

The Honorable
Rod Roberson
Mayor

Laura Kolo
Environmental Resources

Michael C. Machlan, P.E.
Engineering Services



*Public Works &
Utilities Department*

*Administration, Engineering
& Laboratory*
574-293-2572

Utility Billing
574-264-4273

1201 S. Nappanee St.
Elkhart, Indiana 46516

January 7, 2022

Sent via U.S. Postal Service to:
Chief, Environmental Enforcement Section
Environment and Natural Resources Division
United States Department of Justice
Post Office Box 7611, Ben Franklin Station
Washington, D.C. 20044-7611
Re: DOJ No. 90-5-1-1-08182

United States Environmental Protection Agency, Region 5
Water Division
Water Enforcement and Compliance Assurance Branch
77 West Jackson Boulevard (WC-15J)
Chicago, Illinois 60604

Sent via email to:
Wayne Ault at Wayne.Ault@usdoj.gov
Ryan Bahr at bahr.ryan@epa.gov
Dean Maraldo at maraldo.dean@epa.gov
Kara Wendholt at KWendhol@idem.IN.gov
Beth Admire at BADMIRE@idem.IN.gov

To Whom It May Concern:

Please find enclosed the City of Elkhart's Six Month Status Report for the period of July 1 – December 31, 2021 as required by the Consent Decree. If you have any questions, please contact me at (574) 293-2572.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tory Irwin", is written over a light blue circular stamp.

Tory Irwin, P.E.
City Engineer



City of Elkhart
Public Works and Utilities

City of Elkhart Public Works and Utilities

Combined Sewer Overflow Long-Term Control Plan Six Month Status Report

July 1 – December 31, 2021

1201 S Nappanee St
Elkhart, IN 46516
www.elkhartindiana.org



LTCP Six Month Status Report: July 1 – December 31, 2021

Submitted to:

To the United States:

Via United States Postal Service:

Chief, Environmental Enforcement Section
Environment and Natural Resources Division
United States Department of Justice
Post Office Box 7611, Ben Franklin Station
Washington, D.C. 20044-7611
Re: DOJ No. 90-5-1-1-08182

Via Courier:

Chief, Environmental Enforcement Section
Environment and Natural Resources Division
United States Department of Justice
601 D Street, N.W.
Washington, D.C. 20004
Re: DOJ No. 90-5-1-1-08182

and

United States Attorney
Northern District of Indiana
5400 Federal Plaza, Suite 1500
Hammond, Indiana 46320
Re: USAO File No. 2003V00804
Email to Wayne Ault at Wayne.Ault@usdoj.gov

and

Chief
Water Enforcement and Compliance Assurance Branch
Water Division
United States Environmental Protection Agency, Region 5
77 West Jackson Boulevard
Chicago, Illinois 60604
Email to Dean Maraldo at maraldo.dean@epa.gov
Email to Ryan Bahr at bahr.ryan@epa.gov

LTCP Six Month Status Report: July 1 – December 31, 2021

To EPA:

Chief
Water Enforcement and Compliance Assurance Branch
Water Division
United States Environmental Protection Agency, Region 5
77 West Jackson Boulevard
Chicago, Illinois 60604
Email to Dean Maraldo at maraldo.dean@epa.gov
Email to Ryan Bahr at bahr.ryan@epa.gov

To Indiana:

Chief, Permits Branch
Office of Water Quality
Indiana Department of Environmental Management
100 North Senate Avenue
MC 65-42 IGCN 1255
Indianapolis, Indiana 46204-2251
Email to Kara Wendholt at KWendhol@idem.IN.gov

and

Office of Legal Counsel
Indiana Department of Environmental Management
100 North Senate Avenue
Post Office Box 6015
Indianapolis, Indiana 46206
Email to Beth Admire at BADMIRE@idem.IN.gov

LTCP Six Month Status Report: July 1 – December 31, 2021

Table of Contents

Consent Decree Deadline Compliance 4

General Description of Work Completed and Projected Work to be Completed..... 5

Information Generated Pursuant to the Requirements of Appendix A..... 6

Monthly Monitoring Reports and Other Reports Pertaining to CSO Discharges and Bypassing .. 7

Certification Statement 8

Appendix 1 9

 General Description of Work Completed during the Reporting Period; All past and future
 deadlines and current status of all Control Measures

Appendix 2..... 10

 Copies of all information generated during the Reporting Period

Appendix 3..... 11

 Copies of all Monthly Monitoring Reports and other reports pertaining to CSO Discharges
 and Bypasses that Elkhart submitted to IDEM in accordance with Elkhart's Current Permits
 during the Reporting period

LTCP Six Month Status Report: July 1 – December 31, 2021

Consent Decree Deadline Compliance

Section VII Paragraph 25(a)

1. A statement of all deadlines that this Consent Decree requires Elkhart to meet during the six-month period, whether and to what extent Elkhart met those requirements, and the reasons for any noncompliance. Notification to the United States and Indiana of any anticipated delay shall not, by itself, excuse the delay

The following includes a summary of the City of Elkhart's (the "City's") compliance with applicable Consent Decree deadlines and terms from July 1 – December 31, 2021 (the "Reporting Period").

There was one Consent Decree deadline during the Reporting Period. The design date for Oakland Avenue Control was November 15, 2021. Design officially began on October 20, 2020, as previously reported.

Appendix 1 contains a table of all past and future deadlines; and the current status of all Control Measures.

LTCP Six Month Status Report: July 1 – December 31, 2021

General Description of Work Completed and Projected Work to be Completed

Section VII Paragraph 25(a)

2. A general description of the work completed within the six-month period, and a projection of work to be performed pursuant to this Consent Decree during the next six-month period
 - a. During the Reporting Period the following work was completed:
 - Design of the Oakland Avenue Control continued
 - Construction on the additional wastewater treatment plant upgrades began
 - b. Within the next six-month period:
 - Design of the Oakland Avenue Control will continue
 - Construction on the additional wastewater treatment plant upgrades will continue
 - Design of the Upper St. Joseph River CSO Control will begin

LTCP Six Month Status Report: July 1 – December 31, 2021

Information Generated Pursuant to the Requirements of Appendix A

Section VII Paragraph 25(a)

3. Information generated pursuant to the requirements of Appendix A, Long Term Control Plan required by Paragraph 10 of this Decree; and any Supplemental Compliance Plan required by Paragraph 13 of this Decree.

The attached Appendix 2 contains copies of all information generated during the Reporting Period.

Included information:

- Copies of River Monitoring Data collected during the Reporting Period

LTCP Six Month Status Report: July 1 – December 31, 2021

Monthly Monitoring Reports and Other Reports Pertaining to CSO Discharges and Bypassing

Section VII Paragraph 25(a)

4. Copies of all Monthly Monitoring Reports and other reports pertaining to CSO Discharges and Bypasses that Elkhart submitted to IDEM in accordance with Elkhart's Current Permits during the six month period.

The attached Appendix 3 contains numbered copies of monthly monitoring reports and other reports submitted to IDEM pertaining to CSOs and bypasses during the Reporting Period.

LTCP Six Month Status Report: July 1 – December 31, 2021

Certification Statement

I certify under penalty of law this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for the gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.



Tory S. Irwin, P.E.
City Engineer



Date

LTCP Six Month Status Report: July 1 – December 31, 2021

Appendix 1

General Description of Work Completed during the Reporting Period; All past and future deadlines and current status of all Control Measures

CSO Measure	CSO Number	Control Measure Elements	Description	Design Criteria	Performance Criteria	Critical Milestones	Design Date	Bid Date	Date of Full Operation
Christiana Creek CSO Control						Required Dates	Nov-15-2010	Nov-15-2011	Nov-15-2014
						Compliance Date	May-8-2008	Mar-10-2010	Apr-27-2011
1	14	High Dive Park - 1.0 MG Facility for Storage & Pumping and Redirection of CSO 14 Basin Flow from NE Elkhart to the North Interceptor System	Construction of a 1 MG off-line storage tank to reduce overflows at CSO 14 and construct a LS to redirect flow to the North Interceptor System	Provide storage capacity of 1 MG and lift station designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the Christiana Creek Watershed, achieve no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2010 Bid date - Nov 15, 2011 Date of Full Operation - Nov 15, 2014			
Progress Dates for Elements of Control Measure									
CSO 14			High Dive Park 1 MG Storage			Actual Dates	Aug-5-2008	Mar-10-2010	Apr-27-2011
CSO 14			High Dive Park Pump Station			Actual Dates	Aug-5-2008	Mar-10-2010	Apr-27-2011
CSO 14			Force Main: High Dive Park			Actual Dates	Aug-5-2008	Mar-10-2010	Apr-27-2011

Upper Elkhart River CSO Control						Required Dates	Nov-15-2013	Nov-15-2014	Nov-15-2018
						Compliance Date	Apr-7-2009	Oct-22-2009	Mar-22-2016
2	4, 30, 31 & 33	EEC - 80,000 gal. Storage & Pump at CSO 31 and various levels of separations at CSO's 4, 30 & 33	Construction of a 80,000 gallon off-line storage tank to reduce overflows at CSO 31 and separation and rehabilitation of sewers to reduce stormwater flow and minimize CSO's 4, 30 & 33	Provide storage capacity of 80,000 gal. and sanitary and storm sewers designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the system upgrades, no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2013 Bid Date - Nov 15, 2014 Date of Full Operation - Nov 15, 2018			
Progress Dates for Elements of Control Measure									
CSO 4			Separation - Partial			Actual Dates	Apr-7-2009	Oct-22-2009	Apr-27-2011
CSO 30			Separation			Actual Dates	Apr-7-2009	Oct-22-2009	Apr-27-2011
CSO			EEC 80,000-Gal. Storage &			Actual Dates	Dec-16-2014	May-19-2015	Mar-22-2016
CSO			Separation - Partial			Actual Dates	Jul-5-2011	Jun-6-2013	May-14-2014

WWTP Plant Upgrades*						Required Dates	Nov-15-2015	Nov-15-2017	Nov-15-2024
						Compliance Date	Mar-19-2013	Jul-15-2014	
3	WWTP	WWTP system improvements provide a peak capacity of 60 MGD through secondary or CDMF treatment and disinfection	Modifications to the influent pumping, preliminary treatment, improvements to primary influent channels, diffuser replacement, aeration blower replacement, RAS system replacement, and cloth media disk filtration installation with a capacity of 30MGD.	System improvement designed per Ten State Standards CDMF Filter Area: 5,164.8SF Max. Hydraulic Loading: 4.4gpm/SF Max. Solids Loading: 15.8lbs/d/SF Average TSS Removal: >85%	Provide peak capacity of 60 MGD - a minimum of 30 MGD through secondary, and up to 30 MGD through CDMF treatment, and 60 MGD disinfection. WWTP Outfall shall meet NPDES permit effluent limits.	Design Date- Nov 15, 2015 Bid Date- Nov 15, 2017 Date of Full Operation - Nov 15, 2024			
Progress Dates for Elements of Control Measure									
WWTP			Preliminary and Additional Disinfection for 60 MGD			Actual Dates	Mar-19-2013	Jul-15-2014	Mar-11-2016
WWTP			Cloth Media Disks and Piping			Actual Dates	NA	NA	
WWTP			Aeration Process Improvements			Actual Dates	NA	NA	
WWTP			RAS System Replacement and Pump Capacity Improvements			Actual Dates	NA	NA	
WWTP			Primary Clarification System Improvements			Actual Dates	NA	NA	

*Preliminary Improvements for 60MGD were completed on March-11-2016; however, the 2021 Amendment to the Consent Decree removed the PE pumping and step feed requirements, added new requirements, and changed the compliance date for date of full operation to November 15, 2024

Lower Elkhart River CSO Control						Required Dates	Nov-15-2016	Nov-15-2018	Nov-15-2021
						Compliance Date	Nov-5-2013	Jul-15-2014	Jan-1-2016
4	6&7	Jackson Street - 1.0 MG Storage and Pumping facility and redirection of system flows to Oakland Avenue Control Facility ³	Construction of a 1 MG off-line storage tank to reduce overflows at CSOs 6 & 7 with upgrades to the system to allow the redirection of flow to Oakland Avenue Control Measure when it is completed. ³	Provide storage capacity of 1 MG with lift station and system improvements designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the system upgrades, achieve no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2016 Bid Date - Nov 15, 2018 Date of Full Operation - Nov 15, 2021 ³			
Progress Dates for Elements of Control Measure									
CSO 6 & 7			Direct East Waterfall Dr to Jackson Blvd. Storage Facility			Actual Dates	Nov-5-2013	Jul-15-2014	Jan-1-2016
CSO 6 & 7			Jackson Street 1.0 MG storage facility			Actual Dates	Nov-5-2013	Jul-15-2014	Jan-1-2016
CSO 6 & 7			Jackson Street Storage Facility Lift Station			Actual Dates	Nov-5-2013	Jul-15-2014	Jan-1-2016

CSO Measure	CSO Number	Control Measure Elements	Description ¹	Design Criteria ¹	Performance Criteria ²	Critical Milestones	Design Date	Bid Date	Date of Full Operation
Oakland Avenue Control						Required Dates	Nov-15-2021	Nov-15-2023	Nov-15-2028
						Compliance Date	Oct-20-2020		
5	24 & 37	CSO 24 - LS 1.1 MG Storage and Pump Force Main from CSO 24 LS to WWTP	Construction of a 1.1 MG off-line storage and pump tank with system additions to allow the redirection of flow to CSO 24 & 37 LS and then to the WWTP to reduce overflows at CSOs 24 & 37	Provide storage capacity of 1.1 MG with lift station and system improvements designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the system upgrades, no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2021 Bid Date - Nov 15, 2023 Date of Full Operation - Nov 15, 2028			
						Progress Dates for Elements of Control Measure			
CSOs 24 & 37			Force Main from Oakland Ave. LS to WWTP		Actual Dates	Oct-20-2020			
CSOs 24 & 37			Interceptor of CSO 37 Overflow (CSO 37.0)		Actual Dates	Oct-20-2020			
CSOs 24 & 37			Interceptor of CSO 37 Overflow (CSO 37.02)		Actual Dates	Oct-20-2020			
CSOs 24 & 37			Interceptor of CSO 37 Overflow (CSO 37.03)		Actual Dates	Oct-20-2020			
CSOs 24 & 37			Interceptor of CSO 37 Overflow + Jackson LS		Actual Dates	Oct-20-2020			
CSOs 24 & 37			Interceptor of Flow to CSO#24 L-TUFF 1		Actual Dates	Oct-20-2020			
CSOs 24 & 37			Interceptor of Flow to CSO#24 L-TUFF 1B		Actual Dates	Oct-20-2020			
CSOs 24 & 37			LS 8 Force Main To Oakland Ave. Storage facility		Actual Dates	Oct-20-2020			
CSOs 24 & 37			CSO 24 LS 1.1 MG Storage and Pump		Actual Dates	Oct-20-2020			

Upper St Joe River CSO Control						Required Dates	Nov-15-2022	Nov-15-2023	Nov-15-2026
						Compliance Date			
6	13, 25, 29 & 39	Basin Separations, Lift Station Improvements, system improvements and CSO eliminations	Separation, flow redirection and rehabilitation of sewers to reduce stormwater flow and minimize or eliminate CSOs	System modifications designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the system upgrades, no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2022 Bid Date - Nov 15, 2023 Date of Full Operation - Nov 15, 2026			
						Progress Dates for Elements of Control Measure			
CSO 13			Separation - Partial		Actual Dates				
CSO 25			Effluent Line Upgrade: CSO 25 to Interceptor		Actual Dates				
CSO 29			Plug Overflow (Jefferson)		Actual Dates				
CSO 28			Plug Overflow (Washington)		Actual Dates				
CSO 39			Separation		Actual Dates				

Lower St Joe River CSO Control						Required Dates	Nov-15-2023	Nov-15-2024	Dec-31-2029
						Compliance Date	Feb-1-2007	Sep-27-2007	
7	17, 18, 21 & 23	Basin Separations, Lift Station Improvements, system improvements, CSO eliminations and system redirections	Separation, flow redirection and rehabilitation of sewers to reduce stormwater flow and minimize or eliminate CSOs	System modifications designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the system upgrades, no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2023 Bid Date - Nov 15, 2024 Date of Full Operation - Dec 31, 2029			
						Progress Dates for Elements of Control Measure			
CSO 18			Plug Overflow (McNaughton Park)		Actual Dates				
CSO 27			Plug Overflow (Navajo)		Actual Dates				
CSOs 17 & 18			Redirect Flow to North Interceptor		Actual Dates	Feb-18-2014	May-15-2014		
CSO 21			Separation		Actual Dates	Feb-1-2007	Sep-27-2007	Jun-24-2008	
CSO 23			Effluent Line Upgrade CSO#23 to LS#4		Actual Dates				
CSO 23			LS 4 Force Main		Actual Dates				
CSO 23			LS 4 (8th & Franklin) Improvements		Actual Dates				
CSO 23			Separation - Partial		Actual Dates				

Riverside Drive Control						Required Dates	Nov-15-2024	Nov-15-2025	Dec-31-2029
						Compliance Date	Apr-1-2007	Sep-27-2007	
8	15	Riverside Dr. - 0.43 MG Storage & Pump with sewer separations and system redirection	Construction of a 0.43 MG off-line storage tank with NW Elkhart sewer system redirection and partial basin separation to reduce overflows at CSO 15	Provide storage capacity of 0.43 MG and system improvements designed per City of Elkhart Standards and Ten State Standards	When incorporated with the other work in CSO 15 basin and downstream improvements, achieve no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2024 Bid Date - Nov 15, 2025 Date of Full Operation - Dec 31, 2029			
						Progress Dates for Elements of Control Measure			
CSO 15			AACOA Redirection		Actual Dates	Apr-1-2007	Sep-27-2007	Nov-29-2007	
CSO 15			Riverside Dr. 0.43 MG Storage & Pump		Actual Dates				
CSO 15			Separation - Partial		Actual Dates				

Appendix 2

Copies of all information generated during the Reporting Period

City of Elkhart

River Water Quality Data

7/21/2021

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	141	7.8	7.5													1.0	1.0	
	YMCA	122	7.6	8.2													1.0	1.0	
St. Joseph River	Ash Rd	54	7.4	8.2													1.0	1.0	
	Lexington Ave	69	8.4	8.0													1.0	1.0	
	Six Span	66	7.0	8.0													1.0	1.0	
Christiana Cree	High Dive	248	6	7.9													1	1.0	
	High Dive 2	248	8	8.2													1	1.0	

Comments

8/10/2021

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18			7.5	4106											23	3.0	4.0	
	YMCA			8.1	19863											23	3.0	4.0	
St. Joseph River	Ash Rd			8.1	9208											25	3.0	3.0	
	Lexington Ave			8.2	3448											24	3.0	2.0	
	Six Span			7.9	613											24	3.0	2.0	
Christiana Cree	High Dive			8.0	76000											22	3	3.0	7
	High Dive 2			8.3	9208											23	3	3.0	

Comments

**76000 Geometric mean for plates TNTC

8/19/2021

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	79	7.6	8.0												23	1.0	2.0	
	YMCA	111	8.0	8.1												23	1.0	2.0	
St. Joseph River	Ash Rd	93	7.6	8.1												25	1.0	1.0	
	Lexington Ave	43	8.6	8.5												25	1.0	3.0	9
	Six Span	44	7.0	8.0												25	1.0	1.0	
Christiana Cree	High Dive	162	7	8.0												24	1	1.0	7
	High Dive 2	196	8	8.1												24	1	1.0	

Comments

9/9/2021

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	91	7.8	8.0												20	4.0	1.0	9
	YMCA	96	9.2	8.2												20	2.0	1.0	
St. Joseph River	Ash Rd	24	9.6	8.3												22	2.0	1.0	
	Lexington Ave	36	9.2	8.4												21	2.0	1.0	
	Six Span	47	7.0	8.2												21	3.0	1.0	
Christiana Cree	High Dive	66	8	8.0												20	2	1.0	7
	High Dive 2	131	7	8.1												20	2	1.0	

Comments

CR 18 Bridge had low water and lots of vegetation

9/23/2021

Rain Event

e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
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9/23/2021

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18		3.6													15	3.0	1.0	2
	YMCA																3.0	1.0	
St. Joseph River	Ash Rd		8.6													18	3.0	1.0	
	Lexington Ave		9.0													18	3.0	1.0	2
	Six Span		6.2													17	3.0	1.0	
Christiana Cree	High Dive		7													15	3	1.0	
	High Dive 2		9													14	3	1.0	

Comments

10/20/2021

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	172	9.0	7.1												14	1.0	3.0	
	YMCA	162	9.2	8.1												15	1.0	3.0	
St. Joseph River	Ash Rd	66	9.0	8.2												15	1.0	3.0	
	Lexington Ave	64	9.2	8.1												15	1.0	3.0	
	Six Span	50	8.8	7.6												15	1.0	3.0	
Christiana Cree	High Dive	88	8	7.5												18	1	1.0	
	High Dive 2	91	9	8.0												16	1	1.0	

Comments

11/4/2021

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
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11/4/2021

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	161	10.4	8.1												8	1.0	1.0	
	YMCA	120	10.8	8.2												8	1.0	1.0	
St. Joseph River	Ash Rd	77	11.0	8.2												8	1.0	1.0	
	Lexington Ave	63	11.6	8.2												8	1.0	1.0	
	Six Span	84	10.4	8.3												8	1.0	1.0	
Christiana Cree	High Dive	78	10	8.2												9	1	1.0	
	High Dive 2	42	11	8.2												9	1	1.0	

Comments

12/2/2021

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	613	11.0	6.7												7	1.0	1.0	
	YMCA	548	11.4	8.1												7	1.0	1.0	
St. Joseph River	Ash Rd	153	12.0	8.3												6	1.0	1.0	
	Lexington Ave	123	12.0	8.3												6	1.0	1.0	
	Six Span	47	11.8	7.7												6	1.0	1.0	
Christiana Cree	High Dive	52	12	7.6												10	1	1.0	
	High Dive 2	31	11	8.1												8	1	1.0	

Comments

*Weather Conditions
 1=clear/sunny
 2=partly sunny
 3=cloudy
 5=rain
 7=snow

4=light rain
 6=light snow
 8=windy

**Water Appearance
 1=clear
 2=cloudy
 3=murky
 4=muddy

***Additional appearance notes
 1=large floatables present
 3=brown color observed
 5=strong odor observed
 7=large amounts of algae present
 9=other

2=small floatables present
 4=other color observed
 6=slight odor observed
 8=small amounts algae present

LTCP Six Month Status Report: July 1 – December 31, 2021

Appendix 3

Copies of all Monthly Monitoring Reports and other reports pertaining to CSO Discharges and Bypasses that Elkhart submitted to IDEM in accordance with Elkhart's Current Permits during the Reporting period

Indiana DEM

[View All Copies of Submissions](#) | [DMR/COR Search Results](#) [View DMR Signing Status](#)

[Signing Process Confirmation - CDX Activity ID: _88bbc8dd-8591-461e-bff9-d3cc23add954](#)

Your DMRs are undergoing the Signing Process

<u>Permit ID</u>	<u>Facility</u>	<u>Permitted Feature</u>	<u>Discharge #</u>	<u>Discharge Description</u>	<u>Monitoring Period End Date</u>	<u>DMR Due Date</u>
IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR	06/30/21	07/28/21
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, WEST OF BRIDGE	06/30/21	07/28/21
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, EAST OF BRIDGE	06/30/21	07/28/21
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	06/30/21	07/28/21
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWAY - FKA JR. ACHIEVEMENT (Y DR N)	06/30/21	07/28/21
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	06/30/21	07/28/21
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	06/30/21	07/28/21
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	06/30/21	07/28/21
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	06/30/21	07/28/21
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	06/30/21	07/28/21
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	06/30/21	07/28/21
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	06/30/21	07/28/21
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	06/30/21	07/28/21
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	06/30/21	07/28/21
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	06/30/21	07/28/21
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	06/30/21	07/28/21
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	06/30/21	07/28/21
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	06/30/21	07/28/21
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	06/30/21	07/28/21
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	06/30/21	07/28/21
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	06/30/21	07/28/21
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	06/30/21	07/28/21
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	06/30/21	07/28/21
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	06/30/21	07/28/21
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	06/30/21	07/28/21

IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	06/30/21	07/28/21
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	06/30/21	07/28/21
IN0025674	ELKHART WWTP	035	035-AQ	QUARTERLY REPORTING	06/30/21	07/28/21
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	06/30/21	07/28/21
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	06/30/21	07/28/21
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	06/30/21	07/28/21

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Showing COR 28 of 31 ◀ ◀ ◀ [24](#) [25](#) [26](#) [27](#) **28** [29](#) [30](#) [31](#) ▶ ▶ ▶

Permit
Permit ID: IN0025674 **Major:** 2
Permittee: ELKHART WWTP **Permittee Address:** 1201 S NAPPANEE ST ELKHART, IN46516
Facility: ELKHART WWTP **Facility Location:** 1201 S NAPPANEE ST ELKHART, IN46516
Permitted Feature: 035 - External Outfall **Discharge:** 035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER

Report Dates & Status
Monitoring Period: From 06/01/21 to 06/30/21 **DMR Due Date:** 07/28/21
Status: NetDMR Validated

Considerations for Form Completion
 REPORT QUARTERLY PARAMETERS ON 035-AQ NETDMR. MUNICIPAL MAJOR ELKHART COUNTY

Principal Executive Officer
First Name: Laura **Last Name:** Kolo
Title: Utility Services Manager **Telephone:** 574-293-2572

