

TENNESSEE DEPARTMENT OF PUBLIC HEALTH

DIVISION OF WATER QUALITY CONTROL

Report of Operation of Sewage Treatment Plant for JULY 19 87  
 (Month) (Year)  
 At SNP NEW SAND FILTER DAISY HAMILTON  
 (Name of Facility) (City) (County)  
 permit# (Name of Facility)  
TN0026450 DSN 112

DATE	TIME	WASTE FLOW GALLONS PER MIN.	INFLUENT		MIXED LIQUOR		EFFLUENT							
			BOD <sub>5</sub> (Mg/l)	SUSPENDED SOLIDS (Mg/l)	SUSPENDED SOLIDS (Mg/l)	1 LITER CYLINDER SETTLABLE SOLIDS (ML/l)	BOD <sub>5</sub> (Mg/l)	SUSPENDED SOLIDS (Mg/l)	IMHOFF CONE SETTLABLE SOLIDS (ML/l)	DISSOLVED OXYGEN (Mg/l)	CHLORINE RESIDUAL (Mg/l)	FECAL COLIFORM (Organisms/100 ml)	AMMONIA NITROGEN (Mg/l as N)	
1	1030	33500								40.1		0.7		55H
2	1030	27,100								40.1		0.7		55H
3	1030	19150								40.1		0.3		4H
4	1030	9575												
5	1030	9575												
6	1030	30700								40.1		1.0		55H
7	1030	36000					31	10		40.1		1.0	<10	55H
8	1030	25600								40.1		1.0		55H
9	1045	46300								40.1		1.0		55H
10	1215	37400								40.1		0.5		4H
11	1030	18700												
12	1030	18700												
13	1130	31200								<0.1		0.2		4H
14	1010	5900	Master Plug & cleaned							<0.1		0.2		4H
15	1120	32300								<0.1		0.2		4H
16	1120	34100					18	7		40.1		0.4	<10	4H
17	1045	31300								<0.1		0.5		4H
18	-	15650								-		-		-
19	-	15650								-		-		-
20	1025	28100								<0.1		0.4		55H
21	0957	31200								<0.1		0.2		55H
22	1024	28400								<0.1		0.5		55H
23	0955	36400								<0.1		0.4		55H
24	1200	48225								<0.1		0.2		4H
25	0900	24113								-		-		-
26	0900	24112								-		-		-
27	0842	7450								<0.1		0.4		55H
28	0830	19700								<0.1		0.5		55H
29	0810	26100								<0.1		0.5		55H
30	1255	30700								<0.1		0.5		55H
31	0900	21600								<0.1		0.6		55H
Total	x	821700					49	17		42.30		11.90	<20	
Ave.	x	26506					24.5	9.5		40.1		0.5	<10	
Max.	x	48225					31	10		40.1		1.0	<10	
Min.	x	25900					18	7		40.1		0.2	<10	

REMARKS:

8801130296 880104  
 PDR ADOCK 05000327  
 R PDR

SIGNED Jerry E. Pines To. Col. # 2069

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 6411 E. BRAINERD RD  
CHATTANOOGA, TENNESSEE 37421

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(17-19)

TN9026450  
PERMIT NUMBER

NEW SAND FILTER

Form Approved  
OMB No. 2040-0004  
Approval expires 12-31-87

MONITORING PERIOD		QUALITY OR CONCENTRATION	
FROM	TO	(18-45)	(16-31)
YEAR	MO	DAY	YEAR
87	07	01	31

NOTE: Read instructions before completing this form.

PAPAMETER (32-37)	QUANTITY OR LOADING (46-55)			QUALITY OR CONCENTRATION (34-61)			NO. EX. ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
50050 MGD FLOW-MGD	0.027	0.048	MGD	NONE	NONE	NONE	0	31/30 TOTLZ
00310 MG/L BOD-5 DAY	7.2	9.3	LB/DAY	18.0	24.5	31.0	1	5/7 INST
00530 MG/L RESIDUE-TCT NFLI	6.300	9.300	LB/DAY	NONE	30.00	45.00	0	2/30 GR
00545 ML/L SETT-SOLIDS	2.5	3.0	LB/DAY	7.0	8.5	10.0	0	2/30 GR
50060 MG/L CL2-RESIDUAL	6.300	9.300	LB/DAY	NONE	30.00	45.00	0	2/30 GR
31616 #/100ML FEC COLI-MF-MFC	NONE	NONE	LB/DAY	< 0.1	< 0.1	< 0.1	0	23/30 GR
	NONE	0.1	LB/DAY	NONE	NONE	1.000	0	2/7 GR
	NONE	NONE	LB/DAY	0.2	0.5	1.0	0	23/30 GR
	NONE	NONE	LB/DAY	NONE	NONE	2.000	0	5/7 GR
	NONE	NONE	LB/DAY	< 10.0	< 10.0	< 10.0	0	2/30 GR
	NONE	NONE	LB/DAY	NONE	NONE	1000.	0	2/30 GR
	NONE	NONE	LB/DAY	NONE	NONE	1000.	0	2/30 GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

RALPH H. BROOKS,  
DIRECTOR OF EGS

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THESE INDIVIDUALS, IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SERIOUS PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 38 U.S.C. § 1001 AND 38 U.S.C. § 1319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.

TELEPHONE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Ralph H. Brooks*  
615-356-6601  
AREA CODE NUMBER

DATE

87 10 07  
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)