General Facility Information	
	Please type information into the cells below.
Permit No. (NPDES permit if applicable)	**CA0024449**
Facility Name	Elk River Wastewater Treatment Plant
Authority Name	City of Eureka
Regional Board Number (California only)	1
Facility Physical Address	
Street	4301 Hilfiker Lane
City	Eureka
County	Humboldt
State or Tribal Nation	California
Zip Code	95503
Phone	707-441-4360
Facility Mailing Address	
Street	531 K Street
City	Eureka
State	California
Zip Code	95501
Responsible Official	
Name	Bruce Gehrke
Title	Utilities Operations Manager
Biosolids Contact Person	
Name	Bruce Gehrke
Title	Utility Operations Manager
E-mail	bgehrke@ci.eureka.ca.gov
Phone	707.441.4360
Fax	707-441-4366
Average Daily Influent Flow to plant, millions of gallons per day (MGD) (if this is a wastewater treatment plant)	3.75
Annual biosolids production, in dry metric tons per year (DMTY), 100% dry weight basis	20.75
Does this facility have a design capacity equal to or greater than 1 million gallons per day (MGD)? (Y/N)	Y
Is Pretreatment Required? (Y/N)	Y
Is this a "sludge-only" facility (no treatment of wastewater)? (Y/N)	N
Does the facility send biosolids out of county? (Y/N). If so, list counties to which sent (one entry per column), and volume (DMTY) sent.	N
Volume, dry metric tons/year sent to other county	
Name of county	
Name of state or tribal nation	
Type of facility (enter code(s) listed below that pertains to your facility on this line)	
Publicly owned treatment works: POTW	POTW
Federal Facility: FOTW	
State Facility: SOTW	
Privately owned treatment works: PROTW	
Compost operation: Comp	Comp
Alkali treatment operation: Alk	
Heat drying operation: Htdry	
Land application operation: Land	
Other (fill in):	

Description of processes

Give a brief description of your sewage sludge treatment and use/disposal practices

Anaerobic digestion followed by storage in facultative sludge lagoons.
Biosoilds and plant growth were removed by an excavator and air dried at the WWTP facility
Plant and aquatic growth was estimated at 50% by volume co-mingled with biosolids
Hauled to permitted compost facility in Arcata

Describe any changes to your operations, any unique features or operational issues encountered during past year

No contracted work was conducted in 2013 to remove and dry solids as in past few years

City is currently under contract to purchase a centrifuge from Andritz and to be installed by Walhund Construction Co.

Describe any instances of non-compliance and measures taken to correct it.

Contractors	
Please include all contractors used for biosolids land application, treatment, disposal, and hauling this year. (Add additional rows if m	
	Please type information into this column.
Contractor 1	
Name	Steve's Septic Service
Street	1810 Murray Road
City	McKinleyville
State	CA
County of Operations	Humboldt
Zip Code	95519
Contact Name	Lyndsey Brunner
Contact Phone	707-839-2270
Contact e-mail	lyndsey@stevesseptic.com
Type of operation(s)	Hauling
Dry metric tons handled	20.75
Contractor 2	
Name	Hank Brenard Environmental Consultants
Street	1508 Main Street
City	Fortuna
State	CA
County of Operations	Humboldt
Zip Code	95540
Contact Name	George "Hank" Brenard
Contact Phone	707-682-6230
Contact e-mail	hankbrenard@suddenlink.net
Type of operation(s)	Compost
Dry metric tons handled	20.75
Contractor 3	
Name	
Street	
City	
State	
County of Operations	
Zip Code	
Contact Name	
Contact Phone	
Contact e-mail	
Type of operation(s)	
Dry metric tons handled	

BIOSOLIDS TREATMENT PROVIDED	

For each treatment type, please indicate which method(s) your facility uses to treat its solids. For example, if three anaerobic digesters are used, enter the code for anaerobic digesters followed by the number three in parentheses. The number entered will look like 6(3). If more than one method is used for each process, please separate the codes with commas. For example, if 3 digesters, 2 centrifuges, and 10 drying beds are being used, enter 6(3), 18(10), 21(2).

