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Phone (208) 342-5515

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Date Report Printed: 6/6/2016 8:11:10 AM
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Laboratory Analysis Report

Sample Number: 1623656

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: 6/1/2016
Date Received: 6/2/2016
Report Date: 6/6/2016

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	6/3/2016	ZH

Michael Moore 6/10/2016

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Michael Moore

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

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RECEIVED 6-21-16 MSC

Date Report Printed: 6/9/2016 10:25:02 AM
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Laboratory Analysis Report

Sample Number: 1623657

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 8-12-14

Time of Collection: 14:00
Date of Collection: 6/1/2016
Date Received: 6/2/2016
Report Date: 6/9/2016

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		654	mg/L	3	SM 5210 B	6/7/2016	RK
Total Suspended Solids		1,240	mg/L	3	SM 2540 D	6/2/2016	SMC

Michael Moore 6/10/2016

Thank you for choosing Analytical Laboratories for your testing needs.

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Michael Moore

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RECEIVED 6/21/16 MSC

Date Report Printed: 6/9/2016 10:25:02 AM
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These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1623655

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 8-12-14

Time of Collection: 14:00
Date of Collection: 6/1/2016
Date Received: 6/2/2016
Report Date: 6/9/2016

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		<6	mg/L	3	SM 5210 B	6/7/2016	RK
Total Suspended Solids		7	mg/L	3	SM 2540 D	6/2/2016	SMC

*Limited sample quantity.

Michael Moore 6/10/2016

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

CLIENT CODE= NEWMEAH

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION:

Project Manager: Dony Bays
Company: City of New Meadows
Address: 401 Virginia Str
New Meadows, Id 83654
Phone: 347-2171 Fax: 347-2384

PROJECT INFORMATION:

Project Name:
PWS Number:
Purchase Order Number:
Required Due Date:
E-mail Address:

Sampled by: (Please print) DRB
Transported by: (Please print) Action Courier

ANALYTICAL LABS, INC.
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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 6-21-16 mke

TESTS REQUESTED

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	TSS	BOD	E. coli							Remarks:
23655	6-1	8-12-2	wastewater effluent	Comp	X	X								
23656	6-1	8-12-2	wastewater Inflow	Comp	X	X								
23657	6-1	2:00	wastewater effluent	grab			X							

Invoice to: (If different than above address)

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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)	Dony Bays	City of New Meadows	6-1-16	2:10
Received By: (Signature)				
Relinquished By: (Signature)				
Received By: (Signature) LMA	LMA	ALI	6/2	8:30

SAMPLE RECEIPT Total # of Containers: 4 Chains of Custody Seals Y / N / NA Intact: Y / N / NA Temperature Received: 7.5°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: 401 Virginia Str		Purchase Order Number:
New Meadows, Id 83654		Required Due Date:
Phone: 347-2171	Fax: 347-2284	E-mail Address:
Sampled by: *(Please print)* DAB		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	Fecal								Remarks:
	6-1	8-12-2	wastewater effluent	Comp	X	X									
	6-1	8-12-2	wastewater Influent	Comp	X	X									
	6-1	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:** 6-1-16	**Time:** 2:00
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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Date Report Printed: 6/15/2016 5:16:01 PM
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Laboratory Analysis Report

Sample Number: 1624981

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 06/08/16 08:00; 12:00; 14:00

Time of Collection: 14:00
Date of Collection: 6/8/2016
Date Received: 6/9/2016
Report Date: 6/15/2016

PWS#:

Field Temp: Temp Rcvd in Lab: 13.5 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		5	mg/L	3	SM 5210 B	6/14/2016	RK
Total Suspended Solids		4	mg/L	3	SM 2540 D	6/11/2016	GM

Michael Moore 6/16/2016

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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MDL = Method/Minimum Detection Limit
UR = Unregulated

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Date Report Printed: 6/15/2016 5:16:01 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1624982

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 06/08/16 08:00; 12:00; 14:00

Time of Collection: 14:00
Date of Collection: 6/8/2016
Date Received: 6/9/2016
Report Date: 6/15/2016

