MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

MONTHLY MONITORING RECORD FOR WASTEWATER TREATMENT FACILITIES

RECEIVED FEB 1 1 2007 FSMRO

ENTERED FEB 22 2007

NAME OF FACILITY	CITY	COUNTY/REGION
Rockaway Beach W.W.T.P.	Rockaway Beach, Mo.	Southwest Springfield, Mo.
FOR THE MONTH OF	**OUTFALL NUMBER**	**PERMIT NUMBER**	**TYPE TREATMENT FACILITY**
December 20 06	001	MO-0108162	Oxidation ditches U.V. lights

	INFLUENT						EFFLUENT									
DAY	FLOW: MGD ☐ GPD ☐ INF. OR EFF.	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	TEMP °F - °C	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	OTHER	OTHER F.C.	OTHER	OTHER TEMP	RAIN	WEATHER	TIM
1													TRACE	S-32	
2														C-40	
3														C-36	
4						6.9		7.5				61		C-40	11
5														C-45	
6														C-46	
7														C-46	
8		7.0	315	315	59	7.0	8.6	11.5				59		C-48	1
9														C-56	
10														PC-48	
11														PC-47	
12														C-57	
13						7.0	5.9	3.5				58		C-63	1
14														C-58	
15						7.0	6.3	6.5				58		C-61	0
16														C-65	
17														C-64	
18													TRACE	R-56	
19														PC-48	
20						7.0	4.3	<1				57	0.1"	R-46	0
21														C-63	
22														C-48	
23														C-57	
24														PC-46	
25														C-54	
26														C-58	
27														PC-56	
28														C-65	
29		7.1	395	240	59	7.0	5.4	8.5				58		PC-61	
30													0.9"	R-54	
31													0.1"	R-48	
No. of Samp.															
Tot of Samp.															
Monthly Avg.															
Daily Max.															
Daily Min.															
Max 7/Avg.															

NOTE: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

OPERATIONAL CONTROL PARAMETERS

DATE	PH UNITS	ALK. ml/l	DO mg/l	SET SOLIDS RAW ml/l	SUS. SOLIDS MIXED LIQUOR mg/l 2500	SETTLEABILITY MIXED LIQUOR 30 ml/l	SLUDGE DISP. (LBS. DRY WT.)	TEMP °F - °C	RAIN AND WEATHER
1									
2									
3									
4	6.8				3860	950		61	
5									
6									
7									
8	6.9	8.1			2620	950		59	
9									
10									
11									
12									
13	6.8				2370	940		56	
14									
15	6.8				2480	940		56	
16									
17									
18									
19									
20	6.8				2710	960		57	
21									
22									
23									
24									
25									
26									
27									
28									
29	6.8	1.8			3400	980		58	
30									
31									

RECEIVED FEB 2007 FSD/SMRO

1. Fill out one copy of report each month and mail in monthly for each treatment facility.
2. Mail one copy of report to the appropriate DNR regional office as noted in your permit and keep one copy in your files.
3. Reports must be signed by whoever performed tests and by an appropriate official.
4. In the weather column, use the following symbols: R-rain, S-snow, C-clear, P.C.-partly cloudy and O-overcast.
5. Use grab sample for pH, Temp. and D.O. Use grab samples for all operational control test.
6. Use 24 hr. composite (proportional) samples for B.O.D. 5, and Sus. Solids tests unless NPDES permit indicates otherwise. Use "Standard Methods" or an approved equal for all parameters.
7. Treatment plant flow measurements may be made on either influent or effluent. Lagoon influent flow measurements need be only at the time of composite sampling of the influent. All tests must be performed in accordance with NPDES Permit Con. and Operational Control Regulation 10 CSR 20-9.010. Review your permit for specific requirements.
8. Unusual conditions, significantly affecting operations must be reported immediately to the Department of Natural Resources.
9. Representative sludge samples should be taken either before entering digesters and/or holding tanks or after removal from digesters or

COMMENTS Merriam Woods + Dull Creek Influent Dec 2006 - 3,351,000 gallons
Rockaway Beach Influent Dec. 2006 1,410,000 gallons
Phosphorus Dec. 2006: P 0.3 mg/L | Ammonia Dec. 2006: A - 0.4 mg/L
In December 2006, I wasn't aware that the plant had to do BOD & Gross testing

TESTS PERFORMED BY	TITLE	PHONE #	DATE
Edwin K. Bailey	Plant operator	417-561-2444	Feb 17, 2007
TESTS PERFORMED BY	TITLE	PHONE #	DATE

MO 780-1308 (12-97)

ENTERED JAN 30 2007

RECEIVED JAN 2007 SD/SWRO

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

MONTHLY MONITORING RECORD FOR WASTEWATER TREATMENT FACILITIES

NAME OF FACILITY	CITY	COUNTY/REGION
Rockaway Beach W.W.T.P.	Rockaway Beach, Mo.	Southwest Springfield, Mo.

FOR THE MONTH OF 19____	OUTFALL NUMBER	PERMIT NUMBER	TYPE TREATMENT FACILITY
November 20 06	001	MO-0108162	Oxidation ditches U.V. lights

	INFLUENT					EFFLUENT									
DAY	FLOW: MGD ☐ GPD ☐ INF. OR EFF.	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	TEMP °F - °C	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	OTHER	OTHER F.C.	OTHER	OTHER TEMP	RAIN	WEATHER	T
1														C-56	
2														C-52	
3		7.2	330	275	68	7.0	5.1	4.5				67		C-57	0
4														PC-55	
5													0.3"	R-57	
6													0.2"	R-55	
7														C-68	
8														C-72	
9														C-80	
10														C-72	
11														C-54	
12														C-56	
13						7.0		11.5				65	0.8"	R-63	
14													0.3"	R-64	
15														PC-58	
16														C-68	
17														C-62	
18														C-58	
19														PC-56	
20														C-65	
21														C-66	
22						7.0	6.4	7.0				64		C-64	
23														C-65	
24		7.1	355	295	65	7.0	5.7	6.5				64		C-66	
25														C-65	
26														C-64	
27														PC-63	
28														PC-68	
29						7.0	7.3	9.0				62		PC-64	
30													3.0"	R-36	
31															
No. of Samp.															
Tot of Samp.															
Monthly Avg.															
Daily Max.															
Daily Min.															
Max 7/Avg.															

NOTE: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

OPERATIONAL CONTROL PARAMETERS

DATE	PH UNITS	ALK. ml/l	DO mg/l	SET SOLIDS RAW ml/l	SUS. SOLIDS MIXED LIQUOR mg/l	SETTLEABILITY MIXED LIQUOR ml/l 30 MIN	SLUDGE DISP. (LBS. DRY WT.)	TEMP °F - °C	RAIN AND WEATHER
1									
2									
3	6.8		1.8		4030	960		67	
4									
5									
6									
7									
8									
9									
10									
11									
12									
13	6.9		1.7		4390	980		63	
14									
15									
16									
17									
18									
19									
20									
21									
22	6.8				3560	990		63	
23									
24	6.8		1.9		3430	980		63	
25									
26									
27									
28									
29	6.8				3150	960		62	
30									
31									

RECEIVED
JAN 2007
FSD/SWRO

1. Fill out one copy of report each month and mail in monthly for each treatment facility.
2. Mail one copy of report to the appropriate DNR regional office as noted in your permit and keep one copy in your files.
3. Reports must be signed by whoever performed tests and by an appropriate official.
4. In the weather column, use the following symbols: R-rain, S-snow, C-clear, P.C.-partly cloudy and O-overcast.
5. Use grab sample for pH, Temp. and D.O. Use grab samples for all operational control test.
6. Use 24 hr. composite (proportional) samples for B.O.D. 5, and Sus. Solids tests unless NPDES permit indicates otherwise. Use "Standard Methods" or an approved equal for all parameters.
7. Treatment plant flow measurements may be made on either influent or effluent. Lagoon influent flow measurements need be only at the time of composite sampling of the influent. All tests must be performed in accordance with NPDES Permit Con. and Operational Control Regulation 10 CSR 20-9.010. Review your permit for specific requirements.
8. Unusual conditions, significantly affecting operations must be reported immediately to the Department of Natural Resources.
9. Representative sludge samples should be taken either before entering digesters and/or holding tanks or after removal from digesters or

COMMENTS Rockaway Beach Influent Nov. 2006 – 1,489,000 gallons
Bull Creek + Merriam Woods Influent Nov. 2006 – 3,834,000 gallons

