

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF APRIL 2018

SPEDES PRMIT NO. **NY-0098868** FACILITY NAME **Taconic DDSO** FACILITY OWNER **NYS Office for People with Develpmental Disabilities** FACILITY LOCATION **Wassaic, NY**

DAY	DATE	VOLUME OF SEWAGE TREATED				TEMPERATURE (oF.)		pH (S.U.)				Settleable Solids (ml/l)		B.O. D 5 (mg/l)		Suspended Solids(mg/l)	
		Daily Precip.	Inst.Max.	Dly Average.	Inst.Min.	Influent	Effluent	Influent	Influent	Effluent	Effluent	Influent	Effluent	Influent	Effluent	Influent	Effluent
		in/day		M/G.P.D.				Minimum	Maximum	Minimum	Maximum	Maximum	Maximum	Type	Type	Type	Type
1				0.000		46.1			8.2			<0.1					
2				0.000		46.5			6.8			<0.1					
3				0.000		46.4			7.2			<0.1					
4				0.000		46.3			7.3			<0.1					
5				0.000		46.5			7.2			<0.1					
6				0.000		46.9			6.9			<0.1					
7				0.000		46.9			6.8			<0.1					
8				0.000		47.9			7.5			<0.1					
9				0.000		48			7.7			<0.1					
10				0.000		48.2			7.9			<0.1					
11				0.000		47.7			8.2			<0.1					
12				0.000		47.4			7.0			<0.1					
13				0.000		47.9			7.2			<0.1					
14				0.000		47.9			7.5			<0.1					
15				0.000		48.2			7.9			<0.1					
16				0.000		48.9			8.2			<0.1					
17				0.000		48.7			7.2			<0.1					
18				0.000		49.2			7.6			<0.1					
19				0.000		49.4			8.5			<0.1					
20				0.000		53.9			6.8			<0.1					
21				0.000		55.6			7.8			<0.1					
22				0.000		55.9			7.8			<0.1					
23				0.000		56.7			8.0			<0.1					
24				0.000		57.6			8.2			<0.1					
25				0.000		56.3			7.9			<0.1					
26				0.000		57			8.1			<0.1	<6.0		3.2		
27				0.000		56.3			8.0			<0.1					
28				0.000		57.7			8.1			<0.1					
29				0.000		57.6			7.8			<0.1					
30				0.000		58.1			8.4			<0.1					
31																	

	Precip.	Average	Influent	Effluent	Minimum	Maximum	Minimum	Maximum	Monthly	Monthly	30 day flow-weighted avg (1)		30 day flow-weighted avg (1)	
		0.000						0.0	0.0	<0.1	inf.(mg/l)	eff.(mg/l)	inf.(mg/l)	eff.(mg/l)
											#DIV/0!	3.2	#DIV/0!	#DIV/0!
											%Rem.->	#DIV/0!	%Rem.->	#DIV/0!
									30 Day Average					
									Quantity Loading (1)		#DIV/0!	lbs/day	#DIV/0!	lbs/day

(1) Refer to January 1994 edition of DMR Manual for completing the Discharge Monitoring Report for the national Pollutant Discharge Elimination System (NPDES) for procedures to calculate loadings, arithmetic mean, geometric Mean, maximum, minimum, percent removal, etc
 (2) If Temperature is measured more than once a day, report the average for the day
 NOTE: Refer to current SPDES permit for specific monitoring requirements. Sample type for temperature, PH and settleable solids is grab

26 Center Circle, Wassaic, NY 12592				(845)421-1445				Jonathan Rice				2A	
		TOTAL PHOSPHORUS(mg/l)		CHLORINE RESIDUAL		FECAL COLIFORM							
DAY	DATE	Influent	Effluent	Effluent mg/l		Effluent				REMARKS			
		Type	Type	Minimum	Maximum	MF or MPN/100ml		Enter any other comments, observations, operating problems, equipment failures, etc.					
0	1									4/27/18 Boiler Blowdown Results:pH-7.95; Temp-63 F; TSS-<4.27			
0	2												
0	3												
0	4												
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		30 day flow-weighted avg mean(1)		Monthly		30 day geometric mean(1)							
		Influent mg/l	Effluent mg/l	Minimum(1)	Maximum(1)								
		#DIV/0!	#DIV/0!	0.0	0.0	< #NUM!							
		lbs/day											
		#DIV/0!	#DIV/0!										

