

8306130378 830608
PDR ADOCK 05000331
S PDR

STATE OF IOWA
DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY MANAGEMENT DIVISION

OPERATION PERMIT SYSTEM
MONTHLY MONITORING REPORT

FACILITY NAME DUBUE ARNOLD ENERGY CENTER
FACILITY NUMBER 2570019
DISCHARGE SERIAL NUMBER 001

DATE	DAY OF WEEK	SOLUBLE SOLIDS FLOW		TEMP (Max) °F	PH	Residual Chlorine (mg/L or ppm)																		DATE
		UNITS	UNITS			UNITS	UNITS																	
1			0																					1
2																								2
3																								3
4																								4
5																								5
6																								6
7																								7
8																								8
9																								9
10																								10
11																								11
12																								12
13																								13
14																								14
15																								15
16																								16
17																								17
18																								18
19																								19
20																								20
21																								21
22																								22
23																								23
24																								24
25																								25
26																								26
27																								27
28																								28
29																								29
30																								30
31																								31
TOTAL																								
AVERAGE																								
MAXIMUM																								
MINIMUM																								

FORM WQMD IV

NOTE: DUBUE ARNOLD ENERGY CENTER SHUT DOWN
DURING APRIL FOR REFUELING / MAINTENANCE. NO
BROMINATION OR CHLORINATION OF CIRCULATING WATER
THIS MONTH

Ralph Pabst
SIGNATURE OF EXECUTIVE OFFICER OR AGENT
Chemist
TITLE

STAPLE HERE

FOURTH FOLD

PLACE
STAMP
HERE

FOLD HERE THIRD

FOLD HERE SECOND

FOLD HERE FIRST

REMARKS:

IMPORTANT

MAKE SURE YOU HAVE CORRECTLY ENTERED FACILITY NAME, FACILITY NUMBER, DISCHARGE SERIAL NUMBER, AND REPORTING PERIOD.

MAKE SURE YOU HAVE CORRECTLY ENTERED ALL AVERAGES, MAXIMUMS, AND MINIMUMS.

ALL ENTRIES MUST BE LEGIBLE.

MAINTAIN A COPY OF THIS REPORT FOR YOUR RECORDS.

THIS REPORT MUST BE SUBMITTED TO THE DEPARTMENT OF ENVIRONMENTAL QUALITY, BY THE 10TH DAY OF THE MONTH FOLLOWING THE MONTH BEING REPORTED.



DATE	PRECIPITATION INCHES/DAY	TEMPERATURE OF FLOW	1,000'S GPD	BY-PASSED 1,000'S GPD	PH	RAW SEWAGE					RAW SLUDGE			DIGESTER CONTENTS			DIGESTED SLUDGE			AERATION TANK 1		AERATION TANK 2		WASTE SLUDGE		FINAL EFFLUENT										RECEIVING STREAM FLOW-CFS
						SETTLABLE SOLIDS ML/L	SUSPENDED SOLIDS MG/L	SOLIDS LBS/DAY	BOD ₅ MG/L	BOD ₅ LBS/DAY	AMMONIA NITROGEN MG/L	100'S GALS. PUMPED	TOTAL SOLIDS	VOLATILE %	SOLIDS %	DISPOSAL VOLUME UNIT 100 GALS.	DISSOLVED OXYGEN MG/L	MIXED LIQUOR SETTLABLE SOLIDS ML/L	MIXED LIQUOR SUSPENDED SOLIDS MG/L	DISSOLVED OXYGEN MG/L	MIXED LIQUOR SETTLABLE SOLIDS ML/L	MIXED LIQUOR SUSPENDED SOLIDS MG/L	RETURN ACTIVATED SLUDGE 1,000'S GPD	WASTED ACTIVATED SLUDGE 1,000'S GPD	BOD ₅ MG/L	BOD ₅ LBS/DAY	SOLIDS MG/L	SUSPENDED SOLIDS LBS/DAY	SETTLABLE SOLIDS ML/L	AMMONIA NITROGEN MG/L	AMMONIA LBS/DAY	DISSOLVED OXYGEN MG/L	PH	FECAL COLIFORM NO./100 ml	RESIDUAL CHLORINE MG/L	
1																																				
2																																				
3																																				
4																																				
5																																				
6																																				
7																																				
8																																				
9																																				
10																																				
11																																				
12																																				
13																																				
14																																				
15																																				
16																																				
17																																				
18																																				
19																																				
20																																				
21																																				
22																																				
23																																				
24																																				
25																																				
26																																				
27																																				
28																																				
29																																				
30																																				
31																																				
TOTAL																																				
AVG																																				
MAX																																				
MIN																																				
CODE																																				

STAPLE HERE

FOURTH FOLD

PLACE
STAMP
HERE

FOLD HERE THIRD

FOLD HERE SECOND

FOLD HERE FIRST

REMARKS:

IMPORTANT

MAKE SURE YOU HAVE CORRECTLY ENTERED FACILITY NAME, FACILITY NUMBER, DISCHARGE SERIAL NUMBER, AND REPORTING PERIOD.

MAKE SURE YOU HAVE CORRECTLY ENTERED ALL AVERAGES, MAXIMUMS, AND MINIMUMS.

ALL ENTRIES MUST BE LEGIBLE.

MAINTAIN A COPY OF THIS REPORT FOR YOUR RECORDS.

THIS REPORT MUST BE SUBMITTED TO THE DEPARTMENT OF ENVIRONMENTAL QUALITY, BY THE 10TH DAY OF THE MONTH FOLLOWING THE MONTH BEING REPORTED.

