

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER POLLUTION CONTROL

50ptN04008
FACILITY: 00066 RETREAT DRIP WASTEWATER PLANT NPDES PERMIT NO. _____
PERMITTEE: 00066 RETREAT CENTER MONTH: DECEMBER 2023
CITY: Benton COUNTY: Polk

MOR DMR

MONTHLY OPERATION REPORT FOR PACKAGE TREATMENT PLANTS

COMMENTS ABOUT OPERATION AND COMPLIANCE

DATE	TIME OF SAMPLING	WASTEWATER FLOW (gpm)	INFLOW		OPERATION TESTS					EFFLUENT					VOLUME FROM CLARIFIER TO HOLDING TANK (gal)	VOLUME FROM HOLDING TANK TO FINAL DISPOSAL (gal)	COMMENTS ABOUT OPERATION AND COMPLIANCE	
			TSS (mg/l)	SUSPENDED SOLIDS (mg/l)	MIXED LIQUOR SUSPENDED SOLIDS (mg/l)	MIXED LIQUOR SETTLABLE SOLIDS CYLINDER (ml/l)	AERATION TANK DISSOLVED OXYGEN (mg/l)	CLARIFIER SLUDGE DEPTH OF BED (thickness in ft)	TSS (mg/l)	SUSPENDED SOLIDS (mg/l)	SETTLABLE SOLIDS (ml/l)	DISSOLVED OXYGEN (mg/l)	CHLORINE RESIDUAL (mg/l)	TOTAL CHLORINE (mg/l)				AMMONIA NITROGEN (mg/l)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
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30																		
31	6920410.9																	
TOTAL	21607																	
PERMIT MAX LIMIT																		
ACTUAL MAX VALUE	69,790																	
PERMIT MAX LIMIT																		
ACTUAL MAX VALUE																		
PERMIT FREQUENCY OF ANALYSIS																		
ACTUAL FREQUENCY OF ANALYSIS	INSTANT																	
PERMIT SAMPLE TYPE		GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB
ACTUAL SAMPLE TYPE																		

JKD-
WL-HLB-

RECEIVED
JAN 25 2024
ENVIRONMENT & CONSERVATION
CHATTANOOGA FIELD OFFICE

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: 1-20-24
 LICENSE NO. _____ PHONE NO. (423) 580-2798
 ANALYSES PERFORMED BY OUTSIDE LABORATORY: 1/QTR
1/QTR
 LABORATORY USED: _____
 SIGNATURE OF PRINCIPAL EXPEDITIVE OFFICER: _____ DATE: _____