75 WKLY AVG	19 - mg/L	0	01/07 - Weekly	GR - GRAB
						Value NODI															
	81010	BOD, 5-day, percent removal	K - Percent Removal	0	--	Sample						=	89					23 - %		01/30 - Monthly	CA - CALCTD
						Permit Req.						>=	85 MO AV MN					23 - %	0	01/30 - Monthly	CA - CALCTD
						Value NODI															
	81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	67					23 - %		01/30 - Monthly	CA - CALCTD
						Permit Req.						>=	65 MO AV MN					23 - %	0	01/30 - Monthly	CA - CALCTD
						Value NODI															
	84066	Oil and grease visual	1 - Effluent Gross	0	--	Sample	=	0			9P - N=0,Y=1									WH/DS - When Discharging	VI - VISUAL
						Permit Req.	<=	0 MO MAX			9P - N=0,Y=1								0	WH/DS - When Discharging	VI - VISUAL
						Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
00530	Solids, total suspended	1 - Effluent Gross	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit. (Error Code: 1)	Yes

Comments

See attachment for temperature data

Attachments

Name	Type	Size
20160419TempandTSSLetterID0023159.pdf	pdf	315299

Report Last Saved By

NEW MEADOWS, CITY OF

User: cityclerk@newmeadowsidaho.us

Name: Jacob Qualls

E-Mail: cityclerk@newmeadowsidaho.us

Date/Time: 2016-04-19 11:43 (Time Zone: -07:00)

DMR Copy of Record

Permit

Permit #:	ID0023159	Permittee:	NEW MEADOWS, CITY OF	Facility:	NEW MEADOWS, CITY OF - NEW MEADOWS WWTP
Major:	No	Permittee Address:	PO BOX 324 NEW MEADOWS, ID 83654	Facility Location:	100 WEST MCLAIN STREET NEW MEADOWS WWTP NEW MEADOWS, ID 83654
Permitted Feature:	REC Receiving Water (Ambient)	Discharge:	REC-Q LITTLE SALMON RIVER, UPSTREAM		

Report Dates & Status

Monitoring Period:	From 01/01/16 to 03/31/16	DMR Due Date:	04/20/16	Status:	NetDMR Validated

Considerations for Form Completion

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, Jun, Sep, Dec) until 12 quarterly samples have been collected, analyzed, and the results reported.

Principal Executive Officer

First Name:	Anthony	Title:	Mayor	Telephone:	208-347-2171
Last Name:	Koberstein				

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Quality or Concentration Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
00010	Temperature, water deg. centigrade	5 - Upstream Monitoring	0	--	Sample								=			3.4	04 - deg C		01/90 - Quarterly	GR - GRAB
					Permit Req.											Req Mon INST MAX	04 - deg C	0	01/90 - Quarterly	GR - GRAB
					Value NODI															
00400	pH	5 - Upstream Monitoring	0	--	Sample						=	6.1	=	6.1			12 - SU		01/90 - Quarterly	GR - GRAB
					Permit Req.							Req Mon INST MIN				Req Mon INST MAX	12 - SU	0	01/90 - Quarterly	GR - GRAB
					Value NODI															
00610	Nitrogen, ammonia total [as N]	5 - Upstream Monitoring	0	--	Sample								<	0.04			19 - mg/L		01/90 - Quarterly	GR - GRAB
					Permit Req.											Req Mon INST MAX	19 - mg/L	0	01/90 - Quarterly	GR - GRAB
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

NEW MEADOWS, CITY OF

User:	cityclerk@newmeadowsidaho.us		
Name:	Jacob Qualls	Date/Time:	2016-04-19 11:47 (Time Zone: -07:00)
E-Mail:	cityclerk@newmeadowsidaho.us		

This institution is an equal opportunity provider
City of New Meadows * P.O. Box 324 * New Meadows, Idaho 83654
Phone (208) 347-2171 * Fax (208) 347-2384

United States EPA
1200 Sixth Avenue Ste 900
Seattle, WA 98101
Attn: Water Compliance Section, OCE-133
(via: https://netdmr.epa.gov/netdmr/public/login.htm)

Idaho DEQ Southwest Regional Office
1445 North Orchard
Boise, ID 83706-2239
(via: NPDESPermitElectronicDMR@deq.idaho.gov)

April 19, 2016

RE: New Meadows DMR / Permit # ID0023159

While reviewing our DMR's for the month of March 2016, we realized our effluent total suspended solids permit level had been exceeded for this period. We believe the level was exceeded due to reducing the amount of stored volume in the lagoons from the winter months as well as a large amount of snow melt and rain during the period. We will continue to monitor the situation and continue to contact our consultants to help determine a better course of action if needed.

It may also be of importance to note this is our third year under the new NPDES Permit with more stringent seasonal discharge limits. The city is currently in the design phase of Land Application and hope to move quickly to the construction phase by the mid-summer months.