	Type the thickening code(s) into the box below:
THICKENING	4(2ea) Facultative sludge lagoons
Codes to use for thickening:	
1. Gravity	
2. Dissolved-Air Flotation (DAF)	
3. Centrifuge (enter number of centrifuges in use)	
4. Other (briefly describe in the cell to the right of the "Thickening" code box)	
	Type the stabilization code(s) into the box below:
Stabilization/Pathogen Reduction	# 12 Facultative sludge lagoons and #7
Codes to use for stabilization:	Contract Composting #11
5. Aerobic Digestion	
6. Thermophilic aerobic digestion	
7. Anaerobic Digestion	
8. Thermophilic anaerobic digestion	
9. Pasteurization	
10. Chemical (Alkali) Stabilization	
11. Composting	
12. Other (briefly describe in the cell to the right of the "Stabilization" code box)	
	Type the conditioning code(s) into the box below:
CONDITIONING	None
Codes to use for conditioning:	
13. Chemical Conditioning (add type of polymer to right of code box)	
14. Other (briefly describe in the cell to the right of the "Conditioning" code box)	
	Type dewatering code(s) into the box below:
DEWATERING	18
Codes to use for dewatering:	
15. Vacuum Filter	
16. Pressure Filter	
17. Belt Filter	
18. Drying Beds	
19. Drying Lagoon	
20. Heat Drying Units	
21. Centrifuge	
22. Other (briefly describe in the cell to the right of the "Dewatering" code box)	
	Type other applicable code(s) into the box below:
OTHER	23 (2)
Codes to use for "other":	
23. Wastewater Lagoon	
24. Oxidation Ditch	
25. Incineration	
26. Fuel (briefly describe in cell to the right of the "other" code box)	
27. Septage	
28. Other (briefly describe in the cell to the right of the "Other" code box)	

Final Use and Disposal Practices

Total Annual Production	Please type amount in the cell below. Weight units must be Dry Metric Tons (DMT), 100% dry weight basis. Composters specify biosolids received in this column
	41.5

Land application is spreading or injection of Class A or Class B biosolids, or materials derived from biosolids, for the purpose of growing crops or vegetation.

Land Application of Class B biosolids:	Please type amounts in the cells below, to the right of each applicable method. Weight units must be Dry Metric Tons for the Year (DMTY).
Agricultural Land	
Range Land	
Forest	
Public Contact Site	
Reclamation Site	
Land Application of Class A biosolids:	
Agricultural Land	
Range Land	
Forest	
Public Contact Site	
Reclamation Site	
Sold or Given Away	
Lawn or Garden	

Surface disposal is spreading, injection, or filling for the purpose of disposal. It includes sludge-only units at landfills.

SURFACE DISPOSAL	Please type amounts in the cells below, to the right of each applicable method. Weight units must be Dry Metric Tons for the Year (DMTY).
With Liner & LCS	
Without Liner & LCS	

LANDFILL	Please type amounts in the cells below, to the right of each applicable method. Weight units must be Dry Metric Tons (DMT).
Landfill Disposal	
Landfill Cover (ADC or final)	
Landfill Name	
Does Landfill meet 40CFR258? (Y/N)	

LANDFILL	Please type amounts in the cells below, to the right of each
Landfill Disposal	
Landfill Cover (ADC or final)	
Landfill Name	
Does Landfill meet 40CFR258? (Y/N)	

RECEIVED FROM ANOTHER FACILITY	Please type amounts in the cells below, to the right of each applicable method. Weight units must be Dry Metric Tons per year (DMTY).
Amount Received From Other Faciliteis	
Name of facility (fill out a column for each facility)	
Address of facility	
Type of facility (POTW, other)	

TRANSFERRED TO ANOTHER FACILITY	Please type amounts in the cells below, to the right of each applicable method. Weight units must be Dry Metric Tons (DMT).
Amount Transferred To Other Facilities	20.75
Name of the other facility	HBEC
Address of facility	1680 Samoa Blvd Arcata CA
Type of facility (POTW, composter, other)	Composter

ADDITIONAL INFORMATION	Please type amounts in the cells below, to the right of each applicable method. Weight units must be Dry Metric Tons (DMT).
Amount Subjected to Other Use or Disposal	
If applicable, please specify the other use or disposal METHOD in the cell to the right:	
Amount Stored	
Amount in Long-Term Treatment	3000 DMT estimated in Lagoons

LAND APPLICATION SITE INFORMATION

If your facility or a contractor applies biosolids to the land, please enter the requested information in this sheet.
Please copy this sheet and fill it in for each individual field.

