

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF: February 2020

SPDES PERMIT NO.

FACILITY NAME

FACILITY OWNER

FACILITY LOCATION

NY-0271420**Village of Red Hook****same****Red Hook, NY**

DAY	DATE	Daily Precip. in/day	VOLUME OF SEWAGE TREATED			TEMPERATURE (°F)		pH (S.U.)				Settleable Solids (mg/l)		C.B.O.D.5. (mg/l)		Suspended Solids(mg/l)					
			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			0.011			54.5			7.51	7.51		<0.1								
	2			0.004			60.8			7.38	7.38		<0.1								
	3			0.011			59			7.36	7.36		<0.1								
	4			0.007			58.1			7.31	7.31		<0.1								
	5			0.011			56.1			7.75	7.75		<0.1	160	5.3	268	5.3				
	6			0.007			58.82			7.47	7.47		<0.1								
	7			0.006			57.56			7.37	7.37		<0.1								
	8			0.008			59.9			7.44	7.44		<0.1								
	9			0.006			57.02			7.32	7.32		<0.1								
	10			0.007			58.28			7.24	7.24		<0.1								
	11			0.006			58.6			7.00	7.00		<0.1								
	12			0.002			61.7			6.93	6.93		<0.1								
	13			0.011			59.54			6.94	6.94		<0.1								
	14			0.008			61.52			7.17	7.17		<0.1								
	15			0.012			62.6			7.26	7.26		<0.1								
	16			0.005			59.36			7.22	7.22		<0.1								
	17			0.008			59			6.93	6.93		<0.1								
	18			0.003			54.3			7.31	7.31		<0.1								
	19			0.005			55.4			7.37	7.37		<0.1	103	2.0	132	4.0				
	20			0.010			46.94			7.53	7.53		<0.1								
	21			0.008			59			7.43	7.43		<0.1								
	22			0.005			62.2			7.20	7.20		<0.1								
	23			0.009			57.7			7.50	7.50		<0.1								
	24			0.011			58.8			7.46	7.46		<0.1								
	25			0.006			64.04			7.63	7.63		<0.1								
	26			0.003			53.9			7.83	7.83		<0.1								
	27			0.009			56.12			7.46	7.46		<0.1								
	28			0.006			58.1			7.34	7.34		<0.1								
	29																				
	30																				
	31																				
Total Precip. 0.00			Monthly Average 0.007			Monthly Maximum Influent Effluent		Minimum Maximum		Monthly 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)					
						64				6.9 7.8			<0.1	160 5.3	268 5.3						
														%Rem.-> 97	%Rem.-> 98						
Max:				0.012												30 Day Average Quantity Loading (1)		0.34	lbs/day	0.34	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 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			46.3	100.0				
	2			49.3	100.0				
	3			49.3	100.0				
	4			99.7	100.0				
	5			100.0	152.0	<1.0			
	6			71.8	100.0				
	7			55.0	100.0				
	8			60.7	100.0				
	9			62.3	100.0				
	10			57.5	100.0				
	11			41.7	100.0				
	12			67.3	100.0				
	13			58.8	100.0				
	14			63.0	100.0				
	15			60.6	100.0				
	16			65.4	100.0				
	17			59.8	100.0				
	18			58.7	100.0				
	19			70.4	100.0	<1.0			
	20			100.0	113.1				
	21			74.8	100.0				
	22			79.0	100.0				
	23			79.3	100.0				
	24			39.5	100.0				
	25			40.8	100.0				
	26			65.0	100.0				
	27			31.0	100.0				
	28			35.5	100.0				
	29								
	30								
	31								
		30 day flow-weighted avg mean(1) Influent mg/l Effluent mg/l		Monthly Minimum(1) Maximum(1)		30 day geometric mean(1)			
				31.0 152.0		<1.0			
		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		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				12.1											
	2				12.8											
	3				11.8											
	4				12.3											
	5		0.062		11.8		15.7		78.60							
	6				11.5											
	7				11.9											
	8				12.7											
	9				12.0											
	10				11.8											
	11				11.5											
	12				9.2											
	13				12.7											
	14				12.7											
	15				12.0											
	16				11.9											
	17				10.6											
	18				10.8											
	19		0.24		10.0		3.0		16.5							
	20				11.2											
	21				11.5											
	22				11.6											
	23				11.2											
	24				11.7											
	25				11.2											
	26				12.3											
	27				11.4											
	28				11.9											
	29															
	30															
	31															
Min:					9.2			MAX:	78.6							
30 Day Average Quantity			0.24													
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

[illegible]**TRUCKED WASTE RECEIVED THIS MONTH**

- | 1- | Septage, holding tank waste and portable toilet waste | | |
|----|---|--|---------|
| | Total | | Max day |

Volume (Gal.)

- | Volume (Gallons) | | Weight (Pounds) | |
|---------------------|-------|-----------------|---------|
| | Total | | Max day |
| 1- All other wastes | | | |
| 2- All other wastes | | | |

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

a. Septage, etc

b. All others

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

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 _____
b. solid content _____
c. Volatile 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:

[illegible]

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 _____