No Data Indicator (NODI)
Form NODI: -

Parameter Code	Name	NODI	Quantity or Loading		Quality or Concentration		# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2	Value 1	Value 2			
00300	Oxygen, dissolved [DO]	Smpl.	=7.6				0	01/01 - Daily	G3 - GRAB-3
1 - Effluent Gross									
Season: 0		Req.	>=4.0	DLYAVMIN				01/01 - Daily	G3 - GRAB-3
NODI: -		NODI							
00400	pH	Smpl.	=6.8		=7.7		0	01/01 - Daily	GR - GRAB

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Value 3	Value 2	Value 1	Value 3	Units	Value 2	Value 1	Value 3	Units	of Ex.	Analysis Type		
Season: 0		Req.																		01/01 - Daily	GR - GRAB
NODI: -		NODI																			
00530	Solids, total suspended	838.0	1252.0	26 - lb/d																01/01 - Daily	24 - COMP24
1 - Effluent Gross		Smpl.																			
Season: 0		Req.																		01/01 - Daily	24 - COMP24
NODI: -		NODI																			
00610	Nitrogen, ammonia total [as N]	60.0	406.0	26 - lb/d																01/01 - Daily	24 - COMP24
1 - Effluent Gross		Smpl.																			
Season: 1		Req.																		01/01 - Daily	24 - COMP24
NODI: -		NODI																			
00665	Phosphorus, total [as P]																				
1 - Effluent Gross		Smpl.																			
Season: 0		Req.																		01/01 - Daily	24 - COMP24
NODI: -		NODI																			
00722	Cyanide, free [amen. to chlorination]	0.368	0.756	26 - lb/d																01/07 - Weekly	GR - GRAB
1 - Effluent Gross		Smpl.																			
Season: 0		Req.																		01/07 - Weekly	GR - GRAB
NODI: -		NODI																			
00722	Cyanide, free [amen. to chlorination]																				
G - Raw Sewage Influent		Smpl.																			
Season: 0		Req.																		01/07 - Weekly	GR - GRAB
NODI: -		NODI																			
01119	Copper, total recoverable	1.057	1.471	26 - lb/d																	
1 - Effluent Gross		Smpl.																		01/07 - Weekly	24 - COMP24

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Value 3	Units	of Ex.	Analysis Type
Season: 0	Req.	<=6.0 MO AVG	<=12.0 DAILY MX	26 - lb/d	<=0.036 MO AVG	<=0.073 DAILY MX	19 - mg/L	01/07 - Weekly	24 - COMP24			
NODI: -	NODI											
01119	Copper, total recoverable											
G - Raw Sewage Influent	Smpl.				=0.0696	=0.107	19 - mg/L	01/07 - Weekly	24 - COMP24	0		
Season: 0	Req.				Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L	01/07 - Weekly	24 - COMP24			
NODI: -	NODI											
50050	Flow, in conduit or thru treatment plant			03 - MGD								
1 - Effluent Gross	Smpl.	=15.024						01/01 - Daily	TM - TOTALZ	0		
Season: 0	Req.	Req Mon MO AVG		03 - MGD				01/01 - Daily	TM - TOTALZ			
NODI: -	NODI											
51041	E. coli, colony forming units [CFU]											
1 - Effluent Gross	Smpl.				=29.0	=130.0	3Z - CFU/100mL	01/01 - Daily	GR - GRAB	0		
Season: 1	Req.				<=125.0 MO GEO	<=235.0 DAILY MX	3Z - CFU/100mL	01/01 - Daily	GR - GRAB			
NODI: -	NODI											
51041	E. coli, colony forming units [CFU]											
Y - Effluent Gross (Supplementary)	Smpl.				=130.0		3Z - CFU/100mL	01/01 - Daily	GR - GRAB	0		
Season: 0	Req.				Req Mon DAILY MX	3Z - CFU/100mL		01/01 - Daily	GR - GRAB			
NODI: -	NODI											
51484	Number of Events											
Y - Effluent Gross (Supplementary)	Smpl.			5J - #	=30.0		4X - # exceed	01/30 - Monthly	RT - RCOTOT	0		
Season: 0	Req.				Req Mon MO TOTAL	4X - # exceed		01/30 - Monthly	RT - RCOTOT			
NODI: -	NODI											
71901	Mercury, total recoverable											
1 - Effluent Gross	Smpl.	=1.21			=1.31		3M - ng/L	01/60 - Once Every 2 Months	GR - GRAB	0		

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
Season: 0	Req.						Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
	NODI: -										
71901	Mercury, total recoverable						=29.8	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
	G - Raw Sewage Influent										
Season: 0	Req.						Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
	NODI: -										
80082	BOD, carbonaceous [5 day, 20 C]						=4.0	19 - mg/L	0	01/01 - Daily	24 - COMP24
	1 - Effluent Gross										
Season: 0	Req.						<=25.0 MO AVG	19 - mg/L		01/01 - Daily	24 - COMP24
	NODI: -										
81012	Phosphorus, total percent removal						=78.9	23 - %	0	01/30 - Monthly	CA - CALCTD
	K - Percent Removal										
Season: 0	Req.						>=75.0 MO AV MN	23 - %		01/30 - Monthly	CA - CALCTD
	NODI: -										
82220	Flow, total						=450.73	80 - Mgal/mo	0	01/30 - Monthly	RT - RCOTOT
	1 - Effluent Gross										
Season: 0	Req.						Req Mon MO TOTAL	80 - Mgal/mo		01/30 - Monthly	RT - RCOTOT
	NODI: -										

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

NAME	TYPE	SIZE
IN0025674_CSO_MRO_2021_07.pdf	pdf	684402.0
IN0025674_INC_RPT_2021_07_02.pdf	pdf	72667.0
IN0025674_INC_RPT_2021_07_04.pdf	pdf	78939.0
IN0025674_035a_MRO_2021_07.pdf	pdf	415211.0
IN0025674_INC_RPT_2021_07_05.pdf	pdf	153393.0
IN0025674_INC_RPT_2021_07_03.pdf	pdf	72839.0
IN0025674_INC_RPT_2021_07_06.pdf	pdf	78290.0
IN0025674_INC_RPT_2021_07_01.pdf	pdf	72285.0

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2021-07-27 15:04 (Time Zone: -04:00)

Report Last Signed By

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2021-07-28 05:37 (Time Zone: -04:00)

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Showing COR 1 of 31 ◀◀ 1 2 3 4 ▶▶

Permit
Permit ID: IN0025674
Permittee: ELKHART WWTP
Facility: ELKHART WWTP
Permitted Feature: 035 - External Outfall
Report Dates & Status
Monitoring Period: From 04/01/21 to 06/30/21
Status: NetDMR Validated

Considerations for Form Completion
 REPORT QUARTERLY SAMPLING ON THIS NETDMR. MUNICIPAL MAJOR ELKHART COUNTY
Principal Executive Officer
First Name: Laura
Title: Utility Services Manager
Last Name: Kolo
Telephone: 574-293-2572

No Data Indicator (NODI)
Form NODI: -

Code	Parameter Name	NODI	Quantity or Loading		Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2	Value 1	Value 2	Value 3			
01074	Nickel, total recoverable	Smpl.	=0.898		=0.0104		19 - mg/L	0	01/30 - Monthly	24 - COMP24
	1 - Effluent Gross									
Season: 0		Req.	Req Mon DAILY MX		Req Mon DAILY MX		19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -		NODI								
01074	Nickel, total recoverable	Smpl.			=0.0478		19 - mg/L	0	01/30 - Monthly	24 - COMP24

Date/Time: 2021-07-27 14:38 (Time Zone: -04:00)
Report Last Signed By
User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2021-07-28 05:37 (Time Zone: -04:00)



**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R8 / 3-20)

Name of Facility Elkhart			Permit Number IN0025674		
Month June	Year 2021	Plant Design Flow 20 mgd	Telephone Number 574/293-2572		
E-mail address: laura.kolo@coei.org				035	A
Certified Operator: Name Laura E. Kolo		Class IV	Certificate Number 15094	Expiration Date 6/30/2023	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 11.22	Precipitation - inches	Bypass At Plant Site ("x" If Occurred)	Sanitary Sewer Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE						
								Chlorine - Lbs/day	Ferrous Chloride Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l
1	Tue								0	11.095	7.7	131	12122	178	16471	5.09	17.72
2	Wed			0.01					0	12.08	7.8	180	18134	194	19545	4.98	28.12
3	Thu								0	12.08	7.8	193	19444	238	23978	5.76	25.6
4	Fri								198	11.754	7.9	179	17547	200	19606	5.27	23
5	Sat								205	11.701	7.8	83	8099.7	126	12296	4.63	18.88
6	Sun								0	11.25	7.7	128	12010	118	11071	3.35	17.88
7	Mon			1.31					198	16.937	7.6	104	14690	205	28957	5.16	14.44
8	Tue			0.92					198	15.382	7.8	105	13470	206	26427	4.18	16.32
9	Wed			0.08					190	12.859	7.8	205	21985	208	22307	3.86	22.4
10	Thu			0.06					190	12.859	7.9	130	13942	178	19089	4.44	22.96
11	Fri								0	12.148	7.8	134	13576	164	16616	4.76	23.92
12	Sat			0.03					0	11.098	8.0	126	11662	102	9440.8	3.72	23.08
13	Sun								0	11.312	7.9	81	7641.7	148	13963	2.8	16.8
14	Mon								0	11.751	7.9	93	9114.3	118	11564	3.97	19.92
15	Tue								0	11.605	8.0	137	13260	142	13744	4.89	21.28
16	Wed								0	11.676	8.0	131	12756	206	20060	4.77	22.56
17	Thu						x		0	11.66	7.9	156	15170	192	18671	5	19.96
18	Fri			0.3					200	11.912	7.7	173	17187	312	30996	5.29	18.92
19	Sat			1.27					205	14.637	7.8	120	14649	154	18799	4.2	17.48
20	Sun			1.21					190	14.889	7.6	72	8940.5	106	13162	2.51	11
21	Mon			0.7					198	16.812	7.7	62	8693.1	108	15143	2.35	12.72
22	Tue								205	13.306	7.6	120	13317	152	16868	3.78	21.32
23	Wed			0.02					182	12.204	7.9	100	10178	202	20560	3.66	20.68
24	Thu			0.01					198	12.438	7.9	106	10996	190	19709	3.99	21
25	Fri			1.58					182	20.755	7.7	77	13328	132	22849	3.27	15.12
26	Sat			2.46					205	31.641	7.6	32	8444.4	106	27972	1.74	9.2
27	Sun			0.4					202	22.53	7.7	34	6388.6	50	9395	1.92	8.16
28	Mon			0.13					0	18.562	7.7	43	6656.7	68	10527	2.4	12.36
29	Tue			0.71					0	23.639	7.7	51	10055	86	16955	2.14	9.4
30	Wed			0.02					198	18.704	7.7	55	8579.5	86	13415	2.84	14.68
Average									111.5	14.709		111.4	12401	155.8	18005	3.891	18.23
Maximum				2.46					205	31.641	8.0	205	21985	312	30996	5.76	28.12
Minimum									0	11.095	7.6	32	6388.6	50	9395	1.74	8.16
# of Data				18	0	1	0	30	0	30	30	30	30	30	30	30	30

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): <i>Laura Kolo</i>	Date (month, day, year) 7/27/21
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) 7/27/21

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R8 / 3-20)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: June	Year 2021
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Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR					RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
1	74	57	90	1760	511	4.2	17		4040					60	7.2		9.6	
2	113	69	87.8	1672	525	3.9	17		3280					130	7.4		8.6	
3	109	68	88	1792	491	3.6	17		2460					50	7.1		8.3	
4	124	58	93	2052	453	4.2	18		3260					11	7.2		8.9	
5	62	63	94	2056	457	0.7	18		3200					18	7.1		8.6	
6	81	71	94	1960	480	3.6	18		3020					22	7.2		8.6	
7	65	73	96	1676	573	3.4	18		2880					29	7.4		8.8	
8	56	76	110	2040	54	3.8	20		3580					13	7.1		8.2	
9	208	126	106	2224	48	2.9	19		3320					33	7.2		8.0	
10	104	66	118	2744	43	2.7	19		3940					70	7.3		7.8	
11	97	58	124.8	2704	46	3.5	18		4060					26	7.3		7.7	
12	78	61	128	2244	57	3.6	19		3500					16	7.1		8.7	
13	63	58	118	2556	46	4.6	19		4360					24	7.2		8.4	
14	65	65	114	2248	51	2.8	18		3060					52	7.5		8.4	
15	90	73	114	2376	48	3.4	18		3040					20	7.4		7.6	
16	88	62	116.2	2285	51	3.4	19		3320					61	7.3		8.3	
17	107	65	116	2256	51	2.9	19		3740					18	7.5		8.4	
18	90	74	124.6	2248	55	4.0	18		3660					12	7.3		8.3	
19	75	72	124	2208	56	4.4	19		3700					11	7.5		9.2	
20	54	81	104	2424	43	3.8	18		5260					5	6.9		7.8	
21	35	61	96	2072	463	4.1			4080					73	7.3		8.4	
22	77	60	136	2196	62	2.9	19		3240					40	7.2		8.3	
23	62	84	126.8	2312	55	4.3	19		3680					55	7.5		8.2	
24	63	76	130	2244	58	3.1	19		3820					36	7.5		8.4	
25	47	100	119.8	2996	40	3.5			3660					28	7.4		8.5	
26	29	68	134.2	2348	57	2.9	20		6700					24	6.8		8.2	
27	31	46	134	2652	51	4.1	18		5660					27	7.6		7.8	
28	43	52	142	2652	54	4.2	19		5700					48	7.7		8.1	
29	40	61	136	2584	53	3.6	19		6000					26	7.2		8.4	
30	41	61	135	2584	52	3.4	18		6000					34	7.2		8.3	
Avg.	75.7	68.83	115	2272	169.5	3.518	18.3		3974					29			8.36	
Max.	208	126	142	2996	572.8	4.62	20		6700					130	7.7		9.6	
Min.	29	46	87.8	1672	39.99	0.74	17		2460					5	6.8		7.6	
Daily Max														130				
# of Days above 235														0				
Data	30	30	30	30	30	30	28	0	30	0	0	0	0	30	30	30	0	

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
 ACTIVATED SLUDGE TYPE
 WASTEWATER TREATMENT PLANT

State Form 10829 (R8 / 3-20)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	June	2021

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	0	
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	30.84	23.04	7.5	58.11	126	0		3.34	1.88	77.59	56.67	141.9		
2	27.97	23.04	7.4	58.35	126	3.537		4.78	1.9	78.03	56	107.7		
3	27.66	23.04	7.5	57.05	127	3.537		4.66	1.92	76.04	56.99	139.7		
4	30.65	20.98	7.5	59.87	126	0		2.75	2.05	72.5	54.24	64.69		
5	34.3	20.88	7.5	55.24	127	38.91		4.42	1.93	72.19	56.9			
6	36.66	20.88	7.5	56.66	127	0		4.06	1.92	73.49	56.21			
7	22.39	20.88	7.5	55.54	128	0		5.81	1.94	76.49	57.67			
8	34.76	20.88	7.5	56	128	0		6.31	1.85	72.18	55.5	90.51		
9	37.49	18.85	7.4	56.76	127	0		6.57	1.86	71.4	57.23	79.59		
10	37.87	18.85	7.5	57.23	127	0		6.62	1.86	71.46	56.83	145.7		
11	29.4	18.72	7.5	57.66	126	0		6.12	1.93	69.62	55.68			
12	31.34	18.72	7.5	57.25	126	49.52		6.03	1.77	70.24	56.6			
13	34.78	18.72	7.5	57.75	126	0		3.36	2.02	70.72	57.14			
14	17.47	18.72	7.6	57.03	128	0		5.39	1.98	72.42	54.95	72.69		
15	28.32	18.72	7.5	64.27	129	14.15		5.48	1.99	73.19	54.55	72.23		
16	33.31	18.72	7.5	53.24	128	0		5.29	1.98	72.31	55.67	72.57		
17	24.01	18.72	7.5	42.14	128	0		4.93	1.98	73.55	55.17	73.53		
18	18.28	18.72	7.5	30.39	126	0		5.8	2.05	72.75	54.04			
19	26.2	18.72	7.6	57.27	127	0		4.45	2.01	73.47	54.36			
20	30.13	18.72	7.5	55.17	126	0		6.41	2.04	71.21	55.34			
21	20.71	18.72	7.6	50.3	127	0		7.97	1.95	68.13	54.71	53.48		
22	33.02	18.72	7.5	59.74	127	0		6.89	1.99	66.71	53.49	72.46		
23	27.07	18.72	7.5	58.13	126	0		3.26	2	68.15	54.08	72.9		
24	13.05	18.72	7.5	54.75	125	0		3.83	1.98	65.12	53.29	71.89		
25	20.31	17.5	7.5	56.9	127	0		5.3	2.02	63.64	55.19			
26	29.67	16.12	7.5	56.61	126	0		6.39	1.96	64.51	55			
27	35.08	15.84	7.6	55.2	127	10.61		6.13	2.14	65.63	55.34			
28	11.32	15.84	7.5	55.32	127	0		5.05	2.15	65.11	56.02	73.07		
29	26.95	15.84	7.5	56.27	127	0		7.97	2.22	63.43	56.52	72.76		
30	15.87	15.84	7.5	56.6	126	14.15		6.51	2.18	68.54	52.98	91.17		
Avg.	27.56	19.01		55.43	127	4.48		5	2	71	55	87.14		
Max.	37.87	23.04	7.6	64.27	129	49.52		7.97	2.22	78.03	57.67	145.7		
Min.	11.32	15.84	7.4	30.39	125	0		2.75	1.77	63.43	52.98	53.48		
Data	30	30	30	30	30	30	0	30	30	30	30	18	0	0

Once completed, this form should be converted to a pdf document, named appropriately & attached to the corresponding netDMR for submittal

MONTHLY REPORT OF OPERATION
 ACTIVATED SLUDGE TYPE
 WASTEWATER TREATMENT PLANT

State Form 10829 (R8 / 3-20)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: June	Year 2021
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Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Influent mg/L	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1					0.0003	0.0002	0.0002	0.0002	0.002	0.003	0.014	0.003	0.049	0.009		
2																
3																
4																
5																
6																
7									0.006	0.005						
8													0.107	0.008	29.8	1.31
9																
10																
11																
12																
13																
14									0.006	0.002						
15													0.061	0.009		
16																
17																
18																
19																
20																
21									0.002	0.002						
22													0.072	0.01		
23																
24																
25																
26																
27																
28									0.002	0.002						
29													0.059	0.007		
30																
Avg					0.0003	0.0002	0.0002	0.0002	0.004	0.003	0.014	0.003	0.07	0.009	29.8	1.31
Max					0.0003	0.0002	0.0002	0.0002	0.006	0.005	0.014	0.003	0.107	0.01	29.8	1.31
Min					0.0003	0.0002	0.0002	0.0002	0.002	0.002	0.014	0.003	0.049	0.007	29.8	1.31
Data	0	0	0	0	1	1	1	1	5	5	1	1	5	5	1	1

WASTEWATER TREATMENT PLANT

State Form 10829 (R8 / 3-20)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: June	Year 2021
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Substitute for State Form 30530

Day Of Month	Ni - Influent mg/L	Ni - Effluent mg/L	Pb - Influent mg/L	Pb - Effluent mg/L	Zn - Influent mg/L	Zn - Effluent mg/L												
1	0.008	0.008	0.002	0.0003	0.098	0.042												
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
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14																		
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21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
Avg	0.008	0.008	0.002	0.0003	0.098	0.042												
Max	0.008	0.008	0.002	0.0003	0.098	0.042												
Min	0.008	0.008	0.002	0.0003	0.098	0.042												
Data	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 1 of 9		Permit Number: IN0025574																
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																
Monitoring Period: June 2021			Enter "x" if no CSO discharge occurred for the month:																	
Design Peak Hourly Flow (MGD): 44		Design Average Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																
WWTP Influent Data			Precipitation Data				CSO Outfall No. 005			CSO Outfall No. 006										
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	11.10	17.71					15 min													
2	12.08	15.12	4:40 PM	0.08	0.01	0.04	15 min													
3	12.08	14.15					15 min													
4	11.75	15.48					15 min													
5	11.70	14.45					15 min													
6	11.25	14.18					15 min													
7	16.94	42.26	7:46 AM	10.90	1.31	1.68	15 min							3:56 PM	M	0.17	M	0.0042	M	
8	15.38	36.59	1:03 PM	1.53	0.92	1.60	15 min													
9	12.86	17.99	3:41 PM	8.23	0.08	0.32	15 min													
10	12.86	15.43	2:33 PM	0.25	0.06	0.24	15 min													
11	12.15	15.96					15 min													
12	11.10	15.13	4:46 PM	0.17	0.03	0.12	15 min													
13	11.31	17.16					15 min													
14	11.75	16.23					15 min													
15	11.61	14.14					15 min													
16	11.68	14.70					15 min													
17	11.66	16.06					15 min													
18	11.91	32.01	6:03 AM	2.92	0.30	0.92	15 min													
19	14.64	54.42	6:08 AM	16.17	1.27	3.48	15 min							9:06 PM	M	0.67	M	0.7251	M	
20	14.89	42.91	4:36 AM	19.45	1.21	2.48	15 min							7:15 PM	M	0.92	M	0.6118	M	
21	16.81	42.82	12:03 AM	5.17	0.70	1.88	15 min	2:50 AM	M	1.67	M	0.0367	M	2:25 AM	M	0.42	M	0.1338	M	
22	13.31	16.40					15 min													
23	12.20	19.96	9:48 AM	0.25	0.02	0.08	15 min													
24	12.44	17.32	6:35 PM	0.08	0.01	0.04	15 min													
25	20.76	48.62	4:38 AM	12.28	1.58	2.12	15 min							5:11 AM	M	0.33	M	0.0894	M	
26	31.64	52.91	12:31 AM	21.98	2.46	2.12	15 min							1:45 AM	M	6.42	M	3.763	M	
27	22.53	43.76	12:10 AM	23.60	0.40	1.40	15 min							12:01 AM	M	0.42	M	0.0075	M	
28	18.56	22.60	3:31 PM	0.40	0.13	0.52	15 min													
29	23.64	49.97	12:43 AM	19.45	0.71	0.84	15 min							1:16 AM	M	1.75	M	1.4353	M	
30	18.70	25.89	5:18 AM	3.80	0.02	0.04	15 min													
Totals:	441.28			146.71	11.22			1	Da	ys	1.67	0.0367	M	8	Da	ys	11.10	6.7701	M	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart							Page 2 of 9							Permit Number: IN0025574													
Facility: Elkhart Public Works & Utilities							Public Notification Requirements Met? Y																				
Monitoring Period: June 2021							Enter "x" if no CSO discharge occurred for the month:																				
Design Peak Flow (Hourly) (MGD): 44							Design Flow (MGD): 20							Measured/Metered (M) or Estimated (E) must be specified													
CSO Outfall No. 007							CSO Outfall No. 008							CSO Outfall No. 009							CSO Outfall No. 011						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
1																											
2																											
3																											
4																											
5																											
6																											
7	4:02 PM	M	0.97	M	0.1691	M							4:11 PM	M	0.83	M	0.0361	M									
8	2:02 PM	M	0.50	M	0.0869	M							2:10 PM	M	0.33	M	0.0117	M									
9																											
10																											
11																											
12																											
13																											
14																											
15																											
16																											
17																											
18	7:32 AM	M	0.33	M	0.0579	M							7:41 AM	M	0.17	M	0.0072	M									
19	9:12 PM	M	2.00	M	0.3334	M	9:05 PM	M	0.42	M	0.0594	M	9:16 PM	M	1.83	M	0.0736	M	9:03 PM	M	0.55	M	0.0446	M			
20	7:24 PM	M	2.22	M	0.3841	M	7:20 PM	M	0.33	M	0.0378	M	7:30 PM	M	2	M	0.0859	M	7:13 PM	M	0.75	M	0.057	M			
21	2:37 AM	M	3.55	M	0.6224	M	2:30 AM	M	0.17	M	0.0169	M	2:40 AM	M	3.17	M	0.1367	M	2:28 AM	M	0.25	M	0.0247	M			
22																											
23																											
24																											
25							5:15 AM	M	0.17	M	0.0126	M	5:36 AM	M	0.58	M	0.0219	M	5:13 AM	M	0.25	M	0.0247	M			
26	1:51 AM	M	10.00	M	1.7159	M	1:50 AM	M	0.42	M	0.032	M	1:55 AM	M	10.15	M	0.4333	M	1:48 AM	M	1.25	M	0.1088	M			
27	12:02 AM	M	2.73	M	0.4637	M							12:01 AM	M	2.67	M	0.1097	M									
28																											
29	1:27 AM	M	2.37	M	0.4058	M	1:25 AM	M	0.25	M	0.0347	M	1:31 AM	M	2.67	M	0.1122	M	1:18 AM	M	0.50	M	0.0494	M			
30																											
Totals:	9	Da ys	24.67		4.2392		6	Da ys	1.76		0.1934		10	Da ys	24.4		1.0283		6	Da ys	3.55		0.3092				