Since the netdmr does not have a specific space for recording the temperature, we are doing it in the form of a letter attached to the netdmr and listing the data below.

Highest Recorded Effluent Temp	50.40 F (10.22222 C)	03/22/2016 22:00 Hours
Monthly Average Effluent Temp	40.93 F (4.961111 C)	March 2016

Thank you,

Anthony J Koberstein
Mayor – New Meadows Idaho

Cc: 2016 Sewer Testing File

DMR Copy of Record

Permit

Permit #:	ID0023159	Permittee:	NEW MEADOWS, CITY OF	Facility:	NEW MEADOWS, CITY OF - NEW MEADOWS WWTP
Major:	No	Permittee Address:	PO BOX 324 NEW MEADOWS, ID 83654	Facility Location:	100 WEST MCLAIN STREET NEW MEADOWS WWTP NEW MEADOWS, ID 83654
Permitted Feature:	001 External Outfall	Discharge:	001-A (no description)		

Report Dates & Status

Monitoring Period:	From 02/01/16 to 02/29/16	DMR Due Date:	03/10/16	Status:	NetDMR Validated

Considerations for Form Completion

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.)

Principal Executive Officer

First Name:	Anthony	Title:	Mayor	Telephone:	208-347-2171
Last Name:	Koberstein				

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
00010	Temperature, water deg. centigrade	P - See Comments	0	--	Sample								=	1.6	=	2.5	04 - deg C		99/99 - Continuous	RC - Recorder (auto)
					Permit Req.									Req Mon MX DA AV		Req Mon INST MAX	04 - deg C	0	99/99 - Continuous	RC - Recorder (auto)
					Value NODI															
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	--	Sample	<	10	<	14	26 - lb/d			<	7	<	7	19 - mg/L		01/07 - Weekly	08 - COMP-8
					Permit Req.	<=	90 MO AVG	<=	135 WKLY AVG	26 - lb/d			<=	30 MO AVG	<=	45 WKLY AVG	19 - mg/L	0	01/07 - Weekly	08 - COMP-8
					Value NODI															
00310	BOD, 5-day, 20 deg. C	G - Raw Sewage Influent	0	--	Sample								=	889			19 - mg/L		01/07 - Weekly	08 - COMP-8
					Permit Req.									Req Mon MO AVG			19 - mg/L	0	01/07 - Weekly	08 - COMP-8
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.38			=	7.62	12 - SU		01/07 - Weekly	GR - GRAB
					Permit Req.						>=	6.5 INST MIN			<=	9 INST MAX	12 - SU	0	01/07 - Weekly	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	=	10	=	26	26 - lb/d			=	8	=	13	19 - mg/L		01/07 - Weekly	08 - COMP-8
					Permit Req.	<=	135 MO AVG	<=	195 WKLY AVG	26 - lb/d			<=	45 MO AVG	<=	65 WKLY AVG	19 - mg/L	0	01/07 - Weekly	08 - COMP-8
					Value NODI															
00530	Solids, total suspended	G - Raw Sewage Influent	0	--	Sample								=	1421			19 - mg/L		01/07 - Weekly	08 - COMP-8
					Permit Req.									Req Mon MO AVG			19 - mg/L	0	01/07 - Weekly	08 - COMP-8
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	0	--	Sample										=	16.1	19 - mg/L		01/30 - Monthly	08 - COMP-8
					Permit Req.											Req Mon MO MAX	19 - mg/L	0	01/30 - Monthly	08 - COMP-8
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	2	--	Sample			=	8.4	76 - lb/mo			=	4.25			19 - mg/L		01/30 - Monthly	08 - COMP-8
					Permit Req.				Req Mon MO TOTAL	76 - lb/mo				Req Mon MO AVG			19 - mg/L	0	01/30 - Monthly	08 - COMP-8
					Value NODI															
31648	E. coli, MTEC-MF	1 - Effluent Gross	0	--	Sample								<	1	<	1	13 - #/100mL		05/30 - 5 Times Every Month	GR - GRAB
					Permit Req.								<=	126 MO GEOMN	<=	406 INST MAX	13 - #/100mL	0	05/30 - 5 Times Every Month	GR - GRAB
					Value NODI															
45613	Floating solids, waste or visible foam-visual	1 - Effluent Gross	0	--	Sample			=	0	9P - N=0;Y=1									WH/DS - When Discharging	VI - VISUAL
					Permit Req.			<=	0 MO MAX	9P - N=0;Y=1								0	WH/DS - When Discharging	VI - VISUAL
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.156	=	0.2382	03 - MGD									99/99 - Continuous	RC - Recorder (auto)
					Permit Req.		Req Mon MO AVG		Req Mon MO TOTAL	03 - MGD								0	99/99 - Continuous	RC - Recorder (auto)
					Value NODI															
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample	=	0.65	=	0.99	26 - lb/d			=	0.5	=	0.5	19 - mg/L		01/07 - Weekly	GR - GRAB
					Permit Req.	<=	1.5 MO AVG	<=	2.25 WKLY AVG	26 - lb/d			<=	.5 MO AVG	<=	.75 WKLY AVG	19 - mg/L	0	01/07 - Weekly	GR - GRAB
					Value NODI															
81010	BOD, 5-day, percent removal	K - Percent Removal	0	--	Sample						>	99					23 - %		01/30 - Monthly	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	01/30 - Monthly	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	99					23 - %		01/30 - Monthly	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	01/30 - Monthly	CA - CALCTD
					Value NODI															
84066	Oil and grease visual	1 - Effluent Gross	0	--	Sample	=	0			9P - N=0;Y=1									WH/DS - When Discharging	VI - VISUAL
					Permit Req.	<=	0 MO MAX			9P - N=0;Y=1								0	WH/DS - When Discharging	VI - VISUAL
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

