92-15-7	' (11/95)	27c					New	York State D	•		ental Consei	rvation	1				Page 1 of 4
									Division	of Water							
WAS	TEWA	TER FACIL	ITY OPER	ATION REI		THE MON	ITH OF AF	RIL 2018									
SPEDE	ES PRMI	PRMIT NO. FACILITY NAME FACILITY OWNER								FACILITY	LOCATION						
NY-00	98868			Taconi	c DDSO			NYS Office for	or People with	n Develpment	tal Disabilities	5			Wassaic, NY		4
			VOLUME OF	SEWAGE TR	REATED	TEMPERA	TURE (oF.)		•	S.U.)			Solids (ml/l)	B.O. D	5 (mg/l)	Suspende	ed Solids(mg/l)
		Daily Precip.	Inst.Max.	Dly Average.	Inst.Min.	Influent	Effluent	Influent	Influent	Effluent	Effluent	Influent	Effluent	Influent	Effluent	Influent	Effluent
DAY	DATE	in/day		M/G.P.D.				Minimum	Maximum	Minimum	Maximum	Maximum	Maximum	Туре	Туре	Туре	Туре
	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																
						ļ				1		Monthly	Monthly		eighted avg (1)		weighted avg (1)
		Precip.		Average		Influent	Effluent	Minimum	Maximum	Minimum	Maximum	Maximum	Maximum	inf.(mg/l)	eff.(mg/l)	inf.(mg/l)	eff.(mg/l)
				0.000							0.0	0.0	<0.1	#DIV/0!	3.2	#DIV/0!	#DIV/0!
														%Rem>	#DIV/0!	%Rem>	#DIV/0!
												30 Day Av	•				
(1) D-4	sto lere:	n: 1004 c - 111	DMD Marriel f	completion the D	aabarraa Marrit	a Donort for th	national D-lles	Discharge El'	inction Surtan (duron to anter the	Quantity Loa	• • •	#DIV/0!	lbs/day	#DIV/0!	lbs/day
1) Rete	r to Janual	ry 1994 edition of removal, etc	UNK Manual for o	completing the Di	scharge Monitorii	ig Report for the	national Pollutan	t uiscnarge Elimi	ination System (N	PDES) for proce	edures to calculat	e ioadings, arithm	etic mean, geome	etric Mean, maximu	n,		1
	Refer to cu	removal, etc is measured more irrent SPDES perm	nit for specific mo	nitoring requireme	ents. Sample type	e for temperature,	PH and settleab	le solids is grab									
																	Page 2 of 4
FACI	LITY MAI	ILING ADDRES	SS (Street, City,	, Zip Code)		TELEPHON	E NUMBER		CHIEF OPE	RTATOR'S N	AME				CERTIFICATI	ON GRADE	+

26 Center Circle, Wassaic, NY 12592				845)421-1445 Jonathan Rice 2A						2A					
	TOTAL PHOSPHO		CHLORINE			COLIFORM									
	Influent	Effluent	Effluer			luent				REMARKS					
DAY DATE	Туре	Туре	Minimum	Maximum	MF or I	MPN/100ml			Enter any other comments, ob						
0 1									4/27/18	Boiler Blowdov	vn Results:pH-	7.95; Temp-63 F;	TSS-<4.27		
0 2															
2															
0															
0 4															
0 5															
0 6															
0 7															
0															
0															
0 9															
0 10															
0 11															
40										1					
															-
0 13															
0 14															
0 15															
0 16															
47															
0															
0 18															
0 19															
0 20															
04															
0															
0 22															
0 23															
0 24															
0 25															
0															
0															
0 27															
0 28															
0 29															
20										ų.	I.				
0															
0				and the											
30) day flow-weighte				30 day geom	etric mean(1)									
	Influent mg/l		Minimum(1)	Maximum(1)											
	#DIV/0!	#DIV/0!			<	#NUM!									
			0.0	0.0											
	lbs/d	day													
	#DIV/0!	#DIV/0!													
(1) Refer to Januar	v 1994 edition of <i>L</i>		completing the Dis	charge Monitorir	ng Report for the	national Pollutan	t Discharge Elimi	nation System (N	PDES) for procedures to calculat	te loadings, arithm	etic mean, geom	etric Mean, maximum	۱,		
minimum, percent r NOTE: Refer to cur	removal, etc														
	none of DES permi	it for apecine mon	itoring requireme	nto. Gample type	ion temperature,	i i anu semeat									Page 3 of 4
							+		Fixed Media Process Control	-		Activated Sludge Process Control			
									Recirculation Media effluent	Mixed Liquor		ble Sludge	Return Act.	Waste Act.	

