



WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF August 2024

SPDES PERMIT NO. NY-- 0271420		FACILITY NAME Village of Red Hook Sewer			FACILITY OWNER Village of Red Hook				FACILITY LOCATION 7467 S Broadway Red Hook, NY12571										
Day	Date	Daily Precip in/day	VOLUME OF SEWAGE TREATED			TEMPERATURE (°F.)		pH (S.U)				SETTLABLE SOLIDS		B.O.D.5		SUSPENDED SOLIDS			
			Inst.Max. MGD	Daily Average MGD	Inst. Min MGD	Influent (2)	Effluent (2)	Influent Minimum	Influent Maximum	Effluent Minimum	Effluent Maximum	Influent Maximum	Effluent Maximum	Influent Type	Effluent Type	Influent Type	Effluent Type		
Thu	01	0.53		0.009		68	70		7.7		7.0	14.0	<0.1						
Fri	02	0.00		0.008		68	70		7.7		6.6	31.0	<0.1						
Sat	03	1.09		0.008		68	70		7.8		7.0	25.0	<0.1						
Sun	04	0.17		0.008		69	70		7.6		6.8	17.0	<0.1						
Mon	05	0.78		0.011		69	70		7.6		6.8	27.0	<0.1						
Tue	06	0.09		0.009		68	70		7.7		7.3	11.0	<0.1						
Wed	07	0.61		0.008		68	70		7.7		7.4	15.0	<0.1						
Thu	08	0.00		0.009		68	70		8.0		7.4	33.0	<0.1						
Fri	09	0.27		0.008		70	70		7.5		7.7	28.0	<0.1						
Sat	10	0.99		0.008		70	70		7.5		7.4	15.0	<0.1						
Sun	11	0.00		0.012		70	70		7.6		7.7	41.0	<0.1						
Mon	12	0.00		0.010		70	70		7.7		7.5	31.0	<0.1						
Tue	13	0.00		0.012		68	68		7.7		7.1	28.0	<0.1						
Wed	14	0.00		0.011		71	70		7.6		7.3	26.0	<0.1						
Thu	15	0.00		0.010		70	70		7.8		7.7	36.0	<0.1						
Fri	16	0.00		0.009		70	70		7.7		7.4	42.0	<0.1						
Sat	17	0.00		0.014		69	70		7.5		7.5	15.0	<0.1						
Sun	18	0.03		0.008		70	70		7.7		7.5	10.0	<0.1						
Mon	19	0.42		0.009		70	70		7.5		7.5	21.0	<0.1						
Tue	20	0.10		0.008		70	70		7.5		7.6	18.0	<0.1						
Wed	21	0.00		0.007		70	70		7.6		7.4	37.0	<0.1						
Thu	22	0.00		0.009		70	70		7.7		7.6	24.0	<0.1						
Fri	23	0.00		0.009		70	70		7.7		7.5	36.0	<0.1						
Sat	24	0.00		0.008		72	70		7.5		7.5	32.0	<0.1						
Sun	25	0.00		0.009		70	70		7.7		7.6	20.0	<0.1						
Mon	26	0.41		0.009		70	70		7.6		7.5	17.0	<0.1						
Tue	27	0.00		0.009		71	70		7.9		7.1	29.0	<0.1						
Wed	28	0.00		0.014		70	68		7.7		7.5	16.0	<0.1						
Thu	29	0.00		0.009		73	70		7.5		7.6	18.0	<0.1		1		4		
Fri	30	0.12		0.008		70	70		7.7		8.0	17.0	<0.1						
Sat	31	0.00		0.007		70	70		7.8		7.6	24.0	<0.1						
		Total Precip.	Monthly Average			Average Influent	Average Effluent	Minimum	Maximum	Minimum	Maximum	Monthly Maximum	Monthly Maximum	30 day flow-weighted avg (1)			30 day flow-weighted avg (1)		
		5.61	0.009			70	70	7.5	8.0	6.6	8.0	42.0	<0.1	1	#DIV/0!	4	#DIV/0!		
												30 Day Quantity		0.10 lbs/day		0.34 lbs/day			

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		FECAL COLIFORM Effluent MF or MPN/100ml	REMARKS Enter any other comments, observations, operating problems, equipment failure, etc		
		Influent Type	Effluent Type	MW/CM2					
				#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%				
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%	1			
Fri	30			100%	100%				
Sat	31			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.