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 3 of 9		Permit Number: IN0025574																				
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																						
Monitoring Period: June 2021		Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20																				
				Enter "x" if no CSO discharge occurred for the month:																				
				Measured/Metered (M) or Estimated (E) must be specified																				
		CSO Outfall No. 012		CSO Outfall No. 013																				
				CSO Outfall No. 14B																				
				CSO Outfall No. 015																				
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
1																								
2																								
3																								
4																								
5																								
6																								
7	3:02 PM	M	0.67	M	0.024	M	4:12 PM	M	0.17	M	0.0026	M					2:46 PM	M	1.92	M	0.1667	M		
8	1:47 PM	M	0.17	M	0.0047	M	1:52 PM	M	0.17	M	0.0035	M					1:56 PM	M	0.25	M	0.0018	M		
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19	9:07 PM	M	0.92	M	0.1484	M	9:07 PM	M	0.75	M	0.1163	M	9:17 PM	M	0.33	M	0.1338	M	9:06 PM	M	1.17	M	0.4013	M
20	7:22 PM	M	0.83	M	0.0913	M	7:17 PM	M	0.83	M	0.1286	M					7:26 PM	M	1.08	M	0.1961	M		
21	2:37 AM	M	0.50	M	0.0408	M	2:32 AM	M	0.42	M	0.0467	M					2:36 AM	M	1.00	M	0.1365	M		
22																								
23																								
24																								
25	5:17 AM	M	0.67	M	0.0566	M	5:22 AM	M	0.33	M	0.0211	M					5:11 AM	M	1.33	M	0.2903	M		
26	1:47 AM	M	2.42	M	0.1995	M	1:52 AM	M	2.33	M	0.2657	M					1:46 AM	M	3.25	M	0.8885	M		
27	1:57 AM	M	0.50	M	0.0287	M	2:02 AM	M	0.17	M	0.0033	M					2:01 AM	M	0.75	M	0.087	M		
28																								
29	1:22 AM	M	0.83	M	0.0824	M	1:22 AM	M	0.75	M	0.1048	M					1:26 AM	M	1.00	M	0.2742	M		
30																								
Totals:	9	Days	7.51		0.6764		9	Days	5.92		0.6926		1	Days	0.33		0.1338		9	Days	11.75		2.4424	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 4 of 9		Permit Number: IN0025574																				
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y		Enter "x" if no CSO discharge occurred for the month:																				
Monitoring Period: June 2021		Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20																				
CSO Outfall No. 016		CSO Outfall No. 017		CSO Outfall No. 018																				
CSO Outfall No. 019																								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
1																								
2																								
3																								
4																								
5																								
6																								
7	4:23 PM	M	0.17	M	0.0004	M	2:55 PM	M	0.67	M	0.115	M	2:35 PM	M	3.83	M	0.4258	M						
8	2:08 PM	M	0.50	M	0.0116	M							2:19 PM	M	0.5	M	0.0253	M						
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19	9:15 PM	M	1.25	M	0.4805	M	9:10 PM	M	0.67	M	0.1397	M	9:00 PM	M	3	M	0.4368	M	9:07 PM	M	0.50	M	0.0181	M
20	7:30 PM	M	1.17	M	0.2801	M	7:35 PM	M	0.50	M	0.0887	M	7:14 PM	M	2.92	M	0.7407	M	7:37 PM	M	0.17	M	0.0008	M
21	2:40 AM	M	0.75	M	0.053	M							2:35 AM	M	2.33	M	0.3894	M						
22																								
23																								
24																								
25	5:40 AM	M	0.42	M	0.005	M	5:15 AM	M	0.83	M	0.1897	M	5:04 AM	M	3.03	M	0.3267	M						
26	1:55 AM	M	3.08	M	0.5272	M	1:55 AM	M	1.67	M	0.4188	M	1:39 AM	M	1.83	M	0.1231	M	1:52 AM	M	1.50	M	0.0174	M
27																								
28																								
29	1:35 AM	M	0.67	M	0.0437	M	1:30 AM	M	0.58	M	0.1291	M	1:29 AM	M	0.42	M	0.0022	M	1:27 AM	M	0.75	M	0.0323	M
30																								
Totals:	8	Days	8.01		1.4015		6	Days	4.92		1.081		8	Days	17.86		2.47		4	Days	2.92		0.0686	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 5 of 9		Permit Number: IN0025574																				
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																						
Monitoring Period: June 2021		Enter "x" if no CSO discharge occurred for the month:																						
Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																				
CSO Outfall No. 020		CSO Outfall No. 023		CSO Outfall No. 024		CSO Outfall No. 025																		
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
1																								
2																								
3																								
4																								
5																								
6																								
7							2:25 PM	M	1.17	M	0.0273	M	2:58 PM	M	1.08	M	0.026	M	2:48 PM	M	0.75	M	0.0942	M
8							1:40 PM	M	0.50	M	0.0206	M							1:38 PM	M	0.58	M	0.0887	M
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17	1:57 PM	M	0.50	M	0.0299	M																		
18	7:32 AM	M	0.42	M	0.0277	M	7:25 AM	M	0.92	M	0.0239	M							7:23 AM	M	0.25	M	0.0364	M
19	9:12 PM	M	0.67	M	0.0443	M	9:05 PM	M	0.58	M	0.0764	M	9:18 PM	M	1.08	M	0.1112	M	9:03 PM	M	0.67	M	0.1666	M
20	7:17 PM	M	1.00	M	0.0664	M	7:15 PM	M	0.92	M	0.0859	M	7:28 PM	M	1.83	M	0.4971	M	7:13 PM	M	0.92	M	0.2122	M
21	2:27 AM	M	2.08	M	0.1205	M	2:30 AM	M	0.50	M	0.0367	M	2:48 AM	M	1.17	M	0.0907	M	2:23 AM	M	0.58	M	0.1099	M
22																								
23																								
24																								
25	5:07 AM	M	0.75	M	0.0472	M	5:15 AM	M	0.42	M	0.0282	M	5:28 AM	M	1.33	M	0.0976	M	5:08 AM	M	0.67	M	0.1122	M
26	1:32 AM	M	3.00	M	0.1922	M	1:30 AM	M	3.17	M	0.1749	M	1:48 AM	M	4.92	M	0.8625	M	1:28 AM	M	3.25	M	0.6705	M
27	1:52 AM	M	0.25	M	0.0166	M	1:50 AM	M	0.25	M	0.009	M							1:48 AM	M	0.33	M	0.0641	M
28																								
29	1:17 AM	M	0.92	M	0.0558	M	1:15 AM	M	0.75	M	0.0788	M	1:38 AM	M	0.33	M	0.0005	M	1:18 AM	M	1.00	M	0.23	M
30																								
Totals:	9	Da	ys	9.59	0.6006	10	Da	ys	9.18	0.5617	7	Da	ys	11.74	1.6856	10	Da	ys	9.00	1.7848				



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 6 of 9		Permit Number: IN0025574																				
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																				
Monitoring Period: June 2021		Enter "x" if no CSO discharge occurred for the month:																						
Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																				
CSO Outfall No. 026			CSO Outfall No. 027			CSO Outfall No. 028			CSO Outfall No. 029															
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
1																								
2																								
3																								
4																								
5																								
6																								
7							2:17 PM	M	0.83	M	0.0492	M												
8													3:54 PM	M	0.17	M	0.0027	M						
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19	9:04 PM	M	0.42	M	0.0278	M	9:07 PM	M	0.33	M	0.0305	M					9:04 PM	M	0.50	M	0.0195	M		
20							7:12 PM	M	0.50	M	0.0476	M					7:14 PM	M	0.58	M	0.015	M		
21							2:27 AM	M	0.17	M	0.0073	M					2:29 AM	M	0.25	M	0.0032	M		
22																								
23																								
24																								
25							5:02 AM	M	0.33	M	0.0317	M					5:14 AM	M	0.33	M	0.0094	M		
26	9:44 PM	M	0.08	M	0.0012	M	1:27 AM	M	1.67	M	0.092	M					1:39 AM	M	1.42	M	0.0562	M		
27							1:47 AM	M	0.08	M	0.0036	M					1:54 AM	M	0.08	M	0.0009	M		
28																								
29	1:29 AM	M	0.42	M	0.0171	M	1:12 AM	M	0.67	M	0.0865	M	1:33 AM	M	0.33	M	0.0125	M	1:19 AM	M	0.67	M	0.0289	M
30																								
Totals:	3	Days	0.92		0.0461		8	Days	4.58		0.3484		1	Days	0.33		0.0125		8	Days	4.00		0.1358	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 7 of 9		Permit Number: IN0025574																				
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																						
Monitoring Period: June 2021		Enter "x" if no CSO discharge occurred for the month:																						
Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																				
CSO Outfall No. 031		CSO Outfall No. 032		CSO Outfall No. 033		CSO Outfall No. 034																		
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
1																								
2																								
3																								
4																								
5																								
6																								
7							2:29 PM	M	1.50	M	0.1073	M	4:00 PM	M	0.50	M	0.1582	M						
8	2:21 PM	M	0.25	M	0.001	M							2:10 PM	M	0.58	M	0.1954	M						
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19							9:05 PM	M	1.08	M	0.0595	M	9:15 PM	M	1	M	0.5626	M	9:05 PM	M	0.33	M	0.0225	M
20	7:21 PM	M	1.25	M	0.2397	M	7:15 PM	M	1.55	M	0.1038	M	7:25 PM	M	4.5	M	2.1961	M	7:10 PM	M	0.33	M	0.0179	M
21	3:01 AM	M	0.83	M	0.0167	M	2:30 AM	M	0.67	M	0.0333	M	12:00 AM	M	9.75	M	4.7636	M	2:25 AM	M	0.17	M	0.0113	M
22																								
23																								
24																								
25							5:04 AM	M	1.50	M	0.1102	M	5:25 AM	M	0.42	M	0.0504	M	5:10 AM	M	0.17	M	0.0096	M
26	1:56 AM	M	1.83	M	0.5778	M	1:29 AM	M	8.15	M	1.1789	M	1:55 AM	M	2.08	M	1.0369	M	1:50 AM	M	0.17	M	0.0115	M
27							12:04 AM	M	2.95	M	0.2554	M												
28																								
29							1:15 AM	M	1.57	M	0.1179	M							1:20 AM	M	0.33	M	0.0174	M
30																								
Totals:	4	Da ys	4.16		0.8352		8	Da ys	18.97		1.9663		7	Da ys	18.83		8.9632		6	Da ys	1.50		0.0902	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 8 of 9		Permit Number: IN0025574																			
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																					
Monitoring Period: June 2021		Enter "x" if no CSO discharge occurred for the month:																					
Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																			
CSO Outfall No. 037		CSO Outfall No. 039		CSO Outfall No. 040		CSO Outfall No.																	
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E					
1																							
2																							
3																							
4																							
5																							
6																							
7	4:02 PM	M	1.25	M	0.5674	M	2:19 PM	M	1.17	M	0.0298	M	2:40 PM	M	3.55	M	0.1068	M					
8	2:02 PM	M	1.67	M	0.6126	M	1:34 PM	M	0.50	M	0.014	M	2:45 PM	M	0.25	M	0.0028	M					
9																							
10																							
11																							
12																							
13																							
14																							
15																							
16																							
17																							
18							7:19 AM	M	0.25	M	0.0063	M											
19	9:12 PM	M	2.00	M	1.6427	M	8:59 PM	M	0.50	M	0.0217	M	9:05 PM	M	2.8	M	0.0673	M					
20	7:27 PM	M	1.75	M	2.0364	M	7:09 PM	M	0.75	M	0.0279	M	7:15 PM	M	2.72	M	0.1088	M					
21	2:42 AM	M	1.08	M	0.5235	M	2:24 AM	M	0.33	M	0.0144	M	2:30 AM	M	2.13	M	0.0598	M					
22																							
23																							
24																							
25	5:27 AM	M	1.50	M	0.7616	M	5:04 AM	M	0.58	M	0.0186	M	5:10 AM	M	2.47	M	0.0722	M					
26	1:47 AM	M	6.67	M	4.7	M	1:24 AM	M	3.58	M	0.1213	M	1:40 AM	M	7.63	M	0.2087	M					
27							1:44 AM	M	0.33	M	0.0096	M	2:15 AM	M	0.92	M	0.0137	M					
28																							
29							1:14 AM	M	0.50	M	0.0217	M	1:20 AM	M	1.97	M	0.0535	M					
30																							
Totals:	7	Da ys	15.92		10.844		10	Da ys	8.49		0.2853		9	Da ys	24.44		0.6936		0	Da ys	0.00		0



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R4 / 9-15)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart	Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: June 2021	Enter "x" if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	
5	
6	
7	precipitation
8	precipitation
9	
10	
11	
12	
13	
14	
15	
16	
17	CSO 20 only, downstream lift station pumps plugged with grease and rags, report submitted to IDEM in accordance with NPDES permit
18	precipitation
19	precipitation
20	precipitation
21	precipitation
22	
23	
24	
25	precipitation
26	precipitation
27	precipitation
28	
29	precipitation
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Laura E. Kolo, Utilities Services Manager	Telephone 574-293-2572
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent <i>Laura E. Kolo</i>	Date (mm/dd/yy) 07/27/21



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.IN.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or rrepar@idem.in.gov.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 6/10/21 9:40	(7) Date (mm/dd/yy) and Time Release Stopped 6/10/21 10:55		(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 315 Grove Street	(9) Latitude (Deg Min Sec) 85 88 24 W
		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		(9) Longitude (Deg Min Sec) 41 41 40 N
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 250 Gallons			(11) WWTP Flow During Release 11.8 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) ROOTS <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out		(17) Additional Description of the Bypass / Overflow Event: Call received at 9:40 am. Crews found main plugged with roots. Roots were saw cut and flow returned to normal at 10:55.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a	
Describe Other: (in the box below) obstruction of roots					
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris obstruction of roots removed					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence					

(22)

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)

SIGNATURE: Laura E. Kolo DATE (month, day, year): 06/10/21

Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 06/10/21 appx 5:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
---	-----------------------------------	--------------------------------------	--	---

Kolo, Laura

From: postmaster@state.in.us
To: wwreports@idem.in.gov
Sent: Thursday, June 10, 2021 5:06 PM
Subject: Relayed: Emailing: 061021 315 grove dwo

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

wwreports@idem.in.gov (wwreports@idem.in.gov)

Subject: Emailing: 061021 315 grove dwo



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.IN.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or repar@idem.in.gov.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 6/17/21 10:13 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 6/17/21 11:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 2335 Sylvan	(9) Latitude (Deg Min Sec) 85 56 26 W	(9) Longitude (Deg Min Sec) 41 42 36 N
(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons			(11) WWTP Flow During Release 12.2 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches obstruction					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) obstruction of rags and grease roots		(17) Additional Description of the Bypass / Overflow Event: CALL came in at 10:13 am. Crews dispatched and found manline plugged with roots. Roots removed and flow returned to normal by 11:15.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris obstruction of roots was removed					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence					
(22)					

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <u>Laura E. Kolo</u>			DATE (month, day, year): 06/18/21	
Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 06/18/21 appx 8:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
To: wwreports@idem.in.gov
Sent: Friday, June 18, 2021 8:49 AM
Subject: Relayed: Emailing: 061721 inc 1

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wwreports@idem.in.gov (wwreports@idem.in.gov)

Subject: Emailing: 061721 inc 1



Emailing: 061721
inc 1



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

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GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 6/17/21 12:26 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 6/17/21 2:05 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 710 Thomas	(9) Latitude (Deg Min Sec) 85 59 16 W	(9) Longitude (Deg Min Sec) 41 40 36 N
(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons			(11) WWTP Flow During Release 15.2 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches <i>obstruction</i>					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) obstruction of rags and grease		(17) Additional Description of the Bypass / Overflow Event: Call received at 12:26 pm. Crews found main plugged with rags and grease. Rags removed and flow returned to normal by 2:05 pm.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris obstruction of rags and grease was removed					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence					

(22)

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <i>Laura Kolo</i>				DATE (month, day, year): 06/18/21
Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 06/18/21 appx 8:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
To: wwreports@idem.in.gov
Sent: Friday, June 18, 2021 8:49 AM
Subject: Relayed: Emailing: 061721 inc 2

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

wwreports@idem.in.gov (wwreports@idem.in.gov)

Subject: Emailing: 061721 inc 2



Emailing: 061721
inc 2



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.IN.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or rrepar@idem.in.gov.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 6/17/21 1:57 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 6/17/21 2:27 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) CSO 20, Bridge Street	(9) Latitude (Deg Min Sec) 41 40 37 N	(9) Longitude (Deg Min Sec) 85 59 25 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual 29,860 Gallons			(11) WWTP Flow During Release 15.2 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches pumps plugged					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) pumps plugged w / grease and rags		(17) Additional Description of the Bypass / Overflow Event: Overflow started at 1:57 pm. Crews dispatched and found pumps at Bridge Street Lift Station plugged with grease and rags. Pulled, cleaned and re-installed pumps and overflow stopped at 2:27 pm.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: St Joseph River	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris Obstruction of grease and rags was removed from pumps. Same area as back-up at 710 Thomas (incident report also submitted)					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence The alarm of a 70% warning in the CSO chamber was not received until 4:38 pm, though it triggered at 1:52 pm. This is a problem with the programming of the monitoring system. The alarms should have been received within 5 minutes of the 70% warning level being reached. Letter and informational flier to be mailed to basin education residents on proper disposal methods of grease and rages.					
(22)					

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)

SIGNATURE: _____ DATE (month, day, year): 06/18/21

Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 06/18/21 appx 8:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
---	-----------------------------------	--------------------------------------	--	---

Kolo, Laura

From: postmaster@state.in.us
To: wwreports@idem.in.gov
Sent: Friday, June 18, 2021 8:49 AM
Subject: Relayed: Emailing: 061721 inc 3

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

wwreports@idem.in.gov (wwreports@idem.in.gov)

Subject: Emailing: 061721 inc 3



Emailing: 061721
inc 3



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.IN.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or rrepar@idem.in.gov.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 6/21/21 unknown <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 6/21/21 unknown <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1515 Columbian	(9) Latitude (Deg Min Sec) 41 42 11N	(9) Longitude (Deg Min Sec) 85 58 7W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons			(11) WWTP Flow During Release 41.5 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) obstruction of rags and grease		(17) Additional Description of the Bypass / Overflow Event: Calls received starting at 9:29 am through 4:33 pm when residents discovered evidence of back-up but it had resolved itself. In all cases, the exact start time, end time and volume is unknown because the back-up was not witnessed first hand and our crews did not take any action to resolve the issue. Very intense rain is believed to be the cause on all cases.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris very intense rain overwhelmed combined sewers					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence					
(22)					

CERTIFICATION AND SIGNATURE			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)			
SIGNATURE: <u>Laura Kolo</u>		DATE (month, day, year): <u>06/22/21</u>	
Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 06/22/21 appx 1:00 pm <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM



BYPASS / OVERFLOW REPORT (Supplemental Locations)

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

(23) Complete all parts of each table for additional discharge locations caused by the same event as on the first page.
For any locations identified in the NPDES permit, include the Outfall number for that location from the permit.

RELEASE INFORMATION (Location 2)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
035	6/21/21 unknown <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	6/21/21 unknown <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	2718 Oakland Ave	41 39 32 N	85 58 7 W
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons		Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted n/a	
RELEASE INFORMATION (Location 3)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
035	6/21/21 unknown <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	6/21/21 unknown <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	116 Gage	41 41 37 N	85 56 51 W
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons		Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted n/a	
RELEASE INFORMATION (Location 4)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
035	6/21/21 unknown <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	6/21/21 unknown <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	253 W. Cleveland	41 40 18 N	85 58 12 W
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons		Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted n/a	
RELEASE INFORMATION (Location 5)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 6)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 7)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

CERTIFICATION AND SIGNATURE	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
SIGNATURE: <u> Laura W </u>	DATE (month, day, year): <u>6/22/21</u>

Kolo, Laura

From: postmaster@state.in.us
To: wwreports@idem.in.gov
Sent: Tuesday, June 22, 2021 1:10 PM
Subject: Relayed: Elkhart Inc Rpt

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wwreports@idem.in.gov (wwreports@idem.in.gov)

Subject: Elkhart Inc Rpt



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or rrepar@idem.in.gov.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION			
(1) Facility Name (Organization)	(2) Mailing Address (reporting organization)	(3) County	(4) NPDES Permit
Elkhart Public Works	1201 S. Nappanee Street	Elkhart	IN00025674

RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began	(7) Date (mm/dd/yy) and Time Release Stopped	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
035	6/25/21 3:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	6/25/21 4:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	140 South Shore	41 40 56N	85 59 14W

(10) Amount of Flow Released Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual	(Always provide a volume.) unknown Gallons	(11) WWTP Flow During Release 22.9 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD
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(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release	(14) Describe any damage to aquatic life or receiving stream: none
---	---

(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation	Inches obstruction - roots
---	-------------------------------

(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out	(17) Additional Description of the Bypass / Overflow Event: Call received at 3:10 pm. Crews found main plugged with roots. Roots removed and flow returned to normal by 4:30 pm. Several failed attempts to reach resident to estimate volume.	(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a
--	---	--

(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other:	n/a
--	-----

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris	obstruction of roots was removed
--	----------------------------------

(21) Resolution: Actions Taken or Planned to Prevent Recurrence	
---	--

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)

SIGNATURE: Laura E. Kolo DATE (month, day, year): 06/26/21

Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 06/26/21 appx 9:15	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
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Kolo, Laura

From: postmaster@state.in.us
To: wwreports@idem.in.gov
Sent: Saturday, June 26, 2021 9:15 AM
Subject: Relayed: 140 South Shore bb 062521

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

wwreports@idem.in.gov (wwreports@idem.in.gov)

Subject: 140 South Shore bb 062521

MARKETING AND DISTRIBUTION ANNUAL REPORT FORM

(Complete and submit this form to IDEM by January 31 of each year)

June 2021

PERMIT NO.: INLA 000680

FACILITY NAME: Elkhart Public Works & Utilities

YEAR: _____

Month	Dry Tons	Lab. No.
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

(Lab No. corresponds to lab data entered below)

Class A Pathogen Reduction Method (attach sample results when applicable)

Check appropriate box, give explanation if more than one is applicable

327 IAC 6.1-4-13

<input checked="" type="checkbox"/>	Alternative 1
<input type="checkbox"/>	Alternative 2
<input type="checkbox"/>	Alternative 3

<input type="checkbox"/>	Alternative 4
<input type="checkbox"/>	Alternative 5
<input type="checkbox"/>	Alternative 6

Vector Attraction Reduction Method (attach sample results when applicable)

Check appropriate box, give explanation if more than one is applicable

327 IAC 6.1-15

<input checked="" type="checkbox"/>	Option 1 38%VSR
<input type="checkbox"/>	Option 2 Anaerobic/Bench
<input type="checkbox"/>	Option 3 Aerobic/Bench
<input type="checkbox"/>	Option 4 SOUR

<input type="checkbox"/>	Option 5 Aerobic
<input type="checkbox"/>	Option 6 Alkali
<input type="checkbox"/>	Option 7 75% Solids
<input type="checkbox"/>	Option 8 90% Solids

Analytical Results:

Sample Report Date	1	2	3	4	5	6	7	8	9	10	11	12
Percent Total Solids												
Arsenic (As)												
Cadmium (Cd)												
Copper (Cu)												
Lead (Pb)												
Mercury (Hg)												
Molybdenum (Mo)												
Nickel (Ni)												
Selenium (Se)												
Zinc (Zn)												

Enter heavy metals results as dry weights

Lab Nos.:

Sample Report Date

Percent Total Solids

Arsenic (As)

Cadmium (Cd)

Copper (Cu)

Lead (Pb)

Mercury (Hg)

Molybdenum (Mo)

Nickel (Ni)

Selenium (Se)

Zinc (Zn)

Enter all nutrient results as percent dry weights

Total N (TN)												
Ammonium N (NH4-N)												
Nitrate N (NO3-N)												
Phosphorus (P)												
Potassium (K)												

Enter PCB results as dry weight

PCB												
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Laura KDD

Signature:

Date: 7/27/21

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
Season: 0		Req. <=6.0 MO AVG	<=12.0 DAILY MX	26 - lb/d		<=0.036 MO AVG	<=0.073 DAILY MX	19 - mg/L		01/07 - Weekly	24 - COMP24
NODI: -											
01119	Copper, total recoverable					=0.054	=0.063	19 - mg/L	0	01/07 - Weekly	24 - COMP24
	G - Raw Sewage Influent										
Season: 0		Req.				Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/07 - Weekly	24 - COMP24
NODI: -											
50050	Flow, in conduit or thru treatment plant			03 - MGD					0	01/01 - Daily	TM - TOTALZ
	1 - Effluent Gross										
Season: 0		Req. Req Mon MO AVG		03 - MGD						01/01 - Daily	TM - TOTALZ
NODI: -											
51041	E. coli, colony forming units [CFU]					=32.0	=74.0	3Z - CFU/100mL	0	01/01 - Daily	GR - GRAB
	1 - Effluent Gross										
Season: 1		Req.				<=125.0 MO GEO	<=235.0 DAILY MX	3Z - CFU/100mL		01/01 - Daily	GR - GRAB
NODI: -											
51041	E. coli, colony forming units [CFU]								0	01/01 - Daily	GR - GRAB
	Y - Effluent Gross (Supplementary)										
Season: 0		Req.				Req Mon DAILY MX	Req Mon DAILY MX	3Z - CFU/100mL		01/01 - Daily	GR - GRAB
NODI: -											
51484	Number of Events								0	01/30 - Monthly	RT - RCOTOT
	Y - Effluent Gross (Supplementary)										
Season: 0		Req.				Req Mon MO TOTAL	Req Mon MO TOTAL	4X - # exceed	0	01/30 - Monthly	RT - RCOTOT
NODI: -											
80082	BOD, carbonaceous [5 day, 20 C]			26 - lb/d		=2.5	=3.1	19 - mg/L	0	01/01 - Daily	24 - COMP24

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
1 - Effluent Gross											
Season: 0	Req.	<=6259.0 MO AVG	<=10014.0 MX WK AV	26 - lb/d	<=25.0 MO AVG	<=40.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - COMP24	
NODI: -	NODI										
81012	Phosphorus, total percent removal				=81.1			23 - %	0	01/30 - Monthly	CA - CALCTD
K - Percent Removal	Smpl.										
Season: 0	Req.				>=75.0 MO AV MN			23 - %	01/30 - Monthly	CA - CALCTD	
NODI: -	NODI										
82220	Flow, total								0	01/30 - Monthly	RT - RCOTOT
1 - Effluent Gross											
Season: 0	Req.		Req Mon MO TOTAL	80 - Mgal/mo					01/30 - Monthly	RT - RCOTOT	
NODI: -	NODI										