Tested for Phosphorus Nov. 2006: P – 0.4 mg/L
Tested for Ammonia Nov. 2006: A – 0.4 mg/L

TESTS PERFORMED BY	TITLE	PHONE #	DATE
Edwin Godley	Plant operator	417-561-2904	JAN 16 200
TESTS PERFORMED BY	TITLE	PHONE #	DATE

MO 780-1308 (12-97)

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

MONTHLY MONITORING RECORD FOR WASTEWATER TREATMENT FACILITIES

ENTERED FEB 26 2007

NAME OF FACILITY	CITY	COUNTY/REGION
Rockaway Beach W.W.T.P.	Rockaway Beach, Mo.	Southwest Springfield, Mo.
FOR THE MONTH OF	**OUTFALL NUMBER**	**PERMIT NUMBER**
October 19 20 06	001	MO-0108162
		TYPE TREATMENT FACILITY Oxidation Ponds & Lines U.V. lights

	INFLUENT					EFFLUENT								
DAY	FLOW: MGD ☐ GPD ☐ INF. OR EFF.	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	TEMP °F - °C	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	OTHER	OTHER F.C.	OTHER	OTHER TEMP	RAIN	WEATHER
1														C-85
2														C-90
3		7.0	275	215	72	7.0	5.3	6.5		9		71		C-90
4														C-91
5														C-76
6														C-77
7														C-76
8						7.0	7.7	5.7				70		C-77
9														C-80
10														C-75
11														C-72
12														C-64
13														C-72
14														C-74
15						7.0	8.2	9.0				69		PC-58
16													2.5"	R-55
17														C-72
18														C-71
19													0.3"	R-49
20						7.1		10.5				68		C-68
21														PC-58
22														PC-56
23														C-62
24		7.1	330	285	67	7.0	7.5	8.5				67	0.1	R-58
25														PC-65
26														PC-60
27													0.3"	R-56
28														C-65
29						7.0	9.4	12.5				68		C-72
30														PC-66
31														PC-54
No. of Samp.														
Tot of Samp.														
Monthly Avg.														
Daily Max.														
Daily Min.														
Max 7/Avg.														

NOTE: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

OPERATIONAL CONTROL PARAMETERS

DATE	PH UNITS	ALK. ml/l	DO mg/l	SET SOLIDS RAW ml/l	SUS. SOLIDS MIXED LIQUOR mg/l	SETTLEABILITY MIXED LIQUOR 30 ml/min.	SLUDGE DISP. (LBS. DRY WT.)	TEMP °F - °C	RAIN AND WEATHER
1									
2									
3	6.8				4490	930		71	
4									
5									
6									
7									
8	6.8		2.1		4340	930		70	
9									
10									
11									
12									
13									
14									
15	6.9				4330	940		69	
16									
17									
18									
19									
20	6.8				4140	940		6.8	
21									
22									
23									
24	6.8		1.9		4000	940		67	
25									
26									
27									
28									
29	6.8				4220	960		6.8	
30									
31									

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8. Unusual conditions, significantly affecting operations must be reported immediately to the Department of Natural Resources.
9. Representative sludge samples should be taken either before entering digesters and/or holding tanks or after removal from digesters or

RECEIVED FEB 2007 WRC

COMMENTS Meeteetse Woods + Bull Creek Influent Oct 2006 – 3,371,000 gallons
Rockaway Beach Influent Oct 2006 – 1,456,000 gallons
Phosphorus for Oct. 2006: P – 0.5 mg/L
Ammonia for Oct 2006: A – 0.4 mg/L
In October 2006, I wasn't aware that we had to test for Oil & Grease.

ENTERED FEB 26 2007

TESTS PERFORMED BY	TITLE	PHONE #	DATE
Edwin R. Gallery	Plant operator	417-561-2404	Feb 12, 2007
TESTS PERFORMED BY	TITLE	PHONE #	DATE

MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOUTHWEST REGIONAL OFFICE

Parameter(s) indicated below (was/were) missing from the November 2006 monthly / quarterly discharge monitoring report, for facility Rockaway Beach W.W.T.P. permit number MO- 0108162.

Missing Parameter	Results
_____ BOD	_____
_____ FLOW	_____
_____ NH3	_____
_____ NO2 / NO3	_____
_____ pH	_____
_____ PT	_____
_____ RAINFALL	_____
_____ TEMP F / TEMP C	_____
_____ TSS	_____
_____ METALS	_____
_____ TTO	_____
_____ APPENDIX D	_____

RECEIVED FEB 2007 MO/SWRO

OTHER Fecal Coliform - Fecals are done during recreation season April - Oct.
Oil & Grease - I wasn't aware that we had to test for oil & grease. I have taken samples to CASI lab in Springfield to be tested.

OPERATOR: _____ SAMPLE DATE: _____ SAMPLE TIME: _____
LAB: _____ ANALYSES DATE: _____ METHOD USED: _____

Please return this form with the missing information to the address below. If you have any questions contact Lana Cypret at 417-891-4300.

Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807-5912

SIGNATURE: Edwin Godley DATE: Feb 12, 2007

MO/SWRO
9/13/2006

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

MONTHLY MONITORING RECORD FOR WASTEWATER TREATMENT FACILITIES

ENTERED 11/27/06

NAME OF FACILITY	CITY	COUNTY/REGION
Rockaway Beach W.W.T.P.	Rockaway Beach, Mo.	Southwest Springfield, Mo.
FOR THE MONTH OF	**OUTFALL NUMBER**	**PERMIT NUMBER**	**TYPE TREATMENT FACILITY**
September 19____ 20 06	001	MO-0108162	Oxidation ditches U.V. lights

	INFLUENT					EFFLUENT									
DAY	FLOW: MGD ☐ GPD ☐ INF. OR EFF.	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	TEMP °F - °C	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	OTHER	OTHER F.C.	OTHER	OTHER TEMP	RAIN	WEATHER	TIME
1														C-82	
2														C-79	
3														C-83	
4						7.0		8.5				78		C-82	09:00
5														C-80	
6						7.0	5.1	3.5		8		78		C-85	10:00
7														C-86	
8														C-87	
9														C-86	
10														PC-85	
11						7.0		6.5				76	0.3"	R-83	10:30
12														PC-72	
13														C-82	
14														C-86	
15		7.1	345	280	76	7.0	6.3	5.5				75		C-87	09:3
16														C-88	
17													0.6"	R-82	
18														C-83	
19														C-79	
20						7.0	6.7	3.0				74		C-78	09:3
21														C-76	
22														C-88	
23													0.5"	R-76	
24														PC-64	
25														C-73	
26														C-82	
27													0.1"	R-82	
28														C-65	
29		7.2	305	255	72	6.4	4.8	7.5				72		C-78	11:00
30														C-85	
31															
No. of Samp.															
Tot of Samp.															
Monthly Avg.															
Daily Max.															
Daily Min.															
Max 7/Avg.															

RECEIVED FSD/SW

NOTE: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

MO 780-1306 (12-97)

OPERATIONAL CONTROL PARAMETERS

DATE	PH UNITS	ALK. ml/l	DO mg/l	SET SOLIDS RAW ml/l	SUS. SOLIDS MIXED LIQUOR MLSS mg/l	SETTLEABILITY MIXED LIQUOR 30 ml/l min.	SLUDGE DISP. (LBS. DRY WT.)	TEMP °F - °C	RAIN AND WEATHER
1									
2									
3									
4	6.8				3980	880		78	
5									
6	6.8		1.8		3760	880		79	
7									
8									
9									
10									
11	6.8				3530	860		76	
12									
13									
14									
15	6.9				3810	870		75	
16									
17									
18									
19									
20	6.8		2.1		4140	890		74	
21									
22									
23									
24									
25									
26									
27									
28									
29	6.9				4380	920		72	
30									
31									

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8. Unusual conditions, significantly affecting operations must be reported immediately to the Department of Natural Resources.
9. Representative sludge samples should be taken either before entering digesters and/or holding tanks or alter removal from digesters or holding tanks.

