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STATE OF IOWA  
DEPARTMENT OF WATER, AIR AND WASTE MANAGEMENT  
ACTIVATED SLUDGE

# OPERATION PERMIT SYSTEM MONTHLY MONITORING REPORT

FACILITY NAME Duane Arno V Energy CenterFACILITY NUMBER 5700104

DISCHARGE SERIAL NUMBER 0 0 2

CPB-69904 11/71

[illegible]

INFLUENT 24 HOUR SAMPLE COLLECTION [000]

FLOW \_\_\_\_\_ MILLION GALLONS/DAY [74324]

BOD<sub>5</sub> \_\_\_\_\_ MG/L \_\_\_\_\_ LBS/DAY [76024]

SUSPENDED SOLIDS \_\_\_\_\_ MG/L \_\_\_\_\_ LBS/DAY [74024]

AMMONIA NITROGEN \_\_\_\_\_ MG/L \_\_\_\_\_ LBS/DAY [ 70424 ]

**EFFLUENT 24 HOUR SAMPLE COLLECTION [000]**FECAL COLIFORM \_\_\_\_\_ ORGANISMS / 100 ML [76324<sup>u</sup>]BOD<sub>5</sub> \_\_\_\_\_ MG/L \_\_\_\_\_ LBS/DAY [ 76024 ]

SUSPENDED SOLIDS \_\_\_\_\_ MG/L \_\_\_\_\_ LBS/DAY [74024]

AMMONIA NITROGEN \_\_\_\_\_ MG/L \_\_\_\_\_ LBS/DAY [70424]

SIGNATURE OF EXECUTIVE OFFICER OR AGENT

Contract Officer / A/T Consultants  
TITLE

WAWM FORM 35-7 (Jul 1, 83)

(Replace DEQ Form WQMD VII, which may be used)

FOLD HERE SECOND

FOLD HERE THIRD

FOURTH FOLD

STAPLE HERE

PLACE  
STAMP  
HERE

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 WATER, AIR AND WASTE MANAGEMENT, BY THE 10TH DAY OF THE MONTH FOLLOWING THE MONTH BEING REPORTED.