

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 1080348
FACILITY: Seve Mob e Home Commun ty
LOCATION: 5222 Greenw ch Rd
 Seve , OH 44273
COUNTY: Med na
DISTRICT: NEDO

STATUS: Or g na
PERMIT NUMBER: 3PR00558*BD
STATION CODE: 001
MONITORING PERIOD : 2021-08-01 To: 2021-08-31
REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

PARAMETER	Flow Rate	Turbidity, Severity	Dissolved Oxygen	pH	Total Suspended Solids	Nitrogen, Ammonia (NH3)	E. coli
PARAMETER CODE	00056	01350	00300	00400	00530	00610	31648
UNITS	GPD	Units	mg/l	S.U.	mg/l	mg/l	#/100 ml
FREQUENCY	1/Day	1/Week	1/Quarter	1/Quarter	1/Quarter	1/Quarter	1/Quarter
SAMPLING TYPE	24hr Total Estimate	Estimate	Grab	Grab	Grab	Grab	Grab
2021-08-01	2650						
2021-08-02	2650						
2021-08-03	2650	0					
2021-08-04	2650						
2021-08-05	2650						
2021-08-06	2650						
2021-08-07	2650						
2021-08-08	2650						
2021-08-09	3190	0					
2021-08-10	3190						
2021-08-11	3190						
2021-08-12	3190						
2021-08-13	3190						
2021-08-14	3190						
2021-08-15	3190						
2021-08-16	2740	0					
2021-08-17	2740						
2021-08-18	2740						
2021-08-19	2740						
2021-08-20	2740						
2021-08-21	2740						
2021-08-22	2740						
2021-08-23	3920	0					
2021-08-24	3920						
2021-08-25	3920						
2021-08-26	3920						
2021-08-27	3920		8.8	7.3	8	AA .05	60
2021-08-28	3920						
2021-08-29	3920						
2021-08-30	3920	0					
2021-08-31	3920						
Minimum	2650.0	0.0	8.8	7.3	8.0	0.0	60.0
Maximum	3920.0	0.0	8.8	7.3	8.0	0.0	60.0
Average	3160.96774	0	8.8		8	0	60
Count	31	5	1	1	1	1	1
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
						Certification Version Date 2021-09-11 10:09	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	1080348	STATUS:	Or g na
FACILITY:	Sev e Mob e Home Commun ty	PERMIT NUMBER:	3PR00558*BD
LOCATION:	5222 Greenw ch Rd	STATION CODE:	001
	Sev e , OH 44273	MONITORING PERIOD :	2021-08-01 To: 2021-08-31
COUNTY:	Med na	REPORTING LAB:	
DISTRICT:	NEDO	ANALYST:	
		NO DISCHARGE INDICATOR:	

PARAMETER	CBOD 5 day					
PARAMETER CODE	80082					
UNITS	mg/l					
FREQUENCY	1/Quarter					
SAMPLING TYPE	Grab					
2021-08-01						
2021-08-02						
2021-08-03						
2021-08-04						
2021-08-05						
2021-08-06						
2021-08-07						
2021-08-08						
2021-08-09						
2021-08-10						
2021-08-11						
2021-08-12						
2021-08-13						
2021-08-14						
2021-08-15						
2021-08-16						
2021-08-17						
2021-08-18						
2021-08-19						
2021-08-20						
2021-08-21						
2021-08-22						
2021-08-23						
2021-08-24						
2021-08-25						
2021-08-26						
2021-08-27	1.86					
2021-08-28						
2021-08-29						
2021-08-30						
2021-08-31						
Minimum	1.86					
Maximum	1.86					
Average	1.86					
Count	1					
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative	Submission Date/Time	
					Certification Version Date 2021-09-11 10:09	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY:
LOCATION:

Sev e Mob e Home Commun ty
5222 Greenw ch Rd
Sev e , OH 44273

PERMIT NUMBER:
MONITORING PERIOD :

3PR00558*BD
2021-08-01 To: 2021-08-31

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
--------------	----------------	----------------	------	------	---------