COMMENTS Merriam Woods + Bull Creek Influent Sept. 2006 – 8,228,000 gallons
Rockaway Beach Influent Sept. 2006 – 1,587,000 gallons
Tested for Phosphorus Sept 2006: P – 0.5
Tested for Ammonia Sept 2006: A – 0.4 mg/L

TESTS PERFORMED BY	TITLE	PHONE #	DATE
Edwin Bullard	Plant operator	417-271-3404	Dec. 19, 2006
TESTS PERFORMED BY	TITLE	PHONE #	DATE

MO 780-1306 (12-97)

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

MONTHLY MONITORING RECORD FOR WASTEWATER TREATMENT FACILITIES

ENTERED by Required WDIS

RECEIVED NOV 2006

NAME OF FACILITY	CITY	COUNTY OR SOON
Rockaway Beach W.W.T.P.	Rockaway Beach, Mo.	Springfield, Mo.
FOR THE MONTH OF 19____ 20 06 August	OUTFALL NUMBER 001	PERMIT NUMBER MO-0108162
		TYPE TREATMENT FACILITY Oxidation ditches U.V. lights

DAY	INFLUENT FLOW: MGD ☐ GPD ☐ INF. OR EFF.	INFLUENT PH UNITS	INFLUENT BOD mg/L	INFLUENT SUS. SOLIDS mg/L	INFLUENT TEMP °F - °C	EFFLUENT PH UNITS	EFFLUENT BOD mg/L	EFFLUENT SUS. SOLIDS mg/L	EFFLUENT OTHER	EFFLUENT OTHER F.C.	EFFLUENT OTHER	EFFLUENT OTHER TEMP	RAIN	WEATHER	T
1														C-101	
2						7.0	8.3	9.0				79		C-102	8
3														C-94	
4						7.1	6.1	7.5		12		79	0.5"	R-92	1
5														C-95	
6														C-97	
7														C-98	
8														C-100	
9														C-96	
10														C-97	
11		7.8	360	295	80	7.0	5.9	7.8				80	1.0"	R-96	10
12														C-92	
13														C-93	
14														C-93	
15														C-95	
16						7.0	6.8	5.3				81		C-96	8
17														C-100	
18													0.4"	R-96	
19														C-92	
20														C-94	
21														C-93	
22														C-93	
23														C-95	
24													0.2"	R-92	
25		7.1	385	315	78	7.0	7.9	11.5				79		C-88	11
26														R-96	
27														PC-84	
28						7.0		9.5				78		PC-78	1
29														C-82	
30														C-86	
31														C-90	
No. of Samp.															
Tot of Samp.															
Monthly Avg.															
Daily Max.															
Daily Min.															
Max 7/Avg.															

NOTE: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

OPERATIONAL CONTROL PARAMETERS

DATE	PH UNITS	ALK. ml/l	DO mg/l	SET SOLIDS RAW ml/l	SUS. SOLIDS MIXED LIQUOR mg/l MLSS	SETTLEABILITY MIXED LIQUOR 30 ml/l min.	SLUDGE DISP. (LBS. DRY WT.)	TEMP °F - °C	RAIN AND WEATHER
1									
2	6.8				4230	900		79	
3									
4	6.9		1.4		4170	900		79	
5									
6									
7									
8									
9									
10									
11	6.8				4420	920		80	
12									
13									
14									
15									
16	6.8		1.8		4640	930		81	
17									
18									
19									
20									
21									
22									
23									
24									
25	6.9				4290	900		78	
26									
27									
28	6.8		1.6		4130	890		78	
29									
30									
31									

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6. Use 24 hr. composite (proportional) samples for B.O.D. 5, and Sus. Solids tests unless NPDES permit indicates otherwise. Use Standard Methods" or an approved equal for all parameters.
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8. Unusual conditions, significantly affecting operations must be reported immediately to the Department of Natural Resources.
9. Representative sludge samples should be taken either before entering digesters and/or holding tanks or after removal from digesters or holding tanks.

RECEIVED NOV 2006 FSD/SWRO

COMMENTS Rockaway Beach Influent Aug. 2006 — 1,637,000 gallons
Merriam Woods + Bull Creek Influent Aug. 2006 — 3,346,000 gallons
Tested for Phosphorus Aug 2006: P — 0.3 mg/L
Tested for Ammonia Aug. 2006: A — 0.4 mg/L

TESTS PERFORMED BY	TITLE	PHONE #	DATE
Edwin K. Hartley	Plant operator	417-561-2324	Nov. 14, 2006
TESTS PERFORMED BY	TITLE	PHONE #	DATE

MO 780-1306 (12-97)

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

MONTHLY MONITORING RECORD FOR WASTEWATER TREATMENT FACILITIES

ENTERED 10/16/06

NAME OF FACILITY	CITY	COUNTY/REGION
Rockaway Beach W.W.T.P.	Rockaway Beach, Mo.	Southwest Springfield, Mo.

FOR THE MONTH OF	OUTFALL NUMBER	PERMIT NUMBER	TYPE TREATMENT FACILITY
July 19__ 20 06	001	MO-0108162	Oxidation ditches U.V. lights

	INFLUENT					EFFLUENT									
DAY	FLOW: MGD ☐ GPD ☐ INF. OR EFF.	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	TEMP °F - °C	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	OTHER	OTHER F.C.	OTHER	OTHER TEMP	RAIN	WEATHER	TI
1														C-94	
2														C-92	
3														C-91	
4													1.2"	R-88	
5						7.0	5.2	3.5				77		C-86	0
6														C-86	
7		7.2	245	195	78	6.9	5.7	4.5				77		C-84	11
8														C-89	
9														C-97	
10													0.5"	R-87	
11													0.9"	R-89	
12													0.3"	R-90	
13														C-90	
14						7.0	3.8	<1		3		78		C-92	1
15														C-94	
16														C-97	
17														C-100	
18														C-100	
19						6.9	6.3	3.5				79		C-102	1
20														C-103	
21														C-100	
22														C-90	
23														C-92	
24														PC-95	
25														PC-96	
26						7.0	8.1	9.5		8		79		PC-98	C
27														PC-94	
28		7.1	315	250	78	7.0	7.6	6.4				78	2.4"	R-90	1
29														C-93	
30														C-100	
31														C-101	
No. of Samp.															
Tot of Samp.															
Monthly Avg.															
Daily Max.															
Daily Min.															
Max 7/Avg.															

NOTE: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

OPERATIONAL CONTROL PARAMETERS

DATE	PH UNITS	ALK. ml/l	DO mg/l	SET SOLIDS RAW ml/l	SUS. SOLIDS MIXED LIQUOR mg/l MLSS	SETTLEABILITY MIXED LIQUOR 30 min. ml/l	SLUDGE DISP. (LBS. DRY WT.)	TEMP °F - °C	RAIN AND WEATHER
1									
2									
3									
4									
5	6.8		1.6		3740	800		77	
6									
7	6.9				3630	790		77	
8									
9									
10									
11									
12									
13									
14	6.9				4070	830		78	
15									
16									
17									
18									
19	6.8		1.5		4350	880		79	
20									
21									
22									
23									
24									
25									
26	6.8		1.6		4510	910		79	
27									
28	6.8				4396	900		78	
29									
30									
31									

1. Fill out one copy of report each month and mail in monthly for each treatment facility.
2. Mail one copy of report to the appropriate DNR regional office as noted in your permit and keep one copy in your files.
3. Reports must be signed by whoever performed tests and by an appropriate official.
4. In the weather column, use the following symbols: R-rain, S-snow, C-clear, P.C.-partly cloudy and O-overcast.
5. Use grab sample for pH; Temp. and D.O. Use grab samples for all operational control test.
6. Use 24 hr. composite (proportional) samples for B.O.D. 5, and Sus. Solids tests unless NPDES permit indicates otherwise. Use "Standard Methods" or an approved equal for all parameters.
7. Treatment plant flow measurements may be made on either influent or effluent. Lagoon influent flow measurements need be only at the time of composite sampling of the influent. All tests must be performed in accordance with NPDES Permit Con. and Operational Control Regulation 10 CSR 20-9.010. Review your permit for specific requirements.
8. Unusual conditions, significantly affecting operations must be reported immediately to the Department of Natural Resources.
9. Representative sludge samples should be taken either before entering digesters and/or holding tanks or after removal from digesters or

COMMENTS Meeriam Woods + Bull Creek Influent July 2006 – 3,883,000 gallons
Rockaway Beach Influent July 2006 – 1,581,000 gallons

Tested for Phosphorus July 2006: P – 0.3 mg/L
Tested for Ammonia July 2006: A – 0.4 mg/L

TESTS PERFORMED BY	TITLE	PHONE #	DATE
Erwin Hodges	Plant operator	417-561-2304	Sept 29, 20
TESTS PERFORMED BY	TITLE	PHONE #	DATE