	Please type information in the cells below.
Site Name	
Site Number (Field Identification Number)	
Hydrologic Unit (if known)	
Owner	
Grower	
Applier	
Latitude	
Longitude	
Street Address (if applicable)	
Township	
Range	
Section	
Overall size of the field	
Applied area of the field	
Crop	
Maximum Rate (MT/HA)	
Cumulative Load Required? (Y/N)	
Notification Required? (Y/N)	

Please enter either English or Metric Units for the items below.	English Units		Metric Units	
	Value	Unit	Value	Unit
Application Rate		tons/acres		MT/Ha
Recommended N for Crop		lbs/acre		Kg/Ha
Plant Available N (PAN)		lbs/dry ton		Kg/metric ton
Total Biosolids Applied		dry tons		dry metric tons
Actual Application Rate		dry tons/acre		dry metric tons/Ha
Target Application Rate		dry tons/acre		dry metric tons/Ha
Total Recommended N		lbs/acre/cutting		Kg/Ha
Total Applied N		lbs/field		Kg/field
Percent of Recommended N		%		%
P Applied		lbs/field		Kg/field
K Applied		lbs/field		Kg/field

Dates of Operation	Start Date	Finish Date
Dates of Application		
Dates of Seeding		
Dates of Harvesting		

Cumulative Metal Loadings (Kg/Ha):	Enter the Baseline values in the cells below	Enter the year in the cell below, then fill in the column	Enter the year in the cell below, then fill in the column	Enter the year in the cell below, then fill in the column	Enter the year in the cell below, then fill in the column	Enter the year in the cell below, then fill in the column
As maximum						
Cd average						
Cd maximum						
Cu average						
Cu maximum						
Pb average						
Pb maximum						
Hg average						
Hg maximum						
Mo average						
Mo maximum						
Ni average						
Ni maximum						
Se average						
Se maximum						
Zn average						
Zn maximum						

Land Location

Please give the location of this field in either degrees, minutes, seconds OR decimal degrees.

Example of Latitude in degrees, minutes and seconds: 36 22 30.51 (please include all available significant decimals)

Example of Longitude in degrees, minutes and seconds: 109 07 30.32 (please include all available significant decimals)

	Degrees	Minutes	Seconds
Latitude in Degrees, Minutes and Seconds:			
Longitude in Degrees, Minutes and Seconds:			

Example of Latitude in Decimal Degrees:36.37514167 (please include all available significant decimals)

Example of Longitude in Decimal Degrees:109.1250889 (please include all available significant decimals)

Latitude in Decimal Degrees:	
Longitude in Decimal Degrees:	

Please select a code number from the table below that best describes at what place in this field the latitude and longitude values were obtained. For example, if the latitude and longitude where measured in the center of the facility property, the code 020 would be used. Please type the code in the cell to the right.	Reference Point Code:

Reference Point Code Description	Reference Point Code Number
NE Corner of Land Parcel	
NW Corner of Land Parcel	
SE Corner of Land Parcel	
SW Corner of Land Parcel	
Other	
Unknown	

	Collection Method Code:
Please select a code number from the table below that best describes how the latitude and longitude values were obtained. For example, if the measurement was taken from a topographic map, the code would be 018. Please type the appropriate code in the cell to the right.	

Collection Method Code Description	Collection Method Code Number
Address Matching	007
Classical Surveying Techniques	025
Global Positioning System (GPS)	028
Interpolation - Map	018
Interpolation - Photo	019
Public Land Survey - Quarter Section	023
Public Land Survey - Section	024
Unknown	027

	Source Map Scale:
If you used Collection Method Codes 018 or 019, please enter the map scale of the map that was used. For example, if a US Geological Survey topographic map was used to find the location, and that map was created at a 1:24,000-scale, please enter 24000. (Note: map scale is a ratio that refers to the proportional distance on the ground for one unit of measure on a map or aerial photograph - e.g., 1 inch on the map equals 24,000 inches on the ground.) If the map scale is not known, please type UNKNOWN. Please enter the information in the cell to the right.	UNKNOWN

	Data Collection Date:

Please enter the calendar date when the location data were collected, in mm/dd/yyyy format in the cell to the right (if the date is not known, please type UNKNOWN):	UNKNOWN