PWS#:

Field Temp: Temp Rcvd in Lab: 13.5 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		943	mg/L	3	SM 5210 B	6/14/2016	RK
Total Suspended Solids		1,470	mg/L	3	SM 2540 D	6/11/2016	GM

Michael Moore 6/16/2016

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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RECEIVED 6-21-16 mac

Date Report Printed: 6/13/2016 1:02:55 PM
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Laboratory Analysis Report

Sample Number: 1624983

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: 6/8/2016
Date Received: 6/9/2016
Report Date: 6/13/2016

PWS#:

Field Temp: Temp Rcvd in Lab: 13.5 °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	6/10/2016	ZH

Michael Moore 6/15/2016

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

CLIENT CODE=

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION:

Project Manager: Doug Buys
Company: City of New Meadows
Address: 401 Virginia Ste
New Meadows Id 83654
Phone: 347-2171 Fax: 347-2384
Sampled by: (Please print) DRB
Transported by: (Please print) Action Carriers

PROJECT INFORMATION:

Project Name:
PWS Number:
Purchase Order Number:
Required Due Date:
E-mail Address:

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

TESTS REQUESTED

RECEIVED 6-21-16 Mar

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	TSS	BOD	E. coli							Remarks:
24981	6-8	8-12-2	wastewater effluent	Comp	X	X								
24982	6-8	8-12-2	wastewater Influen	Comp	X	X								
24983	6-8	2:00	wastewater effluent	grab			X							

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

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	Print Name:	Company:	Date:	Time:
Relinquished By: (Signature)	Doug Buys	City of New Meadows	6-8-16	2:10
Received By: (Signature)				
Relinquished By: (Signature)				
Received By: (Signature)		ALI	6/9/16	8:10

SAMPLE RECEIPT Total # of Containers: 3 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

13-5-c

H

CLIENT CODE=

CHAIN OF CUSTODY RECORD

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

CLIENT INFORMATION:		PROJECT INFORMATION:
Project Manager: Doug Bays		**Project Name:**
Company: City of New Meadows		**PWS Number:**
Address: 401 Virginia St		**Purchase Order Number:**
New Meadows ID 83654		**Required Due Date:**
Phone: 347-2711	**Fax:** 347-2384	**E-mail Address:**
Sampled by: *(Please print)* DRB	**Transported by:** *(Please print)* Acme Courier	

TESTS REQUESTED

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	TSS	BOD	Fecal								Remarks:
	6-8	8:12-2	wastewater effluent	Comp	X	X									
	6-8	8:12-2	wastewater Influent	Comp	X	X									
	6-8	2:00	wastewater effluent	grab			X								

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

Special Instructions:

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Relinquished By: *(Signature)*	**Print Name:** Doug Bays	**Company:** City of New Meadows	**Date:** 6-8-16	**Time:** 2:10
Received By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Relinquished By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Received By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
SAMPLE RECEIPT **Total # of Containers:**	**Chains of Custody Seals Y / N / NA**	**Intact: Y / N / NA** **Temperature Received:**	**Condition:**	

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Date Report Printed: 6/21/2016 2:42:10 PM
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Laboratory Analysis Report

Sample Number: 1626004

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

RECEIVED 7-11-16 MAC

Collected By: M MOORE/D BUYS
Submitted By: M MOORE

Source of Sample:
PLANT INFLUENT COMPOSITE

Time of Collection:
Date of Collection: 6/14/2016
Date Received: 6/14/2016
Report Date: 6/21/2016

PWS#:

Field Temp: Temp Rcvd in Lab: 3.5 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Biochemical Oxygen		845	mg/L	3	SM 5210 B	6/20/2016	RK
Total Suspended Solids		1,480	mg/L	3	SM 2540 D	6/16/2016	SMC

Michael Moore 6/22/2016

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MDL = Method/Minimum Detection Limit
UR = Unregulated

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Date Report Printed: 6/27/2016 12:16:10 PM
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These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1626005

