

FACILITY MAILING ADDRESS (Street, City, Zip Code)				TELEPHONE NUMBER		CHIEF OPERATOR'S NAME Leslie A Coon Jr		CERTIFICATION GRADE 3A	
DAY	DATE	TOTAL PHOSPHORUS(mg/l)		Ultraviolet		FECAL COLIFORM		REMARKS Enter any other comments, observations, operating problems, equipment failures, etc.	
		Influent Type	Effluent Type	Contact Minimum	Effluent Maximum	Effluent MF or MPN/100ml			
	1			ON	ON				
	2			ON	ON				
	3			ON	ON				
	4			ON	ON				
	5			ON	ON				
	6			ON	ON		50		
	7			ON	ON				
	8			ON	ON				
	9			ON	ON				
	10			ON	ON				
	11			ON	ON				
	12			ON	ON				
	13			ON	ON				
	14			ON	ON				
	15			ON	ON				
	16			ON	ON				
	17			ON	ON				
	18			ON	ON				
	19			ON	ON				
	20			ON	ON		1		
	21			ON	ON				
	22			ON	ON				
	23			ON	ON				Rome for filter bypassing due to switch accidentally left off
	24			ON	ON				
	25			ON	ON				
	26			ON	ON				
	27			ON	ON				
	28			ON	ON				
	29			ON	ON				
	30			ON	ON				
	31								
		30 day flow-weighted avg mean(1)		Monthly		30 day geometric mean(1)			
		Influent mg/l	Effluent mg/l	Minimum(1)	Maximum(1)				
				ON	ON	7.1			
		lbs/day							

(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

Day	Date	Fixed Media Process Control								Activated Sludge Process Control						
		NH3 as N		DO		TKN		UOD		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)
		Influent	Effluent	Influent	Effluent	Influent	Effluent	Influent	Effluent	M.G.D	ml/l	mg/l	5 Minutes	30 minutes	M.G.D.	lbs/day
1					8.2											
2					8.1											
3					8.4											
4					8.8											
5					8.8											
6			0.064		8.6											
7					9.6											
8					9.3											
9					9.0											
10					8.7											
11					8.5											
12					8.7											
13					8.2											
14					8.4											
15					9.8											
16					9.0											
17					8.7											
18					9.0											
19					9.3											
20					9.9		<0.61		<7.10							
21					9.4											
22					9.1											
23					9.4											
24					8.9											
25					8.6											
26					10.5											
27					9.3											
28					9.5											
29					9.2											
30					8.7											
31																
Min:					8.1		<0.61		<7.10							
30 Day Average Quantity					0.064											
Loading (1)					lbs/day		lbs/day		lbs/day							

(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

SECTION 1

New York State Department of Environmental Conservation
Division of Water

Report Noncompliance Event

To: DEC Water Contact
Report Type: _____ Permit Violation _____ Order Violation _____ Anticipated Noncompliance X Bypass/Overflow

SECTION 2

SPDES #: NY-0271420

Facility: Village of Red Hook

Date of noncompliance: 11/23/2025

Location (Outfall, Treatment Unit, or Pump Station): tertiary filter mud well

Description of noncompliance(s) and cause(s):

Due to human error the mud well pumps were set in the off position causing the mud well to fill and overflow through the designed bypass

Has event ceased? Yes _____ If so, when? 11/23/2025 Was event due to plant upset? No _____ SPDES limits violation YES _____
Start date, time of event: _____, (AM)(PM) End date, time of event: _____, (AM)(PM)
Date notification made to DEC? 11/25/25 DEC Official contacted: Vijay Gandhi

Immediate corrective actions: Return mudwell pumps to automated format

Preventive (long term) corrective actions: Review and retrain staff

SECTION 3

Complete this section if event was a bypass:

Bypass amount: _____ Was proir DEC authorization received for this event? (Yes)(No) _____
DEC Official contacted: _____ Date of DEC approval: _____

Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

SECTION 4

Facility Representative Leslie A Coon Jr Title: Sr. Area Manager Date: 11/26/2025

Phone #: 845-544-3151 Fax #: _____