MO 780-1308 (10-97)

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

MONTHLY MONITORING RECORD FOR WASTEWATER TREATMENT FACILITIES

RECEIVED AUG 2006 FSD/SWRC

ENTERED 8-22-06

NAME OF FACILITY	CITY	COUNTY/REGION
Rockaway Beach W.W.T.P.	Rockaway Beach, Mo.	Southwest Springfield, Mo.
FOR THE MONTH OF June 19__ 20 06	OUTFALL NUMBER 001	PERMIT NUMBER MO-0108162
		TYPE TREATMENT FACILITY Oxidation ditches U.V. lights

DAY	INFLUENT FLOW: MGD ☐ GPD ☐ INF. OR EFF.	INFLUENT PH UNITS	INFLUENT BOD mg/L	INFLUENT SUS. SOLIDS mg/L	INFLUENT TEMP °F - °C	EFFLUENT PH UNITS	EFFLUENT BOD mg/L	EFFLUENT SUS. SOLIDS mg/L	OTHER	OTHER F.C.	OTHER	OTHER TEMP	RAIN	WEATHER
1														
2		7.1	315	260	78	7.0	7.5	6.5						C-83
3												78		C-87
4														C-90
5													Trace	R-80
6														C-87
7														R-80
8						7.0	6.4	3.5		9		78		C-88
9														C-90
10														C-91
11														C-93
12														PC-85
13														C-86
14														C-85
15						7.0	6.9	7.5				75		C-88
16														C-90
17														C-88
18														R-90
19														C-94
20														C-88
21														C-45
22						6.9	5.7	4.5				75		C-94
23		7.2	290	225	75								0.5	R-94
24						7.0	6.1	1.5				75		C-86
25														C-85
26														C-87
27														C-82
28														C-87
29						7.0	4.9	2.5				76		C-94
30														C-95
31														C-95
No. of Samp.														
Tot of Samp.														
Monthly Avg.														
Daily Max.														
Daily Min.														
Max 7/Avg.														

NOTE: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

OPERATIONAL CONTROL PARAMETERS

DATE	PH UNITS	ALK. ml/l	DO mg/l	SET SOLIDS RAW ml/l	SUS. SOLIDS MIXED LIQUOR mg/l	SETTLEABILITY MIXED LIQUOR 30 min	SLUDGE DISP. (LBS. DRY WT.)	TEMP °F - °C	RAIN AND WEATHER
1									
2	6.8				4530	930		72	
3									
4									
5									
6									
7	6.8		1.6		4670	840		73	
8									
9									
10									
11									
12									
13									
14	6.9				4230	810		75	
15									
16									
17									
18									
19									
20									
21	6.8				3910	780		75	
22									
23	6.9		1.7		3730	770		75	
24									
25									
26									
27									
28	6.9				3980	780		76	
29									
30									
31									

RECEIVED AUG 2006 FSD/SWRO

1. Fill out one copy of report each month and mail in monthly for each treatment facility.
2. Mail one copy of report to the appropriate DNR regional office as noted in your permit and keep one copy in your files.
3. Reports must be signed by whoever performed tests and by an appropriate official.
4. In the weather column, use the following symbols: R-rain, S-snow, C-clear, P.C.-partly cloudy and O-overcast.
5. Use grab sample for pH, Temp. and D.O. Use grab samples for all operational control test.
6. Use 24 hr. composite (proportional) samples for B.O.D. 5, and Sus. Solids tests unless NPDES permit indicates otherwise. Use "Standard Methods" or an approved equal for all parameters.
7. Treatment plant flow measurements may be made on either influent or effluent. Lagoon influent flow measurements need be only at the time of composite sampling of the influent. All tests must be performed in accordance with NPDES Permit Con. and Operational Control Regulation 10 CSR 20-9.010. Review your permit for specific requirements.
8. Unusual conditions, significantly affecting operations must be reported immediately to the Department of Natural Resources.
9. Representative sludge samples should be taken either before entering digesters and/or holding tanks.

COMMENTS

Rockaway Beach Influent June 2006 - 1489000 gallons
Bull Creek + Meredith Woods Influent June 2006 - 2,925,000 gallons
Tested for Phosphorus June 2006: P - 0.4 mg/L
Tested for Ammonia June 2006: A - 0.8 mg/L

TESTS PERFORMED BY Edwin K. Dalley | TITLE Plant operator | PHONE # 417-561-2224 | DATE Aug 24, 2006

TESTS PERFORMED BY | TITLE | PHONE # | DATE

MO 780-1308 (12-07)

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

MONTHLY MONITORING RECORD FOR WASTEWATER TREATMENT FACILITIES

ENTERED 8/23/06

RECEIVED AUG 2006 SWRO

NAME OF FACILITY	CITY	COUNTY/REGION
Rockaway Beach W.W.T.P.	Rockaway Beach, Mo.	Southwest Springfield, Mo.
FOR THE MONTH OF	**OUTFALL NUMBER**	**PERMIT NUMBER**
May 19____ 20 06	001	MO-0108162
		TYPE TREATMENT FACILITY Oxidation ditches U.V. light

	INFLUENT					EFFLUENT									
DAY	FLOW: MGD ☐ GPD ☐ INF. OR EFF.	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	TEMP °F - °C	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	OTHER	OTHER F.C.	OTHER	OTHER TEMP	RAIN	WEATHER	TI
1														C-72	
2														C-82	
3														C-81	
4													1.8"	R-62	
5		7.2	325	270	68	7.0	17.3	23.5				68		C-76	14
6													0.5"	R-62	
7														PC-65	
8														C-75	
9													1.1"	R-77	
10													1.2"	R-60	
11														PC-80	
12						7.0	7.4	8.0				66		C-75	04
13														C-74	
14														C-68	
15						7.0		7.5				68		C-68	11
16														C-71	
17														C-72	
18														C-75	
19						7.0	8.6	6.5				71		C-87	15
20														PC-86	
21														PC-85	
22														C-84	
23														C-85	
24						7.0	6.5	3.5		16		71		C-87	10
25														C-90	
26														C-90	
27														C-91	
28														C-87	
29														C-85	
30														C-84	
31		7.2	290	235	72	7.1	6.8	5.0				72		C-83	10
No. of Samp.															
Tot of Samp.															
Monthly Avg.															
Daily Max.															
Daily Min.															
Max 7/Avg.															

NOTE: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

MO 780-1308 (12-97)

OPERATIONAL CONTROL PARAMETERS

DATE	PH UNITS	ALK. ml/l	DO mg/l	SET SOLIDS RAW ml/l	SUS. SOLIDS MIXED LIQUOR mg/l	SETTLEABILITY MIXED LIQUOR ml/l	SLUDGE DISP. (LBS. DRY WT.)	TEMP °F - °C	RAIN AND WEATHER
1									
2									
3									
4									
5	6.8		1.6		3080	350		68	
6									
7									
8									
9									
10									
11									
12	6.8				3880	580		66	
13									
14									
15	6.8		1.5		4330	620		68	
16									
17									
18									
19	6.8				5510	800		71	
20									
21									
22									
23									
24	6.9		1.8		5240	830		71	
25									
26									
27									
28									
29									
30									
31	6.9				4770	840		72	

1. Fill out one copy of report each month and mail in monthly for each treatment facility.
2. Mail one copy of report to the appropriate DNR regional office as noted in your permit and keep one copy in your files.
3. Reports must be signed by whoever performed tests and by an appropriate official.
4. In the weather column, use the following symbols: R-rain, S-snow, C-clear, P.C.-partly cloudy and O-overcast.
5. Use grab sample for pH, Temp. and D.O. Use grab samples for all operational control test.
6. Use 24 hr. composite (proportional) samples for B.O.D. 5, and Sus. Solids tests unless NPDES permit indicates otherwise. Use "Standard Methods" or an approved equal for all parameters.
7. Treatment plant flow measurements may be made on either influent or effluent. Lagoon influent flow measurements need be only at the time of composite sampling of the influent. All tests must be performed in accordance with NPDES Permit Con. and Operational Control Regulation 10 CSR 20-9.010. Review your permit for specific requirements.
8. Unusual conditions, significantly affecting operations must be reported immediately to the Department of Natural Resources.
9. Representative sludge samples should be taken either before entering digesters and/or holding tanks or after removal from digesters or holding tanks.

