DEPARTMENT OF ENVIRONMENTAL PROTECTION

DEP-49-CSO FORM FOR USE WITH NON-DEDICATED CSO PRIMARY CLARIFIERS

Doc Num: DEPLW0464

WET WEATHER BYPASS OPERATIONS REPORT FOR _____ State License No. _____ MEPDES/NPDES Permit No. _____ SIGNED BY:_____ DATE:_____ DEP-49-CSO-Non-Dedicated.xls (rev. 12/12/01)

DATE	SECONDARY BYPASS FLOW DATA						CI RESIDUALS				BACTERIA								BOD5					TSS					WEATHER				COMMENTS
MONTH_____ YEAR_____	TREATED PRIMARY FLOW BYPASSING SECONDARY	PRIMARY CLARIFIER SURFACE AREA	BYPASS DURATION	PRIMARY CLARIFIER SURFACE LOADING RATE	SECONDARY FLOW TREATED	TRUE CSO BYPASS AROUND PRIMARY	MAX CHLORINE DOSE	CHLORINE RESIDUAL IN PRIMARY EFFLUENT	CHLORINE RESIDUAL IN SECONDARY EFFLUENT	CALCULATED BLENDED EFFLUENT	E.COLI / FECAL IN PRIMARY EFFLUENT	E.COLI / FECAL IN PRIMARY EFFLUENT	E.COLI / FECAL IN PRIMARY EFFLUENT	E.COLI / FECAL IN PRIMARY EFFLUENT	E.COLI / FECAL IN SECONDARY EFFLUENT	CALCULATED BLENDED EFFLUENT	pH	SETTLEABLE SOLIDS IN PRIMARY EFFLUENT	PRIMARY INFLUENT	PRIMARY EFFLUENT	PERCENT REMOVAL	SECONDARY EFFLUENT	CALCULATED BLENDED EFFLUENT	PRIMARY INFLUENT	PRIMARY EFFLUENT	PERCENT REMOVAL	SECONDARY EFFLUENT	CALCULATED BLENDED EFFLUENT	CONDITIONS	TEMPERATURE	PRECIPITATION	STORM DURATION	
	MG	Sf	hrs	Gpd/Sf	MG	MG	mg/L	mg/L	mg/L	mg/L	# /100	# /100	# /100	# /100	# /100			ml/L	mg/L	mg/L	%	mg/L	mg/L	mg/L	mg/L	%	mg/L	mg/L		F	In	Hrs	
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