Monthly Report of Operation Lagoon Type Wastewater Treatment Plant

State Form 53343 (R / 1-12)

Name of Facility			Permit Number
Month	Year	Plant Design Flow	Telephone Number
Facility's e-mail address (if available):			
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)	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	
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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.

Signature of Certified Operator	Date (*month, day, year*)
Signature of principal executive officer or authorized agent	Date (*month, day, year*)

Monthly Report of Operation
Lagoon Type Wastewater
Treatment Plant

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Name of Facility	Permit Number	For Month Of:	Year

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized age	Date (month, day, year)

Day Of Month	CONTROLLED DISCHARGE								TERTIARY INFLUENT		FINAL EFFLUENT						
	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)	Primary Cell Sludge Depth (ft) Measure Annually in June			Primary Cell Effluent CBOD5 mg/l - Test Monthly	Ammonia - mg/l Test Weekly		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

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized age	Date (month, day, year)

	FINAL EFFLUENT															
	Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	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				
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus
Overall Treatment				

Total Monthly Flow: (million gallons)	
Influent:	
Effluent:	
Percent Capacity (influent flow/design)	