MONITORING DATA SUMMARY

Testing Conducted by City of Eureaka Shown Below

Final Use/Disposal Practice	Please enter information into this column.
How many biosolids analyses is this facility required to perform per monitoring year? (Please refer to the "Required Monitoring Frequency" table at right)	1
Are reported results represented on a 100% dry weight basis? (Y/N)	Y
Are fecal coliform results the geometric mean of 7 samples, if used for demonstratrating Class B pathogen reduction (Y/N)	N
If biosolids were land applied, were all the following metals sampled: As, Cd, Cu, Pb, Hg, Mo, Ni, Se, Zn? (Y/N/NA)	N/A
If biosolids were surface disposed, were all the following metals sampled: As, Cr, and Ni? (Y/N/NA)	N/A

Testing Conducted by Synagro is shown as attachemtns sent with this document

Required Monitoring Frequency (Source: 40 CFR, Part 503)

Biosolids Production (DMT/yr)	Required Monitoring Frequency
0 to <290	Once per year (1/yr)
290 to <1500	Once per quarter (4 samples/stockpile)
1500 to <15,000	Once per 60 days (6 samples /stockpile)
greater than or equal to 15,000	Once per month (12 samples/stockpile)

Pollutants: Please enter data in the cells to the right of each sampled pollutant type. Please use the indicated units for each pollutant type, in dry weight only. Report on 100% dry weight basis.	Units	Yearly Average	Yearly Maximum	Analyses per Year	Comments / Methods Used
Arsenic (As)	mg/Kg	5.3	5.3	1	EPA 6010B
Cadmium (Cd)	mg/Kg	7.6	7.6	1	EPA 6010B
Chromium (Cr)	mg/Kg	40	40	1	EPA 6010B
Copper (Cu)	mg/Kg	1120	1120	1	EPA 6010B
Lead(Pb)	mg/Kg	65	65	1	EPA 6010B
Mercury (Hg)	mg/Kg	0.67	0.67	1	EPA 7471A
Molybdenum (Mo)	mg/Kg	15	15	1	EPA 6010B
Nickel (Ni)	mg/Kg	32	32	1	EPA 6010B
Selenium (Se)	mg/Kg	6.7	6.7	1	EPA 6010B
Zinc (Zn)	mg/Kg	1440	1440	1	EPA 6010B
Fecal Coliform	MPN/g	43,000	43,000	1	SM9221
Salmonella	MPN/4g			0	
Helminth OVA	#/4g			0	
Enteric Virus	PFU/4g			0	
Nitrite & Nitrate (NO2 & NO3)	mg/Kg	6.7	6.7	1	EPA 300.0 Rev.2.1 (1993) Modified
TKN	mg/Kg	10,000	11,000	1	SM 20th Ed. 2540G Modified
Ammonia (NH3)	mg/Kg	1700	1700	1	SM 20th Ed. 4500-NH3 Modified
Total Solids	%	25	25	1	ASTM D2216
Phosphorus (P)	mg/kg	1600	1600	1	SM20thEd. 4500 PE Modified

	Please enter data in the cells below.
If biosolids were disposed of in a municipal solid waste landfill, please indicate whether the biosolids passed a Paint Filter Test (enter Pass, Fail, or NA)	N/A
If biosolids were disposed of in a municipal solid waste landfill, and a toxicity characteristic leaching procedure (TCLP) was done, please indicate whether the biosolids passed (enter Pass, Fail, or NA)	N/A

Laboratories used (list each lab below; one row per lab):	City and State where located	Analyses performed:	Dates used (i.e."January - August")
North Coast Laboratories	Arcata, CA	EPA 8260B, pH, TPHC Gas, Salinity, Organochlorine Pesticides, Fecal Coliform	Nov 2012
CalScience Environmental Laboratories Inc.	Garden Grove CA	EPA 8082A, EPA 8270C, Metals EPA 6010B, EPA 7471A, Nutrients, Salinity	' Nov 2012

Pollutant Analytical Results Additional testing conducted by Synagro is shown on separate attached document.

The top portion of this sheet contains cells to enter data for 6 sample events; please scroll down the page to enter data for additional sampling events.

