

FACILITY MAILING ADDRESS (Street, City, State, Zip code) 14 Old Route 199 Red Hook, NY 12571				TELEPHONE NUMBER 845-244-0129		CHIEF OPERATOR'S NAME C3ND ENVIRONMENTAL		CERTIFICATION GRADE 2A	
Day	Date	TOTAL PHOSPHORUS(mg/l)		Ultra Violet MW/CM2		FECAL COLIFORM Effluent MF or MPN/100ml	REMARKS Enter any other comments, observations, operating problems, equipment failure, etc		
		Influent Type	Effluent Type	#1	#2				
Thu	01			100%	100%				
Fri	02			100%	100%				
Sat	03			100%	100%				
Sun	04			100%	100%				
Mon	05			100%	100%				
Tue	06			100%	100%				
Wed	07			100%	100%				
Thu	08			100%	100%				
Fri	09			100%	100%				
Sat	10			100%	100%				
Sun	11			100%	100%				
Mon	12			100%	100%				
Tue	13			100%	100%				
Wed	14			100%	100%				
Thu	15			100%	100%				
Fri	16			100%	100%				
Sat	17			100%	100%				
Sun	18			100%	100%				
Mon	19			100%	100%				
Tue	20			100%	100%				
Wed	21			100%	100%				
Thu	22			100%	100%	1			
Fri	23			100%	100%				
Sat	24			100%	100%				
Sun	25			100%	100%				
Mon	26			100%	100%				
Tue	27			100%	100%				
Wed	28			100%	100%				
Thu	29			100%	100%				
		30 day flow-weighted avg.(1)		Monthly		30 day Geometric Mean (1)			
		Influent(mg/l)	Effluent(mg/l)	Minimum(1)	Maximum				
				1	1	1			
		lbs/day							

(1) Refer to current edition of "Notice to SPDES Permittees Regarding Use of the National Pollutant Discharge Elimination System (NPDES) Discharge Monitoring Report Form" for procedures to calculate loadings, flow-weighted average, geometric mean, maximum minimum, percent removal, etc.

Note: Refer to current SPDES permit for specific monitoring requirements. Sample type for chlorine residual and fecal coliforms is grab.