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0025674_CSO_MRO_2021_07.pdf	pdf	264356.0
IN0025674_035a_MRO_2021_07.pdf	pdf	213537.0
IN0025674_INC_RPT_2021_07_01.pdf	pdf	55385.0
IN0025674_INC_RPT_2021_07_02.pdf	pdf	55795.0

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2021-08-26 12:11 (Time Zone:-04:00)

Report Last Signed By

User: Pavton88

E-Mail:

laura.kolo@coei.org

Date/Time:

2021-08-26 12:14 (Time Zone:-04:00)

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Indiana DEM

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[Signing Process Confirmation - CDX Activity ID: _2896c99c-0d8b-423d-bcdb-7db553955e7d](#)

Your DMRs are undergoing the Signing Process

Permit ID	Facility	Permitted Feature	Discharge #	Discharge Description	Monitoring Period End Date	DMR Due Date
IN0025674	ELKHART WWTP 005	005-C	CSO- ARCH/BAR	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 006	006-C	CSO- JACKSON, WEST OF BRIDGE	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 007	007-C	CSO- JACKSON, EAST OF BRIDGE	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 008	008-C	CSO- HUG/EAST BLVD	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 009	009-C	CSO- NIBCO PRKWAY - FKA JR. ACHIEVEMENT (Y DR N)	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 011	011-C	CSO- ELKHART/FRANKLIN	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 012	012-C	CSO- CASSOPOLIS/BEARDSLEY	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 013	013-C	CSO- JOHNSON/BEARDSLEY	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 014	014-C	CSO- DAM AT CONE/ERWIN	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 015	015-C	CSO- MICHIGAN/FULTON	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 018	018-C	CSO- MCNAUGHTON PARK WEST	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 020	020-C	CSO- BRIDGE AND HUDSON	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 023	023-C	CSO- FRANKLIN/8TH	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 024	024-C	CSO- INDIANA/FRANKLIN	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 025	025-C	CSO- POTTAWATOMI/SECOND	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 026	026-C	CSO- MAIN/POTTAWATOMI	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 027	027-C	CSO- EDGEWATER/NAVAJO	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 028	028-C	CSO- WASHINGTON AT RIVER	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 029	029-C	CSO- JEFFERSON AT THE RIVER	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 031	031-C	CSO- ELIZABETH/LUSHER	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 032	032-C	CSO- EDGEWATER/OKEMA	07/31/21	08/28/21	
IN0025674	ELKHART WWTP 033	033-C	CSO- EVANS/GRACE	07/31/21	08/28/21	

IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	07/31/21	08/28/21
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	07/31/21	08/28/21
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	07/31/21	08/28/21
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	07/31/21	08/28/21
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	07/31/21	08/28/21



**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R6 / 3-20)

Name of Facility Elkhart			Permit Number IN0025674		
Month July	Year 2021	Plant Design Flow 20 mgd	Telephone Number 574/293-2572		
E-mail address: laura.kolo@coei.org				035	A
Certified Operator: Name Laura E. Kolo		Class IV	Certificate Number 15094	Expiration Date 6/30/2023	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 3.27	Precipitation - Inches	Bypass At Plant Site ("X" if Occurred)	Sanitary Sewer Overflow ("X" if Occurred)	CHEMICALS USED			RAW SEWAGE								
								Chlorine - Lbs/day	Ferrous Chloride Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l	
1	Thu								225		17.944	7.9	73	10925	114	17060	2.81	15.12	
2	Fri								192		17.391	7.9	74	10733	83	12038	2.96	14.08	
3	Sat								213		16.183	7.8	59	7963	63	8502.9	2.1	10.68	
4	Sun								195		15.91	7.9	67	8890.2	54	7165.2	2.35	12.28	
5	Mon						X		174.8		16.072	7.8	44	5897.8	79	10589	2.58	14.72	
6	Tue								0		16.781	7.9	61	8537.2	92	12876	2.77	13.4	
7	Wed			1.23					0		19.061	7.8	89	14148	218	34655	2.79	12.88	
8	Thu			0.02					190		19.061	7.9	55	8743.3	144	22891	3.08	15.56	
9	Fri						X		190		16.674	7.9	62	8621.8	100	13906	2.99	15.56	
10	Sat			0.03					228		15.245	7.9	65	8264.3	108	13731	3.18	15.48	
11	Sun			0.03					193		15.078	7.8	81	10186	93	11695	2.99	15.6	
12	Mon			0.06					190		15.974	8.0	80	10658	108	14388	2.62	13.68	
13	Tue			0.16					258		16.062	7.6	113	15137	124	16611	3.57	15.24	
14	Wed			0.01					197.6		15.435	7.8	73	9397.1	122	15705	3.26	16.04	
15	Thu			0.03					191.5		15.435	7.7	135	17378	136	17507	3.6	18.36	
16	Fri			0.24					271		15.225	7.9	105	13333	152	19300	3.66	17.52	
17	Sat			0.01					225		14.958	7.9	94	11726	112	13972	3.16	14.52	
18	Sun								198		14.123	7.9	66	7773.9	60	7067.1	2.62	15.52	
19	Mon			0.03					182		14.638	7.6	74	9034	136	16603	3.48	16.88	
20	Tue								182		14.786	7.9	90	11098	172	21210	4.52	17.56	
21	Wed								190		14.844	7.9	110	13618	150	18570	4.42	17.72	
22	Thu								199		14.844	7.7	116	14361	286	35407	4.33	19.16	
23	Fri			0.16					0		15.129	7.8	96	12113	262	33058	4.07	17.68	
24	Sat			0.72					198		16.421	7.7	93	12736	134	18351	3.21	14.12	
25	Sun			0.01					182		13.899	7.8	47	5448.1	94	10896	2.44	13.64	
26	Mon								182.4		13.864	7.8	90	10406	154	17806	3.51	15.4	
27	Tue								167		14.167	7.7	97	11461	150	17723	4.68	16.28	
28	Wed								167		14.593	7.7	90	10954	152	18499	3.74	17	
29	Thu			0.52					162.6		14.593	7.8	90	10954	170	20690	3.87	16.24	
30	Fri			0.01					155		16.436	7.7	96	13159	156	21384	4.22	16.72	
31	Sat								205		13.074	7.7	91	9922.4	122	13303	4.13	15.44	
Average									177.5		15.61		83.1	10761	132.3	17199	3.345	15.49	
Maximum					1.23				271		19.061	8.0	135	17378	286	35407	4.68	19.16	
Minimum									0		13.074	7.6	44	5448.1	54	7067.1	2.1	10.68	
# of Data				16	0	2	0	0	31	0	31	31	31	31	31	31	31	31	0

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): <i>Laura Kolo</i>	Date (month, day, year) 8/26/21
Signature of principal executive officer or authorized agent (or attested by NelDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) 8/26/21

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R8 / 3-20)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of July	Year 2021
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Day Of Month	PRIMARY EFFLUENT		AERATION						SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR				RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG									
1	47	61	128	2364	54	4.4	18		5920				62	7.4		8.6	
2	59	57	125	2332	54	4.6	18		5560				46	7.4		8.5	
3	56	53	135	2352	57	5.0	18		5060				46	7.3		8.4	
4	51	54	120	2372	51	3.9	17		4820				46	7.4		9.1	
5	36	59	114	2116	54	5.4	18		4540				54	7.3		9.1	
6	58	68	120	2256	53	4.0	18		4560				27	7.4		8.3	
7	53	68	105.2	2168	49	3.1	19		4120				38	7.4		8.2	
8	45	110	120	2728	44	3.7	18		4660				26	7.3		8.1	
9	55	55	128.2	2264	57	4.6	18		4400				40	7.4		8.4	
10	47	61	131.6	2592	51	3.8	18		5140				9	7.3		8.6	
11	60	65	130	2584	50	3.8	17		5720				16	7.4		8.8	
12	52	64	130	2376	55	3.7	18		4640				49	7.4		8.5	
13	55	66	136	2276	60	3.8	19		4780				46	7.4		8.6	
14	52	60	122	2556	48	4.5	19		4660				39	7.2		8.6	
15	90	69	132	2024	65	3.1	19		4600				19	7.2		8.3	
16	60	63	122.2	2456	50	3.5	17		4960				40	7.4		8.5	
17	72	67	134.6	2592	52	3.5	19		5120				16	7.2		8.4	
18	48	39	144	2600	55	4.0	17		3520				23	7.6		8.6	
19	61	62	144	2784	52	3.0	19		4700				31	7.4		8.5	
20	57	65	142.6	2508	57	3.5	19		5080				39	7.3		8.6	
21	67	73	150.4	2676	56	3.7	19		4980				31	7.1		9.2	
22	82	79	146	2600	56	2.9	19		5320				36	7.3		8.2	
23	70	77	152.2	2620	58	4.3	19		4700				24	7.3		8.5	
24	53	72	161.2	2880	56	4.0	19		5260				27	7.3		8.3	
25	44	51	142	2672	53	3.6	19		6120				38	7.4		7.7	
26	64	62	158	2848	55	4.3	19		5140				43	7.4		8.1	
27	62	68	156	2840	55	3.1	20		5540				38	7.5		7.7	
28	69	57	158	2940	54	2.8	20		5200				31	7.5		7.9	
29	65	60	160	2420	66	2.6	21		5980				12	7.4		7.6	
30	73	67	170.6	2904	59	3.8	20		5520				74	7.3		8.2	
31	63	53	173.8	2820	62	3.9	19		5260				25	7.4		7.9	
Avg.	58.9	64.03	138.5	2533	54.72	3.8	18.6		5019				32			8.387	
Max.	90	110	173.8	2940	66.12	5.44	21		6120				74	7.6		9.2	
Min.	36	39	105.2	2024	43.99	2.64	17		3520				9	7.1		7.6	
Daily Max													74				
# of Days above 235													0				
Data	31	31	31	31	31	31	31	0	31	0	0	0	0	31	31	31	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R8 / 3-20)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	July	2021

Day Of Month	Day of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Thu	17.277		3		432.5		6		865.1		0.23		33.16		0.7	100.9
2	Fri	16.648		3		416.8		15		2084		0.16		22.23		0.83	115.3
3	Sat	15.433		3		386.4		12		1545		0.13		16.74		0.86	110.8
4	Sun	14.853		3		371.8		12		1487		0.12		14.87		0.9	111.6
5	Mon	14.405		3		360.6		12		1443		0.12		14.43		0.94	113
6	Tue	15.32		4		511.4		13		1662		0.2		25.57		1.15	147
7	Wed	18.439		5		769.4		11		1693		0.63		96.94		1.1	169.3
8	Thu	18.439		3		461.6		9		1385		0.31		47.7		0.86	132.3
9	Fri	16.089		2		268.5		5		671.3		0.12		16.11		0.62	83.24
10	Sat	14.627	16.025	2	3.143	244.1	426.8	3	9.286	366.2	1244	0.09	0.227	10.99	32.372	0.58	70.8
11	Sun	14.464		2		241.4		3		362.1		0.08		9.656		0.68	82.08
12	Mon	15.613		2		260.6		4		521.2		0.1		13.03		0.55	71.66
13	Tue	15.564		2		259.8		4		519.5		0.074		9.611		0.52	67.54
14	Wed	14.788		2		246.8		4		493.6		0.42		51.83		0.46	56.77
15	Thu	14.788		3		370.2		4		493.6		0.15		18.51		0.48	59.23
16	Fri	14.366		2		239.8		4		479.5		0.1		11.99		0.45	53.95
17	Sat	14.122	14.815	3	2.286	353.5	281.7	4	3.857	471.4	477.3	0.11	0.148	12.96	18.227	0.42	49.5
18	Sun	13.264		2		221.4		4		442.8		0.08		8.855		0.46	50.92
19	Mon	13.92		3		348.5		4		464.6		0.11		12.78		0.47	54.6
20	Tue	14.005		3		350.6		3.6		420.7		0.1		11.69		0.43	50.25
21	Wed	13.942		2		232.7		3		349		0.11		12.8		0.47	54.68
22	Thu	13.942		2		232.7		4		465.4		0.14		16.29		0.45	52.36
23	Fri	14.351		2		239.5		4		479		0.07		8.383		0.44	52.69
24	Sat	15.932	14.194	2	2.286	265.9	270.2	4.7	3.9	624.9	463.8	0.07	0.097	9.307	11.442	0.51	67.81
25	Sun	12.974		2		216.5		4		433.1		0.07		7.579		0.6	64.96
26	Mon	12.941		2		216		4		432		0.04		4.32		0.56	60.48
27	Tue	12.887		2		215.1		3		322.6		0.24		25.81		0.5	53.77
28	Wed	13.119		2		219		4		437.9		0.1		10.95		0.6	65.69
29	Thu	13.119		3		328.4		4		437.9		0.09		9.853		0.68	74.45
30	Fri	15.772		2		263.2		5		658.1		0.14		18.43		0.62	81.6
31	Sat	11.614	13.204	2	2.143	193.8	236	9	4.714	872.3	513.4	0.12	0.114	11.63	12.652	0.76	73.66
Avg		14.742		2.5		314.1		6.0		754.3		0.149		19.19		0.634	79.12
Max		18.439	16.025	5	3.143	769.4	426.8	15	9.286	2084	1244	0.63	0.227	96.94	32.372	1.15	169.3
Min		11.614	13.204	2	2.143	193.8	236	3	3.857	322.6	463.8	0.04	0.097	4.32	11.442	0.42	49.5
Data		31	4	31	4	31	4	31	4	31	4	31	4	31	4	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 457.02
Primary Treatment	29.1	51.6			
	NA	NA			
Secondary Treatment	95.7	90.7			Percent Capacity
Overall Treatment	97.0	95.5	99.0	81.1	(actual flow/design) 74%
Phosphorus limit would be 75 % removal. (compliance achieved)					

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R8 / 3-20)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	July	2021

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	0	
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	13.4	15.84	7.6	53.89	126	0		4.74	2.2	69.84	53.27	106		
2	21.63	15.84	7.5	54.52	127	0		1.89	2.25	72.07	54.31			
3	26.45	15.84	7.5	56.3	127	0		5.64	2.23	69.27	55.09			
4	12.09	15.84	7.5	53.62	126	0		4.8	2.25	70.57	55.38			
5	28.53	15.84	7.6	49.97	126	0		2.67	2.35	60.49	55.7			
6	20.92	15.84	7.5	43.76	126	0		1.64	2.18	68.39	54.84	106.8		
7	19.57	15.84	7.5	8.44	126	0		2.37	2.12	74.23	54.72	128.5		
8	13.97	15.84	7.5	0	126	3.537		2.51	2.15	72.25	54.71	117.6		
9	34.78	15.84	7.5	0	126	0		5.22	2.2	72.71	56.72			
10	26.17	15.84	7.4	0	126	14.15		4.39	2.17	74.13	52.43			
11	25.05	15.84	7.6	0	126	0		5.26	2.13	74.93	55.35			
12	24.09	15.84	7.6	27.48	126	0		5.78	2.01	77.65	55.67	72.74		
13	27.74	15.84	7.6	61.8	127	0		4.29	2.41	76.88	53.21	72.01		
14	31.16	15.84	7.5	62.74	127	0		3.9	2.1	75.83	54.39	72.86		
15	28.19	15.84	7.5	60.39	126	0		3.52	2.2	75.06	55.1	72.59		
16	25.16	15.84	7.5	62.41	127	3.537		4.87	2	75.94	53.94			
17	33.99	15.84	7.6	63.74	126	0		4.78	1.96	74.44	53.91			
18	27.83	15.84	7.6	62.64	126	0		4.91	1.96	74.42	54.41			
19	17.45	15.84	7.5	59.7	127	0		5.56	1.92	77.63	54.75	73.32		
20	31.95	15.84	7.5	59.52	127	0		4.3	1.9	75.51	55.28	71.83		
21	32.72	15.84	7.5	62.88	126	0		3.95	1.81	74.49	55.17	58.42		
22	33.11	15.84	7.6	60.34	127	0		4.16	1.89	73.66	55.49	92.59		
23	27.94	15.84	7.5	62.88	126	0		4.13	1.79	72.24	55.15			
24	32.59	15.84	7.5	62.47	126	17.69		5.05	2.54	72.51	59.59			
25	20.92	15.84	7.5	60.29	127	17.69		5.72	1.95	73.62	56.25			
26	32.26	15.84	7.5	62.21	126	0		5.54	1.93	74.5	55.83			
27	33.55	15.84	7.6	60.78	126	3.537		2.72	1.91	74.91	55.36	106.5		
28	31.5	15.84	7.4	61.58	126	3.537		5.15	2.01	71.72	55.13	119.6		
29	31.78	15.84	7.5	92.06	127	0		3.64	2.14	70.45	55.32	90.04		
30	25.01	15.84	7.6	62.6	127	0		5.88	2.19	71.96	54.35	80.42		
31	32.62	15.84	7.4	61.51	126	3.537		5.62	2.24	72.24	55.95			
Avg.	26.58	15.84		50.02	126	2.168		4	2	73	55	90.12		
Max.	34.78	15.84	7.6	92.06	127	17.69		5.88	2.54	77.65	59.59	128.5		
Min.	12.09	15.84	7.4	0	126	0		1.64	1.79	60.49	52.43	58.42		
Data	31	31	31	31	31	31	0	31	31	31	31	16	0	0

Once completed, this form should be converted to a pdf document, named appropriately & attached to the corresponding netDMR for submittal

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R8 / 3-20)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of July	Year 2021
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Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Influent mg/L	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2																
3																
4																
5																
6					0.0002	0.0001	0.0002	0.0002	0.002	0.002	0.035	0.007	0.056	0.015		
7																
8																
9																
10																
11																
12									0.002	0.003						
13													0.059	0.013		
14																
15																
16																
17																
18																
19									0.005	0.003						
20													0.063	0.003		
21																
22																
23																
24																
25																
26																
27									0.002	0.004						
28													0.038	0.004		
29																
30																
31																
Avg					0.0002	0.0001	0.0002	0.0002	0.003	0.003	0.035	0.007	0.054	0.009		
Max					0.0002	0.0001	0.0002	0.0002	0.005	0.004	0.035	0.007	0.063	0.015		
Min					0.0002	0.0001	0.0002	0.0002	0.002	0.002	0.035	0.007	0.038	0.003		
Data	0	0	0	0	1	1	1	1	4	4	1	1	4	4	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R6 / 3-20)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: July	Year 2021
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Substitute for State Form 30530

Day Of Month	Ni - Influent mg/L	Ni - Effluent mg/L	Pb - Influent mg/L	Pb - Effluent mg/L	Zn - Influent mg/L	Zn - Effluent mg/L												
1																		
2																		
3																		
4																		
5																		
6	0.007	0.011	0.0001	0.0007	0.172	0.062												
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg	0.007	0.011	0.0001	0.0007	0.172	0.062												
Max	0.007	0.011	0.0001	0.0007	0.172	0.062												
Min	0.007	0.011	0.0001	0.0007	0.172	0.062												
Data	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

Slate Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 1 of 9		Permit Number: IN0025574																
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																
Monitoring Period: July 2021		Enter "x" if no CSO discharge occurred for the month:																		
Design Peak Hourly Flow (MGD): 44		Design Average Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																
WWTP Influent Data			Precipitation Data				CSO Outfall No. 005			CSO Outfall No. 006										
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	17.94	24.47					15 min													
2	17.39	20.72					15 min													
3	16.18	19.54					15 min													
4	15.91	22.85					15 min													
5	16.07	19.80					15 min													
6	16.78	20.67					15 min													
7	19.06	35.68	4:03 PM	0.67	1.23	4.48	15 min							4:21 PM	M	0.25	M	0.1026	M	
8	19.06	21.76	9:08 AM	1.68	0.02	0.08	15 min													
9	16.67	19.13					15 min													
10	15.25	19.02	10:28 PM	1.12	0.03	0.04	15 min													
11	15.08	18.54	7:40 AM	2.72	0.03	0.04	15 min													
12	15.97	21.05	12:20 AM	4.47	0.06	0.16	15 min													
13	16.06	22.36	1:45 PM	2.67	0.16	0.44	15 min													
14	15.44	19.98	8:20 AM	0.08	0.01	0.04	15 min													
15	15.44	18.97	11:34 AM	0.08	0.03	0.12	15 min													
16	15.23	32.40	7:59 AM	8.33	0.24	0.16	15 min													
17	14.96	18.00	12:24 AM	0.08	0.01	0.04	15 min													
18	14.12	17.47					15 min													
19	14.64	18.38	9:06 AM	0.08	0.03	0.12	15 min													
20	14.79	18.15					15 min													
21	14.84	20.70					15 min													
22	14.84	17.60					15 min													
23	15.13	25.73	9:51 AM	12.67	0.16	0.36	15 min													
24	16.42	38.35	12:08 AM	20.18	0.72	2.04	15 min							8:05 PM	M	0.25	M	0.0283	M	
25	13.90	17.62	5:46 AM	0.38	0.01	0.04	15 min													
26	13.86	17.38					15 min													
27	14.17	17.35					15 min													
28	14.59	20.80					15 min													
29	14.59	39.03	4:01 AM	1.80	0.52	1.00	15 min													
30	16.44	16.97	6:51 AM	0.08	0.01	0.04	15 min													
31	13.07	16.44					15 min													
Totals:	483.90			57.09	3.27			0	Da ys	0.00		0		2	Da ys	0.50		0.1309		



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 2 of 8		Permit Number: IN0025574																				
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? <input checked="" type="checkbox"/> Y																						
Monitoring Period: July 2021		Enter "x" if no CSO discharge occurred for the month:																						
Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																				
CSO Outfall No. 007		CSO Outfall No. 008		CSO Outfall No. 009		CSO Outfall No. 011																		
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
1																								
2																								
3																								
4																								
5																								
6																								
7	4:31 PM	M	0.50	M	0.0869	M	4:20 PM	M	0.08	M	0.0008	M	4:35 PM	M	0.50	M	0.0186	M	4:18 PM	M	0.25	M	0.0219	M
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17	2:41 AM	M	0.58	M	0.094	M							2:56 AM	M	0.33	M	0.0119	M						
18																								
19																								
20																								
21																								
22																								
23																								
24	8:16 PM	M	0.83	M	0.1447	M							8:20 PM	M	0.83	M	0.0339	M						
25																								
26																								
27																								
28																								
29	5:36 AM	M	0.42	M	0.0632	M																		
30																								
31																								
Totals:	4	Da ys	2.33		0.3868		1	Da ys	0.08		0.0008		3	Da ys	1.66		0.0644		1	Da ys	0.25		0.0219	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 3 of 9		Permit Number: IN0026574																				
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y		Enter "x" if no CSO discharge occurred for the month:																				
Monitoring Period: Jul 2021		Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20																				
				Measured/Metered (M) or Estimated (E) must be specified																				
Day of Month	CSO Outfall No. 012			CSO Outfall No. 013			CSO Outfall No. 14B			CSO Outfall No. 015														
	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
1																								
2																								
3																								
4																								
5																								
6																								
7													4:36 PM	M	0.33	M	0.0093	M						
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23							3:07 PM	M	0.17	M	0.0029	M												
24	8:17 PM	M	0.17	M	0.0035	M							8:16 PM	M	0.50	M	0.0241	M						
25																								
26																								
27																								
28																								
29	5:22 AM	M	0.50	M	0.0256	M	5:22 AM	M	0.33	M	0.0154	M	5:26 AM	M	0.67	M	0.0547	M						
30																								
31																								
Totals:	2	Days	0.67		0.0291		2	Days	0.50		0.0183		0	Days	0		0		3	Days	1.50		0.0881	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 4 of 9		Permit Number: IN0026574																			
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																					
Monitoring Period: July 2021		Enter "x" if no CSO discharge occurred for the month:																					
Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																			
CSO Outfall No. 016		CSO Outfall No. 017		CSO Outfall No. 018		CSO Outfall No. 019																	
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E					
1																							
2																							
3																							
4																							
5																							
6																							
7							4:29 PM	M	1.08	M	0.1473	M											
8																							
9																							
10																							
11																							
12																							
13							5:00 PM	M	0.83	M	0.0101	M											
14																							
15																							
16																							
17																							
18																							
19																							
20																							
21																							
22																							
23																							
24							8:10 PM	M	0.42	M	0.0564	M	8:04 PM	M	3.42	M	0.3063	M					
25																							
26																							
27																							
28																							
29	5:35 AM	M	0.58	M	0.0233	M							5:30 AM	M	0.67	M	0.0405	M					
30																							
31																							
Totals:	1	Days	0.58		0.0233		1	Days	0.42		0.0564		4	Days	6		0.5042		0	Days	0.00		0