If results are below the detection limit, enter "<" and the detection limit used

If results are not available for a pollutant, please use "N/A" as the qualifier

For fecal coliform, for Class B report geometric mean for each sampling period; for Class A report individual sample result, or maximum result if several samples taken during sampling period

Pollutant	Units	Average Annual Result	Sample Event 1		Sample Event 2		Sample Event 3		Sample Event 4	
			Please enter the date of this sample event in the cell to the right:	Nov	Please enter the date of this sample event in the cell to the right:		Please enter the date of this sample event in the cell to the right:		Please enter the date of this sample event in the cell to the right:	
		Amount, or Qualifer	Amount, or Qualifier		Amount, or Qualifier		Amount, or Qualifier		Amount, or Qualifier	
Arsenic (As)	mg/kg		5.3							
Cadmium (Cd)	mg/kg		7.6							
Chromium (Cr)	mg/kg		40							
Copper (Cu)	mg/kg		1,120							
Lead(Pb)	mg/kg		65							
Mercury (Hg)	mg/kg		0.7							
Molybdenum (Mo)	mg/kg		15							
Nickel (Ni)	mg/kg		32							
Selenium (Se)	mg/kg		6.7							
Zinc (Zn)	mg/kg		1,440							
Total Solids	%		25							
Total Kjeldahl Nitrogen (TKN)	%		11000							
Organic nitrogen	mg/kg									
Ammonium Nitrogen	mg/kg		1,700							
Fecal Coliform geometric mean	MPN/g		43,000							
Fecal coliform max(Class A)	MPN/g									
Salmonella	MPN/4g									
Helminth OVA	#/4g									
Enteric Virus	PFU/4g									
Phosphorus (P)	mg/kg		1600							

Pathogen and Vector Attraction Reduction (VAR)
Please note: this page of the spreadsheet must be printed out, signed at the bottom by the responsible official, and mailed to the EPA, as well as being returned with the rest of this spreadsheet (as an electronic file).

Pathogen Reduction for Class A Biosolids	If this facility produces Class A biosolids, please enter the appropriate code(s) in the box below. Include fecal coliform/salmonella results with monitoring results.
Code numbers to use for Pathogen Reduction of Class A Biosolids:	Code Description
Alternative 1	Time/Temperature (T&T)
Alternative 2	Alkaline Treatment (pH and T&T)
Alternative 3	Testing for 3 categories of pathogens, operational parameters
Alternative 4	Testing of accumulated biosolids for 3 categories of pathogens
PFRP 1	Composting
PFRP 2	Heat drying
PFRP 3	Heat treatment of liquid biosolids
PFRP 4	Thermophilic aerobic digestion
PFRP 5	Beta ray irradiation
PFRP 6	Gamma ray irradiation
PFRP 7	Pasteurization
Alternative 6	Equivalent PFRP

Pathogen Reduction for Class B Biosolids	If this facility produces Class B biosolids, please enter the appropriate code(s) in the box below. Include fecal coliform results, if applicable, with monitoring results.
	PSRP 3
Code numbers to use for Pathogen Reduction of Class B Biosolids:	Code Description
Alternative 1	Testing for fecal coliform, geometric mean of seven samples
PSRP 1	PSRP Method: aerobic digestion
PSRP 2	PSRP Method: air drying
PSRP 3	PSRP Method: anaerobic digestion
PSRP 4	PSRP Method: composting
PSRP 5	PSRP Method: lime stabilization
Alternative 3	Equivalent PSRP

Vector Attraction Reduction (VAR)	Please enter the appropriate VAR compliance code in the box below:
	1
Codes to use for VAR compliance:	Code Description
1	38% Volatile Solids Reduction
2	BENCH - Anaerobic Digestion
3	BENCH - Aerobic Digestion
4	Aerobic Digestion (SOUR)
5	"Aerobic Process": Composting
6	Alkaline stabilization: pH 12 for 2 hours, 11.5 for 22 hours
7	Drying: digested biosolids to 75%
8	Drying: undigested biosolids to 90%
9	Injection
10	Incorporation
11	Surface Disposal Daily Cover
12	Septage: pH 12 for 30 minutes
999	Not Applicable

Preparer's Certification Statement for Pathogen and Vector Attraction Reduction
40 CFR 503.17, as amended August 4, 1999

Please enter the compliance method number(s) in the statement below:

" I certify, under penalty of law, that the information that will be used to determine compliance with the pathogen requirements in 503.32___(all)___ [and the vector attraction reduction requirements in 503.33 (b) (1)* was prepared under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate this information. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment.
*when vector attraction reduction is achieved during treatment

Signature of responsible official:

