SUPPLEMENTAL DATA & COMMENTS

BIRCH HILL (WI-0036579) MONTHLY OPERATION REPORT FORM

Comments--include information on violations, bypasses/overflows, maintenance conducted, tec. (attach additional pages as necessary)

Weekly Observation for Stabilization, Aerated, Polishing or Absoption Ponds

JAN 2017

TYPE OF POND (AERATED, PRIMARY, ETC.)	PRIMARY POND ACRES					SECONDARY POND ACRES					_____ POND ____ ACRES				
WEEK OF THE MONTH	1ST	2ND	3RD	4TH	5TH	1ST	2ND	3RD	4TH	5TH	1ST	2ND	3RD	4TH	5TH
1. DATE OF OBSERVATION	1-4-17	1-10-17	1-17-17	1-24-17		1-4-17	1-10-17	1-17-17	1-24-17						
2. ODOR (YES OR NO)	NO	NO	NO	NO		NO	NO	NO	NO						
3. AQUATIC PLANTS (% OF COVERAGE, TYPE)	NA	NA	NA	NA		NA	NA	NA	NA						
4. FLOATING MATS (% OF COVERAGE, TYPE)	NA	NA	NA	NA		NA	NA	NA	NA						
5. WATER DEPTH (Units _____)	NA	NA	NA	NA		NA	NA	NA	NA						
6. MUSKRATS, RODENTS, ETC. (YES OR NO)	NO	NO	NO	NO		NO	NO	NO	NO						
7. DIKE CONDITION (EROSION, ETC.)	Good	Good	Good	good		Good	good	good	good						
8 ICE COVERAGE (% OF COVERAGE)	100%	100%	100%	100%		100%	100%	100%	100%						

Send with preprinted DMRSs to:
USEPA, Region 5
77 West Jackson Blvd.
Chicago, IL 60604
Attn: WC-15J

M Howe
Signature of Authorized Agent

Philip Torrington 715 292 5339
Signature and Phone Number
of Certified Operator

SUPPLEMENTAL DATA & COMMENTS

BIRCH HILL (WI-0036579) MONTHLY OPERATION REPORT FORM

Comments--include information on violations, bypasses/overflows, maintenance conducted, tec. (attach additional pages as necessary)

The secondary cell was at Max Capacity. I called John Colletti on/or about 2-21-17 asking for permission to lower (emergency discharge) to a safe level, which I did on 2-23-17, 2-28-17, and 3-6-17. This was due to heavy rains and fast snow melt. I lowered 6 inches a day and tested as instructed during each event.

Weekly Observation for Stabilization, Aerated, Polishing or Absoption Ponds

MARch 2017

TYPE OF POND (AERATED, PRIMARY, ETC.)	PRIMARY ____ POND ____ ACRES					SECONDARY ____ POND ____ ACRES					____ POND ____ ACRES				
WEEK OF THE MONTH	1ST	2ND	3RD	4TH	5TH	1ST	2ND	3RD	4TH	5TH	1ST	2ND	3RD	4TH	5TH
1. DATE OF OBSERVATION	3-2-17	3-6-17	3-15-17	3-21-17	3-28-17	3-2-17	3-6-17	3-18-17	3-21-17	3-28-17					
2. ODOR (YES OR NO)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO					
3. AQUATIC PLANTS (% OF COVERAGE, TYPE)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA					
4. FLOATING MATS (% OF COVERAGE, TYPE)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA					
5. WATER DEPTH (Units _____)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA					
6. MUSKRATS, RODENTS, ETC. (YES OR NO)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO					
7. DIKE CONDITION (EROSION, ETC.)	good	good	good	good	good	good	good	good	good	good					
8 ICE COVERAGE (% OF COVERAGE)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%					

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77 West Jackson Blvd.
Chicago, IL 60604
Attn: WC-15J

M Hovel
Signature of Authorized Agent

Philip Livingston 715 292 5337
Signature and Phone Number of Certified Operator

SUPPLEMENTAL DATA & COMMENTS

BIRCH HILL (WI-0036579) MONTHLY OPERATION REPORT FORM

Comments--include information on violations, bypasses/overflows, maintenance conducted, tec. (attach additional pages as necessary)

The secondry cell at Max Capacity. I called John Colleff on or about 2-21-17 asking him for permission to lower (discharge) to a safe level, which I did on 2-23-17, 2-28-17, and again on 3-6-17. This was due to heavy rains and fast ~~sno~~ snow melt. I lowered 6 inches a day @ each discharge event.

Weekly Observation for Stabilization, Aerated, Polishing or Absoption Ponds

Feb 2017

TYPE OF POND (AERATED, PRIMARY, ETC.)	PRIMARY ____ POND ____ACRES					SECONDARY ____ POND ____ACRES					____ POND ____ACRES				
WEEK OF THE MONTH	1ST	2ND	3RD	4TH	5TH	1ST	2ND	3RD	4TH	5TH	1ST	2ND	3RD	4TH	5TH
1. DATE OF OBSERVATION	2-1-17	2-7-17	2-16-17	12-22-17		2-1-17	2-7-17	2-16-17	12-22-17						
2. ODOR (YES OR NO)	NO	NO	NO	NO		NO	NO	NO	NO						
3. AQUATIC PLANTS (% OF COVERAGE, TYPE)	NA	NA	NA	NA		NA	NA	NA	NA						
4. FLOATING MATS (% OF COVERAGE, TYPE)	NA	NA	NA	NA		NA	NA	NA	NA						
5. WATER DEPTH (Units _____)	NA	NA	NA	NA		NA	NA	NA	NA						
6. MUSKRATS, RODENTS, ETC. (YES OR NO)	NO	NO	NO	NO		NO	NO	NO	NO						
7. DIKE CONDITION (EROSION, ETC.)	Good	Good	Good	Good		Good	Good	Good	Good						
8 ICE COVERAGE (% OF COVERAGE)	100%	100%	100%	100%		100%	100%	100%	100%						

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M Hovel
Signature of Authorized Agent

Philip Livingston 715 292 5339
Signature and Phone Number of Certified Operator

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