		NH3 (mg/l)	T.K.N.	(mg/l)	U.O.D	. (mg/l)	D.O.	(mg/l)	Rate	settleable solids	S.S. (MLSS)	Volume	e (SSV) ml/l	Sludge (RAS)	Sludge (WAS)	
Day	Date	Influent	Effluent	Influent	Effluent	Influent	Effluent	Influent	Effluent	M.G.D	ml/l	mg/l	5 Minutes	30 minutes	M.G.D.	lbs/day	
0	1																
0	2																
0	3																
0	4																
0	5																
	6																
0	7																
0	8																
0	9																
0																	
0	10																
0	11																
0	12																
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0	25																
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0	20																
0	27																
0																	
0	29																
0	30																
0	31																
30 day arithme	tic																
mean (*																	
	Average																
Quantity		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!								
Loading		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!								
(1) Pofer	to Januar										edures to colculate		tic mean goom	etric Mean, maximum			
minimum	io Januar i, percent i	ry 1994 edition of L removal, etc	nvirt ivianual tor c	ompleang the Dis	scharge Monitorin	iy rtepuit for the	nauonai Pollutan	L DISCHAIGE EIIMI	auon system (N	IF DES/ TOT Proc	equies to calculate	e ioauings, arithm	euc mean, geome	end wean, maximum	l,		
																	Page 4 of 4
Effec	t on R	eceiving St	ream					Name and arr	nount of chemi	icals used in t	reatment proce	SS		Sludge removal	from plant:		
Name c	of Receiv	ving Stream						during month:						a. amount			
								a. Chlorine				GALS.		b. solid content			

							lbs.	c	c. Volitile Solisd C	Content	
Date	Station	Parameter	Result	Soda Ash			Lbs.	c	d. Disposal Site:		
							LITERS				
				e.			lbs.		EARTHCARE		
				f.			lbs.				
				Amount o	electrical pow	er consumed:		(Other Solid Wast	es:	
				a. Comme	ercial		kilowatt hours	s a	a. Screenings	CU/FT	
				b. Stand-	by		kilowatt hours		o. Grit	CU/FT	
								c	c. Ashes		
				Amount o	fuel consume	d:			d.		
				a. Natural			cubic feet	e	Э.		
				b. Oil			gallons	f			
				c. Gasolin	e		gallons		g. Disposal Site		
				d. Coal.			tons				
				e. Digeste	r Gas		cubic feet				
				f. propane			gallons	[Digester Gas Wa	sted	
									_		
				Labor exp	ended:						
	TRUCKED WASTE RE	CEIVED THIS	S MONTH			POSITION NAM	E	NUMBER	FULL TIME	NUMBER PART TIM	E TOTAL HOURS
1- Septa	ge, holding tank waste and										
portal	ole toilet waste										
	Total	Max	k day			OPERATOR				1	20
						LABORER				1	4
Volume (Gal.											
2- All oth	ner wastes										
	Total	Ma	x day								
3- Numb	per of Part 364 haulers currently										
appro	ved to transport wastes to this										
POTV	V										
										1	
a.Septage,et											
				l hereby a	ffirm under per	alty of perjury that	information provided on this	form is true to	the best of my kr	nowledge and belief. Fals	e statements
b. All others				made her	ein are punisha	ble as a Class A n	nisdemeanor pursuant to Sec	ction 210.45 of	the Penal Law.		
										5/25/2)18
				Signature	of Chief Opera	tor or Designated	Facility Representative			Date	

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SECTION 1			
	<u>New York State Department of Envi</u> Division of Wat		
	Report Noncomplian	ce Event	
To: DEC Water Contact	<u>-roport noncomplian</u>		
Report Type: Permit Violation	X Order Violation	Anticipated Noncomplianc	Bypass/Overflow
SECTION 2			
SPDES #:NY-0098868	Facility: Taconic DDSO		
Date of noncompliance: <u>5/10/2018</u> Description of noncompliance(s) and cause(s):		nent Unit, or Pump Station): n boiler blowdown, cause is unknown	
Has event ceased? Yes If so, when? Start date, time of event: Date, time oral notification made to DEC? Immediate corrective actions:		nt due to plant upset? No End date, time of event: (AM)(PM) DEC Official contacted:	SPDES limits violation YES (AM)(PM)
Preventive (long term) corrective actions:			
SECTION 3			
Complete this section if event was a bypass:			
Bypass amount: DEC Official contacted:	Was proir DEC authorization	received for this event? (Yes)(No)	
Describe event in "Description of noncompliance and cause	se" area in Section 2. Detail the start	and end dates and times in Section 2 also.	
			Forms by EnviroWin (312-244-1900)
SECTION 4			
SECTION 4 Facility Representative Jonathan Rice		Title: Manager Date: 6/26/201	

3506-101 (12/93)

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SECTION 1			
	<u>New York State Department of Er</u> Division of W		
	Report Noncomplia	ance Event	
To: DEC Water Contact Report Type: Permit Violat	ion <u>X</u> Order Violation	Anticipated Noncomplianc	Bypass/Overflow
SECTION 2			
SPDES #:NY-0098868 Date of noncompliance: <u>6/5/2018</u> Description of noncompliance(s) and cause(s):		atment Unit, or Pump Station): on boiler blowdown, cause is unknown	
Has event ceased? Yes If so, when? Start date, time of event: Date, time oral notification made to DEC? Immediate corrective actions:		vent due to plant upset? No /) End date, time of event: (AMI(PM) DEC Official contacted:	SPDES limits violation YES (AM)(PM)
Preventive (long term) corrective actions:			
SECTION 3 Complete this section if event was a bypass:			
Bypass amount: DEC Official contacted:	Was proir DEC authorizati Date of DEC approval:	on received for this event? (Yes)(No)	
Describe event in "Description of noncompliance and	cause" area in Section 2. Detail the sta	art 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 #: <u>845-421-</u>	1445	Fax #: 845-888-0650	

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