Analytical Laboratories, Inc.

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

RECEIVED 7.23.18

Date Report Printed: 7/12/2018 7:42:46 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1831295

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

Collected By:
Submitted By: ACTION

Source of Sample:
WASTE WATER EFFLUENT GRAB

Time of Collection: 11:45
Date of Collection: 7/5/2018
Date Received: 7/6/2018
Report Date: 7/12/2018

Field pH: Lab pH:
Field Temp: Temp Rcvd in Lab:

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Total Coliform Bacteria		>1,600	MPN/100mL		SM 9221B	7/9/2018	RK

Michael Moore 7/17/2018

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:	ANALYTICAL LABS, INC.
Project Manager: Doug Bays	Project Name:	1804 N. 33rd Street • Boise, ID 83703
Company: City of N.M.	PWS Number:	(208) 342-5515 • Fax: (208) 342-5591 • 1-800-574-5773
Address: 401 Virginia St	Purchase Order Number:	Website: www.analyticallaboratories.com
New Meadows ID	Required Due Date:	E-mail: ali@analyticallaboratories.com
Phone: 347-2171 Fax: 347-2389	E-mail Address: nmcitysewer@frontiernet.net	TESTS REQUESTED
Sampled by: *(Please print)*	Transported by: *(Please print)* Acken	

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	T.C.	TC MPN ND								Remarks:
31295	7-5	11:45	waste water effluent	grab	X									

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

Special Instructions:

ALLOCATIONS OF RISK: Analytical Laboratories, Inc. will perform preparation and testing services, obtain findings and prepare reports in accordance with Good Laboratory Practices (GLP). If, for any reason, Analytical Laboratories, Inc. errors in the conduct of a test or procedure, their liability shall be limited to the cost of the test or procedure completed in error. Under no circumstances will Analytical Laboratories, Inc. be liable for any other cost associated with obtaining a sample or use of data.

Note: Samples are discarded 21 days after results are reported. Hazardous samples will be returned to client or disposed of at client expense.

	Print Name:	Company:	Date:	Time:
Relinquished By: *(Signature)*	Doug Bays	City of N.M.	7-5-18	12:00
Received By: *(Signature)*	Doug Bays			
Relinquished By: *(Signature)*				
Received By: *(Signature)* Victoria Green	Victoria Green	ALI	7/6/18	7:30

SAMPLE RECEIPT	Total # of Containers:	Chains of Custody Seals Y / N / NA	Intact: Y / N / NA	Temperature Received: 16.0°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 Bays		**Project Name:**
Company: City of N.M.		**PWS Number:**
Address: 4011 Virginia St		**Purchase Order Number:**
New Meadows ID		**Required Due Date:**
Phone: 347-2271	**Fax:** 347-2384	**E-mail Address:**
Sampled by: *(Please print)*		**Transported by:** *(Please print)* Acida

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	T.C.									Remarks:
	7-5	11:45	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 N.M.	**Date:** 7-5-18	**Time:** 12:00
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

Analytical Laboratories, Inc.

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

Date Report Printed: 7/16/2018 7:45:36 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1832655

RECEIVED 7/27/18 MKR

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: 11:30
Date of Collection: 7/11/2018
Date Received: 7/12/2018
Report Date: 7/16/2018

Field pH: Lab pH:
Field Temp: Temp Rcvd in Lab: 8.4 °C

PWS#:
PWS Name: CITY OF NEW MEADOWS

RCVD PAST RCMD HOLD TIME

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Total Coliform Bacteria		>1,600	MPN/100mL		SM 9221B	7/15/2018	AAA

Michael Moore 7/20/2018

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:
Attn:	Project Manager:
Company: City of New Meadows	Project Name:
Address: 401 Virginia St	PWS Number:
New Meadows, Id 83654	Purchase Order Number:
Phone: 347-2121 Fax: 347-2354	Required Due Date:
Sampled by: (Please print) DRS	Transported by: (Please print) Action

ANALYTICAL LABS, INC.
1804 N. 33rd Street · Boise, ID 83703
(208) 342-5515 · Fax: (208) 342-5591 · 1-800-574-5773
Website: www.analyticallaboratories.com
E-mail: ali@analyticallaboratories.com

RECEIVED 7/27/18 MAC

TESTS REQUESTED

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	T.C.	MBN	NO							Remarks:
32655	7-11	11:30	wastewater effluent	grab	X									Res. O.S

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

Special Instructions: send past hold time

ALLOCATION OF RISK: Analytical Laboratories, Inc. will perform preparation and testing services, obtain findings and prepare reports in accordance with Good Laboratory Practices (GLP). If, for any reason, Analytical Laboratories, Inc. errors in the conduct of a test or procedure their liability shall be limited to the cost of the test or procedure completed in error. Under no circumstance will Analytical Laboratories, Inc. be liable for any other cost associated with obtaining a sample or use of data.

