92-15-7 (7/91)-27c

NEW YORK STATE DEPARTMENT OF ENVIROMENTAL CONSERVATION

DIVISION OF WATER

WASTEWATER FACILITY OPERATION REPORT FOR THE MON March 2025

SPDES PERMIT	FACILITY NAME	FACILITY OWNER	FACILITY LOCATION
NY-- 0271420	Village of Red Hook Sewer	Village of Red Hook	7467 S Broadway Red Hook, NY12571

			VOLUME OF SEWAGE TREATED			TEMPERATURE (ºF.)		pH (S.U)				SETTLEABLE SOLIDS		B.O.D.$_5$		SUSPENDED SOLIDS	
Day	Date	Daily Precip in/day	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
Sat	01	0.01		0.029		49	48		6.6		7.6	<0.1	<0.1				
Sun	02	T		0.036		47	49		6.5		7.4	<0.1	<0.1				
Mon	03	0.00		0.043		52	47		6.6		7.6	80	<0.1				
Tue	04	0.00		0.044		49	51		7.2		7.5	110	<0.1				
Wed	05	0.01		0.045		47	50		6.1		7.5	5	<0.1				
Thur	06	0.98		0.048		46	50		6.8		7.7	3	<0.1				
Fri	07	0.09		0.042		48	49		6.8		7.5	3	<0.1				
Sat	08	0.00		0.036		48	46		6.7		7.4	3	<0.1				
Sun	09	0.00		0.032		49	46		6.7		7.2	<0.1	<0.1				
Mon	10	0.00		0.036		48	48		7.1		7.4	60	<0.1				
Tue	11	0.00		0.040		49	48		6.7		7.5	5	<0.1		82		104
Wed	12	0.00		0.054		47	46		6.7		7.6	4	<0.1				
Thur	13	0.00		0.037		48	49		6.7		7.8	4	<0.1				
Fri	14	0.00		0.046		49	49		6.7		7.9	3	<0.1				
Sat	15	0.00		0.036		48	47		6.9		7.2	<0.0	<0.1				
Sun	16	0.00		0.052		48	50		7.4		7.2	50	<0.1				
Mon	17	0.85		0.047		48	49		6.6		7.3	3	<0.1				
Tue	18	0.05		0.038		50	50		6.6		8.4	3	<0.1				
Wed	19	0.00		0.044		48	49		6.7		7.9	2	<0.1				
Thur	20	0.00		0.002		50	51		6.7		7.9	2	<0.1				
Fri	21	0.81		0.051		51	52		6.7		8.0	0	<0.1				
Sat	22	0.00		0.035		55	51		7.2		7.8	3	<0.1				
Sun	23	0.00		0.035		58	53		7.3		7.6	4	<0.1				
Mon	24	T		0.035		56	51		7.0		7.7	2	<0.1				
Tue	25	0.13		0.042		51	50		6.9		7.7	2	<0.1				
Wed	26	0.00		0.034		50	51		6.8		7.8	0	<0.1				
Thur	27	0.09		0.059		49	50		7.8		7.9	0	<0.1				
Fri	28	0.00		0.045		51	51		6.8		7.9	0	<0.1				
Sat	29	0.01		0.039		48	50		7.2		7.9	4	<0.1				
Sun	30	0.06		0.029		49	50		7.1		7.9	3.0	<0.1				
Mon	31	0.17		0.038		46	50		6.8		8.4	<0.1	<0.1				
		Total Precip.		Monthly Average		Average Influent	Average Effluent	Minimum	Maximum	Minimum	Maximum	Monthly Maximum	Monthly Maximum	30 day flow-weighted avg (1) Inf.(mg/l)	Eff.(mg/l) Rem.%	30 day flow-weighted avg (1) Inf.(mg/l)	Eff.(mg/l) Rem.%
		3.26		0.040		49	49	6.1	7.8	7.2	8.4	110.0	<0.1		82 ####		104 ####
												30 Day Quanity		27.11 lbs/day		34.39 lbs/day	

FACILITY MAILING ADDRESS (Street, City, State, Zip code)	TELEPHONE NUMBER	CHIEF OPERATOR'S NAME	CERTIFICATION GRADE
14 Old Route 199 Red Hook, NY 12571	845-244-0129	C3ND ENVIRONMENTAL	2A