Digester Performance

Reporting Period: 2011
Digester Number: 6100

		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28	Day 29	Day 30	Day 31	AVG
January	Time																														40	41	41
	Temp	Digester out of service for cleaning and repairs																													100	100	100
	VSR																																
February	Time	18	18	20	19	20	17	14	17	15	17	17	21	20	34	28	35	34	49	42	41	49	40	44	41	45	44	48	50				31
	Temp	100	100	100	100	100	100	99	99	98	99	98	98	98	99	99	99	99	99	100	99	99	99	99	99	99	99	99	99				99
	VSR						NA							71							66							71					69
March	Time	38	37	35	51	33	38	37	28	30	38	46	52	42	46	40	40	46	40	46	40	43	35	37	38	35	42	34	38	32	32	34	39
	Temp	99	99	99	99	100	99	99	99	99	99	99	99	100	100	100	100	100	100	100	100	100	99	98	98	98	98	98	99	99	100	99	99
	VSR						60														54							66					60
April	Time	38	36	39	35	38	38	38	34	38	38	38	32	31	39	38	35	38	39	38	34	38	38	38	34	38	38	34	38	38	38		37
	Temp	100		100	100	99		99	98	98		98	97	97	98	98	98	98	98	98	99	99	99	100	100	100	100	100	100	100	100		99
	VSR			63							63							68							68								66
May	Time	40	39	34	36	36	38	38	34	38	29	37	34	38	38	29	27	29	26	33	31	34	32	32	29	29	29	34	29	29	33	29	33
	Temp	99	100	100	100	100	99	99	100	98	99	99	99	99	99	99	98	99	98	98	98	98	98	98	98	98	99	98	99	99	99	99	99
	VSR	71							61								62						66							65			65
June	Time	29	29	36	27	33	29	36	35	33	33	33	33	33	30	33	29	29	38	29	32	28	29	32	32	25	29	27	32	28	41		31
	Temp	99	99	99	99	99	99	100	100	99	99	100	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	NA		99
	VSR					63							66								65												65
July	Time	39	22	22	15	18	20	22	32	23	24	27	33	25	36	30	29	25	33	27	29	34	32	28	38	34	28	37	33	35	39	34	29
	Temp	99	99	99	99	98	97	98	98	98	98	99	99	99	99	99	99	100	99	99	100	99	99	99	99	99	100	99	NR	99	99	100	99
	VSR			53							64							57							68							68	62
August	Time	31	33	27	37	32	31	32	27	35	30	34	31	31	31	32	33	30	35	31	31	31	31	31	32	32	31	31	32	30	33	30	32
	Temp	99	100	99	99	99	98	98	98	98	99	99	99	99	99	99	100	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
	VSR							64							64							64								62			64
September	Time	35	30	32	31	31	28	31	33	34	31	31	31	33	26	35	34	34	36	26	25	34	29	27	33	25	31	22	29	33	29		31
	Temp	99	99	99	99	99	99	99	99	NR	99	99	99	99	99	99	98	98	98	99	99	99	98	98	98	98	98	98	98	98	NR		99
	VSR				59							NR							60							62							60
October	Time	30	28	27	30	29	29	29	29	30	32	25	26	31	30	29	29	26	29	27	29	30	31	28	31	30	25	33	30	27	28	24	29
	Temp	99	99	99	99	99	99	100	100	99	99	99	99	99	99	98	99	99	99	99	98	99	99	98	98	98	98	99	98	98	98	98	99
	VSR		62							59							67							61							62		62
November	Time	25	26	42	29	27.69	30	26.26	22	26	25	28	30	28	26	26	30	28	31	27	29	33	27	28	25	34	30	26	31	29	29		28
	Temp	98	98	99	98	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	NA	99	99	98	98	99	99		99
	VSR						NR							55							65							57					59
December	Time	31	27	25.9	25	19	20	28	31	29	31	34	35	33	37	47	44	39	43	48	38	37	43	41	46	47	54	44	33	31	31	31	36
	Temp	99	NA	99	98	98	98	98	99	100	100	100	100	100	100	100	100	100	101	101	100	100	99	99	98	98	98	98	98	98	97	97	99
	VSR				56							69							70														