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Relinquished By: *(Signature)*	Print Name: Doug Buys	Company: City of New Meadows	Date: 7-11-18	Time: 12:00
Relinquished By: *(Signature)*	Print Name:	Company:	Date:	Time:
Relinquished By: *(Signature)*	Print Name:	Company:	Date:	Time:
Relinquished By: *(Signature)*	Print Name:	Company:	Date:	Time:
Received By: *(Signature)*	Print Name:	Company:	Date:	Time:
Relinquished By: *(Signature)*	Print Name:	Company:	Date:	Time:
Received at Laboratory By: *(Signature)*	Print Name: Tom Saylor	Company: ALI	Date: 7/12/18	Time: 735

SAMPLE RECIEPT	Total # of Containers:	Chains of Custody Seals Y / N / NA	Intact: Y / N / NA	Temperature Received: 8.4	Condition:

Rev. 1/04 WHITE: STAYS WITH SAMPLE(S) YELLOW: LAB PINK: SAMPLER

TLO

CLIENT CODE=

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION:	PROJECT INFORMATION:
Attn:	Project Manager:
Company: City of New Meadows	Project Name:
Address: 401 Virginia St. New Meadows ID 83654	PWS Number:
	Purchase Order Number:
Phone: 347-2171 Fax: 347-2354	Required Due Date:
Sampled by: *(Please print)* DKB	Transported by: *(Please print)* Aqua

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	F.C.									Remarks:
	7-11	11:30	wastewater effluent	grab	X									Res. O.S

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

Special Instructions:

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Relinquished By: *(Signature)*	**Print Name:** Doug Buys	**Company:** City of New Meadows	**Date:** 7-11-18	**Time:** 12:00
Relinquished By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Relinquished By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Relinquished By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Received By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Relinquished By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Received at Laboratory By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**

SAMPLE RECIEPT	Total # of Containers:	Chains of Custody Seals Y / N / NA	Intact: Y / N / NA	Temperature Received:	Condition:

Analytical Laboratories, Inc.

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

Date Report Printed: 7/23/2018 7:24:32 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1834189

RECEIVED 7/31/18

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:
WASTE WATER EFFLUENT GRAB

Time of Collection: 1:22
Date of Collection: 7/18/2018
Date Received: 7/19/2018
Report Date: 7/23/2018

Field pH: Lab pH:
Field Temp: Temp Rcvd in Lab: 4.3 °C

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Total Coliform Bacteria		22	MPN/100mL		SM 9221B	7/22/2018	RK

Email: nmcitysewer@frontiernet.net

7-25-18

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

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 Manager: Doug Buys
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: nmcitysewer@frontiernet.net

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

TESTS REQUESTED

RECEIVED 7/31/18

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix										Remarks:
34189	7-18	1:22	wastewater effluent	grab	X									

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

Special Instructions:

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	Print Name:	Company:	Date:	Time:
Relinquished By: *(Signature)*	Doug Buys	City of New Meadows	7-18-18	1:52
Received By: *(Signature)*				
Relinquished By: *(Signature)*				
Received at Laboratory By: *(Signature)* Victoria Green	Victoria Green	Analytical Laboratories	7/18/18	7:30

SAMPLE RECEIPT Total # of Containers: Chains of Custody Seals Y / N / NA Intact: Y / N / NA Temperature Received: 4.3 Condition:

REV. 2/19/10 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:** 347-2384	**E-mail Address:**
Sampled by: *(Please print)* DAB		**Transported by:** *(Please print)* Action

TESTS REQUESTED

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix										Remarks:
	7-18	1:22	wastewater effluent	grab	X									

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

Special Instructions:

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Relinquished By: *(Signature)*	**Print Name:** Doug Buys	**Company:** City of New Meadows	**Date:** 7-19-18	**Time:** 1:52
Received By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Relinquished By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Received at Laboratory By: *(Signature)*	**Print Name:**	**Company:** **Analytical Laboratories**	**Date:**	**Time:**
SAMPLE RECEIPT **Total # of Containers:**	**Chains of Custody Seals** Y / N / NA	**Intact:** Y / N / NA **Temperature Received:**	**Condition:**	

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

Analytical Laboratories, Inc.

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

Date Report Printed: 8/6/2018 8:34:24 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1835343

RECEIVED 8/13/18 MAC

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 REUSE AT PUMP

Time of Collection: 13:10
Date of Collection: 7/24/2018
Date Received: 7/24/2018
Report Date: 8/2/2018

Field pH: 8.44 Lab pH:
Field Temp: 23.7 °C Temp Rcvd in Lab: 2.5 °C

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Total Coliform Bacteria		240	MPN/100mL		SM 9221B	7/28/2018	RK
Ammonia Direct (as N)		2.26	mg/L	0.04	EPA 350.1	7/30/2018	SMC
Nitrate + Nitrite (as N)		0.07	mg/L	0.02	EPA 353.2	8/1/2018	SMC
Nitrogen, Total Kjeldahl (TKN)		7.48	mg/L	0.10	EPA 351.2	7/26/2018	DS
Total Phosphate (as P)		4.64	mg/L	0.05	EPA 365.4	7/26/2018	DS
Biochemical Oxygen		< 17	mg/L	3	SM 5210 B	7/30/2018	EH

Michael Moore 8/7/2018

Thank you for choosing Analytical Laboratories for your testing needs.

If you have any questions about this report, or any future analytical needs, please contact your client manager:

Michael Moore

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

Analytical Laboratories, Inc.

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

Date Report Printed: 8/2/2018 8:22:33 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1835342

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

RECEIVED 8/13/18 MAC

Source of Sample:
PLANT INFLUENT-GRAB

Time of Collection: 13:00
Date of Collection: 7/24/2018
Date Received: 7/24/2018
Report Date: 8/2/2018

Field pH: 7.02 Lab pH:
Field Temp: 19.4 °C Temp Rcvd in Lab: 2.5 °C

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Ammonia Direct (as N)		62.3	mg/L	0.04	EPA 350.1	7/30/2018	Smc
Nitrate + Nitrite (as N)		0.12	mg/L	0.02	EPA 353.2	8/1/2018	Smc
Nitrogen, Total Kjeldahl (TKN)		93.3	mg/L	0.10	EPA 351.2	7/26/2018	DS
Total Phosphate (as P)		10.2	mg/L	0.05	EPA 365.4	7/26/2018	DS
Biochemical Oxygen		312	mg/L	3	SM 5210 B	7/30/2018	EH

Michael Moore 8/3/2018

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Michael Moore

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

SPC

CLIENT CODE=

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION:	PROJECT INFORMATION:	ANALYTICAL LABS, INC.
Project Manager: Doug Bump	Project Name:	1804 N. 33rd Street • Boise, ID 83703
Company: City of New Meadows	PWS Number:	(208) 342-5515 • Fax: (208) 342-5591 • 1-800-574-5773
Address:	Purchase Order Number:	Website: www.analyticallaboratories.com
	Required Due Date:	E-mail: ali@analyticallaboratories.com
Phone: / Fax:	E-mail Address:	TESTS REQUESTED
Sampled by: (Please print) MM & DB	Transported by: (Please print) M Moore	

RECEIVED 8/13/18

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	BOD, TKN, NH4	NO3+NO2, TPO4	pH	TC MPN NP					pH - Field	Field Temp	Remarks:
35342	7/24/18	1:00	Plant Effluent - Grab	Wastewater	X	X	X						7.02	SU.	19.4°C
35343	7/24/18	1:10	Plant Reuse at pump.	Wastewater	X	X	X	X					8.44	S.U.	23.7°C

Invoice to: (If different than above address)

Special Instructions: Monitoring Well depth 7/24/18 → #1 - 12.4 feet #2 - 12.3 feet #3 - 11.4 feet #4 - 12.4 feet

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	Print Name:	Company:	Date:	Time:
Relinquished By: (Signature) Michael D. Moore	Michael Moore	ALI	7/24/2018	5:20 pm
Received By: (Signature)	Print Name:	Company:	Date:	Time:
Relinquished By: (Signature)	Print Name:	Company:	Date:	Time:
Received By: (Signature)	Print Name: Tom Saylor	Company: ALI	Date: 7/24/18	Time: 1700

SAMPLE RECEIPT Total # of Containers: 7 Chains of Custody Seals Y / N / NA Intact: Y / N / NA Temperature Received: 2.5 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 Bu		**Project Name:**
Company: City of Nampa Wastewater		**PWS Number:**
Address:		**Purchase Order Number:**
		Required Due Date:
Phone:	**Fax:**	**E-mail Address:**
Sampled by: *(Please print)*	**Transported by:** *(Please print)*	

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 8/13/18

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix											Remarks:
35342	7/24/18	1100	Well applied - 6 mt	Wastewater	X	X	X								12.4C
35343	7/24/18	1210	Well Raw at pump	Wastewater	X	X	X	X							23.2C

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

Special Instructions: #1 - 12.4 pH #3 - 11.4 Monitor well dry 7/24/18 → #2 - 12.3 pH #4 - 12.4 pH

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Relinquished By: *(Signature)* Michael A. Moore	**Print Name:** Michael A. Moore	**Company:** ALI	**Date:** 7/24/2018	**Time:** 1500
Received By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Relinquished By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Received By: *(Signature)*	**Print Name:**	**Company:** ALI	**Date:** 7/24/18	**Time:** 1700
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