Instructions For Monthly Report of Operation — Package Type Wastewater Treatment Plants (less than 0.05 mgd)
State Form 53334 (8-07)

The standard "Activated Sludge Monthly Report of Operation" in Excel is a more fully functional program. It will calculate weekly averages for you and is generally recommended in place of this form.

Please direct questions or comments to Don Daily at 317/234-2579 or 800/451-6027 extension 4-2579, or by e-mail to ddaily@idem.IN.gov .

Note "MRO" tab at bottom of page.
After entering the general information (name, permit #, etc.), save a copy (blank).
Note that your phone number and e-mail address (if available) for questions regarding the data are to be entered at the bottom of page 2.

Once you've begun entering data for a month, save that file version under a new name (for example Dec-05) so that you still have the blank version for future months.

Entering the year and the number of the month allows the program to insert the names of the month and the days.

"Freeze Panes" has been used to keep row and column labels visible as you scroll.
This feature can be turned off by selecting "Unfreeze Panes" under the Window menu selection.

Do not use the space bar to remove data. This inserts a space character which may cause problems.
Instead, use the delete key.

Simply type in a column heading to use the blank column.
If you are testing for TBOD rather than CBOD, please make that correction to the column headings.

E. Coli - The formula in the "average" box actually calculates the geometric mean. The program converts "TNTC" to 63,200 and converts "0" to "1" when calculating the monthly geometric mean.

Round off the calculated numbers as appropriate when transferring the information to your DMR.

As with any important computer file, you should save a backup copy to a floppy disk or other location on a regular basis.

Cells containing formulas are "locked" to prevent accidental modification.
Should you find it necessary to remove the cell protection, the password is: mro

Monthly Report of Operation

Package Type Wastewater
Treatment Plants Less Than 0.05 mgd

State Form 53344 (8-07)

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

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)
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																											
Average																											
Maximum																											
Minimum																											
Total		0	0	0	0																						

Sludge Hauled Off Site (Gal):

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*)

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)	
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									
Avg									
Max									
Min									

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

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