COMMENTS Rockaway Beach Influent May, 2006 – 1,581,000 gallons
Merriam Woods + Bull Creek Village May, 2006 – 3,343,000 gallons
Tested for Phosphorus May 2006: P- 0.5 mg/L
Tested for Ammonia May 2006: A- 0.4 mg/L

TESTS PERFORMED BY	TITLE	PHONE #	DATE
Edwin K. Grollen	Plant operator	417-561-2404	Aug 14, 2006
TESTS PERFORMED BY	TITLE	PHONE #	DATE

MO 780-1308 (12-97)

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

MONTHLY MONITORING RECORD FOR WASTEWATER TREATMENT FACILITIES

RECEIVED JUL 17 2006 SOUTHWEST REGIONAL OFFICE

NAME OF FACILITY	CITY	COUNTY/REGION
Rockaway Beach W.W.T.P.	Rockaway Beach, Mo.	Southwest Springfield, Mo.

FOR THE MONTH OF	OUTFALL NUMBER	PERMIT NUMBER	TYPE TREATMENT FACILITY
April 19__ 20 06	001	MO-0108162	Oxidation ditches U.V. lights

	INFLUENT					EFFLUENT									
DAY	FLOW: MGD ☐ GPD ☐ INF. OR EFF.	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	TEMP °F - °C	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	OTHER	OTHER F.C.	OTHER	OTHER TEMP	RAIN	WEATHER	TI
1														C-74	
2													0.3"	R-78	
3						7.0		11.5				61		C-73	0
4														C-72	
5														PC-68	
6													0.2"	R-68	
7		7.2	365	310	62	7.0	8.7	9.5				62	0.9"	R-72	10
8														C-68	
9														C-72	
10														C-73	
11														C-72	
12						7.0	4.8	6.5		11		65		C-76	10
13														C-85	
14														C-84	
15														C-74	
16														C-83	
17														C-85	
18														C-88	
19														C-78	
20														C-80	
21		7.1	385	345	66	7.0	6.8	7.5				65		C-78	13
22													0.2"	R-78	
23													0.7"	R-75	
24													0.5"	R-73	
25													0.3"	R-74	
26						6.9	5.1	5.5				66		PC-52	0
27														C-78	
28						7.0	6.3	3.5				66	0.3"	R-58	12
29													1.6"	R-58	
30													0.8"	R-66	
31															
No. of Samp.															
Tot of Samp.															
Monthly Avg.							6.34	7.33							
Daily Max.															
Daily Min.															
Max 7/Avg.															

COMPLETED 8-10-06

NOTE: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

OPERATIONAL CONTROL PARAMETERS

DATE	PH UNITS	ALK. ml/l	DO mg/l	SET SOLIDS RAW ml/l	SUS. SOLIDS MIXED LIQUOR mg/l	SETTLEABILITY MIXED LIQUOR ml/l	SLUDGE DISP. (LBS. DRY WT.)	TEMP °F - °C	RAIN AND WEATHER
					MLSS	30 min.			
1									
2									
3	6.9		1.6		4430	870		60	
4									
5									
6									
7	6.8				4900	900		62	
8									
9									
10									
11									
12	6.8				4610	890		65	
13									
14									
15									
16									
17									
18									
19									
20									
21	6.9		1.4		4170	840		66	
22									
23									
24									
25									
26	6.8				3760	810		66	
27									
28	6.8		1.8		3420	790		66	
29									
30									
31									

RECEIVED
JUL 17 2006
SOUTHWEST REGIONAL OFFICE

1. Fill out one copy of report each month and mail in monthly for each treatment facility.
2. Mail one copy of report to the appropriate DNR regional office as noted in your permit and keep one copy in your files.
3. Reports must be signed by whoever performed tests and by an appropriate official.
4. In the weather column, use the following symbols: R-rain, S-snow, C-clear, P.C.-partly cloudy and O-overcast.
5. Use grab sample for pH; Temp. and D.O. Use grab samples for all operational control test.
6. Use 24 hr. composite (proportional) samples for B.O.D. 5, and Sus. Solids tests unless NPDES permit indicates otherwise. Use Standard Methods" or an approved equal for all parameters.
7. Treatment plant flow measurements may be made on either influent or effluent. Lagoon influent flow measurements need be only at the time of composite sampling of the influent. All tests must be performed in accordance with NPDES Permit Con. and Operational Control Regulation 10 CSR 20-9.010. Review your permit for specific requirements.
8. Unusual conditions, significantly affecting operations must be reported immediately to the Department of Natural Resources.
9. Representative sludge samples should be taken either before entering digesters and/or holding tanks or after removal from digesters or

COMMENTS

Rockaway Beach Influent April 2006 — 1,418,000 gallons
Bull Creek Village + Meriam Woods Influent April 2006 — 8,921,000 gallons

Tested for Phosphorus April 18, 2006 P- 0.5 mg/L
Tested for Ammonia April 18, 2006 - A- 0.4 mg/L

TESTS PERFORMED BY	TITLE	PHONE #	DATE
Edwin Godley	Plant operator	314-261-2404	July 18, 2006
TESTS PERFORMED BY	TITLE	PHONE #	DATE

MO 780-1308 (12-97)

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

MONTHLY MONITORING RECORD FOR WASTEWATER TREATMENT FACILITIES

RECEIVED JUN 16 2006 SOUTHWEST REGIONAL OFFICE

NAME OF FACILITY	CITY	COUNTY/REGION
Rockaway Beach W.W.T.P.	Rockaway Beach, Mo.	Southwest Springfield, Mo.
FOR THE MONTH OF	**OUTFALL NUMBER**	**PERMIT NUMBER** / **TYPE TREATMENT FACILITY**
March 19____ 20 06	001	MO-0108162 / Oxidation ditches U.V. lights

	INFLUENT					EFFLUENT									
DAY	FLOW: MGD ☐ GPD ☐ INF. OR EFF.	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	TEMP °F - °C	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	OTHER	OTHER F.C.	OTHER	OTHER TEMP	RAIN	WEATHER	TIM
1						7.0	4.8	4.5				59		C-80	09:
2														C-63	
3														C-62	
4														PC-46	
5													0.2"	R-50	
6														C-64	
7														C-62	
8													1.1"	R-58	
9													0.9"	R-52	
10		7.2	305	365	60	7.0	6.9	10.5				59		C-64	13:
11													0.2"	R-64	
12														C-61	
13														PC-50	
14														C-62	
15						6.9	5.3	6.5				60		C-63	14:
16														C-64	
17														PC-54	
18														PC-56	
19														PC-48	
20													0.6"	R-40	
21														C-40	
22						7.0	7.1	8.5				60		PC-50	11:
23														PC-49	
24		7.2	335	285	60	7.0	7.8	9.0				60		C-54	10:
25														C-58	
26														C-62	
27														C-61	
28														C-64	
29						7.0	6.3	6.0				59		C-63	10
30														C-68	
31														C-71	
No. of Samp.															
Tot of Samp.															
Monthly Avg.							6.36	7.5							
Daily Max.							7.8	10.5							
Daily Min.															
Max 7/Avg.															

COMPLETED 7-13-06

NOTE: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

MO 780-1306 (12-97)

OPERATIONAL CONTROL PARAMETERS

DATE	PH UNITS	ALK. ml/l	DO mg/l	SET SOLIDS RAW ml/l	SUS. SOLIDS MIXED LIQUOR mg/l	SETTLEABILITY MIXED LIQUOR ml/l 30 min.	SLUDGE DISP. (LBS. DRY WT.)	TEMP °F - °C	RAIN AND WEATHER
1	6.8		1.7		3860	870		59	
2									
3									
4									
5									
6									
7									
8									
9									
10	6.8				5400	960		59	
11									
12									
13									
14									
15	6.8		1.5		4820	890		60	
16									
17									
18									
19									
20									
21									
22	6.8				4540	860		60	
23									
24	6.8				4410	850		60	
25									
26									
27									
28									
29	6.8		1.8		4390	800		59	
30									
31									

RECEIVED
JUN 16 2006
SOUTHWEST REGIONAL OFFICE

1. Fill out one copy of report each month and mail in monthly for each treatment facility.
2. Mail one copy of report to the appropriate DNR regional office as noted in your permit and keep one copy in your files.
3. Reports must be signed by whoever performed tests and by an appropriate official.
4. In the weather column, use the following symbols: R-rain, S-snow, C-clear, P.C.-partly cloudy and O-overcast.
5. Use grab sample for pH, Temp. and D.O. Use grab samples for all operational control test.
6. Use 24 hr. composite (proportional) samples for B.O.D. 5, and Sus. Solids tests unless NPDES permit indicates otherwise. Use "Standard Methods" or an approved equal for all parameters.
7. Treatment plant flow measurements may be made on either influent or effluent. Lagoon influent flow measurements need be only at the time of composite sampling of the influent. All tests must be performed in accordance with NPDES Permit Con. and Operational Control Regulation 10 CSR 20-9.010. Review your permit for specific requirements.
8. Unusual conditions, significantly affecting operations must be reported immediately to the Department of Natural Resources.
9. Representative sludge samples should be taken either before entering digesters and/or holding tanks or after removal from digesters or holding tanks.

