

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

FACILITY Carter County Work Camp
 PERMITTEE Carter County Work Camp Month June 2023
 CITY Roan Mountain County Carter

Date	Time of Sampling	Wastewater Flow (MGD)	Influent		OPERATION TESTS										EFFLUENT			SLUDGE DISPOSAL			COMMENTS ABOUT OPERATION AND COMPLIANCE
			CBOD5 (mg/l)	Suspended Solids (mg/l)	MLSS (mg/l)	Mixed Liquor Settling	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		No discharge																			
2		No discharge																			
3		No discharge																			
4		No discharge																			
5		No discharge																			
6		No discharge																			
7		No discharge																			
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26		No discharge																			
27		No discharge																			
28		No discharge																			
29		No discharge																			
30		No discharge																			
31		No discharge																			
Total		0.000							0.0	0.0				0	0.0000						
Permit Avg. Limit									10	30		6.0 Min.		126	5	6.0					
Act. Avg. Val		0.000							0.0	0.0		0.0		0	0.0000	0.0					
Permit Max. Limit									20	45	1.0		0.82	487	10	9.0					
Act. Max. Val		0.000							0.0	0.0	0.0		0.00	0	0.0000	0.0					
Permit Freq		5/wk	2/mo	2/mo	1/wk	5/wk	5/wk	5/wk	1/wk	1/wk	5/wk	5/wk	5/wk	1/wk	1/wk	5/wk					
Act. Freq. C		Cont.	2/mo	2/mo	1/wk	5/wk	5/wk	5/wk	1/wk	1/wk	5/wk	5/wk	5/wk	1/wk	1/wk	5/wk					
Permit Samp		Inst.	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab	Grab					
Actual Samp		Meter	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					

RECEIVED
 JUL 07 2023
 JOHNSON CITY
 ENV. 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 July 5, 2023
 LICENSE NO. 1061 PHONE NO. 440-0169
 ANALYSES PERFORMED BY OUTSIDE LABORATORY
 LABORATORY USED WAYPOINT ANALYTICAL LAB (TN 02027)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER [Signature] DATE 7/5/23