

FACILITY MAILING ADDRESS (Street, City, Zip Code)										TELEPHONE NUMBER			CHIEF OPERATOR'S NAME			CERTIFICATION GRADE		
7467 South Broadway; Red Hook, NY 12571										845-758-1081			Robert Flores		4A			
		CBOD(5-Day)(11/1-5/31) BOD (5-Day)(6/1-10/31) [Permit: 5.0 mg/L]		U.O.D. (11/1-5/31) [Permit: 34.0 mg/L]	SUSPENDED SOLIDS [Permit: 10.0 mL/L]		TKN, Total	TOTAL AMMONIA as N [Permit: 6/1-10/31, 0.98 mg/L 11/1-5/31, 1.81 mg/L Effluent mg/L]	FECAL COLIFORM [Permit: 200 No./100 mL]									
DAY	DATE	Influent mg/L	Effluent mg/L	Effluent mg/L	Influent mg/L	Effluent mg/L	Effluent mg/L	Effluent mg/L	Effluent MF or No./100mL									
Tue	1																	
Wed	2																	
Thu	3																	
Fri	4																	
Sat	5																	
Sun	6																	
Mon	7																	
Tue	8																	
Wed	9																	
Thu	10																	
Fri	11																	
Sat	12																	
Sun	13																	
Mon	14																	
Tue	15																	
Wed	16	150	<4.0	17.9	62.7	1.40	2.64	0.128	<1.0									
Thu	17																	
Fri	18																	
Sat	19																	
Sun	20																	
Mon	21																	
Tue	22																	
Wed	23	230	<4.0	13.5	61.4	2.70	1.66	0.463	<10									
Thu	24																	
Fri	25																	
Sat	26																	
Sun	27																	
Mon	28																	
Tue	29																	
Wed	30																	
Thu	31																	
		30 day flow-weighted avg ⁽¹⁾		Monthly	Monthly Maximum			Maximum	30 day geometric									
		inf.(mg/l)	eff.(mg/l)	Maximum	30 day flow-weighted avg ⁽¹⁾			0.463	mean ⁽¹⁾									
		190	4.0	17.9	inf.(mg/l)	eff.(mg/l)		Average	5.5									
		%Rem.->	98		62.05	2.05		0.30										
	30 Day Average				%Rem.->	97		lbs/day										
	Quantity Loading ⁽¹⁾		1.1	lbs/day		0.6	lbs/day	0.08										
(1) Refer to January 1994 edition of DMR Manual for completing the Discharge Monitoring Report for the national Pollutant Discharge Elimination System (NPDES) for procedures to calculate loadings, arithmetic mean, geometric Mean, maximum, minimum, percent removal, etc																		
NOTE: Refer to current SPDES permit for specific monitoring requirements. Sample type for temperature, PH and settleable solids is grab																		

		EQ LEVEL	CHLORINE RESIDUAL [Permit: 0.03 mg/L] Effluent mg/L	ULTRAVIOLET (%)			
				#1		#2	
Day	Date	ft		%	W/M ²	%	W/M ²
Tue	1						
Wed	2						
Thu	3						
Fri	4						
Sat	5						
Sun	6						
Mon	7						
Tue	8						
Wed	9						
Thu	10						
Fri	11						
Sat	12						
Sun	13						
Mon	14						
Tue	15						
Wed	16						
Thu	17						
Fri	18			83.0	26.5	75.8	19.8
Sat	19						
Sun	20						
Mon	21			82.6	26.4	76.8	20.0
Tue	22						
Wed	23			87.6	28.1	80.0	20.8
Thu	24						
Fri	25						
Sat	26						
Sun	27						
Mon	28						
Tue	29			84.6	27.1	74.7	19.4
Wed	30			84.9	27.8	74.3	19.3
Thu	31			83.1	26.6	73.9	19.3
			Monthly Maximum	Monthly			
				Minimum		Maximum	
			0.00	73.9		87.6	

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Name of Receiving Stream										Name and amount of chemicals used in treatment process										Sludge removal from plant:																													
Subtrib of Saw Kill										during month:										a. amount 6000 gals																													
Odor Log										a. Sodium Hypochloride lbs.										b.																													
										b. Sodium Sulfate lbs.										c.																													
										c. lbs.										d. Disposal Hauler: Superior Sanitation																													
										d. lbs.																																							
										e. lbs.																																							
										f. lbs.																																							
										Amount of electrical power consumed:										Other Solid Wastes:																													
Tue 1										a. Commercial kilowatt hours										a. Screenings cubic feet																													
Wed 2										b. Stand-by kilowatt hours										b.																													
Thu 3																				c.																													
Fri 4																				d.																													
Sat 5										Amount of fuel consumed										e.																													
Sun 6										a. Natural Gas cubic feet										f.																													
Mon 7										b. Oil gallons										g. Disposal Site: UCRRA																													
Tue 8										c. Gasoline gallons																																							
Wed 9										d. Coal tons																																							
Thu 10										e. Digester Gas cubic feet																																							
Fri 11										f. Propane gallons																																							
Sat 12																																																	
Sun 13																																																	
Mon 14																																																	
Tue 15																																																	
Wed 16																																																	
Thu 17										Labor expended:																																							
Fri 18										POSITION NAME										NUMBER FULL TIME										NUMBER PART-TIME										TOTAL HOURS									
Sat 19										Wastewater Operator																																							
Sun 20										Laborer																																							
Mon 21																																																	
Tue 22																																																	
Wed 23																																																	
Thu 24																																																	
Fri 25																																																	
Sat 26																																																	
Sun 27																																																	
Mon 28																																																	
Tue 29																																																	
Wed 30																																																	
Thu 31																																																	
										I hereby affirm under penalty of perjury that information provided 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.																																							
										Robert Flores										8/19/2025																													
										Signature of Chief Operator or Designated Facility Representative										Date																													