



CERTIFIED WASTEWATER
 CONTRACT OPERATOR
 CONSULTING SERVICES

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Robert Risley
 IEPA CLASS 1
 WASTEWATER TREATMENT OPERATOR
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FACILITY : **VILLAGE OF WALTONVILLE**
 DATE : **FEBRUARY 28, 2018**
 REPORTING MONTH : **FEBRUARY 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.

DATE	SAMPLE POINT	* BOD 5 (PPM)	S. S. (PPM)	p H (UNITS)	D.O. (PPM)	Fecal Coli. (N/100ml)	NH3-N (PPM)
2/20/18	INFLUENT	207	109	—	—	—	—
“	EFFLUENT	19	49	9.3	14.21	—	0.053

Complete DMR's using your flows and the above data and submit DMR's to the following address, or submit via the NetDMR system:

IEPA/BOW/CAS #19
 P.O. Box 19276
 Springfield, IL 62794-9276

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

Robert Risley — Lab Director