		TOTAL PHOSPHORUS(mg/l)		Ultra Violet MW/CM2		FECAL COLIFORM	
Day	Date	Influent Type	Effluent Type	#1	#2	Effluent MF or MPN/100ml	REMARKS Enter any other comments, observations, operating problems, equipment failure, etc
Sat	01			100%	0%		Red Hook Commons UV'S not currently working & in need of replacement of Bulb's.
Sun	02			100%	0%		There has been customer complaints referencing odor from wastewater treatment plant, intial investigation found that some odors are coming from odoris wastewater discharge, while other investigations have found that the odor seems to be coming from the facilities EQ tank vent. The village is aware & are working on a remdiation for the odors from the EQ vent line.
Mon	03			100%	0%		
Tue	04			100%	0%		
Wed	05			100%	0%		
Thur	06			100%	0%		
Fri	07			100%	0%		
Sat	08			100%	0%		
Sun	09			100%	0%		
Mon	10			100%	0%		
Tue	11			100%	0%	24196	
Wed	12			100%	0%		
Thur	13			100%	0%		
Fri	14			100%	0%		
Sat	15			100%	0%		
Sun	16			100%	0%		
Mon	17			100%	0%		
Tue	18			100%	0%		
Wed	19			100%	0%		
Thur	20			100%	0%		
Fri	21			100%	0%		
Sat	22			100%	0%		
Sun	23			100%	0%		
Mon	24			100%	0%		
Tue	25			100%	0%		
Wed	26			100%	0%		
Thur	27			100%	0%		
Fri	28			100%	0%		
Sat	29			100%	0%		
Sun	30			100%	0%		
Mon	31			100%	0%		
		30 day flow-weighted avg.(1)		Monthly		30 day Geometric Mean	
		Influent(mg/	Effluent(mg/l	Minimum(1	Maximum		
				0	1	24196	
			lbs/day				

(1) Refer to current edition of "Notice to SPDES Permitees 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.

58.2

										FIXED MEDIA PROCESS CONTROL		ACTIVATION SLUDGE PROCESS CONTROL				
		Dissolved Oxygen		Ammonia as Nitrogen		TKN as Nitrogen		Ulimate Oxygen Demand		Recirculation Rate	Media Effluent Settleable Solids	Mixed Liquor S.S. (MLSS)	Settleable Sludge Volume (SSV) ml/l		Return Act. Sludge (RAS)	Waste Act. Sludge (WAS)
Day	Date		Effluent		Effluent		Effluent		Effluent	M.G.D	ml/l	mg/l	30Min	60 Min	M.G.D	Gallons
Sat	01		7.8													
Sun	02		7.5													
Mon	03		7.4													
Tue	04		7.4													
Wed	05		7.2													
Thur	06		7.1													
Fri	07		7.2													
Sat	08		7.1													
Sun	09		7.3													
Mon	10		7.2													
Tue	11		7.4		42.4		50.5		350.25							
Wed	12		7.7													
Thur	13		7.2													
Fri	14		7.9													
Sat	15		8.1													
Sun	16		7.3													
Mon	17		7.6													
Tue	18		7.7													
Wed	19		7.8													
Thur	20		8.2													
Fri	21		7.6													
Sat	22		7.7													
Sun	23		5.6													
Mon	24		6.8													
Tue	25		7.1													
Wed	26		8.0													
Thur	27		5.3													
Fri	28		7.0													
Sat	29		5.0													
Sun	30		7.0													
Mon	31		6.1													
			7.2													
					lbs/day		lbs/day		0.000 lbs/day							

Effect on Receiving Stream

NAME OF RECEIVING STREAM			
DATE STATION	PARAMETER	RESULT	

Name and amount of chemicals used in treatment process during month.

a. Chlorine ______ lbs.
b. Sodium Hypochlorite ______ gal.
c. soda Ash ______ lbs.
d. ______ lbs.
e. ______ lbs.
f. ______ lbs.

Amount of electrical power consumed

a. Commercial ______ kilowatt hours
b. Stand-by ______ kilowatt hours

Amount of fuel consumed

a. Natural Gas ______ cubic feet
b. Oil ______ gallons
c. Gasoline ______ gallons
d. Coal ______ tons
e. Digester Gas ______ cubic feet
f. Propane ______ gallons

Sludge Removal from Plant:

a. Amount ______ gallons
b. Solid Content ______ %
c. Volatile Solids Content ______ %
d. Disposal Site Superior Sanitation

Other Solid Waters:

a. Screening ______ cubic feet
b. Grit ______ cubic feet
c. Ashes ______ tons
d. ______
e. ______
f. ______
g. Disposal Site Private hauler

Digester Gas Wasted ______ cubic feet

Labor expended:

POSITION NAME	NUMBER FULL TIME	NUMBER PART TIME	TOTAL HOURS
Supervisor			
Chief Operator			
Operator			
Mechanic			

I hereby affirm under penality of perjury that information proided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

____
Signature of Chief Operator or Designated Facility Representative