



**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD**

State Form 53463 (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			RAW SEWAGE									
							Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	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		
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			
27																			
28																			
29																			
30																			
31																			
Average																			
Maximum																			
Minimum																			
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)

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD**

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
------------------	---------------	---------------	------

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR				RETURN SLUDGE			CBOD5 - mg/l	Susp. Solids - 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
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg.																		
Max.																		
Min.																		
Data																		

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD**

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
------------------	---------------	---------------	------

		FINAL EFFLUENT															
Day Of Month	Day of Week	Flow		BOD				Total Suspended Solids				Ammonia				Other	
		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	Oil & Grease (mg/l)	
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	
Avg																	
Max																	
Min																	
Data																	

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons)
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	Percent Capacity (actual flow/design)
Primary Treatment					
Secondary Treatment					
Tertiary Treatment					
Overall Treatment					

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD**

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
------------------	---------------	---------------	------

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			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		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Avg.														
Max.														
Min.														
Data														

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