Colorado Department of Public Health & Environment

Air Pollution Control Division

TVS REPORTING FORM

Lagoon ID No.	Date sample taken…	…for the period			Date lab results reported to producer	TVS inlet conc. (ppm)	TVS outlet conc. (ppm)	Percent reduction	Meets 60% reduction? (yes/no)	Date of pumping (day of week & day of month)
		Mar	May	Aug						
		Apr	Jun	Sep						
			Jul	Oct						