



**MONTHLY REPORT OF OPERATION
PACKAGE TYPE WASTEWATER
TREATMENT PLANTS LESS THAN 0.05 MGD**

State Form 53344 (R / 3-14)

Name of Facility		Permit Number		Phone Number:	
Certified Operator: Name		Class	Certificate Number	Expiration Date	
Month:		Year		Treatment Plant design flow: _____ mgd	
E-mail Address:					

General Information				Bypasses/ Overflows		Raw Wastewater								Aeration Tank					Final Effluent									
Day of the Month	Day of the Week	Man Hours	Precip. - Inches	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate If Metered (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	30 Minute Settling	MLSS	Sludge Vol. Index (SVI) - ml/gm	D.O.	Temperature	WAS Gal.	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)	
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Average																												
Maximum																												
Minimum																												
Total		0	0	0	0	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)							
Sludge Hauled Off Site (Gal):												Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)					Date (month, day, year)											

Name of Facility: _____ Month/Year: _____

Total Monthly Flow _____ mg Percent Capacity _____
(average flow / design)

MONTHLY REMOVAL SUMMARY				
	BOD5	S.S.	Ammonia	Phosphorus
Percent Removal				

Day of the Month	Final Effluent								
	D.O. (mg/l)	Residual Chlorine (mg/l) - Contact	Residual Chlorine (mg/l) - Final	E. Coli colony/100 ml	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	
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Avg									
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Enter Comments Below:

Send by 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