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 AUG 04 2023
 JOHNSON CITY
 ENV. FIELD OFFICE

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
 DIVISION OF WATER RESOURCES
 DMR/MOR MONTHLY OPERATION REPORT FOR PACKAGE TREATMENT PLANTS

FACILITY Hampton Elementary School
 PERMITTEE Carter County Board of Education
 CITY Hampton

NPDES Permit Number TN0023698
 Month July 2023
 County Carter

Date	Time of Sampling	Wastewater Flow (gpd)	Influent			OPERATION TESTS									EFFLUENT				SLUDGE DISPOSAL			COMMENTS ABOUT OPERATION AND COMPLIANCE
			CBOD5 (mg/l)	Suspended Solids (mg/l)	MLSS (mg/l)	Mixed Liquor Settleable	Aer. Tank Dissolved Oxygen (mg/l)	Clar. Sludge Depth in Ft	CBOD5 (mg/l)	Susp. Solids (mg/l)	Settleable Solids Imhoff Cone	Dissolved Oxygen (mg/l)	Chlorine Residual (mg/l)	E. Coll. (org./100 ml)	Ammonia Nitrogen (mg/l)	pH, SU	Volume from Clarifier to Holding Tank (gal.)	Volume from Holding Tank to Final				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19				
1																			Summer Break No Discharge			
2																			No Discharge			
3																			No Discharge			
4																			No Discharge			
5																			No Discharge			
6																			No Discharge			
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28																			No Discharge			
29																			No Discharge			
30																			No Discharge			
31																			No Discharge			
Total		0							0.0	0					0	0.0000						
Permit Avg. Limit									25	30		6.0 Min.			126	5.00	6.0					
Act. Avg. Value	#DIV/0!								0.0	0.0		0.0			0	0.0000	0.0					
Permit Max. Limit									40	45	1.0		0.6		487	10.00	9.0					
Act. Max Value	0								0.0	0.0	0.0		0.00		0	0.0000	0.0					
Permit Freq. Of Anal.	5/wk	2/mo	2/mo	1/wk	5/wk	5/wk	5/wk	5/wk	2/mo	2/mo	2/wk	5/wk	5/wk	2/mo	2/mo	5/wk						
Act. Freq. Of Anal.	Cont.	2/mo	2/mo	1/wk	5/wk	5/wk	5/wk	5/wk	2/mo	2/mo	2/wk	5/wk	5/wk	2/mo	2/mo	5/wk						
Permit Sample Type	Inst.	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab					
Actual Sample Type	Meter	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab					
No. of Violations									0	0	0	0	0	0	0	0	0					

I certify that the submitted information is accurate and complete. I further certify that all sampling was performed in accordance with approved procedures and all analyses were performed in accordance with 40 CFR Part 136. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE OF OPERATOR [Signature] DATE August 3, 2023
 LICENSE NO. 1061 PHONE NO. 440-9189
 ANALYSES PERFORMED BY OUTSIDE LABORATORY TSS, CBOD, AMMONIA, E-COLI
 LABORATORY USED WAYPOINT ANALYTICAL LAB (TN 02027)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER [Signature] DATE 8/3/23