

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM  
**OPERATIONAL MONITORING REPORT – MECHANICAL /  
 RECIRCULATING FILTER MEDIA BED WASTEWATER  
 FACILITY**

This report covers the period of:  
 \_\_\_\_\_

**GENERAL INFORMATION**

FACILITY NAME \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_ COUNTY \_\_\_\_\_

**MECHANICAL FACILITY OPERATIONAL CONTROL PARAMETERS**

DATE	GENERAL				ANAEROBIC DIGESTER		AEROBIC DIGESTER		
	Flow	pH	Precipitation	Temperature	pH	Temperature	Dissolved Oxygen	Dissolved Oxygen	Dissolved Oxygen
	<input type="checkbox"/> Influent <input type="checkbox"/> Effluent	Influent		Aeration Basin			Digester 1	Digester 2	Digester 3
	MGD	SU	Inches †	°C	SU	°C	mg/L	mg/L	mg/L
	Daily (M-F)	Daily (M-F)	Daily (M-F)	Daily (M-F)	Daily (M-F)	Daily (M-F)	Daily (M-F)	Daily (M-F)	Daily (M-F)
1			S / R						
2			S / R						
3			S / R						
4			S / R						
5			S / R						
6			S / R						
7			S / R						
8			S / R						
9			S / R						
10			S / R						
11			S / R						
12			S / R						
13			S / R						
14			S / R						
15			S / R						
16			S / R						
17			S / R						
18			S / R						
19			S / R						
20			S / R						
21			S / R						
22			S / R						
23			S / R						
24			S / R						
25			S / R						
26			S / R						
27			S / R						
28			S / R						
29			S / R						
30			S / R						
31			S / R						

† Indicate reported amount as snow (S) or rain (R)



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\_\_\_\_\_

FACILITY NAME

PERMIT NUMBER

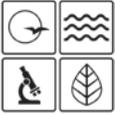
**MECHANICAL FACILITY OPERATIONAL CONTROL PARAMETERS (continued)**

ACTIVATED SLUDGE									
DATE	TSS	Dissolved Oxygen	TSS	Settleability	Temperature	Dissolved Oxygen	TSS	Settleability	TRC, UV, etc.
	Influent	Mixed Liquor	Mixed Liquor	Mixed Liquor	Basin	Mixed Liquor	Mixed Liquor	Mixed Liquor	Effluent
	mg/L	mg/L	mg/L	ml/L	°C	mg/L	mg/L	ml/L	
	Once/Week	Daily (M-F)	Once/Week	Daily (M-F)	Daily (M-F)	Daily (M-F)	Once/Week	Daily (M-F)	Daily (M-F)
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2									
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**CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME (TYPE OR PRINT)	OFFICIAL TITLE	TELEPHONE NUMBER WITH AREA CODE
SIGNATURE	DATE SIGNED	



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FACILITY**

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\_\_\_\_\_

FACILITY NAME	PERMIT NUMBER
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**MECHANICAL FACILITY OPERATIONAL CONTROL PARAMETERS (continued)**

DATE	TRC, UV, etc.	Pressure (Pump 1)	Pressure (Pump 2)	Pressure (Pump 3)	Pressure (Pump 4)	Pressure (Pump 5)	Pressure (Pump 6)	Pressure (Pump 7)	Pressure (Pump 8)	Pressure (Pump 9)	Pressure (Pump 10)
	Effluent	Feet									
	Daily (M-F)	Twice/Year									
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