COMMENTS Bull Creek + Merriam Woods Influent Mar 2006 – 2,850,000 gallons
Rockaway Beach Influent Mar 2006 – 1,397,000 gallons 2.123
Tested for Phosphorus Mar 10, 2006: P-04 mg/L
Tested for Ammonia Mar 10, 2006: A-04 mg/L

TESTS PERFORMED BY	TITLE	PHONE #	DATE
Edwin Dollar	Plant operator	417-561-2904	June 10, 2006
TESTS PERFORMED BY	TITLE	PHONE #	DATE

MO 780-1308 (12-97)

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

MONTHLY MONITORING RECORD FOR WASTEWATER TREATMENT FACILITIES

ENTERED 5/13/06

RECEIVED MAY 12 2006 SOUTHWEST REGIONAL OFFICE

NAME OF FACILITY	CITY	COUNTY/REGION
Rockaway Beach W.W.T.P.	Rockaway Beach, Mo.	Southwest Springfield, Mo.
FOR THE MONTH OF 19____ / **OUTFALL NUMBER**	**PERMIT NUMBER**	**TYPE TREATMENT FACILITY**
February 06 / 001	MO-0108162	Oxidation ditches U.V. lights

	INFLUENT					EFFLUENT									
DAY	FLOW: MGD ☐ GPD ☐ INF. OR EFF.	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	TEMP °F - °C	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	OTHER	OTHER F.C.	OTHER	OTHER TEMP	RAIN	WEATHER	TIME
1						7.0	3.1	1.5				58		C-59	11:30
2														C-42	
3														C-48	
4														C-54	
5														C-42	
6														C-45	
7														C-54	
8														C-46	
9														C-48	
10		7.1	320	265	59	6.9	5.4	3.5				59		C-52	10:30
11														5-34	
12														C-40	
13														C-52	
14														C-58	
15														RC-57	
16														C-71	
17						7.0	4.7	6.5				60		C-63	13:00
18													6"	5-38	
19														C-16	
20														RC-56	
21														C-41	
22														C-52	
23														C-61	
24		7.2	285	240	63	7.0	3.9	4.5				62		C-68	13:00
25														C-48	
26														C-58	
27						7.0		8.5				62		C-57	09:00
28														C-76	
29															
30															
31															
No. of Samp.															
Tot of Samp.															
Monthly Avg.															
Daily Max.															
Daily Min.															
Max 7/Avg.															

NOTE: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

MO 780-1306 (12-97)

OPERATIONAL CONTROL PARAMETERS

DATE	PH UNITS	ALK. ml/l	DO mg/l	SET SOLIDS RAW ml/l	SUS. SOLIDS MIXED LIQUOR mg/l	SETTLEABILITY MIXED LIQUOR ml/l	SLUDGE DISP. (LBS. DRY WT.)	TEMP °F - °C	RAIN AND WEATHER
1	6.9		1.9		2930	720		58	D
2									
3									
4									
5									
6									
7									
8									
9									
10	6.8		2.0		3480	850		59	
11									
12									
13									
14									
15									
16									
17	6.8				4270	900		60	
18									
19									
20									
21									
22									
23									
24	6.8		2.3		3310	820		62	
25									
26									
27	6.8				3520	840		62	
28									
29									
30									
31									

RECEIVED
MAY 12 2006
SOUTHWEST REGIONAL OFFICE

1. Fill out one copy of report each month and mail in monthly for each treatment facility.
2. Mail one copy of report to the appropriate DNR regional office as noted in your permit and keep one copy in your files.
3. Reports must be signed by whoever performed tests and by an appropriate official.
4. In the weather column, use the following symbols: R-rain, S-snow, C-clear, P.C.-partly cloudy and O-overcast.
5. Use grab sample for pH, Temp. and D.O. Use grab samples for all operational control test.
6. Use 24 hr. composite (proportional) samples for B.O.D. 5, and Sus. Solids tests unless NPDES permit indicates otherwise. Use "Standard Methods" or an approved equal for all parameters.
7. Treatment plant flow measurements may be made on either influent or effluent. Lagoon influent flow measurements need be only at the time of composite sampling of the influent. All tests must be performed in accordance with NPDES Permit Con. and Operational Control Regulation 10 CSR 20-9.010. Review your permit for specific requirements.
8. Unusual conditions, significantly affecting operations must be reported immediately to the Department of Natural Resources.
9. Representative sludge samples should be taken either before entering digesters and/or holding tanks or after removal from digesters or holding tanks.

COMMENTS Merriam Woods + Bull Creek Influent Feb 2006 – 2,466,000 gallons
Rockaway Beach Influent Feb 2006 – 1,423,000 gallons
Tested for Phosphorus Feb 10, 2006: P – 0.5 mg/L
Tested for Ammonia Feb 10, 2006: A – 0.3 mg/L

TESTS PERFORMED BY	TITLE	PHONE #	DATE
Edwin K. Dolley	Plant operator	417-561-2021	May 10, 2006
TESTS PERFORMED BY	TITLE	PHONE #	DATE

MO 780-1308 (12-97)

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

MONTHLY MONITORING RECORD FOR WASTEWATER TREATMENT FACILITIES

NAME OF FACILITY	CITY	COUNTY/REG ON
Rockaway Beach W.W.T.P.	Rockaway Beach, Mo.	Southwest Springfield, Mo.
FOR THE MONTH OF 19____ 20 06 JAN	OUTFALL NUMBER 001	PERMIT NUMBER MO-0108162
		TYPE TREATMENT FACILITY Oxidation ditches U.V. lights

	INFLUENT					EFFLUENT									
DAY	FLOW: MGD ☐ GPD ☐ INF. OR EFF.	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	TEMP °F - °C	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	OTHER	OTHER F.C.	OTHER	OTHER TEMP	RAIN	WEATHER	TIM
1														C-63	
2														C-61	
3														PC-62	
4														PC-59	
5														PC-54	
6		7.2	285	280	59	7.0	6.8	5.5				59		PC-55	09
7														C-62	
8														C-63	
9														PC-52	
10													0.8"	R-40	
11						7.0	4.9	3.5				59		C-62	14:
12														C-62	
13														PC-48	
14														C-55	
15														C-56	
16						7.0		1.5				58		C-61	10:
17														C-48	
18														C-62	
19														C-63	
20		7.2	365	315	58	7.0	6.1	5.0				57		PC-57	15:
21														C-48	
22													TRACE	R-44	
23														C-58	
24														C 62	
25						7.0	5.8	4.5				57		C-58	08:
26														C-55	
27														C-63	
28													1.4"	R-56	
29														C-58	
30						7.0		8.0				58		C-54	13:
31														C-61	
No. of Samp.															
Tot of Samp.															
Monthly Avg.							5.9	3.6							
Daily Max.							6.8								
Daily Min.															
Max 7/Avg.															