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 5 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: July 2021										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
Day of Month	CSO Outfall No. 020						CSO Outfall No. 023						CSO Outfall No. 024						CSO Outfall No. 025					
	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																								
2																								
3																								
4																								
5																								
6																								
7	4:17 PM	M	0.58	M	0.0388	M	4:20 PM	M	0.42	M	0.0366	M	4:28 PM	M	1.25	M	0.2104	M	4:18 PM	M	0.33	M	0.0544	M
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16							1:40 PM	M	0.17	M	0.0074	M							9:58 AM	M	0.58	M	0.0436	M
17	3:17 AM	M	1.17	M	0.0256	M													1:38 PM	M	0.25	M	0.0199	M
18																								
19																								
20																								
21																								
22																								
23																								
24	8:02 PM	M	0.75	M	0.0446	M	8:00 PM	M	0.50	M	0.0674	M	8:14 PM	M	1.08	M	0.1173	M	7:58 PM	M	0.42	M	0.0628	M
25																								
26																								
27																								
28																								
29	5:12 AM	M	0.67	M	0.0345	M	5:10 AM	M	0.67	M	0.0524	M	5:39 AM	M	1.08	M	0.0708	M	5:08 AM	M	0.67	M	0.0994	M
30																								
31																								
Totals:	4	Days	3.17		0.1435		4	Days	1.76		0.1638		3	Days	3.41		0.3985		5	Days	2.25		0.2801	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of: 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: July 2021										Enter "x" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 026					CSO Outfall No. 027					CSO Outfall No. 028					CSO Outfall No. 029										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1																									
2																									
3																									
4																									
5																									
6																									
7							4:14 PM	M	0.30	M	0.0429	M													
8																									
9																									
10																									
11																									
12																									
13																									
14																									
15													10:03 AM	M	0.42	M	0.0136	M	9:54 AM	M	0.58	M	0.0225	M	
16																									
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24							7:57 PM	M	0.33	M	0.042	M													
25																									
26																									
27																									
28																									
29																									
30																									
31																									
Totals:	0	Days	0.00		0		2	Days	0.63		0.0849		1	Days	0.42		0.0136		1	Days	0.58		0.0225		



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 7 of 9		Permit Number: IN0025574																				
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																						
Monitoring Period: July 2021		Enter "x" if no CSO discharge occurred for the month:																						
Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																				
CSO Outfall No. 031		CSO Outfall No. 032		CSO Outfall No. 033		CSO Outfall No. 034																		
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
1																								
2																								
3																								
4																								
5																								
6																								
7	4:31 PM	M	1.00	M	0.1533	M	4:14 PM	M	0.67	M	0.022	M	4:35 PM	M	0.17	M	0.0049	M	4:20 PM	M	0.08	M	0.0043	M
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24	8:16 PM	M	0.33	M	0.0138	M	8:00 PM	M	0.58	M	0.0162	M												
25																								
26																								
27																								
28																								
29							5:35 AM	M	0.42	M	0.0023	M	5:30 AM	M	0.33	M	0.0602	M						
30																								
31																								
Totals:	2	Da ys	1.33		0.1671		3	Da ys	1.67		0.0405		2	Da ys	0.5		0.0651		1	Da ys	0.08		0.0043	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 8 of 9					Permit Number: IN0026574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: July 2021										Enter "x" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 037					CSO Outfall No. 039					CSO Outfall No. 040					CSO Outfall No.:										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1																									
2																									
3																									
4																									
5																									
6																									
7	4:27 PM	M	1.83	M	1.3951	M	4:14 PM	M	0.33	M	0.0117	M	4:15 PM	M	4.45	M	0.1323	M							
8																									
9																									
10																									
11																									
12																									
13																									
14																									
15																									
16							1:34 PM	M	0.17	M	0.0051	M													
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24	8:12 PM	M	1.58	M	1.0818	M	7:54 PM	M	0.42	M	0.0166	M	8:00 PM	M	3.17	M	0.081	M							
25																									
26																									
27																									
28																									
29	5:32 AM	M	1.33	M	0.5211	M	5:04 AM	M	0.50	M	0.0162	M	5:35 AM	M	2.52	M	0.0736	M							
30																									
31																									
Totals:	3	Da ys	4.74		2.998		4	Da ys	1.42		0.0496		3	Da ys	10.14		0.2869		0	Da ys	0.00		0		



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 60546 (R4 / 9-15)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart	Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: July 2021	Enter "x" if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	
5	
6	
7	precipitation
8	
9	
10	
11	
12	
13	precipitation
14	
15	precipitation
16	precipitation
17	precipitation
18	
19	
20	
21	
22	
23	precipitation
24	precipitation
25	
26	
27	
28	
29	precipitation
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Laura E. Kolo, Utilities Services Manager		Telephone 574-293-2572
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.		
Signature of Principal Executive Officer or Authorized Agent <i>Laura Kolo</i>		Date (mm/dd/yy) 08/26/21



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or rrepar@idem.in.gov.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 7/5/21 8:43	(7) Date (mm/dd/yy) and Time Release Stopped 7/5/21 11:00		(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1800 Brookwood	(9) Latitude (Deg Min Sec) 85 56 16W
		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		(9) Longitude (Deg Min Sec) 41 42 33N
(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual 15 Gallons			(11) WWTP Flow During Release 13.95 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) obstruction of rags		(17) Additional Description of the Bypass / Overflow Event: Call received at 8:43 am. Crews found main plugged with rags. Rags removed and flow returned to normal by 11:00 am.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris obstruction of rags was removed					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Information will be mailed to customers in basin to help educate on proper disposal of rags and grease.					

(22)

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE:				DATE (month, day, year): 07/06/21
Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 7/6/21 app 8:00 am	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
To: wwreports@idem.in.gov
Sent: Tuesday, July 6, 2021 8:27 AM
Subject: Relayed: inc report - elkhart

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

wwreports@idem.in.gov (wwreports@idem.in.gov)

Subject: inc report - elkhart



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or rrepar@idem.in.gov.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 7/9/21 9:18 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 7/9/21 11:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 933 Fieldhouse	(9) Latitude (Deg Min Sec) 41 39 57 N	(9) Longitude (Deg Min Sec) 85 58 54 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 88 Gallons			(11) WWTP Flow During Release 15.1 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) obstruction of grease and debris		(17) Additional Description of the Bypass / Overflow Event: Call received at 9:18 am. Crews found main plugged with grease and debris. Grease and debris removed and flow returned to normal by 11:15 am.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris obstruction of grease and debris was removed					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Information will be mailed to customers in basin to help educate on proper disposal of grease.					

(22)

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <i>Laura Kolo</i>			DATE (month, day, year): 07/09/21	
Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 07/09/21 app 3:30	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
To: wwreports@idem.in.gov
Sent: Friday, July 9, 2021 3:32 PM
Subject: Relayed: FW: inc rpt 070921

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

wwreports@idem.in.gov (wwreports@idem.in.gov)

Subject: FW: inc rpt 070921

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Signing Process Confirmation - CDX Activity ID: _8f6746d1-0b91-40ee-92c3-defd411af905

Your DMRs are undergoing the Signing Process

<u>Permit ID</u>	<u>Facility</u>	<u>Permitted Feature</u>	<u>Discharge #</u>	<u>Discharge Description</u>	<u>Monitoring Period End Date</u>	<u>DMR Due Date</u>
IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR	08/31/21	09/28/21
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, WEST OF BRIDGE	08/31/21	09/28/21
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, EAST OF BRIDGE	08/31/21	09/28/21
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	08/31/21	09/28/21
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	08/31/21	09/28/21
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	08/31/21	09/28/21
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	08/31/21	09/28/21
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	08/31/21	09/28/21
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	08/31/21	09/28/21
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	08/31/21	09/28/21
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	08/31/21	09/28/21
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	08/31/21	09/28/21
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	08/31/21	09/28/21
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	08/31/21	09/28/21
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	08/31/21	09/28/21
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	08/31/21	09/28/21
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	08/31/21	09/28/21
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	08/31/21	09/28/21
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	08/31/21	09/28/21
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	08/31/21	09/28/21
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	08/31/21	09/28/21
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	08/31/21	09/28/21
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	08/31/21	09/28/21
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	08/31/21	09/28/21
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	08/31/21	09/28/21

IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	08/31/21	09/28/21
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	08/31/21	09/28/21
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	08/31/21	09/28/21
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	08/31/21	09/28/21
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	08/31/21	09/28/21

[View Certification](#) | [Download COR](#)

DMR Copy of Submission

Permit
 Permit ID: IN0025674
 Permittee: ELKHART WWTP
 Facility: ELKHART WWTP
 Permitted Feature: 035 - External Outfall
 Major: 1201 S NAPPANEE ST ELKHART, IN46516
 Permittee Address: 1201 S NAPPANEE ST ELKHART, IN46516
 Facility Location: 1201 S NAPPANEE ST ELKHART, IN46516
 Discharge: 035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER

Report Dates & Status
 Monitoring Period: From 08/01/21 to 08/31/21
 DMR Due Date: 09/28/21
 Status: NetDMR Validated

Considerations for Form Completion
 REPORT QUARTERLY PARAMETERS ON 035-AQ NETDMR. MUNICIPAL MAJOR ELKHART COUNTY

Principal Executive Officer
 First Name: Laura
 Last Name: Kolo
 Title: Utility Services Manager
 Telephone: 574-293-2572

No Data Indicator (NODI)
 Form NODI: -

Code	Parameter Name	NODI	Quantity or Loading		Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2	Units	Value 1	Value 2			
00300	Oxygen, dissolved [DO]			=7.5			19 - mg/L	0	01/01 - Daily	G3 - GRAB-3
1 - Effluent Gross				>=4.0 DLYAVMIN			19 - mg/L		01/01 - Daily	G3 - GRAB-3
Season: 0										
NODI: -										
00400 pH				=7.0			=7.6	0	01/01 - Daily	GR - GRAB
1 - Effluent Gross							12 - SU	0		

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis Type
Season: 0	Req.	<=6.0 MO AVG	<=12.0 DAILY MX	26 - lb/d	<=0.036 MO AVG	<=0.073 DAILY MX	19 - mg/L			01/07 - Weekly 24 - COMP24
NODI: -	NODI									
01119	Copper, total recoverable									
G - Raw Sewage Influent	Smpl.				=0.0386	=0.044	19 - mg/L	0		01/07 - Weekly 24 - COMP24
Season: 0	Req.				Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L			01/07 - Weekly 24 - COMP24
NODI: -	NODI									
50050	Flow, in conduit or thru treatment plant									
1 - Effluent Gross	Smpl.	=15.018		03 - MGD				0		01/01 - Daily TM - TOTALZ
Season: 0	Req.	Req Mon MO AVG		03 - MGD						01/01 - Daily TM - TOTALZ
NODI: -	NODI									
51041	E. coli, colony forming units [CFU]									
1 - Effluent Gross	Smpl.				=31.0	=194.0	3Z - CFU/100mL	0		01/01 - Daily GR - GRAB
Season: 1	Req.				<=125.0 MO GEO	<=235.0 DAILY MX	3Z - CFU/100mL			01/01 - Daily GR - GRAB
NODI: -	NODI									
51041	E. coli, colony forming units [CFU]									
Y - Effluent Gross (Supplementary)	Smpl.					=194.0	3Z - CFU/100mL	0		01/01 - Daily GR - GRAB
Season: 0	Req.				Req Mon MO AVG	Req Mon DAILY MX	3Z - CFU/100mL			01/01 - Daily GR - GRAB
NODI: -	NODI									
51484	Number of Events									
Y - Effluent Gross (Supplementary)	Smpl.		=31.0	5J - #			4X - # exceed	0		01/30 - Monthly RT - RCOTOT
Season: 0	Req.		Req Mon MO TOTAL	5J - #			4X - # exceed			01/30 - Monthly RT - RCOTOT
NODI: -	NODI									
71901	Mercury, total recoverable									
1 - Effluent Gross	Smpl.				=1.21	=1.64	3M - ng/L	0		01/60 - Once Every 2 Months GR - GRAB

FILENAME	TYPE	SIZE
IN0025674_035a_MRO_2021_08.pdf	pdf	724679.0
IN0025674_CSO_MRO_2021_08.pdf	pdf	1218969.0
IN0025674_INC_RPT_2021_08_02.pdf	pdf	244919.0
IN0025674_INC_RPT_2021_08_01.pdf	pdf	119220.0

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2021-09-22 13:19 (Time Zone: -04:00)

Report Last Signed By

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2021-09-22 13:22 (Time Zone: -04:00)

[View Certification](#) | [Download COR](#)

DMR Copy of Submission

Permit ID: IN0025674 **Major:** 1201 S NAPPANEE ST ELKHART, IN46516

Permittee: ELKHART WWTP **Permittee Address:** 1201 S NAPPANEE ST ELKHART, IN46516

Facility: ELKHART WWTP **Facility Location:** 1201 S NAPPANEE ST ELKHART, IN46516

Permitted Feature: 035 - External Outfall **Discharge:** 035-TX - SEMIANNUAL BIOMONITORING - RETAKE

Report Dates & Status **DMR Due Date:** 12/28/21

Monitoring Period: From 06/01/21 to 11/30/21

Status: NetDMR Validated

Considerations for Form Completion

SEMIANNUAL BIOMONITORING RE-TAKE DATA - IF CORRESPONDING 035-TS DID NOT FAIL YOU ARE ALLOWED TO REPORT NODI CODE "9" ON THIS NETDMR. MUNICIPAL MAJOR ELKHART COUNTY

Principal Executive Officer

First Name: Laura **Last Name:** Kolo
Title: Utility Services Manager **Telephone:** 574-293-2572

No Data Indicator (NODI)

Form NODI: -

Code	Parameter Name	NODI	Quantity or Loading		Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2	Value 1	Value 2	Value 3			
61425	Toxicity [acute], Ceriodaphnia dubia	Smpl.			<1.0			0	02/YR - Twice Per Year	24 - COMP24
1	Effluent Gross									
Season: 0		Req.			<=1.0 MAXIMUM				02/YR - Twice Per Year	24 - COMP24
NODI: -		NODI								
61426	Toxicity [chronic], Ceriodaphnia dubia	Smpl.			<4.0			0	02/YR - Twice Per Year	24 - COMP24

Code	Name	Value 1	Units	Value 1	Value 2	Value 3	Units	Value 2	Value 3	of Ex.	Analysis	Type
1 - Effluent Gross												
Season: 0	Req.					<=8.0 MAXIMUM	2G - tox chronic			0	02/YR - Twice Per Year	24 - COMP24
NODI: -	NODI											
61427	Toxicity [acute], Pimephales promelas [Fathead Minnow]		Smpl.							0	02/YR - Twice Per Year	24 - COMP24
1 - Effluent Gross												
Season: 0	Req.					<=1.0	2F - tox acute					
NODI: -	NODI											
61428	Toxicity [chronic], Pimephales promelas [Fathead Minnow]		Smpl.							0	02/YR - Twice Per Year	24 - COMP24
1 - Effluent Gross												
Season: 0	Req.					=1.0	2G - tox chronic					
NODI: -	NODI											
Season: 0	Req.					<=8.0 MAXIMUM	2G - tox chronic					
NODI: -	NODI											

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0025674_035a_MRO_2021_08.pdf	pdf	724679.0

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2021-09-22 13:32 (Time Zone:-04:00)

Report Last Signed By

Payton88

E-Mail:

laura.kolo@coei.org

Date/Time:

2021-09-22 13:32 (Time Zone: -04:00)

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**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R8 / 3-20)

Name of Facility Elkhart			Permit Number IN0025674		
Month August	Year 2021	Plant Design Flow 20 mgd	Telephone Number 574/293-2572		
E-mail address: laura.kolo@coei.org				035	A
Certified Operator: Name Laura E. Kolo		Class IV	Certificate Number 15094	Expiration Date 6/30/2023	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 7.44 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Sanitary Sewer Overflow ("X" If Occurred)	CHEMICALS USED			RAW SEWAGE						
							Chlorine - Lbs/day	Ferrous Chloride Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l
1	Sun							228	13.258	7.8	94	10394	78	8624.6	3.19	16.28
2	Mon							200	13.559	7.7	65	7350.3	106	11987	3.63	18.56
3	Tue							80	13.491	7.8	103	11589	138	15527	4.61	19.28
4	Wed							0	13.416	7.8	143	16000	166	18574	4.14	18.28
5	Thu							209.8	13.416	7.7	130	14546	182	20364	4.01	19.08
6	Fri			1.77				205	13.56	7.8	124	14023	186	21035	3.99	18.64
7	Sat			0.67				210	16.015	7.7	59	7880.3	102	13624	3.26	14.08
8	Sun							0	12.923	7.8	73	7867.8	134	14442	2.18	16.08
9	Mon							200.7	13.841	7.8	127	14660	118	13621	2.98	15.84
10	Tue			2.6		X		200	25.404	7.6	68	14407	126	26696	2.74	11.8
11	Wed			0.57		X		182	18.495	7.7	69	10643	212	32701	3.01	12.44
12	Thu			0.26		X		190	18.495	7.9	71	10952	164	25297	2.98	15.72
13	Fri							205	16.454	8.0	91	12488	120	16467	3.15	15.72
14	Sat							198	15.28	7.9	79	10067	74	9430.2	2.84	16.88
15	Sun							179	15.086	7.8	89	11198	112	14092	2.34	14.84
16	Mon							175	15.626	7.7	68	8861.8	104	13553	2.64	17.32
17	Tue							198	16.116	7.7	64	8602.1	96	12903	3.39	16.52
18	Wed							190	15.52	8.0	118	15274	134	17345	3.51	16.36
19	Thu			0.27				190	15.52	7.9	113	14626	124	16050	3.85	17.84
20	Fri							0	15.782	7.8	83	10925	154	20270	3.6	18.36
21	Sat							213	14.634	7.7	88	10740	87	10618	3.1	17.16
22	Sun			0.06				0	14.196	7.8	86	10182	120	14207	2.5	15.44
23	Mon							105	14.286	7.8	58	6910.4	86	10246	3.62	14.72
24	Tue			0.37				182.4	15.647	7.8	84	10962	108	14094	3.89	17.92
25	Wed			0.28				190	16.09	7.8	77	10333	138	18518	3.4	14.84
26	Thu			0.46				182	16.552	7.9	91	12562	120	16565	3.04	15.76
27	Fri							0	15.969	7.8	111	14783	142	18912	3.64	19.36
28	Sat							140	13.773	7.9	70	8040.7	108	12406	3.69	17.16
29	Sun			0.13				250.8	13.549	7.7	116	13108	184	20792	2.88	15.84
30	Mon							182	14.004	7.6	110	12847	118	13782	3.28	17.84
31	Tue							182	14.326	7.8	122	14576	122	14576	4.07	19.48
Average								157	15.299		91.74	11529	127.8	16365	3.327	16.63
Maximum				2.6				250.8	25.404	8.0	143	16000	212	32701	4.61	19.48
Minimum								0	12.923	7.6	58	6910.4	74	8624.6	2.18	11.8
# of Data				11	0	3	0	31	0	31	31	31	31	31	31	0

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Prepared by or under the direction of (Certified Operator): <i>Laura Kolo</i>	Date (month, day, year) 9/21/2021
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) 9/21/2021

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R8 / 3-20)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of August	Year 2021
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Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR					RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
1	66	51	160	2608	61	4.1	19		5360					9	7.4		8.0	
2	62	82	168	2600	65	3.9	19		6840					57	7.5		7.9	
3	60	59	166	2852	58	2.9	20		5360					24	7.4		7.7	
4	97	79	160	2496	64	3.9	20		4980					31	7.3		7.7	
5	64	60	156	2428	64	3.2	20		3760					41	7.2		8.1	
6	74	76	161.8	2716	60	4.7	20		4880					22	7.4		8.4	
7	49	63	146	2316	63	4.0	19		3760					16	7.1		7.8	
8	51	49	126	1992	63	4.2	19		4220					28	7.2		8.2	
9	178	51	112	1756	64	1.5	20		3660					59	7.1		8.1	
10	47	63	108	1428	76	4.0	21		4700					18	7.0		7.8	
11	43	65	78	1252	623	3.3	21		3920					194	7.3		8.2	
12	49	67	80	1204	664	2.6	21		3800					44	7.2		7.6	
13	61	55	176	2928	60	2.4	21		7220					42	7.3		8.2	
14	51	46	167	2656	63	3.9	20		6140					38	7.2		8.2	
15	64	48	163	2890	56	2.9	21		6020					30	7.2		8.5	
16	43	57	168	2752	61	3.4	21		6340					26	7.4		8.7	
17	49	54	160	2652	60	2.9	20		6140					6	7.6		8.2	
18	78	62	166	2696	62	3.6	20		4700					40	7.4		8.4	
19	85	71	156	2736	57	3.1	20		6960					23	7.3		7.8	
20	61	60	170.8	2588	66	3.4	22		5000					96	7.3		8.3	
21	50	62	164	3004	55	3.0	20		4700					38	7.2		7.7	
22	64	45	164	2760	59	3.2	22		6680					43	7.2		7.9	
23	62	74	154	1604	96	3.6	20		3500					68	7.4		8.0	
24	87	73	169.8	2960	57	2.7	20		6080					27	7.4		7.6	
25	57	52	158.8	2780	57	3.4	21		6860					11	7.2		7.7	
26	76	64	168	2900	58	3.4	21		6340					33	7.3		7.8	
27	78	68	174	1848	94	4.0	21		3680					27	7.2		8.4	
28	48	55	194.8	2832	69	2.8	20		3640					17	7.3		7.5	
29	67	58	190	3456	55	3.5	21		5960					40	7.1		8.7	
30	72	76	194	3132	62	3.3	21		5480					31	7.5		8.8	
31	78	66	203	3140	65	3.4	21		5420					47	7.6		9.1	
Avg.	66.81	61.65	157.5	2515	101.2	3.365	20.3		5229					31			8.097	
Max.	178	82	203	3456	664.5	4.68	22		7220					194	7.6		9.1	
Min.	43	45	78	1204	54.59	1.48	19		3500					6	7.0		7.5	
Daily Max														194				
# of Days above 235														0				
Data	31	31	31	31	31	31	31	0	31	0	0	0	0	31	31	31	31	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

Slate Form 10829 (R8 / 3-20)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: August	Year 2021
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Day Of Month	Day of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Sun	11.806		2		197		8		788.2		0.11		10.84		0.76	74.88
2	Mon	12.433		3		311.3		10		1038		0.14		14.53		0.74	76.78
3	Tue	12.407		4		414.1		10		1035		0.57		59.02		0.93	96.29
4	Wed	12.333		2		205.8		5		514.6		0.27		27.79		0.94	96.74
5	Thu	12.333		3		308.8		8		823.4		0.18		18.53		0.92	94.69
6	Fri	12.79		3		320.2		8		853.9		0.23		24.55		0.78	83.25
7	Sat	15.806	12.844	3	2.857	395.7	307.6	8	8.143	1055	872.6	0.21	0.244	27.7	26.134	0.67	88.37
8	Sun	11.92		2		198.9		7		696.3		0.23		22.88		0.57	56.7
9	Mon	12.959		13		1406		3		324.4		1.57		169.8		0.47	50.83
10	Tue	27.555		4		919.8		11		2529		0.64		147.2		0.47	108.1
11	Wed	18.877		2		315.1		5		787.6		4.19		660		0.35	55.13
12	Thu	18.877		2		315.1		6		945.2		2.59		408		0.41	64.59
13	Fri	15.829		2		264.2		5		660.5		0.32		42.27		0.49	64.73
14	Sat	15.003	17.289	2	3.857	250.4	524.2	7	6.286	876.4	974.3	0.12	1.38	15.02	209.31	0.5	62.6
15	Sun	15.395		2		256.9		7		899.3		0.08		10.28		0.55	70.66
16	Mon	16.12		3		403.6		6		807.1		0.24		32.29		0.57	76.68
17	Tue	17.092		2		285.3		7		998.4		0.29		41.36		0.64	91.28
18	Wed	15.715		2		262.3		6		786.9		0.12		15.74		0.6	78.69
19	Thu	15.715		3		393.4		7		918		0.12		15.74		0.58	76.06
20	Fri	15.449		3		386.8		7		902.5		0.13		16.76		0.69	88.96
21	Sat	14.163	15.664	2	2.429	236.4	317.8	6	6.571	709.1	860.2	0.1	0.154	11.82	20.568	0.72	85.1
22	Sun	13.613		3		340.8		6		681.6		0.09		10.22		0.72	81.79
23	Mon	14.775		2		246.6		6		739.8		0.21		25.89		0.74	91.24
24	Tue	16.292		2		271.9		6		815.7		0.22		29.91		0.71	96.53
25	Wed	16.292		3		407.9		9		1224		0.48		65.26		0.87	118.3
26	Thu	15.768		2		263.2		6		789.5		0.21		27.63		0.8	105.3
27	Fri	14.905		3		373.1		7		870.7		0.31		38.56		0.7	87.07
28	Sat	12.818	14.923	3	2.571	320.9	317.8	5	6.429	534.8	808	0.14	0.237	14.98	30.35	0.7	74.88
29	Sun	12.696		2		211.9		5.4		572.1		0.13		13.77		0.79	83.7
30	Mon	13.701		2		228.7		4		457.3		0.21		24.01		0.75	85.75
31	Tue	14.134		2		235.9		4		471.8		0.2		23.59		0.75	88.46
Avg		15.018		2.8		353.2		6.6		842.1		0.473		66.64		0.674	82.39
Max		27.555	17.289	13	3.857	1406	524.2	11	8.143	2529	974.3	4.19	1.38	660	209.31	0.94	118.3
Min		11.806	12.844	2	2.429	197	307.6	3	6.286	324.4	808	0.08	0.154	10.22	20.568	0.35	50.83
Data		31	4	31	4	31	4	31	4	31	4	31	4	31	4	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 465.57
Primary Treatment	27.2	51.8			
	NA	NA			
Secondary Treatment	95.8	89.3			Percent Capacity
Overall Treatment	96.9	94.8	97.2	79.8	(actual flow/design) 75%
Phosphorus limit would be 75 % removal. (compliance achieved)					

MONTHLY REPORT OF OPERATION
 ACTIVATED SLUDGE TYPE
 WASTEWATER TREATMENT PLANT

State Form 10829 (R8 / 3-20)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	August	2021

