New York State Department of Environmental Conservation
Division of Water

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF:

SPEDES PRMIT NO. | FACILITY NAME | FACILITY OWNER | FACILITY LOCATION

NY | **Village of Red Hook** | **same** | **Red Hook, NY**

			VOLUME OF SEWAGE TREATED			TEMPERATURE (°F)		pH (S.U.)				Settleable Solids (mg/l)		B.O.D.5. (mg/l)		Suspended Solids(ml/l)	
DAY	DATE	Daily Precip. in/day	Inst.Max. MGD	Dly 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
	1	0.00		0.005			67.1			7.70	7.70		<0.1				
	2	0.00		0.005			58.1			7.80	7.80		<0.1				
	3	0.00		0.003			54.9			7.00	7.00		<0.1				
	4	0.00		0.009			58.6			7.00	7.00		<0.1			580	16.6
	5	0.00		0.003			63			7.60	7.60		<0.1				
	6	0.00		0.004			63.3			8.00	8.00		<0.1				
	7	0.00		0.007			60.8			7.50	7.50		<0.1				
	8	0.00		0.002			65.7			7.50	7.50		<0.1				
	9	0.00		0.007			61.7			7.80	7.80		<0.1				
	10	0.00		0.005			55			7.50	7.50		<0.1				
	11	0.00		0.007			64.2			7.70	7.70		<0.1				
	12	0.00		0.005			66.9			7.10	7.10		<0.1				
	13	0.00		0.01			62.8			7.50	7.50		<0.1				
	14	0.00		0.011			62.8			7.40	7.40		<0.1				
	15	0.00		0.006			59.9			7.70	7.70		<0.1				
	16	0.00		0.008			70.1			7.60	7.60		<0.1				
	17	0.00		0.007			57.6			7.00	7.00		<0.1				
	18	0.00		0.007			59			7.50	7.50		<0.1				
	19	0.00		0.008			62.4			7.50	7.50		<0.1	292	3.7	190	10.2
	20	0.00		0.005			66.4			7.50	7.50		<0.1				
	21	0.00		0.007			66.8			7.40	7.40		<0.1				
	22	0.00		0.004			62.6			7.70	7.70		<0.1				
	23	0.00		0.014			63.7			7.80	7.80		<0.1				
	24	0.00		0.01			68.6			7.50	7.50		<0.1				
	25	0.00		0.01			63.7			7.40	7.40		<0.1				
	26	0.00		0.007			59.5			7.70	7.70		<0.1				
	27	0.00		0.005			53.8			7.40	7.40		<0.1				
	28	0.00		0.007			65.1			7.50	7.50		<0.1				
	29	0.00		0.003			56.3			7.40	7.40		<0.1				
	30	0.00		0.006			62.1			7.70	7.70		<0.1				
	31	0.00		0.007			69.1			7.60	7.60		<0.1				
		Total Precip.		Monthly Average		Monthly Maximum Influent	Effluent	Minimum	Maximum	Minimum	Maximum	Monthly Maximum	Monthly Maximum	30 day flow-weighted avg (1) inf.(mg/l)	eff.(mg/l)	30 day flow-weighted avg (1) inf.(mg/l)	eff.(mg/l)
		0.00		**0.007**			**70**			**7.0**	**8.0**		**0.0**	**292**	**3.7**	**190**	**10.2**
														%Rem.->	**99**	%Rem.->	**95**
			Max:	**0.014**													
													30 Day Average Quantity Loading (1)	**0.25**	lbs/day	**0.68**	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

(2) If Temperature is measured more than once a day, report the average for the day

NOTE: Refer to current SPDES permit for specific monitoring requirements. Sample type for temperature, PH and settleable solids is grab

FACILITY MAILING ADDRESS (Street, City, Zip Code)	TELEPHONE NUMBER	CHIEF OPERTATOR'S NAME	CERTIFICATION GRADE
		Leslie A Coon Jr	3A