COMPLETED 5-17-06

NOTE: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

MO 780-1306 (12-97)

OPERATIONAL CONTROL PARAMETERS

DATE	PH UNITS	ALK. ml/l	DO mg/l	SET SOLIDS RAW ml/l	SUS. SOLIDS MIXED LIQUOR Mg/L	SETTLEABILITY MIXED LIQUOR 30 min. ml/l	SLUDGE DISP. (LBS. DRY WT.)	TEMP °F - °C	RAIN AND WEATHER
1									
2									
3									
4									
5									
6	6.9		1.6		3240	940		59	
7									
8									
9									
10									
11	6.8				3360	940		59	
12									
13									
14									
15									
16	6.8				3840	950		58	
17									
18									
19									
20	6.8				4400	950		57	
21									
22									
23									
24									
25	6.9		1.4		3760	870		57	
26									
27									
28									
29									
30	6.8				2770	680		58	
31									

APR 04 2006

1. Fill out one copy of report each month and mail in monthly for each treatment facility.
2. Mail one copy of report to the appropriate DNR regional office as noted in your permit and keep one copy in your files.
3. Reports must be signed by whoever performed tests and by an appropriate official.
4. In the weather column, use the following symbols: R-rain, S-snow, C-clear, P.C.-partly cloudy and O-overcast.
5. Use grab sample for pH, Temp. and D.O. Use grab samples for all operational control test.
6. Use 24 hr. composite (proportional) samples for B.O.D. 5, and Sus. Solids tests unless NPDES permit indicates otherwise. Use "Standard Methods" or an approved equal for all parameters.
7. Treatment plant flow measurements may be made on either influent or effluent. Lagoon influent flow measurements need be only at the time of composite sampling of the influent. All tests must be performed in accordance with NPDES Permit Con. and Operational Control Regulation 10 CSR 20-9.010. Review your permit for specific requirements.
8. Unusual conditions, significantly affecting operations must be reported immediately to the Department of Natural Resources.
9. Representative sludge samples should be taken either before entering digesters and/or holding tanks or after removal from digesters or holding tanks.

COMMENTS

Rockaway Beach Influent Jan. 2006 – 1,398,000 gallons
Merriam Woods + Bull Creek Influent Jan. 2006 – 2,908,000

Tested for Phosphorus Jan. 16, 2006 : P – 0.3 mg/L
Tested for Ammonia Jan 16, 2006 : A – 0.1 mg/L

TESTS PERFORMED BY	TITLE	PHONE #	DATE
Edwin K. Dooley	Plant operator	417-561-2904	Mar 01, 2006
TESTS PERFORMED BY	TITLE	PHONE #	DATE

MO 780-1308 (12-97)

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

MONTHLY MONITORING RECORD FOR WASTEWATER TREATMENT FACILITIES

RECEIVED SEP 2007

ENTERED 2007

NAME OF FACILITY: Rockaway Beach WWTP

CITY: Rockaway Beach, Mo

COUNTY OR LOCATION: Southwest Springfield Mo

FOR THE MONTH OF: JUNE 19____ 20 07

OUTFALL NUMBER: 002

PERMIT NUMBER: MO-0108162

TYPE TREATMENT FACILITY: Aerated lagoons U.V. lights

DAY	INFLUENT FLOW: MGD ☐ GPD ☐ INF. OR EFF.	INFLUENT PH UNITS	INFLUENT BOD mg/L	INFLUENT SUS. SOLIDS mg/L	INFLUENT TEMP °F • °C	EFFLUENT PH UNITS	EFFLUENT BOD mg/L	EFFLUENT SUS. SOLIDS mg/L	OTHER	OTHER Fl.	OTHER	OTHER TEMP	RAIN	WEATHER	
1	151,000	7.3	350	395	73	7.0	14.9	16.5				73		R-79	8
2	153,000													C-81	
3	149,000													C-80	
4	147,000													C-76	
5	156,000													C-81	
6	148,000													C-78	
7	147,000													C-77	
8	149,000													C-77	
9	155,000					7.1		18.5				73	0.8"	R-74	16
10	157,000													C-87	
11	152,000												0.5"	R-76	
12	153,000					7.0		11.5		42		73	0.3"	R-78	15
13	155,000													C-80	
14	153,000													C-79	
15	156,000	7.2	395	315	73	7.1	18.3	22.5						C-78	
16	154,000											72		C-82	09
17	156,000													C-86	
18	157,000													C-87	
19	151,000													C-84	
20	152,000													C-88	
21	155,000					7.0	15.3	12.5				73		C-86	13
22	156,000													C-85	
23	157,000													C-85	
24	154,000													C-86	
25	149,000													C-85	
26	152,000												0.3"	R-84	
27	152,000												0.3"	R-83	
28	150,000													C-87	
29	156,000													C-88	
30	159,000					7.0	21.5	15.5				74		C-90	10.2
31													0.8"	R-89	
No. of Samp.															
Tot of Samp.															
Monthly Avg.															
Daily Max.															
Daily Min.															
Max 7/Avg.															

'07

NOTE: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

Q 780-1306 (12-97)

OPERATIONAL CONTROL PARAMETERS

DATE	PH UNITS	ALK. mg/l	DO mg/l	SET SOLIDS RAW ml/l	SUS. SOLIDS MIXED LIQUOR mg/l	SETTLEABILITY MIXED LIQUOR 30 min	SLUDGE DISP. (LBS. DRY WT.)	TEMP. °F - °C	RAIN AND WEATHER
1	7.0		1.3		3530	980		73	
2									
3									
4									
5									
6									
7									
8	7.0		1.1		3670	970		73	
9									
10									
11	7.1		1.3		3740	980		78	
12									
13									
14									
15	6.9		1.2		3890	980		72	
16									
17									
18									
19									
20	7.1		0.8		3730	980		73	
21									
22									
23									
24									
25									
26									
27									
28									
29	7.0		0.9		4070	980		74	
30									
31									

RECEIVED SEP 2007 FSD/SWRO

1. Fill out one copy of report each month and mail in monthly for each treatment facility.
2. Mail one copy of report to the appropriate DNR regional office as noted in your permit and keep one copy in your files.
3. Reports must be signed by whoever performed tests and by an appropriate official.
4. In the weather column, use the following symbols: R-rain, S-snow, C-clear, P.C.-partly cloudy and O-overcast.
5. Use grab sample for pH, Temp. and D.O. Use grab samples for all operational control test.
6. Use 24 hr. composite (proportional) samples for B.O.D. 5, and Sus. Solids tests unless NPDES permit indicates otherwise. Use Standard Methods or an approved equal for all parameters.
7. Treatment plant flow measurements may be made on either influent or effluent. Lagoon influent flow measurements need be only at the time of composite sampling of the influent. All tests must be performed in accordance with NPDES Permit Con. and Operational Regulation 10 CSR 20-9.010. Review your permit for specific requirements.
8. Unusual conditions, significantly affecting operations must be reported immediately to the Department of Natural Resources.
9. Representative sludge samples should be taken either before entering digesters in the holding tank.

COMMENTS Phosphorus: June 2007: P – 0.5 mg/L
Ammonia: June 2007: A – 0.4 mg/L
Oil & Grease June 2007: <5.0 mg/L

TESTS PERFORMED BY	TITLE	PHONE #	DATE
Chuck [illegible]	Plant operator	417-781-3904	Sept 4, 20
REPORT APPROVED BY	TITLE	PHONE #	DATE

MO 780-1306 (7-96)

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

MONTHLY MONITORING RECORD FOR WASTEWATER TREATMENT FACILITIES

AUG 2007

NAME OF FACILITY	CITY	COUNTY/REGION
Rockaway Beach W.W.T.P.	Rockaway Beach, Mo.	Southwest Springfield, Mo

FOR THE MONTH OF	OUTFALL NUMBER	PERMIT NUMBER	TYPE TREATMENT FACILITY
May 19 ___ 20 07	001	MO-0108162	Oxidation ditches U.V. lights

	INFLUENT					EFFLUENT									
DAY	FLOW: MGD ☐ GPD ☐ INF. OR EFF.	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	TEMP °F - °C	PH UNITS	BOD mg/L	SUS. SOLIDS mg/L	OTHER	OTHER F.C.	OTHER	OTHER TEMP	RAIN	WEATHER	T
1	146000												0.3"	R-73	
2	145000												0.3"	R-68	
3	147000					7.0				83		66		PC-72	15
4	144000	7.1	345	285	67	7.0	14.4	12.5				67		C-78	0
5	153000													C-82	
6	150000													C-78	
7	152000					7.1						68		PC-72	1
8	153000					7.0		10.5				68	0.3"	R-73	0
9	149000					7.0						70	0.1"	R-74	1
10	153000												0.2"	R-76	
11	155000					7.0						70		PC-75	0
12	157000													PC-76	
13	153000													C-82	
14	154000					7.1						72		C-81	1
15	152[illegible]					7.0						72	>.5"	R-72	1
16	153000					7.0	11.7	9.5				72		C-73	1
17	157000													C-75	
18	149000													C-74	
19	158000													C-77	
20	161000													C-81	
21	160000													PC-72	
22	157000													C-73	
23	154000	72	315	275	71	7.1	17.2	81.5				71		PC-76	1
24	157000												0.2"	R-74	
25	153000					7.0						72	0.1"	R-73	0
26	158000												0.1"	R-78	
27	160000													PC-76	
28	164000												0.3"	R-76	
29	158000													PC-75	
30	156000					7.0		14.5				73	0.2"	R-74	11
31	150000					7.0						73		C-83	13
No. of Samp.															
Tot of Samp.															
Monthly Avg.															
Daily Max.															
Daily Min.															
Max 7/Avg.															