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION												
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only				Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	0	
			pH	Gas Production Cubic Ft. x 1000	Temperature - F										
1	33.85	15.84	7.6	60.23	126	7		3.68	2.19	72.15	56.77				
2	28.33	15.84	7.3	63.37	126	0		3.84	2.22	73.14	56.84	81.11			
3	36.12	15.84	7.5	61.48	127	3.537		4.02	2.22	74.56	55.15	139.1			
4	37.57	15.83	7.4	61.24	126	0		2.57	2.21	74.27	54.61	107.1			
5	27.34	15.83	7.5	42.02	126	0		3.55	2.26	76.21	55.09	118.2			
6	20.58	15.84	7.5	18.14	126	3.537		4.46	2.29	76.89	54.55				
7	33.24	15.84	7.5	0	126	10.61		5.11	2.24	75.05	54.35				
8	25.73	15.84	7.5	37.85	127	0		5.57	2.27	75.28	55.29				
9	24.67	15.84	7.5	61.56	128	0		6.98	2.4	75.1	57.71	72.31			
10	37.04	15.84	7.6	61.6	124	0		4.79	2.19	71.68	54.59				
11	25.49	15.05	7.5	40.19	127	3.537		5.29	2.12	71.65	55.19	123.3			
12	36.45	15.05	7.5	0	127	0		5.41	2.21	69.62	54.86	120.5			
13	26.81	14.4	7.5	38.78	127	0		5.11	2.13	70.75	56.41				
14	39.05	14.4	7.5	63.55	126.2	3.537		4.38	2.3	71.85	55.97				
15	31.58	14.4	7.6	62.99	126.2	3.537		4.3	2.1	72.79	55.32				
16	22.44	14.4	7.5	44.31	127	0		3.8	2.05	74.56	55.8	118.3			
17	24.63	14.4	7.5	28.95	126	0		3.94	2.16	73.55	53.44	102.2			
18	34.14	14.4	7.4	44.27	126	0		2.53	1.97	72.73	56.34	50.03			
19	30.2	14.4	7.5	29.92	126.2	0		3.37	2.11	70.38	53.61	72.57			
20	35.46	14.4	7.5	30.01	126	0		3.83	2.1	69.06	55.1				
21	34.25	14.4	7.5	29.7	127	7.074		3.53	1.99	69.4	55.73				
22	32.7	14.4	7.5	29.45	125.9	3.537		2.96	2.04	70.57	54.25				
23	33.07	14.4	7.5	29.37	126	0		3.72	1.98	71.84	55.86	58.14			
24	37.98	14.4	7.5	29.89	126	0		3.67	1.95	72.48	55.56	72.72			
25	33.07	14.4	7.4	37.13	126	14.15		3.72	1.97	71.43	56.85	72.79			
26	33.03	14.4	7.4	60.34	127	0		3.85	2	70.82	55.86	70.57			
27	33.94	14.4	7.5	62.36	125	0		4.04	2.01	73.12	55.17				
28	39.04	14.4	7.5	62.16	127	0		4.01	1.94	72.25	57.43				
29	37.13	14.4	7.5	61.54	126	14.15		4.31	2.05	72.36	56.47				
30	37.75	14.4	7.5	61.23	127	0		4.32	2.04	73.63	55.72	87.11			
31	24.59	14.4	7.5	44.38	126	3.537		4	2.06	75.49	56	122.6			
Avg.	31.85	14.91		43.81	126	2.508		4	2	73	56	93.45			
Max.	39.05	15.84	7.6	63.55	128	14.15		6.98	2.4	76.89	57.71	139.1			
Min.	20.58	14.4	7.3	0	124	0		2.53	1.94	69.06	53.44	50.03			
Data	31	31	31	31	31	31	0	31	31	31	31	17	0	0	

Once completed, this form should be converted to a pdf document, named appropriately & attached to the corresponding netDMR for submittal

MONTHLY REPORT OF OPERATION
 ACTIVATED SLUDGE TYPE
 WASTEWATER TREATMENT PLANT

State Form 10829 (R8 / 3-20)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: August	Year 2021
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Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Influent mg/L	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2					0.0002	0.0001	0.0002	0.0002			0.062	0.005	0.04	0.008		
3								0.002	0.004						55.7	1.64
4																
5																
6																
7																
8																
9								0.002	0.002							
10												0.039	0.048			
11																
12																
13																
14																
15																
16								0.002	0.002							
17												0.028	0.005			
18																
19																
20																
21																
22																
23								0.002	0.004							
24												0.042	0.005			
25																
26																
27																
28																
29																
30								0.003	0.003							
31												0.044	0.004			
Avg					0.0002	0.0001	0.0002	0.0002	0.002	0.003	0.062	0.005	0.039	0.014	55.7	1.64
Max					0.0002	0.0001	0.0002	0.0002	0.003	0.004	0.062	0.005	0.044	0.048	55.7	1.64
Min					0.0002	0.0001	0.0002	0.0002	0.002	0.002	0.062	0.005	0.028	0.004	55.7	1.64
Data	0	0	0	0	1	1	1	1	5	5	1	1	5	5	1	1

WASTEWATER TREATMENT PLANT

State Form 10829 (R8 / 3-20)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: August	Year 2021
Substitute for State Form 30530			

Day Of Month	Ni - Influent mg/L	Ni - Effluent mg/L	Pb - Influent mg/L	Pb - Effluent mg/L	Zn - Influent mg/L	Zn - Effluent mg/L												
1																		
2	0.027	0.015	0.001	0.0004	0.362	0.055												
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
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22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg	0.027	0.015	0.001	0.0004	0.362	0.055												
Max	0.027	0.015	0.001	0.0004	0.362	0.055												
Min	0.027	0.015	0.001	0.0004	0.362	0.055												
Data	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

Slate Form 60548 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart	Page 1 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: August 2021	Enter "x" if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data				CSO Outfall No. 005					CSO Outfall No. 006								
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	13.26	17.67					15 min													
2	13.56	17.15					15 min													
3	13.49	16.52					15 min													
4	13.42	16.70					15 min													
5	13.42	18.09					15 min													
6	13.56	41.66	4:31 PM	7.50	1.77	2.88	15 min													
7	16.02	29.00	12:06 AM	10.22	0.67	1.72	15 min													
8	12.92	18.06					15 min													
9	13.84	17.66					15 min													
10	25.40	51.81	2:06 AM	21.72	2.60	3.92	15 min	3:10 AM	M	4.17	M	0.1555	M	2:26 AM	M	1.67	M	1.4602	M	
11	18.50	44.96	1:01 AM	13.13	0.57	1.56	15 min													
12	18.50	34.91	5:14 AM	1.33	0.26	0.96	15 min													
13	16.45	22.56					15 min													
14	15.28	19.52					15 min													
15	15.09	18.94					15 min													
16	15.63	19.14					15 min													
17	16.12	21.69					15 min													
18	15.52	18.35					15 min													
19	15.52	21.51	7:26 PM	2.72	0.27	0.88	15 min													
20	15.78	17.16					15 min													
21	14.63	16.81					15 min													
22	14.20	16.78	1:59 PM	0.25	0.06	0.24	15 min													
23	14.29	17.32					15 min													
24	15.65	37.06	9:36 PM	2.47	0.37	0.80	15 min													
25	16.09	36.99	12:01 AM	8.55	0.28	0.28	15 min													
26	16.55	36.75	12:51 AM	3.62	0.46	1.32	15 min													
27	15.97	16.07					15 min													
28	13.77	17.92					15 min													
29	13.55	18.12	4:39 PM	1.53	0.13	0.52	15 min													
30	14.00	16.83					15 min													
31	14.33	17.24					15 min													
Totals:	474.28			73.04	7.44			1	Days	4.17		0.1555		1	Days	1.67		1.4602		

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Laura E. Kolo, Utilities Services Manager	Telephone 574-293-2572
--	----------------------------------

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent <i>Laura Kolo</i>	Date (mm/dd/yy) 09/21/21
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National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart							Page 2 of 9							Permit Number: IN0025574													
Facility: Elkhart Public Works & Utilities							Public Notification Requirements Met? <input checked="" type="checkbox"/> Y																				
Monitoring Period: August 2021							Enter "x" if no CSO discharge occurred for the month:																				
Design Peak Flow (Hourly) (MGD): 44							Design Flow (MGD): 20							Measured/Metered (M) or Estimated (E) must be specified													
CSO Outfall No. 007							CSO Outfall No. 008							CSO Outfall No. 009							CSO Outfall No. 011						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
1																											
2																											
3																											
4																											
5																											
6	8:02 PM	M	0.33	M	0.0579	M																					
7																											
8																											
9																											
10	2:36 AM	M	3.03	M	0.5276	M	2:29 AM	M	0.92	M	0.1408	M	2:46 AM	M	2.72	M	0.1158	M	2:23 AM	M	1.25	M	0.1145	M			
11																											
12	5:46 AM	M	0.17	M	0.029	M																					
13																											
14																											
15																											
16																											
17																											
18																											
19																											
20																											
21																											
22																											
23																											
24																											
25																											
26																											
27																											
28																											
29																											
30																											
31																											
Totals:	3	Days	3.53		0.6145		1	Days	0.92		0.1408		1	Days	2.72		0.1158		1	Days	1.25		0.1145				



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 3 of 9		Permit Number: IN0025574																				
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																						
Monitoring Period: August 2021		Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20																				
				Measured/Metered (M) or Estimated (E) must be specified																				
CSO Outfall No. 012		CSO Outfall No. 013		CSO Outfall No. 14B																				
CSO Outfall No. 015																								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
1																								
2																								
3																								
4																								
5																								
6	7:27 PM	M	1.17	M	0.0709	M	7:52 PM	M	0.33	M	0.0175	M					7:31 PM	M	1.67	M	0.5334	M		
7																								
8																								
9																								
10	2:32 AM	M	2.00	M	0.2174	M	2:32 AM	M	3.58	M	0.5798	M	2:42 AM	M	2.17	M	0.93	M	2:31 AM	M	2.83	M	1.2123	M
11	1:27 PM	M	5.58	M	0.0655	M	1:32 PM	M	0.25	M	0.0171	M							1:31 PM	M	0.75	M	0.0919	M
12							5:47 AM	M	0.08	M	0.0008	M												
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	3	Days	8.75		0.3538		4	Days	4.24		0.6152		1	Days	2.17		0.93		3	Days	5.25		1.8376	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 4 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: August 2021										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 016						CSO Outfall No. 017						CSO Outfall No. 018						CSO Outfall No. 019						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																								
2																								
3																								
4																								
5																								
6							7:45 PM	M	1.08	M	0.2663	M	7:44 PM	M	3.08	M	0.3492	M	7:47 PM	M	0.17	M	0.0009	M
7													1:39 AM	M	4.08	M	0.3454	M						
8																								
9																								
10	2:35 AM	M	2.50	M	0.7448	M	2:35 AM	M	2.58	M	0.6718	M	2:29 AM	M	5.67	M	0.6155	M	2:32 AM	M	1.83	M	0.1612	M
11													1:30 PM	M	2.07	M	0.2171	M						
12	6:00 AM	M	0.25	M	0.0027	M							6:10 AM	M	1.25	M	0.0964	M						
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24													11:55 PM	M	0.08	M	0.0042	M						
25													12:00 AM	M	3.07	M	0.3356	M						
26													1:24 AM	M	1.67	M	0.1725	M						
27																								
28																								
29																								
30																								
31																								
Totals:	2	Da ys	2.75		0.7475		2	Da ys	3.66		0.9381		8	Da ys	20.97		2.1359		2	Da ys	2.00		0.1621	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 5 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: August 2021										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 020						CSO Outfall No. 023						CSO Outfall No. 024						CSO Outfall No. 025						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																								
2																								
3																								
4																								
5																								
6	7:55 PM	M	0.33	M	0.0168	M	7:55 PM	M	0.33	M	0.0266	M							7:28 PM	M	0.75	M	0.0789	M
7	7:55 AM	M	0.17	M	0.0111	M													1:18 AM	M	0.25	M	0.0204	M
8																								
9																								
10	2:25 AM	M	2.08	M	0.134	M	2:25 AM	M	2.25	M	0.2752	M	2:34 AM	M	3.25	M	1.3158	M	2:23 AM	M	2.08	M	0.4348	M
11	1:25 PM	M	6.42	M	0.2712	M	1:25 PM	M	0.42	M	0.0441	M							1:18 PM	M	0.50	M	0.0873	M
12	5:30 AM	M	0.42	M	0.0246	M	5:30 AM	M	0.42	M	0.0552	M							5:28 AM	M	0.42	M	0.0441	M
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24							11:16 PM	M	0.50	M	0.0124	M							11:18 PM	M	0.25	M	0.0173	M
25																								
26	1:15 AM	M	0.42	M	0.0239	M	1:11 AM	M	0.67	M	0.0412	M							1:18 AM	M	0.17	M	0.0159	M
27																								
28																								
29																								
30																								
31																								
Totals:	6	Days	9.84		0.4816		6	Days	4.59		0.4547		1	Days	3.25		1.3158		7	Days	4.42		0.6987	



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 6 of 9		Permit Number: IN0025574																				
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																						
Monitoring Period: August 2021		Enter "x" if no CSO discharge occurred for the month:																						
Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																				
CSO Outfall No. 026			CSO Outfall No. 027			CSO Outfall No. 028			CSO Outfall No. 029															
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
1																								
2																								
3																								
4																								
5																								
6							7:47 PM	M	0.17	M	0.0047	M												
7																								
8																								
9																								
10	2:29 AM	M	0.75	M	0.0894	M	2:22 AM	M	1.33	M	0.1026	M	2:43 AM	M	0.42	M	0.0168	M	2:24 AM	M	1.25	M	0.0503	M
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	1	Days	0.75		0.0894		2	Days	1.50		0.1073		1	Days	0.42		0.0168		1	Days	1.25		0.0503	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: August 2021										Enter "X" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 031					CSO Outfall No. 032					CSO Outfall No. 033					CSO Outfall No. 034									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																								
2																								
3																								
4																								
5																								
6							7:45 PM	M	1.42	M	0.1825	M												
7																								
8																								
9																								
10	2:36 AM	M	3.08	M	0.7264	M	2:24 AM	M	3.33	M	0.4463	M	2:35 AM	M	9.42	M	5.7062	M	2:25 AM	M	0.83	M	0.0535	M
11							1:25 PM	M	0.33	M	0.0038	M												
12													5:45 AM	M	0.17	M	0.0054	M						
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26							1:20 AM	M	0.17	M	0.0002	M												
27																								
28																								
29																								
30																								
31																								
Totals:	1	Days	3.08		0.7264		4	Days	5.25		0.6328		2	Days	9.59		5.7116		1	Days	0.83		0.0535	



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 8 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: August 2021										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 037						CSO Outfall No. 039						CSO Outfall No. 040					CSO Outfall No.							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																								
2																								
3																								
4																								
5																								
6							7:44 PM	M	0.25	M	0.0075	M	7:50 PM	M	2.58	M	0.0703	M						
7							1:14 AM	M	0.25	M	0.0047	M	2:00 AM	M	2.75	M	0.0614	M						
8																								
9																								
10	2:32 AM	M	3.42	M	4.0599	M	2:19 AM	M	1.75	M	0.0703	M	2:25 AM	M	4.92	M	0.2033	M						
11	1:42 PM	M	0.83	M	0.143	M	1:19 PM	M	0.33	M	0.0115	M	1:30 PM	M	1.92	M	0.0354	M						
12	6:17 AM	M	0.25	M	0.0042	M	5:24 AM	M	0.33	M	0.0099	M	6:20 AM	M	0.83	M	0.0074	M						
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24	11:42 PM	M	0.33	M	0.032	M	11:19 PM	M	0.33	M	0.0065	M												
25	12:02 AM	M	0.58	M	0.0725	M							12:05 AM	M	2.58	M	0.0458	M						
26							1:09 AM	M	0.33	M	0.0144	M	1:30 AM	M	1.23	M	0.0207	M						
27																								
28																								
29																								
30																								
31																								
Totals:	5	Days	5.41		4.3116		7	Days	3.57		0.1248		7	Days	16.81		0.4443		0	Days	0.00		0	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart	Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: August 2021	Enter "x" if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	
5	
6	precipitation
7	precipitation
8	
9	
10	precipitation
11	precipitation
12	precipitation
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	precipitation
25	precipitation
26	precipitation
27	
28	
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Laura E. Kolo, Utilities Services Manager	Telephone 574-293-2572
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent <i>Laura Kolo</i>	Date (mm/dd/yy) 09/21/21



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or rrepar@idem.in.gov.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number n/a	(6) Date (mm/dd/yy) and Time Release Began 8/10/21 9:28 <input type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped unknown <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1602 E Beardsley	(9) Latitude (Deg Min Sec) 85 57 13 W	(9) Longitude (Deg Min Sec) 41 42 0 N
(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons			(11) WWTP Flow During Release 25.78 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation Inches 1.8" in 45 min					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) intense rain		(17) Additional Description of the Bypass / Overflow Event: Call received at 9:28 am. Crew sent to find back-up had subsided and main was flowing. Unable to contact resident of 1602 E Beardsley to get volume or time details. Will submit follow-up report if details become available.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris Intense rain overwhelmed collection system.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Intense rain overwhelmed collection system. City continues to proactively clean collection system to maximize capacity.					

(22)

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)

SIGNATURE: Laura E. Kolo DATE (month, day, year): 08/10/21

Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 8/10/21 app 2:10	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
---	-----------------------------------	--------------------------------------	--	---

Kolo, Laura

From: postmaster@state.in.us
To: wwreports@idem.in.gov
Sent: Tuesday, August 10, 2021 2:10 PM
Subject: Relayed: Emailing: 081021 inc rpt

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

wwreports@idem.in.gov (wwreports@idem.in.gov)

Subject: Emailing: 081021 inc rpt



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.IN.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or rrepar@idem.in.gov.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION			
(1) Facility Name (Organization)	(2) Mailing Address (reporting organization)	(3) County	(4) NPDES Permit
Elkhart Public Works	1201 S. Nappanee Street	Elkhart	IN00025674

RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began	(7) Date (mm/dd/yy) and Time Release Stopped	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
n/a	see next page	see next page	see next page	see next page	see next page

(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual	unknown Gallons	(11) WWTP Flow During Release MGD	(12) WWTP Peak Design Flow Rate 44 MGD
--	-----------------	--------------------------------------	---

(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release	(14) Describe any damage to aquatic life or receiving stream: none
---	---

(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation 3.3 Inches
--

(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) intense rain	(17) Additional Description of the Bypass / Overflow Event: All incidents on next page are over 2 day span of intense storms. Resident called because of back-up during rain but in all cases our main was flowing, just full. No actual start times, end times or volumes were reported. Rain totaling 3.3" fell from three rain events over three day period	(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a
--	---	--

(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other:	n/a
--	-----

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris Intense rain overwhelmed collection system.

(21) Resolution: Actions Taken or Planned to Prevent Recurrence Intense rain overwhelmed collection system. City continues to proactively clean collection system to maximize capacity.
--

(22) CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)

SIGNATURE: <u>Laura E. Kolo</u>	DATE (month, day, year): <u>08/13/21</u>			
Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 8/13/21 appx 3:10	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM



BYPASS / OVERFLOW REPORT (Supplemental Locations)

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

(23) Complete all parts of each table for additional discharge locations caused by the same event as on the first page.
For any locations identified in the NPDES permit, include the Outfall number for that location from the permit.

RELEASE INFORMATION (Location 2)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
n/a	<input type="checkbox"/> AM <input type="checkbox"/> PM	8/10/21 7:19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	159 Nadel	85 59 22W	41 40 46N
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 3)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
n/a	<input type="checkbox"/> AM <input type="checkbox"/> PM	8/10/21 7:21	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	2501 Ottawa Dr	85 58 16W	41 39 40N
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 4)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
n/a	<input type="checkbox"/> AM <input type="checkbox"/> PM	8/11/21 9:19	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	3428 Grady	85 55 36W	41 41 34N
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 5)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
n/a	<input type="checkbox"/> AM <input type="checkbox"/> PM	8/12/21 9:57	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	1827 Stevens	85 57 43W	41 41 34N
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 6)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
n/a	<input type="checkbox"/> AM <input type="checkbox"/> PM	8/12/21 11:32	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	141 W Dinehart	85 58 2W	41 40 11N
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 7)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
n/a	<input type="checkbox"/> AM <input type="checkbox"/> PM	8/12/21 1:10	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	1319 W Franklin	85 59 13W	41 40 42N
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE: Laura OB

DATE (month, day, year): 8/13/21

Kolo, Laura

From: postmaster@state.in.us
To: wwreports@idem.in.gov
Sent: Friday, August 13, 2021 3:13 PM
Subject: Relayed:

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

wwreports@idem.in.gov (wwreports@idem.in.gov)

Subject:

MARKETING AND DISTRIBUTION ANNUAL REPORT FORM

(Complete and submit this form to IDEM by January 31 of each year)

PERMIT NO.: INLA 000680 FACILITY NAME: Elkhart Public Works & Utilities YEAR: August 2021

Month	Dry Tons	Lab. No.
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

(Lab No. corresponds to lab data entered below)

Class A Pathogen Reduction Method (attach sample results when applicable)

Check appropriate box, give explanation if more than one is applicable

327 IAC 6.1-4-13

<input checked="" type="checkbox"/>	Alternative 1
<input type="checkbox"/>	Alternative 2
<input type="checkbox"/>	Alternative 3

<input type="checkbox"/>	Alternative 4
<input type="checkbox"/>	Alternative 5
<input type="checkbox"/>	Alternative 6

No Distribution

Vector Attraction Reduction Method (attach sample results when applicable)

Check appropriate box, give explanation if more than one is applicable

327 IAC 6.1-15

<input checked="" type="checkbox"/>	Option 1 38% VSR
<input type="checkbox"/>	Option 2 Anaerobic/Bench
<input type="checkbox"/>	Option 3 Aerobic/Bench
<input type="checkbox"/>	Option 4 SOUR

<input type="checkbox"/>	Option 5 Aerobic
<input type="checkbox"/>	Option 6 Alkali
<input type="checkbox"/>	Option 7 75% Solids
<input type="checkbox"/>	Option 8 90% Solids

Analytical Results:	1	2	3	4	5	6	7	8	9	10	11	12
Enter heavy metals results as dry weights												
Sample Report Date												
Percent Total Solids												
Arsenic (As)												
Cadmium (Cd)												
Copper (Cu)												
Lead (Pb)												
Mercury (Hg)												
Molybdenum (Mo)												
Nickel (Ni)												
Selenium (Se)												
Zinc (Zn)												

ASAR (B) TION

Enter all nutrient results as percent dry weights

Total N (TN)												
Ammonium N (NH4-N)												
Nitrate N (NO3-N)												
Phosphorus (P)												
Potassium (K)												

NO

Enter PCB results as dry weight

PCB												
-----	--	--	--	--	--	--	--	--	--	--	--	--

Signature: Laura W

Date: 9/21/21

Biomonitor

Permittee/Location Elkhart WWTP Elkhart, IN			Permit Number: IN0025674			Outfall Number: 035		
Laboratory Name and Contact: Biomonitor Melody Myers-Kinzie			Report <u>Due</u> Date:			Report Date: August 2021		
WETT Reporting Frequency or Type: (mark one)	Monthly	Quarterly	Semi-annual X	Annual	TRE	Post TRE	<u>First (per Reporting Frequency)</u>	

Test Organism	Test	Endpoint [1]	Units	Result	Compliance Value in TUs	Pass/Fail	Reporting			
<i>Ceriodaphnia dubia</i>	7-day Survival and Reproduction Definitive Static-Renewal	NOEC Survival	%	100	na		Laboratory Report			
			TU _c	1						
		NOEC Reproduction	%	25						
			TU _c	4						
		IC25 Reproduction	%	32						
			TU _c	3.1						
		48 hr. LC50	%	>100						
			TU _a	<1						
		Toxicity (acute)	TU _a	<1				1	Pass	Laboratory Report <u>and</u> NetDMR (Parameter Code 61425)
		Toxicity (chronic)	TU _c	4				8	Pass	Laboratory Report <u>and</u> NetDMR (Parameter Code 61426)

<i>Pimephales promelas</i>	7-day Larval Survival and Growth Definitive Static-Renewal	NOEC Survival	%	100	na		Laboratory Report			
			TU _c	1						
		NOEC Growth	%	100						
			TU _c	1						
		IC25 Growth	%	100						
			TU _c	1						
		96 hr. LC50	%	>100						
			TU _a	<1						
		Toxicity (acute)	TU _a	<1				1	Pass	Laboratory Report <u>and</u> NetDMR (Parameter Code 61427)
		Toxicity (chronic)	TU _c	1				8	Pass	Laboratory Report <u>and</u> NetDMR (Parameter Code 61428)

Biomonitor

8802 West Washington Street
Indianapolis, IN 46231
(317) 297-7713

*Whole Effluent
Toxicity Test*

ELKHART
WASTEWATER TREATMENT PLANT

IN0025674

Elkhart, Indiana

August 2021

**GLP (Good Laboratory Practices)
COMPLIANCE STATEMENT**

Project Name: Elkhart Wastewater Treatment Plant

Project Date: August 2021

This project has been conducted under GLP standards, as stated in 40 CFR Part 160, with the following exceptions:

Greg R. Bright

Quality Assurance Officer
Date: 8/25/21

Marilyn Meyer King

Project Director
Date: 8/25/21

Other Participating Personnel:

Michael Britton
Mukang'andu Ng'andwe
Arizona Fox

Copies of the raw data and final report are maintained in the archives of Biomonitor for five years from the date of completion.

Section 1
Executive Summary

Biomonitor conducted whole effluent toxicity testing for the Elkhart, IN Wastewater Treatment Plant (WWTP) during August 2021. The purpose of the testing was to fulfill the biomonitoring requirement of the NPDES permit.

Three samples were collected August 15-19, 2021. The water flea, *Ceriodaphnia dubia*, and Fathead minnow, *Pimephales promelas*, were used as the test organisms.

