

JAN 08 2024

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER POLLUTION CONTROL

FACILITY Rae Alan Properties NPDES PERMIT NO SOP02043
PERMITTEE CJ Utilities MONTH Oct-Dec 2023
CITY Jacksboro COUNTY Campbell

MONTHLY OPERATION REPORT FOR PACKAGE TREATMENT PLANTS

| | | | | | | | | | | | | | | | | | | | COMMENTS ABOUT OPERATION AND COMPLIANCE |
|---------------------|------|-------------------------|-------------|----------------------|-------------------|----------|------|-------------------------|-------------|----------------------|-------------------|----------|------|-------------------------|-------------|----------------------|-------------------|--|--|
| October | TIME | FLOW ave. Daily flow | BOD mg/l | AMMONIA as N mg/l | E. COLI /100ml | November | TIME | FLOW ave. Daily flow | BOD mg/l | AMMONIA as N mg/l | E. COLI /100ml | December | TIME | FLOW ave. Daily flow | BOD mg/l | AMMONIA as N mg/l | E. COLI /100ml | | |
| 2 | 2 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | | |
| | | | | | | | | | | | | | | | | | | | Please document important events such as discharges of untreated wastewater, down equipment or plant upsets which may impact effluent quality. Also state method of sludge disposal. |
| 18 | 815 | 3360 | | | | 17 | 925 | 3360 | | | | 12 | 825 | 3360 | | 17.2 | | | BOD ran previous Qtr |
| 31 | 850 | 3360 | | | | 30 | 830 | 3360 | | | | 28 | 230 | 3360 | | | | | Flows calculated by occupancy rate and state design criteria 42*2*40 |
| TOTAL | | 6720 | | | | | | | | | | | | | | | | | I certify that the submitted information is accurate and complete. I further certify that all sampling was performed with approved procedures and all analysis were performed in accordance with 40CFR Part 140. |
| Permit Ave Limit | | | | | | | | | | | | | | | | | | | SIGNATURE OF OPERATOR <i>Robert Young</i> DATE 1/1/24 |
| Average Daily Flow | | 3360 | MNR | MNR | | | | 3360 | MNR | MNR | | | | 3360 | MNR | 17.2 | | | Operator: Robert Young PHONE NC 7052726 |
| Permit Max Limit | | | 45 | Report | | | | | 45 | Report | | | | | 45 | Report | | | ANALYSIS PERFORMED BY OUTSIDE LABORATORY NO LABORATORY USED EMG |
| Actual Max Limit | | | MNR | MNR | | | | | MNR | MNR | | | | | MNR | 17.2 | | | SIGNATURE OF PRINCIPAL <i>[Signature]</i> DATE 1-4-2024 |
| Permit Frequency | | 1\14 | 1/yr | 1/qtr | | | | 1\14 | 1/yr | 1/qtr | | | | 1\14 | 1/yr | 1/qtr | | | EXECUTIVE OFFICIAL |
| Actual Frequency | | 1\14 | | | | | | 1\14 | | | | | | 1\14 | | 1/qtr | | | |
| Permit Sample Type | | Est. | GRAB | GRAB | | | | Est. | GRAB | GRAB | | | | Est. | GRAB | GRAB | | | |
| Actual Sample Types | | Est. | | | | | | Est. | | | | | | Est. | | GRAB | | | |
| No of Violations | | | 0 | 0 | | | | | 0 | 0 | | | | | 0 | 0 | | | |

| | | | | |
|---------------------------------|---------------------------------|----|---------------------------------|----|
| Condition of treatment facility | Condition of treatment facility | OK | Condition of treatment facility | OK |
| Condition of drip area | Condition of drip area | OK | Condition of drip area | OK |
| Condition of signage | Condition of signage | OK | Condition of signage | OK |
| Status of mechanical parts | Status of mechanical parts | OK | Status of mechanical parts | OK |
| Condition of UV bulbs | Condition of UV bulbs | OK | Condition of UV bulbs | OK |