DAY	DATE	TOTAL PHOSPHORUS(mg/l) Influent Type	TOTAL PHOSPHORUS(mg/l) Effluent Type	Ultraviolet Contact Minimum	Ultraviolet Effluent Maximum	FECAL COLIFORM Effluent MF or MPN/100ml	REMARKS Enter any other comments, observations, operating problems, equipment failures, etc.
	1			0.0	0.0		
	2			0.0	0.0		
	3			0.0	0.0		
	4			0.0	0.0	> 2419.6	
	5			0.0	0.0		
	6			0.0	0.0		
	7			0.0	0.0		
	8			0.0	0.0		
	9			0.0	0.0		
	10			0.0	0.0		
	11			0.0	0.0		
	12			0.0	0.0		
	13			0.0	0.0		
	14			0.0	0.0		
	15			0.0	0.0		
	16			0.0	0.0		
	17			0.0	0.0		
	18			0.0	0.0		
	19			0.0	0.0	2	
	20			0.0	0.0		
	21			0.0	0.0		
	22			0.0	0.0		
	23			0.0	0.0		
	24			0.0	0.0		
	25			0.0	0.0		
	26			0.0	0.0		
	27			0.0	0.0		
	28			0.0	0.0		
	29			0.0	0.0		
	30			0.0	0.0		
	31			0.0	0.0		

30 day flow-weighted avg mean(1) Influent mg/l	30 day flow-weighted avg mean(1) Effluent mg/l	Monthly Minimum(1)	Monthly Maximum(1)	30 day geometric mean(1)
		0.0	**0.0**	> **70**

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

										Fixed Media Process Control			Activated Sludge Process Control			
		NH3		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)
Day	Date	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				9.1											
	2				8.8											
	3				7.3											
	4		0.297		9.1											
	5				9.2											
	6				9.1											
	7				9.0											
	8				9.2											
	9				7.5											
	10				10.2											
	11				9.7											
	12				13.4											
	13				9.5											
	14				9.2											
	15				9.8											
	16				12.4											
	17				13.7											
	18				8.8											
	19		0.468		8.8		1.96		14.37							
	20				9.2											
	21				8.9											
	22				9.0											
	23				9.7\											
	24				10.0											
	25				10.6											
	26				9.2											
	27				11.2											
	28				10.2											
	29				10.5											
	30				11.3											
	31				10.1											
Min:					**7.3**											
30 Day Average																
Quantity																
Loading (1)		lbs/day		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

Effect on Receiving Stream

Name of Receiving Stream						
Shanty Hollow Creek						
Date		Station		Parameter	Result	

TRUCKED WASTE RECEIVED THIS MONTH

1- Septage, holding tank waste and portable toilet waste

Total Max day

Volume (Gal.)

2- All other wastes

Total Max day

3- Number of Part 364 haulers currently approved to transport wastes to this POTW

a.Septage,etc

b. All others

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

a.	gallons
b.	gallons
c.	Gallons
d.	lbs.
e.	Gallons
f.	Gallons

Amount of ecectrical 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	#REF!
b. solid content	
c. Volitile Solids Content	
d. Disposal Site:	Superior Sanitation

Other Solid Wastes:

a. Screenings	
b. Grit	
c. Ashes	
d.	
e.	
f.	
g. Disposal Site	

Digester Gas Wasted

Labor expended:

POSITION NAME	NUMBER FULL TIME	NUMBER PART TIME	TOTAL HOURS
Operator			

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

Leslie A Coon Jr.

Signature of Chief Operator or Designated Facility Representative Date

SECTION 1

New York State Department of Enviromental 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: 12/12/2025 **Location (Outfall, Treatment Unit, or Pump Station):** EQ Tank
Description of noncompliance(s) and cause(s):
EQ Tank overflowed onto the ground due to reduced flow through EQ Feed line that possibly had zooglieal fim build up inside the piping

Has event ceased? Yes **If so, when?** 12/12/2025 **Was event due to plant upset?** No **SPDES limits violation** NO
Start date, time of event: _____ , _____ (AM)(PM) **End date, time of event:** _____ _____ (AM)(PM)
Date notification made to DEC? 12/12/25 _____ , _____ (AM)(PM) **DEC Official contacted:** Vijay Gandhi
Immediate corrective actions:
Check and inspect pump for clogs, none visible upon restart and flow calibration pump was working as intended

Preventive (long term) corrective actions:
Regular bucket tests to verify flow rate.

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.

Forms by EnviroWin (312-244-1900)

SECTION 4

Facility Representative Leslie A Coon Jr **Title:** Sr. Area Manager **Date:** 12/15/2025

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

3506-101 (12/93)