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NOTE: Refer to current SPDES permit for specific monitoring requirements. Sample type for temperature, PH and settleable solids is grab

Fixed Media	Activated Sludge
Process Control	Process Control
Recirculation	Media effluent
Mixed Liquor	Settleable Sludge
	Return Act.
	Waste Act.

Day	Date	NH3 (mg/l)		T.K.N. (mg/l)		U.O.D. (mg/l)		D.O. (mg/l)		Rate	settleable solids	S.S. (MLSS)	Volume (SSV) ml/l		Sludge (RAS)	Sludge (WAS)
		Influent	Effluent	Influent	Effluent	Influent	Effluent	Influent	Effluent	M.G.D	m/l	mg/l	5 Minutes	30 minutes	M.G.D.	lbs/day
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0	31															
30 day																
arithmetic																
mean (1)																
30 Day Average																
Quantity		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!							
Loading (1)		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!							

(1) Refer to January 1994 edition of DMR Manual for completing the Discharge Monitoring Report for the national Pollutant Discharge Elimination System (NPDES) for procedures to calculate loadings, arithmetic mean, geometric Mean, maximum, minimum, percent removal, etc

Effect on Receiving Stream																
Name of Receiving Stream										Name and amount of chemicals used in treatment process					Sludge removal from plant:	
										during month:				a. amount		
										a. Chlorine				b. solid content		

SECTION 1

New York State Department of Environmental Conservation
Division of Water

Report Noncompliance Event

To: DEC Water Contact

Report Type: _____ Permit Violation Order Violation _____ Anticipated Noncompliance _____ Bypass/Overflow

SECTION 2

SPDES #: NY-0098868

Facility: Taconic DDSO

Date of noncompliance: 5/10/2018

Location (Outfall, Treatment Unit, or Pump Station): _____

Description of noncompliance(s) and cause(s):

Failure to meet pH limit on boiler blowdown, cause is unknown

Has event ceased? Yes _____ If so, when? 5/11/2018 _____ Was event due to plant upset? No _____ SPDES limits violation YES _____
Start date, time of event: _____ (AM)(PM) End date, time of event: _____ (AM)(PM)
Date, time oral notification made to DEC? _____ (AM)(PM) DEC Official contacted: _____

Immediate corrective actions: _____

Preventive (long term) corrective actions: _____

SECTION 3

Complete this section if event was a bypass:

Bypass amount: _____ Was prior DEC authorization received for this event? (Yes)(No) _____
DEC Official contacted: _____ Date of DEC approval: _____

Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

Forms by EnviroWin (312-244-1900)

SECTION 4

Facility Representative Jonathan Rice _____ Title: Manager Date: 6/26/2018

Phone #: 845-421-1445 _____ Fax #: 845-888-0650 _____

3506-101 (12/93)

SECTION 1

New York State Department of Environmental Conservation
Division of Water

Report Noncompliance Event

To: DEC Water Contact

Report Type: _____ Permit Violation Order Violation _____ Anticipated Noncompliance _____ Bypass/Overflow

SECTION 2

SPDES #: NY-0098868

Facility: Taconic DDSO

Date of noncompliance: 6/5/2018

Location (Outfall, Treatment Unit, or Pump Station): _____

Description of noncompliance(s) and cause(s):

Failure to meet pH limit on boiler blowdown, cause is unknown

Has event ceased? Yes _____ If so, when? 6/6/2018 _____ Was event due to plant upset? No _____ SPDES limits violation YES _____
Start date, time of event: _____ (AM)(PM) End date, time of event: _____ (AM)(PM)
Date, time oral notification made to DEC? _____ (AM)(PM) DEC Official contacted: _____

Immediate corrective actions: _____

Preventive (long term) corrective actions: _____

SECTION 3

Complete this section if event was a bypass:

Bypass amount: _____ Was prior DEC authorization received for this event? (Yes)(No) _____
DEC Official contacted: _____ Date of DEC approval: _____

Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

Forms by EnviroWin (312-244-1900)

SECTION 4

Facility Representative Jonathan Rice _____ Title: Manager Date: 7/26/2018

Phone #: 845-421-1445 _____ Fax #: 845-888-0650 _____