A total of seven toxicity endpoints were measured. The following results were obtained:

Ceriodaphnia dubia test

48-hr LC ₅₀	> 100% effluent	TU _a < 1.0
NOEL for survival	= 100% effluent	TU _c = 1.0
NOEL for reproduction	= 25% effluent	TU _c = 4.0
IC ₂₅ for reproduction	= 32% effluent	TU _c = 3.1

Pimephales promelas test

48-hr LC ₅₀	> 100% effluent	TU _a < 1.0
NOEL for survival	= 100% effluent	TU _c = 1.0
NOEL for reproduction	= 100% effluent	TU _c = 1.0

The acute toxicity limits in the NPDES permit require the 48 and/or 96-hr LC₅₀ to be greater than 100% effluent (a TU_a not to exceed 1.0). The effluent samples passed the acute toxicity limits during this testing period for both species.

The chronic toxicity limits in the NPDES permit require a NOEL (No Observable Effect Level) of greater than 12.5% effluent (a TU_c not to exceed 8.0). According to the NPDES permit, there was not a "Demonstration of Toxicity" during the August 2021 sampling period.

Section 2
Introductory Information

Table I
General

Permit number:	IN0025674
Toxicity testing requirements:	Fathead minnow larval survival and growth test Ceriodaphnia survival and reproduction test
Plant location:	Elkhart Wastewater Treatment Plant 1201 Nappanee St. Elkhart, Indiana 46516
Name of receiving water body:	St. Joseph River
Name of WET testing laboratory:	Biomonitor 8802 West Washington St. Indianapolis, IN 46231 (317) 297-7713

Table II
Plant Operations

Type of discharger:	Publicly owned treatment works Wastewater consists of treated sanitary and industrial wastes
Type of waste treatment:	Class IV, Activated sludge
Design flow:	20 MGD
Volume of wastewater flow during the sampling period:	August 15, 2021 -MGD August 17, 2021 -MGD August 19, 2021 -MGD

Table III
Source of effluent and dilution water

I. Effluent samples

Sampling point:	Outfall 035	
Collection dates and times:	August 15, 2021	11:00 p.m.
	August 17, 2021	11:00 p.m.
	August 19, 2021	11:00 p.m.
Sample collection:	24-hour composite samples	
Physical and chemical data:	See Tables 9 and 15	

II. Dilution water samples

Source:	Moderately Hard Synthetic Water (MHSW)	
	Collection date and time:	N/A
Pretreatment:	None	
Physical and chemical data:	See Tables 9 and 15	

Section 3
Test Methods and Results

CERIODAPHNIA SURVIVAL AND REPRODUCTION TEST

Table IV
METHODOLOGY
Ceriodaphnia Survival and Reproduction Test

Toxicity test method used:	<i>Ceriodaphnia</i> survival and reproduction test	
Endpoints of test:	Survival and reproduction (LC ₅₀ , NOEL, and LOEL)	
Reference method:	EPA-821-R-02-013	
Deviations from method:	Test was completed in six days because control animals produced an average of greater than 15 young per female by day six.	
Date and time test initiated:	August 17, 2021	09:40 a.m.
Date and time test terminated	August 23, 2021	10:10 a.m.
Type of test chambers:	Polyethylene	30 ml
Volume of solution used per chamber:	15 ml	
Number of organisms per chamber:	1	
Number of replicate chambers per treatment:	10	
Test temperature range:	25°C (no deviations)	

Table V
ORGANISMS USED
***Ceriodaphnia* Survival and Reproduction Test**

<u>Scientific name:</u>	<i>Ceriodaphnia dubia</i>
<u>Age:</u>	<24 hours
<u>Life stage:</u>	neonates
<u>Mean length and weight:</u>	Not applicable
<u>Source</u>	Laboratory culture in moderately hard reconstituted water
<u>Diseases and treatment</u>	Not applicable

Table VI
RESULTS
***Ceriodaphnia* Survival and Reproduction Test**

Raw Data:

See Table 8

LC₅₀ or NOEL obtained:

48-hr LC₅₀ = greater than 100% effluent

NOEL for survival = 100% effluent

NOEL for reproduction = 25% effluent

IC₂₅ for reproduction = 32% effluent

Control survival was 100% after six days. Control reproduction averaged greater than 15 per female.

Methods used to calculate endpoints:

Fisher's Exact Test for the survival endpoint.

Dunnett's Test and ICPIN for the reproduction endpoints.

No calculations necessary for the acute endpoint.

Table VII
QUALITY ASSURANCE
***Ceriodaphnia* Survival and Reproduction Test**

<u>Reference Toxicant used and source:</u>	Copper chloride, reagent grade, from Carolina Biological
<u>Date and time of most recent test:</u>	July 30 - August 7, 2021
<u>Dilution water used in test:</u>	Moderately hard synthetic water
<u>Results:</u>	48-hr LC ₅₀ = 87 µg/L as Cu NOEL (reproduction) = 40 µg/L as Cu LOEL (reproduction) = 80 µg/L as Cu
<u>Comparison to recommended range:</u>	Within the laboratory control range for both acute and chronic endpoints (see attachment)

Table VIII
TEST DATA
Ceriodaphnia Survival and Reproduction Test

Effluent Concentration	Day No.	Number of Young Reproduced										Young Per Female	Total Live Breeders
		Replicate											
		A	B	C	D	E	F	G	H	I	J		
Control	1	0	0	0	0	0	0	0	0	0	0	27.7	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	4	3	0	2	4	4	3	2	4	0		10
	4	6	0	5	0	8	10	0	8	8	4		10
	5	0	10	10	14	0	0	8	0	0	12		10
	6	12	13	14	18	17	16	14	13	13	18		10
6.25%	1	0	0	0	0	0	0	0	0	0	0	27.8	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	4	4	0	4	4	4	5	2	3	0		10
	4	8	5	6	10	8	0	11	9	8	3		10
	5	0	0	10	0	0	12	14	9	0	10		10
	6	15	13	19	18	15	17	0	0	12	16		10
12.5%	1	0	0	0	0	0	0	0	0	0	0	22.4	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	3	5	2	0	3	3	3	4	4	0		10
	4	0	6	5	6	8	10	8	0	6	4		10
	5	0	0	10	6	0	0	0	8	0	6		10
	6	10	14	2	15	13	17	13	0	14	16		10

**Table VIII (cont.)
TEST DATA
Ceriodaphnia Survival and Reproduction Test**

Effluent Concentration	Day No.	Number of Young Reproduced										Young Per Female	Total Live Breeders
		Replicate											
		A	B	C	D	E	F	G	H	I	J		
25%	1	0	0	0	0	0	0	0	0	0	0	23.6	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	3	3	0	3	3	4	5	3	2	0		10
	4	0	4	5	0	9	10	12	6	6	3		10
	5	9	0	8	10	0	0	10	0	0	6		10
	6	12	12	14	13	13	17	0	14	11	6		10
50%	1	0	0	0	0	0	0	0	0	0	0	15.1	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	4	3	0	2	3	2	3	0	2	0		10
	4	0	6	0	2	8	10	0	5	2	4		10
	5	0	0	0	0	0	0	0	6	0	0		10
	6	12	15	13	3	12	1	5	1	12	15		10
100%	1	0	0	0	0	0	0	0	0	0	0	6.4	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	3	0	2	2	0	0	3	2	0		10
	4	0	0	0	0	0	0	0	0	0	0		10
	5	2	0	0	6	0	0	0	6	0	0		10
	6	0	12	2	14	3	0	0	0	7	0		10

Table IX
WATER CHEMISTRY
Ceriodaphnia Survival and Reproduction Test

Effluent Concentration	D.O. <u>Range</u> mg/L	Temp. <u>Range</u> °C	pH <u>Range</u> S.U.	Alk. <u>Range</u> CaCO₃	Hardness <u>Range</u> CaCO₃	Cond. <u>Range</u> µS
CONTROL	7.6 – 9.0	25	7.5 – 7.8	40-60	100-120	350-390
6.25%	7.7 – 9.0	25	7.5 – 7.9	/	/	400-
25%	7.7 – 8.6	25	7.5 – 8.0	/	/	510-550
100%	7.6 – 8.9	25	7.4 – 8.2	130-180	225-250	1010-1070

FATHEAD MINNOW LARVAL SURVIVAL AND GROWTH TEST

Table X
METHODOLOGY
Fathead Minnow Larval Survival and Growth Test

<u>Toxicity test method used:</u>	7-day fathead minnow larval survival and growth test	
<u>Endpoints of test:</u>	96-hr LC ₅₀ and no observable effect level (NOEL) for survival and growth. TU _c for survival and growth.	
<u>Reference method:</u>	EPA-821-R-02-013	
<u>Deviations from method:</u>	No deviations	
<u>Date and time test initiated:</u>	August 17, 2021	10:00 a.m.
<u>Date and time test terminated</u>	August 24, 2021	10:00 a.m.
<u>Type of test chambers:</u>	Polyethylene	300 ml
<u>Volume of solution used per chamber:</u>	250 ml	
<u>Number of organisms per chamber:</u>	ten	
<u>Number of replicate chambers per treatment:</u>	four	
<u>Test temperature range:</u>	25°C (no deviations)	

Table XI
ORGANISMS USED
Fathead Minnow Survival and Growth Test

<u>Scientific name:</u>	<i>Pimephales promelas</i>
<u>Age:</u>	<24 hours
<u>Life stage:</u>	larvae
<u>Mean length and weight:</u>	Not applicable
<u>Source</u>	Biomonitor Laboratory cultures.
<u>Diseases and treatment</u>	Not applicable

Table XII
RESULTS
Fathead Minnow Larval Survival and Growth Test

<u>Raw Data:</u>	See Table 14
<u>LC₅₀ or NOEL obtained:</u>	96-hr LC ₅₀ = >100% effluent NOEL for survival = 100% effluent NOEL for growth = 100% effluent Control survival and growth fell within the acceptable range
<u>Methods used to calculate endpoints:</u>	Dunnett's Test for the growth endpoint. Steel's Many-One Rank Test was required for the survival endpoint because the homogeneity of variance assumptions could not be met. No calculations needed for the acute endpoint.

Table XIII
QUALITY ASSURANCE
Fathead Minnow Larval Survival and Growth Test

<u>Reference Toxicant used and source:</u>	Potassium chloride, reagent grade, from Sigma-Aldrich
<u>Date and time of most recent test:</u>	July 27 - August 3, 2021
<u>Dilution water used in test:</u>	Moderately Hard Synthetic Water
<u>Results:</u>	96-hr LC ₅₀ = 1234 mg /L as KCl NOEL (growth) = 1000 mg/L as KCl LOEL (growth) = 2000 mg/L as KCl
<u>Comparison to recommended range:</u>	Within the laboratory control range for both acute and chronic endpoints (see attachment)

Table XIV
TEST DATA
Fathead Minnow Larval Survival and Growth Test

Effluent Concentration	% Survival in Each Replicate				Average Dry Weight (μg) in Each Replicate			
	A	B	C	D	A	B	C	D
Control	100	100	100	100	390	370	390	410
6.25%	100	100	100	100	420	390	390	430
12.5%	100	100	100	100	390	410	380	370
25%	100	100	100	100	420	460	410	390
50%	90	100	100	90	380	430	440	400
100%	90	100	100	90	420	360	350	380

Table XV
WATER CHEMISTRY
Fathead Minnow Larval Survival and Growth Test

Effluent Concentration	D.O. <u>Range</u> mg/L	Temp. <u>Range</u> °C	pH <u>Range</u> S.U.	Alk. <u>Range</u> CaCO₃	Hardness <u>Range</u> CaCO₃	Cond. <u>Range</u> µS
CONTROL	5.3 – 8.7	25	7.4 – 7.8	40-60	100-120	370-
6.25%	5.2 – 8.5	25	7.4 – 7.8	/	/	400-410
25%	4.8 – 8.8	25	7.3 – 7.6	/	/	540-580
100%	4.4 – 9.8	25	7.3 – 7.8	130-180	225-250	1010-1120

Biomonitor

8802 W. Washington Street
Indianapolis, IN 46231
317-297-7713
www.biomonitor.com

SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity Test

SAMPLE IDENTIFICATION: Elkhart - 1 Mon. Aug. 2021

DESCRIPTION: Outfall, 24-hr composite

DATE SAMPLE COLLECTED: Start Date 8/15/21 Start Time 1:00 am

End Date 8/15/21 End Time 11:00 pm

NAME OF PERSON COLLECTING SAMPLE: Secondary Ops

SAMPLE VOLUME: 8 liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: [Signature]

Date: 8-16-2021 Time: 12:43pm

Received by: [Signature]

Date: 8/16/21 Time: 12:43 pm

Relinquished by: _____

Date: _____ Time: _____

Received by: _____

Date: _____ Time: _____

Sample Temperature When Received 12.4°C

COMMENTS:

Biomonitor

8802 W. Washington Street
Indianapolis, IN 46231
317-297-7713
www.biomonitor.com

SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity Test

SAMPLE IDENTIFICATION: Elkhart - 3 Fri. Aug. 2021

DESCRIPTION: Outfall, 24-hr composite

DATE SAMPLE COLLECTED: Start Date 8/19/21 Start Time 1:00 PM
End Date 8/19/21 End Time 11:00 PM

NAME OF PERSON COLLECTING SAMPLE: OPS

SAMPLE VOLUME: 8 liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: Bary Bell
Date: 8/20/21 Time: 12:50

Received by: OPS
Date: 8/20/21 Time: 12:50 PM

Relinquished by: _____
Date: _____ Time: _____

Received by: _____
Date: _____ Time: _____

Sample Temperature When Received 5.8°C

COMMENTS:

Ceriodaphnia dubia

Reference Toxicant - Copper sulfate/chloride as Cu

Dilution Water - Moderately Hard Reconstituted Water

Date	LC ₅₀	NOEL	LOEL
mm/yy	48-hr µg/L	µg/L (repro.)	µg/L (repro.)
07/20	61	40	80
08/20	65	40	80
09/20	65	40	80
11/20	75	40	80
01/21	104	40	80
02/21	65	40	80
03/21	86	40	80
04/21	65	10	20
06/21	106	40	80
07/21	98	40	80
08/21	87	40	80
<u>Average</u>	80	<u>Mode</u> 40	80
<u>St. Dev.</u>	17		
<u>Upper Limit</u>	114	80	160
<u>Lower Limit</u>	46	20	40

Pimephales promelas

Reference Toxicant - Potassium chloride

Dilution Water - Moderately Hard Reconstituted Water

Date	LC ₅₀	NOEL	LOEL
mm/yy	96-hr mg/L	mg/L (grwth)	mg/L (grwth)
01/06	800	500	1000
02/06	760	500	1000
03/06	1250	1000	2000
01/07	1252	500	1000
02/07	1151	500	1000
03/21	840	500	1000
03/21	798	500	1000
06/21	917	500	1000
06/21	671	500	1000
07/21	1072	500	1000
08/21	1234	1000	2000
<u>Average</u>	977	<u>Mode</u> 500	1000
<u>St. Dev.</u>	209		
<u>Upper Limit</u>	1395	1000	2000
<u>Lower Limit</u>	558	250	500

Client: Elkhart WWTP

Project # _____

Analysts: MMK, MMB, MN, AF

Test Dates

Start Date: 8/17/2021

Start Time: 0940

End Date: 8/23/2021

End Time: 1010

Template # A

Comments:

0 = Number of Live Young
 / = Test Organism Dead
 y = Male
 M = Lost or Missing

Row 10	Day	1	0	0	0	0	0	0
		2	0	0	0	0	0	0
		3	0	0	0	0	0	0
		4	4	0	3	3	4	4
		5	12	0	6	10	0	6
		6	18	0	6	16	15	16
		7						
Row 9	Day	1	0	0	0	0	0	0
		2	0	0	0	0	0	0
		3	2	2	2	3	4	4
		4	0	6	2	8	8	6
		5	0	0	0	0	0	0
		6	7	11	12	12	13	14
		7						
Row 8	Day	1	0	0	0	0	0	0
		2	0	0	0	0	0	0
		3	2	0	2	4	2	3
		4	9	5	0	0	8	6
		5	9	6	6	8	0	0
		6	0	1	0	0	13	14
		7						
Row 7	Day	1	0	0	0	0	0	0
		2	0	0	0	0	0	0
		3	5	5	3	0	3	3
		4	12	11	0	0	8	0
		5	10	14	8	0	0	0
		6	0	0	14	0	13	5
		7						
Row 6	Day	1	0	0	0	0	0	0
		2	0	0	0	0	0	0
		3	4	0	3	2	4	4
		4	10	0	10	10	10	0
		5	0	0	0	0	0	12
		6	17	0	17	1	16	17
		7						
Row 5	Day	1	0	0	0	0	0	0
		2	0	0	0	0	0	0
		3	4	3	3	4	3	2
		4	8	8	8	8	9	0
		5	0	0	0	0	0	0
		6	15	12	13	17	13	3
		7						

Row 4	Day	1	0	0	0	0	0	
		2	0	0	0	0	0	
		3	3	4	2	2	0	2
		4	0	10	0	0	6	2
		5	10	0	6	14	6	0
		6	13	18	14	18	15	3
		7						
Row 3	Day	1	0	0	0	0	0	
		2	0	0	0	0	0	
		3	2	0	0	0	0	0
		4	5	0	5	6	0	5
		5	10	0	8	10	0	10
		6	2	2	14	19	13	14
		7						
Row 2	Day	1	0	0	0	0	0	
		2	0	0	0	0	0	
		3	5	3	3	3	3	4
		4	6	6	0	4	0	5
		5	0	0	0	0	10	0
		6	14	15	12	12	13	13
		7						
Row 1	Day	1	0	0	0	0	0	
		2	0	0	0	0	0	
		3	4	4	4	3	0	3
		4	0	6	8	0	0	0
		5	0	0	0	9	2	0
		6	12	12	15	12	0	10
		7						

Discharger: Elkhart WWTP Analyst: MMK, MMB, MN, AF

Location: Elkhart, IN Test Start- Date/Time: 8/17/21 / 0940

Date Sample Collected: 8/15,17,19/21 Test Stop- Date/Time: 8/23/21 / 1010

Conc.	Day	Replicate										No. of Young Adults	No. of Adults	Young per Adult		
		1	2	3	4	5	6	7	8	9	10					
Control	1	0	0	0	0	0	0	0	0	0	0	0	10	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	4	3	0	2	4	4	3	2	4	4	4	0	26	10	2.6
	4	6	0	5	0	8	10	0	8	8	8	8	4	49	10	4.9
	5	0	10	10	14	0	0	8	0	0	0	0	12	54	10	5.4
	6	12	13	14	18	17	16	14	13	13	13	13	18	148	10	14.8
Total	22	26	29	34	29	30	25	23	25	25	23	34	277	10	27.7	

Conc.	Day	Replicate										No. of Young Adults	No. of Adults	Young per Adult		
		1	2	3	4	5	6	7	8	9	10					
6%	1	0	0	0	0	0	0	0	0	0	0	0	10	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	4	4	0	4	4	4	5	2	3	3	3	0	30	10	3.0
	4	8	5	6	10	8	0	11	9	8	8	8	3	68	10	6.8
	5	0	0	10	0	0	12	14	9	0	0	0	10	55	10	5.5
	6	15	13	19	18	15	17	0	0	12	12	0	16	125	10	12.5
Total	27	22	35	32	27	33	30	20	23	23	20	29	278	10	27.8	

Conc.	Day	Replicate										No. of Young Adults	No. of Adults	Young per Adult		
		1	2	3	4	5	6	7	8	9	10					
12%	1	0	0	0	0	0	0	0	0	0	0	0	10	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	3	5	2	0	3	3	3	4	4	4	4	0	27	10	2.7
	4	0	6	5	6	8	10	8	0	6	6	0	4	53	10	5.3
	5	0	0	10	6	0	0	0	8	0	0	8	6	30	10	3.0
	6	10	14	2	15	13	17	13	0	14	14	0	16	114	10	11.4
Total	13	25	19	27	24	30	24	12	24	24	12	26	224	10	22.4	

Conc.	Day	Replicate										No. of Young	No. of Adults	Young per Adult
		1	2	3	4	5	6	7	8	9	10			
25%	1	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	3	3	0	3	3	4	5	3	2	0	26	10	2.6
	4	0	4	5	0	9	10	12	6	6	3	55	10	5.5
	5	9	0	8	10	0	0	10	0	0	6	43	10	4.3
	6	12	12	14	13	13	17	0	14	11	6	112	10	11.2
	Total	24	19	27	26	25	31	27	23	19	15	236	10	23.6

Conc.	Day	Replicate										No. of Young	No. of Adults	Young per Adult
		1	2	3	4	5	6	7	8	9	10			
50%	1	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	4	3	0	2	3	2	3	0	2	0	19	10	1.9
	4	0	6	0	2	8	10	0	5	2	4	37	10	3.7
	5	0	0	0	0	0	0	0	6	0	0	6	10	0.6
	6	12	15	13	3	12	1	5	1	12	15	89	10	8.9
	Total	16	24	13	7	23	13	8	12	16	19	151	10	15.1

Conc.	Day	Replicate										No. of Young	No. of Adults	Young per Adult
		1	2	3	4	5	6	7	8	9	10			
100%	1	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	0	3	0	2	2	0	0	3	2	0	12	10	1.2
	4	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	5	2	0	0	6	0	0	0	6	0	0	14	10	1.4
	6	0	12	2	14	3	0	0	0	7	0	38	10	3.8
	Total	2	15	2	22	5	0	0	9	9	0	64	10	6.4

SUMMARY OF FISHERS EXACT TESTS

GROUP	IDENTIFICATION	NUMBER EXPOSED	NUMBER DEAD	SIG (P=.05)
	CONTROL	10	0	
1	6.25%	10	0	
2	12.5%	10	0	
3	25%	10	0	
4	50%	10	0	
5	100%	10	0	

Elkhart 8.21
File: ceriorep

Transform: NO TRANSFORMATION

Chi-square test for normality: actual and expected frequencies

INTERVAL	<-1.5	-1.5 to <-0.5	-0.5 to 0.5	>0.5 to 1.5	>1.5
EXPECTED	4.020	14.520	22.920	14.520	4.020
OBSERVED	4	17	21	15	3

Calculated Chi-Square goodness of fit test statistic = 0.8592
Table Chi-Square value (alpha = 0.01) = 13.277

Data PASS normality test. Continue analysis.

Elkhart 8.21
File: ceriorep

Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance

Calculated H statistic (max Var/min Var) = 3.09
Closest, conservative, Table H statistic = 12.1 (alpha = 0.01)

Used for Table H ==> R (# groups) = 6, df (# reps-1) = 9
Actual values ==> R (# groups) = 6, df (# avg reps-1) = 9.00

Data PASS homogeneity test. Continue analysis.

NOTE: This test requires equal replicate sizes. If they are unequal but do not differ greatly, the Hartley test may still be used as an approximate test (average df are used).