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

RECEIVED 7-11-16 WAC

Collected By: M MOORE/D BUYS
Submitted By: M MOORE

Source of Sample:
PLANT EFFLUENT COMPOSITE

Time of Collection:
Date of Collection: 6/14/2016
Date Received: 6/14/2016
Report Date: 6/27/2016

PWS#:

Field Temp: Temp Rcvd in Lab: 3.5 °C

PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Ammonia Direct (as N)		7.11	mg/L	0.04	EPA 350.1	6/18/2016	CJS
Total Phosphate (as P)		5.42	mg/L	0.05	EPA 365.4	6/24/2016	DS
Biochemical Oxygen		<4	mg/L	3	SM 5210 B	6/20/2016	RK
Total Suspended Solids		7	mg/L	3	SM 2540 D	6/16/2016	SMC

Michael Moore 6/28/2016

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Michael Moore

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UR = Unregulated

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Boise, Idaho 83703
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Date Report Printed: 6/20/2016 8:12:53 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1626006

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

RECEIVED 7-11-16 MMC

Collected By: M MOORE/D BUYS
Submitted By: M MOORE

Source of Sample:
PLANT EFFLUENT GRAB

Time of Collection: 13:30
Date of Collection: 6/14/2016
Date Received: 6/14/2016
Report Date: 6/20/2016

PWS#:

Field Temp: Temp Rcvd in Lab: 3.5 °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	6/15/2016	MM

Michael Moore 6/20/2016

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Michael Moore

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MDL = Method/Minimum Detection Limit
UR = Unregulated

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Date Report Printed: 6/20/2016 8:12:53 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1626007

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

RECEIVED 7-11-16 MMC

Collected By: M MOORE/D BUYS
Submitted By: M MOORE

Source of Sample:
PLANT EFFLUENT GRAB

Time of Collection: 13:35
Date of Collection: 6/14/2016
Date Received: 6/14/2016
Report Date: 6/20/2016

PWS#:

Field Temp: Temp Rcvd in Lab: 3.5 °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	6/15/2016	MM

Michael Moore 6/21/2016

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Michael Moore

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UR = Unregulated

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Boise, Idaho 83703
Phone (208) 342-5515

Date Report Printed: 6/20/2016 8:12:53 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1626008

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

RECEIVED 7-11-16 MMC

Collected By: M MOORE/D BUYS
Submitted By: M MOORE

Source of Sample:
PLANT EFFLUENT GRAB

Time of Collection: 13:40
Date of Collection: 6/14/2016
Date Received: 6/14/2016
Report Date: 6/20/2016

PWS#:

Field Temp: Temp Rcvd in Lab: 3.5 °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	6/15/2016	MM

Michael Moore 6/21/2016

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Michael Moore

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MDL = Method/Minimum Detection Limit
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Boise, Idaho 83703
Phone (208) 342-5515

Date Report Printed: 6/30/2016 3:15:02 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1626009

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

RECEIVED 7-11-16 MAL

Collected By: M MOORE/D BUYS
Submitted By: M MOORE

Source of Sample:
LITTLE SALMON RIVER DOWNSTREAM

Time of Collection: 13:40
Date of Collection: 6/14/2016
Date Received: 6/14/2016
Report Date: 6/30/2016

PWS#:
PWS Name: CITY OF NEW MEADOWS

Field Temp: 15.5 °C Temp Rcvd in Lab: 3.5 °C

PH=6.5

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Ammonia Direct (as N)		1.01	mg/L	0.04	EPA 350.1	6/18/2016	CJS
Total Phosphate (as P)		0.88	mg/L	0.05	EPA 365.4	6/24/2016	DS
pH		*6.5	S.U.		SM 4500-H B	6/14/2016	MDM

*field test

Michael Moore 9/5/2016

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Michael Moore

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UR = Unregulated

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Date Report Printed: 6/30/2016 3:15:02 PM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1626010

