MONTHLY REPORT OF OPERATION
SEQUENCING BATCH REACTOR
WASTEWATER TREATMENT PLANT

State Form 53339 (R2 / 3-14)

Name of Facility			Permit Number
Month	Year	Plant Design Flow mgd	Telephone Number
E-mail address:			
Certified Operator: Name	Class	Certificate Number	Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Chlorine - Lbs	Lbs or Gal	Lbs or Gal	RAW SEWAGE: Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
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No. of Data																		

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator):	Date *(month, day, year)*
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)	Date *(month, day, year)*

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Name of Facility	Permit Number	For Month Of:	Year

Day Of Month	Temperature in Reactors	REACTOR # 1				REACTOR # 2				REACTOR # 3				FINAL EFFLUENT						
		Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

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Name of Facility	Permit Number	For Month Of:	Year

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
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MONTHLY REMOVAL SUMMARY				
	BOD5	S.S.	Ammonia	Phosphorus
Percent Removal				

Total Monthly Flow:
(million gallons)

Percent Capacity
(actual flow/design)

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Name of Facility	Permit Number	For Month Of:	Year

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION													
			Anaerobic Only													
		Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000				
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Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251