NEW MEADOWS, CITY OF

User:	cityclerk@newmeadowsidaho.us	Date/Time:	2016-03-04 09:57 (Time Zone: -08:00)
Name:	Jacob Qualls		
E-Mail:	cityclerk@newmeadowsidaho.us		

City of New Meadows
Discharge Monitoring Report
March 2016

#	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 2492239									FLOW END OF PREV. MONTH 3878911					
1	03/01/16	Tues	8:00 AM	M/C			80.2			2493685	144600	164.5				3881212	230100				
2	03/02/16	Wed	8:00 AM	Fog	30	0.5	159.3	6.96	8.9	2495290	160500	178.5	7.7	4.2	Clear	3883664	245200	Yes	No	No	
3	03/03/16	Thurs	8:00 AM	M/C	31		102.5			2496983	169300	188.3				3886250	258600				
4	03/04/16	Fri	8:00 AM	Fog	24		175.9			2498703	172000	188.3				3888904	265400				
5	03/05/16	Sat																			
6	03/06/16	Sun																			
7	03/07/16	Mon	8:00 AM	M/C	27		145.2			2505253	655000	351.3				3899447	1054300				
8	03/08/16	Tues	8:00 AM	P/C	31		97.1			2507232	197900	280.1				3904020	457300				
9	03/09/16	Wed	8:00 AM	M/C	33	0.5	99.5	6.86	8.6	2508962	173000	225.6	8.06	5	Clear	3907616	359600	Yes	No	No	
10	03/10/16	Thurs	8:00 AM	Rain	39		123.5			2510916	195400	245.7				3910933	331700				
11	03/11/16	Fri	8:00 AM	Rain	34		185.7			2513476	256000	312.6				3915052	411900				
12	03/12/16	Sat																			
13	03/13/16	Sun																			
14	03/14/16	Mon	8:00 AM	M/C	32		156.3			2521204	772800	368.9				3929102	1405000				
15	03/15/16	Tues	8:00 AM	M/C	27		113.2			2523450	224600	314.1				3934088	498600				
16	03/16/16	Wed	8:00 AM	Snow	28	0.5	107.4	7.05	8	2525339	188900	240.6	7.91	5.7	Lt. Green	3938073	398500	Yes	No	No	
17	03/17/16	Thurs	8:00 AM	M/C	29		114.4			2527105	176600	201.2				3941234	316100				
18	03/18/16	Fri	12:00 PM	Clear	36		24.2			2528938	183300	176.4				3944270	303600				
19	03/19/16	Sat																			
20	03/20/16	Sun																			
21	03/21/16	Mon	8:00 AM	M/C	40		124.1			2532960	402200	167.5				3950242	597200				
22	03/22/16	Tues	8:00 AM	Rain	35		223.4			2534937	197700	223.6				3953106	286400				
23	03/23/16	Wed	8:00 AM	M/C	32	0.5	119.2	6.87	9.4	2536971	203400	217.7	8.78	10.6	Lt. Green	3956466	336000	Yes	No	No	
24	03/24/16	Thurs	8:00 AM	M/C	37		113.5			2538733	176200	177.5				3959327	286100				
25	03/25/16	Fri	8:00 AM	M/C	30		194.5			2540417	168400	162.4				3961772	244500				
26	03/26/16	Sat																			
27	03/27/16	Sun																			
28	03/28/16	Mon	8:00 AM	Fog	25		123.3			2545199	478200	136.1				3967982	621000				
29	03/29/16	Tues	8:00 AM	P/C	36		102.5			2546668	146900	117.1				3969820	183800				
30	03/30/16	Wed	8:00 AM	Clear	36	0.5	98.7	6.92	10	2548124	145600	93	8.11	8.7	Lt. Green	3971309	148900	Yes	No	No	
31	03/31/16	Thurs	8:00 AM	Clear	36		68.2			2549449	132500	92.6				3972693	138400				

Highest Recorded Effluent Temperature: 50.40 F (10.22222 C) 03/22/16 22:00

Monthly Average Effluent Temperature: 40.93 F (4.961111 C)