Digester Performance

Reporting Period: 2011
Digester Number: 6200

		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28	Day 29	Day 30	Day 31	AVG
January	Time	22	20	20	23	20	21	22	20	23	17	18	17	19	17	17	20	18	15	17	17	18	16	14	15	14	16	14	17	16	40	41	20
	Temp	100	100	100	100	100	100	100	100	100	99	99	99	98	98	98	98	98	99	98	98	99	99	99	100	98	99	99	98	99	99	99	99
	VSR		69							75							67							63							69		69
February	Time	18	18	20	19	20	17	14	17	15	17	17	21	20	34	28	35	34	49	42	41	49	40	44	41	45	44	48	50				31
	Temp	99	99	100	100	101	100	100	100	100	99	99	98	98	99	99	99	99	99	99	99	99	99	100	100	99	100	100	101				99
	VSR						70							69							66							74					70
March	Time	38	37	35	51	33	38	37	28	30	38	46	52	42	46	40	40	46	40	46	40	43	35	37	38	35	42	34	38	32	32	34	39
	Temp	101	100	100	100	100	99	99	99	98	99	98	99	98	99	99	99	100	100	100	100	100	100	99	99	98	98	98	99	98	99	99	99
	VSR						60														61							64					62
April	Time	38	36	39	35	38	38	38	34	38	38	38	32	31	39	38	35	38	39	38	34	38	38	38	34	38	38	34	38	38	38		37
	Temp	99		99	99	99	100	99	99	99		99	99	99	98	98	98	98	98	98		99	99	99	99	99		99	99	99	99		99
	VSR			66							60							68							67								65
May	Time	40	39	34	36	36	38	38	34	38	29	37	34	38	38	29	27	29	26	33	31	34	32	32	29	29	29	34	29	29	33	29	33
	Temp	99	99	99	99	99	99	99	100	99	99	99	99	99	99	99	99	98	98	NR	98	98	98	98	98	99	99	98	99	99	99	99	99
	VSR	71							60								66						63							66			65
June	Time	29	29	36	27	33	29	36	35	33	33	33	33	33	30	33	29	29	38	29	32	28	29	32	32	25	29	27	32	28	41		31
	Temp	99	99	99	99	99	99	99	100	99	99	100	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	NA	99	99	NA		99
	VSR					65							60								62												62
July	Time	39	22	22	15	18	20	22	32	23	24	27	33	25	36	30	29	25	33	27	29	34	32	28	38	34	28	37	33	35	39	34	29
	Temp	99	99	99	99	98	97	98	98	99	99	99	99	100	99	NR	99	100	99	99	100	99	99	98	97	96	96	96	NR	99	99	101	99
	VSR			56							64							61							66							68	63
August	Time	31	33	27	37	32	31	32	27	35	30	34	31	31	31	32	33	30	35	31	31	31	31	31	32	32	31	31	32	30	33	30	32
	Temp	101	100	99	99	99	98	98	98	98	99	99	99	99	99	99	100	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
	VSR							65							64							63								64			64
September	Time	35	30	32	31	31	28	31	33	34	31	31	31	33	26	35	34	34	36	26	25	34	29	27	33	25	31	22	29	33	29		31
	Temp	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	98	99	98	98	98	98	97	96	96		99
	VSR				61							60							58							63							61
October	Time	30	28	27	30	29	29	29	29	30	32	25	26	31	30	29	29	26	29	27	29	30	31	28	31	30	25	33	30	27	28	24	29
	Temp	97	98	98	99	93	99	100	100	99	99	99	99	99	98	98	99	98	98	98	99	99	99	100	100	100	100	99	99	99	98	98	99
	VSR		64							63							63							64							66		
November	Time	25	26	42	29	27.69	30	26.26	22	26	25	28	30	28	26	26	30	28	31	27	29	33	27	28	25	34	30	26	31	29	29		28
	Temp	98	99	99	98	98	99	99	99	99	99	99	99	99	99	100	99	99	99	99	99	100	100	100	100	99	99	99	99	99	99		99
	VSR													58							70							62					
December	Time	31	27	25.9	25	19	20	28	31	29	31	34	35	33	37	47	44	39	43	48	38	37	43	41	46	47	54	44	33	31	31	31	36
	Temp	99	NA	99	98	99	99	99	99	100	100	100	100	100	101	101	102	101	101	101	100	100	99	99	98	99	98	99	99	99	98	97	99
	VSR				57							70							67														65

Record: If this facility used drying beds during the reporting year, please fill in this table. Enter dates in mm/dd/yyyy format.

Drying Bed #	Date start to fill	Date filling completed	Date removal from drying bed started