CERTIFIED WASTEWATER
CONTRACT OPERATOR
CONSULTING SERVICES

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IEPA CLASS 1
WASTEWATER TREATMENT OPERATOR
INDUSTRIAL ENGINEER B.S.

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FACILITY: VILLAGE OF HOFFMAN

DATE: **JANUARY** 28, **2018** 

REPORTING MONTH: JANUARY 2018

DEAR SIR:

Below is a summary of test results on your wastewater facility. These results should be kept on file at your office. Do not send this sheet to IEPA. See IEPA reporting information below.

| DATE    | SAMPLE<br>POINT | * BOD 5<br>(PPM) | S. S.<br>(PPM) | p H<br>(UNITS) | NH3-N<br>(PPM) | D. O.<br>(PPM) | Fecal Coli.<br>(N/100 ml.) |
|---------|-----------------|------------------|----------------|----------------|----------------|----------------|----------------------------|
| 1/14/18 | INF             | 86.7             | 106            | _              | _              | _              | _                          |
|         | EFF             | 25.1             | 33             | 7.8            | 9.48           | 11.08          |                            |
|         |                 |                  |                |                |                |                | (May—Oct)                  |
|         |                 |                  |                |                |                |                |                            |
|         |                 |                  |                |                |                |                |                            |
|         |                 |                  |                |                |                |                |                            |
| 3 days  | Lag. checks     |                  |                |                |                |                |                            |
| BILL:   |                 |                  |                |                |                |                |                            |

Using the NetDMR reporting system, I will electronically sign and submit your DMR reports to IEPA by the 25th of this following month... Robert Risley / ROInC

| If there are any questions, please advise. | (V. Hoff.) | (* CBOD 5 if applicable) |
|--|------------|--------------------------|
| Comments:                                  |            |                          |