

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				
Sat	01			100%	100%				
Sun	02			100%	100%				
Mon	03			100%	100%				
Tue	04			100%	100%				
Wed	05			100%	100%				
Thu	06			100%	100%				
Fri	07			100%	100%				
Sat	08			100%	100%				
Sun	09			100%	100%				
Mon	10			100%	100%				
Tue	11			100%	100%				
Wed	12			100%	100%				
Thu	13			100%	100%				
Fri	14			100%	100%				
Sat	15			100%	100%				
Sun	16			100%	100%				
Mon	17			100%	100%				
Tue	18			100%	100%				
Wed	19			100%	100%				
Thu	20			100%	100%				
Fri	21			100%	100%				
Sat	22			100%	100%				
Sun	23			100%	100%				
Mon	24			100%	100%				
Tue	25			100%	100%				
Wed	26			100%	100%				
Thu	27			100%	100%				
Fri	28			100%	100%	1			
Sat	29			100%	100%				
Sun	30			100%	100%				
		30 day flow-weighted avg.(1) Influent(mg/l) Effluent(mg/l)		Monthly Minimum(1) Maximum		30 day Geometric Mean (1)			
				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.