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

RECEIVED 7-11-16 mac

Collected By: M MOORE/D BUYS
Submitted By: M MOORE

Source of Sample:
LITTLE SALMON RIVER UPSTREAM

Time of Collection: 13:45
Date of Collection: 6/14/2016
Date Received: 6/14/2016
Report Date: 6/30/2016

PWS#:
PWS Name: CITY OF NEW MEADOWS

Field Temp: 15.3 °C Temp Rcvd in Lab: 3.5 °C

PH=6.3

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Ammonia Direct (as N)		<0.04	mg/L	0.04	EPA 350.1	6/18/2016	CJS
Total Phosphate (as P)		0.12	mg/L	0.05	EPA 365.4	6/27/2016	DS
pH		*6.8	S.U.		SM 4500-H B	6/14/2016	MDM

*field test

Michael Moore 7/5/2016

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

CLIENT CODE= NEWMWW

CHAIN OF CUSTODY RECORD

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

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 7-11-16 [illegible]

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	BOD, TSS	NH4, TPO4, Ecoli	NH4, TPO4, Temp, pH							Remarks:
26004	6/14/016	**	Plant Influent - composite	Wastewater	X									
26005	6/14/016	**	Plant Effluent - composite	Wastewater	X	X								
26006	6/14/016	1:30pm	Plant Effluent - Grab	Wastewater			X							
26007	6/14/016	1:35pm	Plant Effluent - Grab	Wastewater			X							
26008	6/14/016	1:40pm	Plant Effluent - Grab	Wastewater			X							Field Tests
26009	6/14/016	1:40pm	Little Salmon River Downstream	Surface H_2O				X	X					Temp = 15.5°C pH = 6.5 su.
26010	6/14/016	1:45 (mm) ~~1:40pm~~	Little Salmon River ~~Downstream~~ upstream	Surface H_2O				X	X					Temp = 15.3°C pH = 6.8 su.

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

Special Instructions:
** times → 8:00 AM, 12:00 N, 1:30 pm

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	6/14/2016	6:30
Received By: (Signature)	Print Name:	Company:	Date:	Time:
Relinquished By: (Signature)	Print Name:	Company:	Date:	Time:
Received By: (Signature) David Rehl	Print Name: DAVID REHL	Company: ALI	Date: 6-14-16 ~~6/15/16~~	Time: 18:30 ~~9:00~~

SAMPLE RECEIPT Total # of Containers: 10 Chains of Custody Seals Y / N / NA Intact: Y / N / NA Temperature Received: 3.5°C Condition:

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

CLIENT CODE= NEWMW

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

CLIENT INFORMATION:

Project Manager: Doug Burns

Company: City of New Meadows

Address: 401 Virginia St.

New Meadows Id 83654

Phone:

Fax:

Sampled by: *(Please print)* Michael Williams

PROJECT INFORMATION:

Project Name:

PWS Number:

Purchase Order Number:

Required Due Date:

E-mail Address:

Transported by: *(Please print)* Doug Burns

TESTS REQUESTED

RECEIVED 7-11-16 MAC

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	Remarks:
26004	7/11/16	**	Well effluent composite	Wastewater	
26005	7/11/16	**	Well effluent composite	Wastewater	
26006	7/11/16	1:30pm	Well effluent Grab	Wastewater	
26007	7/11/16	1:35pm	Well effluent Grab	Wastewater	
26008	7/11/16	1:40pm	Well effluent Grab	Wastewater	Field Tests
26009	7/11/16	1:50pm	Pond Effluent Composite	Surface Water	Temp 15.5 C
26010	7/11/16	1:55pm	Pond Effluent Composite	Surface Water	Temp 15.3 C

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

Special Instructions: ** times → 9:00 AM, 11:00 AM, 1:30pm

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 Williams	Michael Williams	ALI	7/11/2016	6:30
Received By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Relinquished By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Received By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Laura Reid	David Rehl	ALI	7/11/16	1:40

SAMPLE RECEIPT **Total # of Containers:** 10 **Chains of Custody Seals** Y / N / NA **Intact:** Y / N / NA **Temperature Received:** 3.2 C **Condition:**

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