

## Town of Metaline Falls

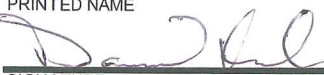
Order Number 13322

## Discharge Monitoring Report

MONTH: December YEAR: 2016

	Wastewater Influent							Wastewater Effluent				
	Flow	BOD <sub>5</sub>		TSS		NH <sub>3</sub>		Flow	pH	Fecal Coliform	BOD <sub>5</sub>	
Freq.	Continuous	1/month	1/month	1/month	1/month	1/month	1/month	Continuous	1/week	1/week	1/month	1/month
Date	GPD	mg/L	lbs/day	mg/L	lbs/day	mg/L	lbs/day	GPD	s.u.	#/100 mL	mg/L	lbs/day
1	28000	173	40	116	27	20	5	18000	6.7	76.0	10.0	1.5
2	12000							15000				
3	13000							14000				
4	12000							15000				
5	13000							14000				
6	14000							15000				
7	14000							17000				
8	14000	212	25	184	21			15000	7.1	<1	7.0	0.9
9	13000							14000				
10	14000							14000				
11	13000							15000				
12	14000							12000				
13	30000							12000				
14	18000							15000				
15	15000	322	40	568	71			14000	7.2	<1	1.0	0.1
16	16000							11000				
17	17000							10000				
18	16000							14000				
19	16000							18000				
20	16000							20000				
21	15000	133	17	100	13			20000	6.5	<1	7.0	1.2
22	15000							17000				
23	14000							16000				
24	13000							15000				
25	13000							13000				
26	13000							12000				
27	13000							15000				
28	13000							11000				
29	15000	248	31	168	21	43	5	11000	6.7	<1	9.0	0.8
30	13000							4000				
31	14000							0				
Max.	30000	322	40	568	71	43	5	20000	7.2	76.0		
Min.									6.5			
Avg.	15129	218	31	227	31	32	5	13742		15.2	6.8	0.9
Avw.											10.0	1.5
Max.								250,000	9	200/100		
Min.									6			
Avg.										100/100	30	11.5
Avw.											45	17.2

I CERTIFY UNDER PENALTY OF LAW, THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR WILLFUL VIOLATIONS.

David Kurlo Maintenance Director  
 PRINTED NAME PRINTED TITLE  
  
 SIGNATURE DATE 1/11/2017

(509) 446-2211 metralis@pofc.net  
 PHONE NUMBER EMAIL

COMMENTS: Influent sample taken on 12-15-16 was a grab sample,

not a composite sample, causing high BOD and TSS numbers. Lab

never ran Alkalinity. Shut down discharge at 9:00 am on 1-30-16.

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JAN 13 2017

Department of Ecology  
 Eastern Regional Office

## Town of Metaline Falls

Order Number 13322

## Discharge Monitoring Report

MONTH:

December

YEAR:

2016

	Wastewater Effluent					S Creek
	TSS		DO	NH <sub>3</sub>	Temperature	DO
Freq.	1/month	1/month	1/week	2/month	Continuous	1/week
Date	mg/L	lbs/day	mg/L	mg/L	°C	mg/L
1	8.0	1.2	8	0.1	5.0	13.02
2					4.5	
3					4.5	
4					4.5	
5					4.0	
6					4.0	
7					4.0	
8	5.0	0.6	9		4.0	13.77
9					4.0	
10					3.5	
11					3.0	
12					3.0	
13					2.5	
14					2.0	
15	12.0	1.4	9	0.3	2.0	13.23
16					2.0	
17					2.0	
18					2.0	
19					1.5	
20					1.5	
21	5.0	0.8	6		1.5	13.18
22					2.0	
23					1.5	
24					1.5	
25					2.0	
26					2.0	
27					1.5	
28					2.0	
29	6.0	0.6	9	1.1	2.0	13.43
30					2.0	
31						
Max.				1.1	5.0	
Min.			6			
Avg.	7.2	0.9	8	0.5	2.7	
Avw.	12.0	1.4				
Max.				12.1		
Min.			6			
Avg.	30	10.6		7		
Avw.	45	15.9				

Total Alkalinity - mg/L as CaCO <sub>3</sub>			
Wastewater Effluent - 6/year			
Month	Date Sampled	Unit	Value
February		mg/L	
April		mg/L	
June		mg/L	
August		mg/L	
October		mg/L	
December		mg/L	

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David Kurlo

Maintenance Director

PRINTED NAME

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SIGNATURE

DATE

COMMENTS: