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PDR ADOCK 05000331
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STATE OF IOWA
DEPARTMENT OF WATER, AIR AND WASTE MANAGEMENT
ACTIVATED SLUDGE

OPERATION PERMIT SYSTEM MONTHLY MONITORING REPORT

FACILITY NAME Duane Arno H Energy Center
FACILITY NUMBER 5700104
DISCHARGE SERIAL NUMBER 002

CPB-69904 11/77

DATE	RAW SEWAGE										RAW SLUDGE		DIGESTER CONTENTS		DIGESTED SLUDGE		AERATION TANK 1		AERATION TANK 2		WASTE SLUDGE		FINAL EFFLUENT										RECEIVING STREAM FLOW-CFS											
	PRECIPITATION INCHES/DAY	TEMPERATURE OF	FLOW 1,000'S GPD	BY-PASSED 1,000'S GPD	pH	SETTLABLE SOLIDS ML/L	SUSPENDED SOLIDS MG/L	SUSPENDED SOLIDS LBS/DAY	BOD5 MG/L	BOD5 LBS/DAY	AMMONIA NITROGEN MG/L	100'S GALS. PUMPED	TOTAL SOLIDS #	VOLATILE SOLIDS %	TEMPERATURE OF	pH	VOLATILE ACIDS MG/L	ALKALINITY MG/L	TOTAL SOLIDS #	VOLATILE SOLIDS %	DISPOSAL VOLUME UNIT 100 GALS.	DISSOLVED OXYGEN MG/L	MIXED LIQUOR SETTLABLE SOLIDS ML/L	MIXED LIQUOR SUSPENDED SOLIDS MG/L	DISSOLVED OXYGEN MG/L	MIXED LIQUOR SETTLABLE SOLIDS ML/L	MIXED LIQUOR SUSPENDED SOLIDS MG/L	RETURN ACTIVATED SLUDGE 1,000'S GPD	WASTED ACTIVATED SLUDGE 1,000'S GPD	BOD5 MG/L	BOD5 LBS/DAY	SUSPENDED SOLIDS MG/L		SUSPENDED SOLIDS LBS/DAY	SETTLABLE SOLIDS ML/L	AMMONIA NITROGEN MG/L	AMMONIA NITROGEN LBS/DAY	DISSOLVED OXYGEN MG/L	pH	FECAL COLIFORM NO./100 ml	RESIDUAL CHLORINE MG/L			
1			26.1		8.6		520	87	432	72												1.6	3342					41	68	16	2.7							1.5	6.9	0				
2																					19																							
3																																												
4			8.66																																									
5			6.65																																									
6																																												
7																																												
8			16.7		8.4		130	18.1	271	37.7											1.6	3264						39	54	45	6.3							1.4	6.8	0				
9																					19																							
10			12.3																																									
11																																												
12			13.7																																									
13																																												
14																																												
15			11.0																																									
16			11.0		8.5		112	10.3	161	14.7											19	1.7	3170						22	2.0	19	1.7							1.4	6.8	0			
17																																												
18																																												
19			12.3																																									
20			16.7																																									
21																																												
22			13.7		8.6		250	32	222	35.4											1.7	3870							28	3.2	45	5.1							1.6	6.8	0			
23																																												
24			11.0																		19																							
25																																												
26			21.9																		19																							
27																																												
28																																												
29			11.0		8.6		180	16.5	120	11											1.6	3460							24	2.2	23	2.1							1.5	7.3	0			
30																					19																							
TOTAL			0																		114																							
AVG.			13.3				244	32.8	241	32.2											19	1.6	3425						31	3.9	29	3.6							1.5		0			
MAX.			21.9		8.6		520	87	432	72											19	1.7	3870						41	6.8	45	6.3							1.6	7.3	0			
MIN.			6.4		8.4																1.6																		1.4	6.8	0			
CODE	742	743	775	701	741	740	740	760	760	704	780									780									760	760	740	740	741	704	704	702	701	763	703					
CODE	000	000	001	000	000	000	000	000	000	000	000									001									001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001

INFLUENT 24 HOUR SAMPLE COLLECTION [000]

FLOW _____ MILLION GALLONS/DAY [74324]
BOD₅ _____ MG/L _____ LBS/DAY [76024]
SUSPENDED SOLIDS _____ MG/L _____ LBS/DAY [74024]
AMMONIA NITROGEN _____ MG/L _____ LBS/DAY [70424]

EFFLUENT 24 HOUR SAMPLE COLLECTION [000]

FECAL COLIFORM _____ ORGANISMS/100 ML [76324]
BOD₅ _____ MG/L _____ LBS/DAY [76024]
SUSPENDED SOLIDS _____ MG/L _____ LBS/DAY [74024]
AMMONIA NITROGEN _____ MG/L _____ LBS/DAY [70424]

SIGNATURE OF EXECUTIVE OFFICER OR AGENT

Contract Operator / A&T Consultants
TITLE

WAWM FORM 35-7 (Jul 1, 83)

(Replaces DEQ Form WQMD VII, which may be used)

FOLD HERE SECOND

FOLD HERE THIRD

FOURTH FOLD

STAPLE HERE

PLACE
STAMP
HERE

FOLD HERE FIRST

REMARKS:

IMPORTANT

MAKE SURE YOU HAVE CORRECTLY ENTERED FACILITY NAME, FACILITY NUMBER, DISCHARGE SERIAL NUMBER, AND REPORTING PERIOD.

MAKE SURE YOU HAVE CORRECTLY ENTERED ALL AVERAGES, MAXIMUMS, AND MINIMUMS.

ALL ENTRIES MUST BE LEGIBLE.

MAINTAIN A COPY OF THIS REPORT FOR YOUR RECORDS.

THIS REPORT MUST BE SUBMITTED TO THE DEPARTMENT OF WATER, AIR AND WASTE MANAGEMENT, BY THE 10TH DAY OF THE MONTH FOLLOWING THE MONTH BEING REPORTED.