



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
**OPERATIONAL MONITORING REPORT – MECHANICAL
 WASTEWATER FACILITY**

This report covers the period of:

GENERAL INFORMATION

FACILITY NAME _____

PERMIT NUMBER _____ COUNTY _____

MECHANICAL FACILITY OPERATIONAL CONTROL PARAMETERS

DATE	GENERAL				ACTIVATED SLUDGE			
	Flow	pH	Precipitation	Ambient Air Temperature	NFR (TSS)	Dissolved Oxygen	NFR (TSS)	Settleability
	<input type="checkbox"/> Influent <input type="checkbox"/> Effluent	Influent			Influent	Mixed Liquor	Mixed Liquor	Mixed Liquor
	MGD Daily	SU Daily	Inches Daily	°C Daily	mg/L Once/Week	mg/L Daily	mg/L Once/Week	ml/L Daily
1								
2								
3								
4								
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FACILITY NAME	PERMIT NUMBER
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MECHANICAL FACILITY OPERATIONAL CONTROL PARAMETERS (continued)

	ANAEROBIC DIGESTER		AEROBIC DIGESTER	OTHER (ex. Total Residual Chlorine)				
	pH	Temperature (if heated)	Dissolved Oxygen					
	DATE	SU Daily	°C Daily	mg/L Daily				
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2								
3								
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