RECEIVED AUG 2007 FSD/SWPD

NOTE: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

MO 780-1306 (12-97)

OPERATIONAL CONTROL PARAMETERS

DATE	PH UNITS	ALK. mg/l	DO mg/l	SET SOLIDS RAW ml/l	SUS. SOLIDS MIXED LIQUOR mg/l MLSS	SETTLEABILITY MIXED LIQUOR ml/l 30 min.	SLUDGE DISP. (LBS. DRY WT.)	TEMP °F - °C	RAIN AND WEATHER
1									
2									
3	6.9		0.9		3460	950		66	
4	6.9				4550	950		67	
5									
6									
7	7.0		0.8		4700	980		65	
8	7.0				4780	980		68	
9	6.8				4560	980		70	
10									
11	6.9		0.6		4260	980		70	
12									
13									
14	7.0				3570	960		72	
15	7.0		0.5		3460	950		72	
16	6.9				3410	950		72	
17									
18									
19									
20									
21									
22									
23	6.9				3360	960		71	
24									
25	7.0		0.6		3420	996		71	
26									
27									
28									
29									
30	7.0		0.8		3580	950		73	
31	7.0				3650	980		73	

1. Fill out one copy of report each month and mail in monthly for each treatment facility.
2. Mail one copy of report to the appropriate DNR regional office as noted in your permit and keep one copy in your files.
3. Reports must be signed by whoever performed tests and by an appropriate official.
4. In the weather column, use the following symbols: R-rain, S-snow, C-clear, P.C.-partly cloudy and O-overcast.
5. Use grab sample for pH, Temp. and D.O. Use grab samples for all operational control test.
6. Use 24 hr. composite (proportional) samples for B.O.D. 5, and Sus. Solids tests unless NPDES permit indicates otherwise. Use "Standard Methods" or an approved equal for all parameters.
7. Treatment plant flow measurements may be made on either influent or effluent. Lagoon influent flow measurements need be made at the time of composite sampling of the influent. All tests must be performed in accordance with NPDES Permit Con. and Operations Manual, 10 CSR 20-9.010. Review your permit for specific requirements.
8. Unusual conditions, significantly affecting operations must be reported immediately to the Department of Natural Resources.
9. Representative sludge samples should be taken either before entering digesters and/or holding tanks or after removal from digesters or holding

RECEIVED AUG 2007 ESD/SWR

COMMENTS Phosphorus May 2007: P - 0.4 mg/L
Ammonia May 2007: A - 0.4 mg/L
Oil & Grease May 2007: <5.0 mg/L

AUG 6 2007

TESTS PERFORMED BY	TITLE	PHONE #	DATE
Edwin H. Godley	Plant operator	417-561-3904	Aug 5, 2007
REPORT APPROVED BY	TITLE	PHONE #	DATE

MO 780-1308 (7-95)

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

MONTHLY MONITORING RECORD FOR WASTEWATER TREATMENT FACILITIES

RECEIVED 2007 FSD/SWRO

ENTERED JUN 2007

NAME OF FACILITY	CITY	COUNTY/REGION
Rockaway Beach W.W.T.P.	Rockaway Beach, MO	Southwest Springfield Mo.

FOR THE MONTH OF	CUTFALL NUMBER	PERMIT NUMBER	TYPE TREATMENT FACILITY
April 19 20 07	001	MO-048162	Oxidation Ponds U.V. Light

DAY	INFLUENT FLOW: MGD ☐ GPD ☐ INF. OR EFF.	INFLUENT PH UNITS	INFLUENT BOD mg/L	INFLUENT SUS. SOLIDS mg/L	INFLUENT TEMP °F • °C	EFFLUENT PH UNITS	EFFLUENT BOD mg/L	EFFLUENT SUS. SOLIDS mg/L	EFFLUENT OTHER	EFFLUENT OTHER F.C.	EFFLUENT OTHER	EFFLUENT OTHER Temp	RAIN	WEATHER	TI
1	147000													C-80	
2	151000													C-81	
3	150000													R-76	
4	148000					7.0	8.6	7.5				63		C-58	K
5	147000													PC-62	
6	149000	7.2	310	260	61	7.0	8.1	8.0				61		C-75	16
7	154000													C-42	
8	156000													C-52	
9	149000													C-63	
10	147000					7.0		7.0				60	0.5"	R-48	15
11	146000													PC-54	
12	150000													C-62	
13	153000	7.2	285	215	59	7.1		3.5		14		59	0.5"	R-48	11
14	158000												1.0"	R-42	
15	156000													C-62	
16	153000					7.0		5.5				60		C-74	13
17	149000													PC-69	
18	151000					7.1	5.9	7.5				63		C-68	0
19	152000													C-72	
20	151000					7.0	6.8	8.5				63		C-73	11
21	154000													C-67	
22	156000													C-65	
23	145000													C-76	
24	144000													PC-78	
25	151000					7.0		7.0				63	1.1"	R-62	15
26	153000												0.5"	R-54	
27	149000	7.2	385	325	63	7.0	7.4	10.5						C-71	0
28	146000													C-75	
29	153000													C-72	
30	155000					7.1		13.5				62		C-76	11
31															
No. of Samp.															
Tot of Samp.															
Monthly Avg.															
Daily Max.															
Daily Min.															
Max 7/Avg															

NOTE: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

MO 780-1306 (12-97)

OPERATIONAL CONTROL PARAMETERS

DATE	PH UNITS	ALK mg/l	DO mg/l	SET SOLIDS RAW ml/l	SUS. SOLIDS MIXED LIQUOR mg/l	SETTLEABILITY MIXED LIQUOR ml/l	SLUDGE DISP. (LBS. DRY WT.)	TEMP. °F - °C	RAIN AND WEATHER
					MLSS	30 min			
1									
2									
3									
4	6.8		1.4		5320	990		63	
5									
6	6.8		1.5		4000	830		61	
7									
8									
9									
10	6.9				3840	980		60	
11									
12									
13	6.8		1.3		3210	890		59	
14									
15									
16	6.9				2820	820		60	
17									
18	6.9		1.4		3810	980		63	
19									
20	6.8		1.2		3720	950		62	
21									
22									
23									
24									
25	6.9		1.3		3670	930		63	
26									
27	6.9		1.2		4190	960		63	
28									
29									
30	6.8		1.1		4230	960		62	
31									

RECEIVED JUN 2007 FSD/SWRO

1. Fill out one copy of report each month and mail in monthly for each treatment facility
2. Mail one copy of report to the appropriate DNR regional office as noted in your permit and keep one copy in your files
3. Reports must be signed by whoever performed tests and by an appropriate official.
4. In the weather column, use the following symbols: R-rain, S-snow, C-clear, P.C.-partly cloudy and O-overcast.
5. Use grab sample for pH, Temp. and D.O. Use grab samples for all operational control test.
6. Use 24 hr. composite (proportional) samples for B.O.D. 5, and Sus. Solids tests unless NPDES permit indicates otherwise. Use "Standard Methods" or an approved equal for all parameters.
7. Treatment plant flow measurements may be made on either influent or effluent. Lagoon influent flow measurements may be only at time of composite sampling of the influent. All tests must be performed in accordance with NPDES Permit Con and Operational Regulation 10 CSR 20-9.010. Review your permit for specific requirements.
8. Unusual conditions, significantly affecting operations must be reported immediately to the Department of Natural Resources.
9. Representative sludge samples should be taken either before entering digesters and/or holding tanks or after removal from digesters or holding

COMMENTS Phosphorus April 2007: P - 0.3 mg/L
Ammonia April 2007: A - 0.4 mg/L
Oil & Grease April 2007: < 5.0 mg/L

TESTS PERFORMED BY	TITLE	PHONE #	DATE
Edwin L. Godley	Plant operator	417-561-2224	6/11/2007
REPORT APPROVED BY	TITLE	PHONE #	DATE

MO 780-1306 (7-95)