Elkhart 8.21
File: ceriorep

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	control	10	22.000	34.000	27.700
2	6.25%	10	20.000	35.000	27.800
3	12.5%	10	12.000	30.000	22.400
4	25%	10	15.000	31.000	23.600
5	50%	10	7.000	24.000	15.100
6	100%	10	0.000	22.000	6.400

Elkhart 8.21
File: ceriorep

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	17.789	4.218	1.334
2	6.25%	24.622	4.962	1.569
3	12.5%	34.933	5.910	1.869
4	25%	22.489	4.742	1.500
5	50%	32.544	5.705	1.804
6	100%	54.933	7.412	2.344

Elkhart 8.21
File: ceriorep

Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	3463.200	692.640	22.186
Within (Error)	54	1685.800	31.219	
Total	59	5149.000		

Critical F value = 2.45 (0.05,5,40)
Since $F > \text{Critical } F$ REJECT H_0 :All groups equal

Elkhart 8.21
 File: ceriorep

Transform: NO TRANSFORMATION

DUNNETTS TEST - TABLE 1 OF 2 Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	MEAN CALCULATED IN ORIGINAL UNITS	T STAT	SIG
1	control	27.700	27.700		
2	6.25%	27.800	27.800	-0.040	
3	12.5%	22.400	22.400	2.121	
4	25%	23.600	23.600	1.641	
5	50%	15.100	15.100	5.043	*
6	100%	6.400	6.400	8.524	*

Dunnett table value = 2.31 (1 Tailed Value, P=0.05, df=40,5)

Elkhart 8.21
 File: ceriorep

Transform: NO TRANSFORMATION

DUNNETTS TEST - TABLE 2 OF 2 Ho:Control<Treatment

GROUP	IDENTIFICATION	NUM OF REPS	Minimum Sig Diff (IN ORIG. UNITS)	% of CONTROL	DIFFERENCE FROM CONTROL
1	control	10			
2	6.25%	10	5.772	20.8	-0.100
3	12.5%	10	5.772	20.8	5.300
4	25%	10	5.772	20.8	4.100
5	50%	10	5.772	20.8	12.600
6	100%	10	5.772	20.8	21.300

*** Inhibition Concentration Percentage Estimate ***

Toxicant/Effluent: Elkhart WWTP

Test Start Date: 8.17.21 Test Ending Date: 8.23.21

Test Species: Ceriodaphnia dubia

Test Duration: 6d

DATA FILE:

Conc. ID	Number Replicates	Concentration %	Response Means	Std. Dev.	Pooled Response Means
1	10	0.000	27.700	4.218	27.750
2	10	6.250	27.800	4.962	27.750
3	10	12.500	22.400	5.910	23.000
4	10	25.000	23.600	4.742	23.000
5	10	50.000	15.100	5.705	15.100
6	10	100.000	6.400	7.412	6.400

The Linear Interpolation Estimate: 31.9225 Entered P Value: 25

Number of Resamplings: 80 80 Resamples Generated
 The Bootstrap Estimates Mean: 30.1245 Standard Deviation: 6.2484
 Original Confidence Limits: Lower: 11.9690 Upper: 37.6190
 Resampling time in Seconds: 0.05 Random_Seed: 3847788

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates: 8/17/21 - 8/23/21
 Analysts: MMK, MMB, MN, AF

		Day							Remarks
Conc:	25%	1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.6	8.2	8.2	7.9	8.1	8.3		
	Final	8.4	8.2	7.9	7.7	7.9	7.7		
pH	Initial	7.6	7.6	7.5	7.5	7.6	7.6		
	Final	7.9	8.0	7.9	7.8	7.8	7.8		
Alkalinity									
Hardness									
Conductivity		530		510		550			
Chlorine									

		Day							Remarks
Conc:	50%	1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.6	8.2	8.2	7.9	8.2	8.4		
	Final	8.6	8.3	7.9	7.7	7.9	7.6		
pH	Initial	7.5	7.5	7.5	7.4	7.6	7.6		
	Final	7.8	8.0	7.9	7.9	7.8	7.9		
Alkalinity									
Hardness									
Conductivity		705		680		760			
Chlorine									

		Day							Remarks
Conc:	100%	1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.9	8.6	8.2	7.8	8.6	8.7		
	Final	8.8	8.3	8.0	7.7	7.9	7.6		
pH	Initial	7.5	7.4	7.4	7.4	7.5	7.6		
	Final	7.6	7.7	7.9	8.0	8.2	8.1		
Alkalinity		150		130		180			
Hardness		225		225		250			
Conductivity		1010		1030		1070			
Chlorine		ND		0.4		0.1			
Ammonia		ND		0.25		ND			

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates 8/17/21 - 8/24/21
 Analysts: MMK, MMB, MN, AF

		No. Surviving Organisms							Remarks
Conc:	Rep. #	Day							
		1	2	3	4	5	6	7	
Control	A	10	10	10	10	10	10	10	
	B	10	10	10	10	10	10	10	
	C	10	10	10	10	10	10	10	
	D	10	10	10	10	10	10	10	
6.25%	A	10	10	10	10	10	10	10	
	B	10	10	10	10	10	10	10	
	C	10	10	10	10	10	10	10	
	D	10	10	10	10	10	10	10	
12.5%	A	10	10	10	10	10	10	10	
	B	10	10	10	10	10	10	10	
	C	10	10	10	10	10	10	10	
	D	10	10	10	10	10	10	10	
25%	A	10	10	10	10	10	10	10	
	B	10	10	10	10	10	10	10	
	C	10	10	10	10	10	10	10	
	D	10	10	10	10	10	10	10	
50%	A	10	10	10	10	10	9	9	
	B	10	10	10	10	10	10	10	
	C	10	10	10	10	10	10	10	
	D	10	10	10	10	10	9	9	
100%	A	10	10	10	10	10	9	9	
	B	10	10	10	10	10	10	10	
	C	10	10	10	10	10	10	10	
	D	10	10	10	10	10	10	9	

Comments: Start Time: 1000

FHM Source: Lab Cultures

Elkhart 8.21
File: fhmsurv Transform: ARC SINE(SQUARE ROOT(Y))

Shapiro Wilks test for normality

D = 0.053

W = 0.755

Critical W (P = 0.05) (n = 24) = 0.916

Critical W (P = 0.01) (n = 24) = 0.884

Data FAIL normality test. Try another transformation.

Warning - The two homogeneity tests are sensitive to non-normal data and
 should not be performed.

Elkhart 8.21
File: fhmsurv Transform: ARC SINE(SQUARE ROOT(Y))

Hartley test for homogeneity of variance

Bartlett's test for homogeneity of variance

These two tests can not be performed because at least one group has
zero variance.

Data FAIL to meet homogeneity of variance assumption.
Additional transformations are useless.

Elkhart 8.21
File: fhmsurv

Transform: ARC SINE(SQUARE ROOT(Y))

STEELS MANY-ONE RANK TEST

-

Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	RANK SUM	CRIT. VALUE	df	SIG
1	control	1.412				
2	6.25%	1.412	18.00	10.00	4.00	
3	12.5%	1.412	18.00	10.00	4.00	
4	25%	1.412	18.00	10.00	4.00	
5	50%	1.331	14.00	10.00	4.00	
6	100%	1.331	14.00	10.00	4.00	

Critical values use k = 5, are 1 tailed, and alpha = 0.05

Discharge: Elkhart WWTP Test Date(s) : 8/16 -24/21 Drying Temp (°C): 100
 Location: Elkhart, IN Weighing Date: 8/24/21 Drying Time (h): 6
 Analyst: MMB, MMK, MN, AF

Conc :	Rep. No.	Wgt. of boat (g)	Dry wgt: foil and larvae (g)	Total dry wgt of larvae (mg)	No. of larvae	Mean dry wgt of larvae (g)	Remarks
Control	A	0.91070	0.91460	3.90	10	0.390	
	B	0.90190	0.90560	3.70	10	0.370	
	C	0.92600	0.92990	3.90	10	0.390	
	D	0.92030	0.92440	4.10	10	0.410	
Conc : 6.25%	A	0.92280	0.92700	4.20	10	0.420	
	B	0.91470	0.91860	3.90	10	0.390	
	C	0.93040	0.93430	3.90	10	0.390	
	D	0.91480	0.91910	4.30	10	0.430	
Conc : 12.5%	A	0.90340	0.90730	3.90	10	0.390	
	B	0.90890	0.91300	4.10	10	0.410	
	C	0.90930	0.91310	3.80	10	0.380	
	D	0.91820	0.92190	3.70	10	0.370	
Conc : 25%	A	0.90860	0.91280	4.20	10	0.420	
	B	0.91590	0.92050	4.60	10	0.460	
	C	0.91480	0.91890	4.10	10	0.410	
	D	0.92410	0.92800	3.90	10	0.390	
Conc : 50%	A	0.92270	0.92650	3.80	9	0.380	
	B	0.92540	0.92970	4.30	10	0.430	
	C	0.91800	0.92240	4.40	10	0.440	
	D	0.90340	0.90740	4.00	9	0.400	
Conc : 100%	A	0.92290	0.92710	4.20	9	0.420	
	B	0.91860	0.92220	3.60	10	0.360	
	C	0.92240	0.92590	3.50	10	0.350	
	D	0.90970	0.91350	3.80	9	0.380	

Elkhart 8.21

File: fhm_grow

Transform: NO TRANSFORMATION

Chi-square test for normality: actual and expected frequencies

INTERVAL	<-1.5	-1.5 to <-0.5	-0.5 to 0.5	>0.5 to 1.5	>1.5
EXPECTED	1.608	5.808	9.168	5.808	1.608
OBSERVED	0	8	8	8	0

Calculated Chi-Square goodness of fit test statistic = 5.0194

Table Chi-Square value (alpha = 0.01) = 13.277

Data PASS normality test. Continue analysis.

Elkhart 8.21

File: fhm_grow

Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance

Calculated H statistic (max Var/min Var) = 3.59

Closest, conservative, Table H statistic = 184.0 (alpha = 0.01)

Used for Table H ==> R (# groups) = 6, df (# reps-1) = 3

Actual values ==> R (# groups) = 6, df (# avg reps-1) = 3.00

Data PASS homogeneity test. Continue analysis.

NOTE: This test requires equal replicate sizes. If they are unequal but do not differ greatly, the Hartley test may still be used as an approximate test (average df are used).

Elkhart 8.21
File: fhm_grow

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	control	4	0.370	0.410	0.390
2	6.25%	4	0.390	0.420	0.405
3	12.5%	4	0.370	0.410	0.388
4	25%	4	0.390	0.460	0.420
5	50%	4	0.380	0.440	0.412
6	100%	4	0.350	0.420	0.378

Elkhart 8.21
File: fhm_grow

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	0.000	0.016	0.008
2	6.25%	0.000	0.017	0.009
3	12.5%	0.000	0.017	0.009
4	25%	0.001	0.029	0.015
5	50%	0.001	0.028	0.014
6	100%	0.001	0.031	0.015

Elkhart 8.21
File: fhm_grow

Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	0.0053	0.0011	1.833
Within (Error)	18	0.0103	0.0006	
Total	23	0.0157		

Critical F value = 2.77 (0.05,5,18)

Since $F < \text{Critical } F$ FAIL TO REJECT H_0 :All groups equal

Elkhart 8.21
 File: fhm_grow

Transform: NO TRANSFORMATION

DUNNETTS TEST - TABLE 1 OF 2 Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	MEAN CALCULATED IN ORIGINAL UNITS	T STAT	SIG
1	control	0.390	0.390		
2	6.25%	0.405	0.405	-0.866	
3	12.5%	0.388	0.388	0.144	
4	25%	0.420	0.420	-1.732	
5	50%	0.412	0.412	-1.299	
6	100%	0.378	0.378	0.722	

Dunnett table value = 2.41 (1 Tailed Value, P=0.05, df=18,5)

Elkhart 8.21
 File: fhm_grow

Transform: NO TRANSFORMATION

DUNNETTS TEST - TABLE 2 OF 2 Ho:Control<Treatment

GROUP	IDENTIFICATION	NUM OF REPS	Minimum Sig Diff (IN ORIG. UNITS)	% of CONTROL	DIFFERENCE FROM CONTROL
1	control	4			
2	6.25%	4	0.042	10.7	-0.015
3	12.5%	4	0.042	10.7	0.002
4	25%	4	0.042	10.7	-0.030
5	50%	4	0.042	10.7	-0.023
6	100%	4	0.042	10.7	0.012

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates: 8/17/21 - 8/24/21
 Analysts: MMK, MMB, MN, AF

		Day							Remarks
Conc:	25%	1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.8	8.4	8.6	8.1	8.0	8.7	8.5	
	Final	6.3	6.6	5.7	6.3	6.1	4.8	6.5	
pH	Initial	7.6	7.5	7.5	7.5	7.5	7.6	7.6	
	Final	7.4	7.4	7.3	7.5	7.6	7.5	7.4	
Alkalinity									
Hardness									
Conductivity		540		580		550			
Chlorine									

		Day							Remarks
Conc:	50%	1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.9	8.6	8.6	8.0	8.1	9.1	8.6	
	Final	6.2	6.5	5.4	6.1	6.0	4.5	6.2	
pH	Initial	7.6	7.5	7.4	7.4	7.4	7.5	7.5	
	Final	7.5	7.5	7.3	7.6	7.6	7.5	7.6	
Alkalinity									
Hardness									
Conductivity		690		760		740			
Chlorine									

		Day							Remarks
Conc:	100%	1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.7	9.0	8.8	8.0	9.1	9.8	8.7	
	Final	6.2	6.5	5.0	5.9	6.0	4.4	6.2	
pH	Initial	7.5	7.4	7.4	7.4	7.4	7.4	7.3	
	Final	7.7	7.7	7.4	7.7	7.8	7.5	7.7	
Alkalinity		150		130		180			
Hardness		225		225		250			
Conductivity		1010		1080		1120			
Chlorine		ND		0.4		0.1			
Ammonia		ND		0.25		ND			

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Value 2	Value 3	Units	of Ex.	Analysis	Type
Season: 0		Req. <=6.0 MO AVG	<=12.0 DAILY MX	26 - lb/d	<=6.0 MO AVG	<=12.0 DAILY MX	<=0.073 DAILY MX	19 - mg/L	<=0.036 MO AVG	<=0.073 DAILY MX	19 - mg/L	0	01/07 - Weekly	24 - COMP24
NODI: -		NODI												
01119	Copper, total recoverable											0	01/07 - Weekly	24 - COMP24
G - Raw Sewage Influent														
Season: 0		Req. <=6.0 MO AVG	<=12.0 DAILY MX	26 - lb/d	<=6.0 MO AVG	<=12.0 DAILY MX	<=0.073 DAILY MX	19 - mg/L	<=0.036 MO AVG	<=0.073 DAILY MX	19 - mg/L	0	01/07 - Weekly	24 - COMP24
NODI: -		NODI												
50050	Flow, in conduit or thru treatment plant											0	01/01 - Daily	TM - TOTALZ
1 - Effluent Gross														
Season: 0		Req. <=6.0 MO AVG	<=12.0 DAILY MX	26 - lb/d	<=6.0 MO AVG	<=12.0 DAILY MX	<=0.073 DAILY MX	19 - mg/L	<=0.036 MO AVG	<=0.073 DAILY MX	19 - mg/L	0	01/01 - Daily	TM - TOTALZ
NODI: -		NODI												
51041	E. coli, colony forming units [CFU]											0	01/01 - Daily	GR - GRAB
1 - Effluent Gross														
Season: 1		Req. <=6.0 MO AVG	<=12.0 DAILY MX	26 - lb/d	<=6.0 MO AVG	<=12.0 DAILY MX	<=0.073 DAILY MX	19 - mg/L	<=0.036 MO AVG	<=0.073 DAILY MX	19 - mg/L	0	01/01 - Daily	GR - GRAB
NODI: -		NODI												
51041	E. coli, colony forming units [CFU]											0	01/01 - Daily	GR - GRAB
Y - Effluent Gross (Supplementary)														
Season: 0		Req. <=6.0 MO AVG	<=12.0 DAILY MX	26 - lb/d	<=6.0 MO AVG	<=12.0 DAILY MX	<=0.073 DAILY MX	19 - mg/L	<=0.036 MO AVG	<=0.073 DAILY MX	19 - mg/L	0	01/01 - Daily	GR - GRAB
NODI: -		NODI												
51484	Number of Events											0	01/30 - Monthly	RT - RCOTOT
Y - Effluent Gross (Supplementary)														
Season: 0		Req. <=6.0 MO AVG	<=12.0 DAILY MX	26 - lb/d	<=6.0 MO AVG	<=12.0 DAILY MX	<=0.073 DAILY MX	19 - mg/L	<=0.036 MO AVG	<=0.073 DAILY MX	19 - mg/L	0	01/30 - Monthly	RT - RCOTOT
NODI: -		NODI												
80082	BOD, carbonaceous [5 day, 20 C]											0	01/01 - Daily	24 - COMP24

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Value 3	of Ex.	Analysis	Type
1 - Effluent Gross												
Season: 0	Req.	<=6259.0 MO AVG	<=10014.0 MX WK AV	26 - lb/d			<=40.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - COMP24	
NODI: -	NODI											
81012	Phosphorus, total percent removal											
K - Percent Removal	Smpl.									0	01/30 - Monthly	CA - CALCTD
Season: 0	Req.											
NODI: -	NODI											
82220	Flow, total											
1 - Effluent Gross	Smpl.									0	01/30 - Monthly	RT - RCOTOT
Season: 0	Req.											
NODI: -	NODI											

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0025674_035a_MRO_2021_09.pdf	pdf	705104.0
IN0025674_INC_RPT_2021_09_01.pdf	pdf	144082.0
IN0025674_INC_RPT_2021_09_03.pdf	pdf	122386.0
IN0025674_INC_RPT_2021_09_02.pdf	pdf	126187.0
IN0025674_CSO_MRO_2021_09.pdf	pdf	1278215.0

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2021-10-27 15:18 (Time Zone:-04:00)

Report Last Signed By

Name:

Laura Kolo

E-Mail:

laura.kolo@coei.org

Date/Time:

2021-10-27 15:19 (Time Zone:-04:00)

DMR/COR Search Results

DMRs 1 through 2 of 2

<u>Permit ID</u>	<u>Facility</u>	<u>Permitted Feature</u>	<u>Discharge #</u>	<u>Discharge Description</u>	<u>Monitoring Period End Date</u>	<u>Scheduled/Unscheduled</u>	<u>DMR Due Date</u>	<u>Status</u>	<u>COR Received Date</u>
IN0025674	ELKHART WWTP	035	035-TS	SEMIANNUAL BIOMONITORING	10/31/21	Scheduled	11/28/21	Signed & Submitted	10/27/21
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	09/30/21	Scheduled	10/28/21	Signed & Submitted	10/27/21

[View Certification](#) | [Download COR](#)

DMR Copy of Submission

Permit
 Permit ID: IN0025674
 Permittee: ELKHART WWTP
 Facility: ELKHART WWTP
 Permitted Feature: 035 - External Outfall
Report Dates & Status
 Monitoring Period: From 05/01/21 to 10/31/21
 Status: **NetDMR Validated**

Considerations for Form Completion

SEMIANNUAL BIOMONITORING DATA: REPORT RE-TAKE INFORMATION ON THE 035-TX NETDMR. EMAIL THE FULL WETT REPORT TO wwreports@idem.in.gov. MUNICIPAL MAJOR ELKHART COUNTY

Principal Executive Officer

First Name: Laura
 Title: Utility Services Manager
 Last Name: Kolo
 Telephone: 574-293-2572

No Data Indicator (NODI)

Form NODI: -

Code	Parameter Name	NODI	Quantity or Loading		Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2	Value 1	Value 2	Value 3			
61425	Toxicity [acute], Ceriodaphnia dubia	Smpl.			<1.0	2F - tox acute	0	02/YR - Twice Per Year	24 - COMP24	
1 - Effluent Gross										
Season: 0		Req.			<=1.0 MAXIMUM	2F - tox acute		02/YR - Twice Per Year	24 - COMP24	
NODI: -										
61426	Toxicity [chronic], Ceriodaphnia dubia	Smpl.			=4.0	2G - tox chronic	0	02/YR - Twice Per Year	24 - COMP24	

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
1 - Effluent Gross											
Season: 0	Req.						<=8.0 MAXIMUM	2G - tox chronic	0	02/YR - Twice Per Year	24 - COMP24
NODI: -	NODI										
61427	Toxicity [acute], Pimephales promelas [Fathead Minnow]										
1 - Effluent Gross											
Season: 0	Req.						<=1.0	2F - tox acute	0	02/YR - Twice Per Year	24 - COMP24
NODI: -	NODI										
61428	Toxicity [chronic], Pimephales promelas [Fathead Minnow]										
1 - Effluent Gross											
Season: 0	Req.						=1.0	2G - tox chronic	0	02/YR - Twice Per Year	24 - COMP24
NODI: -	NODI										
1 - Effluent Gross											
Season: 0	Req.						<=8.0 MAXIMUM	2G - tox chronic	0	02/YR - Twice Per Year	24 - COMP24
NODI: -	NODI										

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0025674_035TS_2021_08.pdf	pdf	43225.0

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2021-10-27 14:50 (Time Zone:-04:00)

Report Last Signed By

licar: Davtand88

E-Mail:

laura.kolo@coei.org

Date/Time:

2021-10-27 14:50 (Time Zone: -04:00)

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Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
01114	Lead, total recoverable										
	1 - Effluent Gross		=-0.089	26 - lb/d			=-0.0007	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
	Season: 0		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
	NODI: -										
01114	Lead, total recoverable										
	G - Raw Sewage Influent										
	Season: 0		Req Mon MO AVG				=-0.0008	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
	NODI: -						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
01118	Chromium, total recoverable										
	1 - Effluent Gross		=-0.894	26 - lb/d			=-0.007	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
	Season: 0		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
	NODI: -										
01118	Chromium, total recoverable										
	G - Raw Sewage Influent										
	Season: 0		Req Mon MO AVG				=-0.0348	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
	NODI: -						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

035TX was submitted last month in error and not realized until submitting September MRO. 035TS has been submitted separately in conjunction with the September MRO. WETT Table was submitted with 035TX last month and complete report was emailed to wwresports@idem.in.gov on 9/22/21.

Attachments

FILENAME	TYPE	SIZE
IN0025674_035a_MRO_2021_09.pdf	pdf	705104.0
IN0025674_CSO_MRO_2021_09.pdf	pdf	1278215.0
IN0025674_INC_RPT_2021_09_03.pdf	pdf	122386.0
IN0025674_INC_RPT_2021_09_02.pdf	pdf	126187.0
IN0025674_INC_RPT_2021_09_01.pdf	pdf	144082.0

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2021-10-27 15:10 (Time Zone: -04:00)

Report Last Signed By

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2021-10-27 15:34 (Time Zone: -04:00)

DMR/COR Search Results

DMRs 1 through 31 of 31

<u>Permit ID</u>	<u>Facility</u>	<u>Permitted Feature</u>	<u>Discharge #</u>	<u>Discharge Description</u>	<u>Monitoring Period End Date</u>	<u>Scheduled/Unscheduled</u>	<u>DMR Due Date</u>	<u>Status</u>	<u>COR Received Date</u>
IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR	09/30/21	Scheduled	10/28/21	Signed & Submitted	10/27/21
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, WEST OF BRIDGE	09/30/21	Scheduled	10/28/21	Signed & Submitted	10/27/21
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, EAST OF BRIDGE	09/30/21	Scheduled	10/28/21	Signed & Submitted	10/27/21
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	09/30/21	Scheduled	10/28/21	Signed & Submitted	10/27/21
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	09/30/21	Scheduled	10/28/21	Signed & Submitted	10/27/21
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	09/30/21	Scheduled	10/28/21	Signed & Submitted	10/27/21
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	09/30/21	Scheduled	10/28/21	Signed & Submitted	10/27/21
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	09/30/21	Scheduled	10/28/21	Signed & Submitted	10/27/21
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	09/30/21	Scheduled	10/28/21	Signed & Submitted	10/27/21
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	09/30/21	Scheduled	10/28/21	Signed & Submitted	10/27/21
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	09/30/21	Scheduled	10/28/21	Signed & Submitted	10/27/21
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	09/30/21	Scheduled	10/28/21	Signed & Submitted	10/27/21
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	09/30/21	Scheduled	10/28/21	Signed & Submitted	10/27/21
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	09/30/21	Scheduled	10/28/21	Signed & Submitted	10/27/21
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	09/30/21	Scheduled	10/28/21	Signed & Submitted	10/27/21
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	09/30/21	Scheduled	10/28/21	Signed & Submitted	10/27/21

	Feature	#		End Date	Unscheduled	Date	Received Date
IN0025674	ELKHART WWTP	024	CSO- INDIANA/FRANKLIN	09/30/21	Scheduled	10/28/21	Signed & Submitted 10/27/21
IN0025674	ELKHART WWTP	025	CSO- POTTAWATOMI/SECOND	09/30/21	Scheduled	10/28/21	Signed & Submitted 10/27/21
IN0025674	ELKHART WWTP	026	CSO- MAIN/POTTAWATOMI	09/30/21	Scheduled	10/28/21	Signed & Submitted 10/27/21
IN0025674	ELKHART WWTP	027	CSO- EDGEWATER/NAVAJO	09/30/21	Scheduled	10/28/21	Signed & Submitted 10/27/21
IN0025674	ELKHART WWTP	028	CSO- WASHINGTON AT RIVER	09/30/21	Scheduled	10/28/21	Signed & Submitted 10/27/21
IN0025674	ELKHART WWTP	029	CSO- JEFFERSON AT THE RIVER	09/30/21	Scheduled	10/28/21	Signed & Submitted 10/27/21
IN0025674	ELKHART WWTP	031	CSO- ELIZABETH/LUSHER	09/30/21	Scheduled	10/28/21	Signed & Submitted 10/27/21
IN0025674	ELKHART WWTP	032	CSO- EDGEWATER/OKEMA	09/30/21	Scheduled	10/28/21	Signed & Submitted 10/27/21
IN0025674	ELKHART WWTP	033	CSO- EVANS/GRACE	09/30/21	Scheduled	10/28/21	Signed & Submitted 10/27/21
IN0025674	ELKHART WWTP	034	CSO- LEXINGTON/6TH	09/30/21	Scheduled	10/28/21	Signed & Submitted 10/27/21
IN0025674	ELKHART WWTP	035	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	09/30/21	Scheduled	10/28/21	Signed & Submitted 10/27/21
IN0025674	ELKHART WWTP	035	QUARTERLY REPORTING	09/30/21	Scheduled	10/28/21	Signed & Submitted 10/27/21
IN0025674	ELKHART WWTP	037	CSO- FRANKLIN/KRAU	09/30/21	Scheduled	10/28/21	Signed & Submitted 10/27/21
IN0025674	ELKHART WWTP	039	CSO- WEST HIGH AT RIVER	09/30/21	Scheduled	10/28/21	Signed & Submitted 10/27/21
IN0025674	ELKHART WWTP	040	CSO- MCNAUGHTON PARK SOUTH	09/30/21	Scheduled	10/28/21	Signed & Submitted 10/27/21



**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R8 / 3-20)

Name of Facility Elkhart			Permit Number IN0025674		
Month September	Year 2021	Plant Design Flow 20 mgd	Telephone Number 574/293-2572		
E-mail address: laura.kolo@coei.org				035	A
Certified Operator: Name Laura E. Kolo		Class IV	Certificate Number 15094	Expiration Date 6/30/2023	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 2.48 Precipitation - inches	Bypass At Plant Site ("x" If Occurred)	Sanitary Sewer Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE								
							Chlorine - Lbs/day	Ferrous Chloride Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l	
1	Wed					x		182	14.53	7.8	114	13815	168	20358	3.67	19.4		
2	Thu							182	13.96	7.8	137	15950	114	13273	3.74	17.48		
3	Fri			0.01				130	13.775	7.7	113	12982	152	17462	4	17.2		
4	Sat							130	13.001	7.8	220	23854	106	11493	3.85	14.64		
5	Sun							197.6	12.712	8.0	120	12722	77	8163.4	2.78	13.52		
6	Mon							167	13.057	7.8	74	8058.3	81	8820.5	3.3	15.36		
7	Tue			0.14				198	13.727	7.7	132	15112	138	15799	3.69	17.44		
8	Wed			0.01				198	13.3	7.8	87	9650.2	160	17748	3.89	16.56		
9	Thu			0.01				182	13.16	7.7	104	11414	196	21512	4.31	18.08		
10	Fri							200	13.143	7.9	111	12167	188	20607	4.39	21.36		
11	Sat							182.4	12.912	8.0	116	12492	168	18091	3.67	19.6		
12	Sun							175	12.439	7.8	77	7988.1	202	20956	2.74	15.52		
13	Mon							0	12.908	7.9	103	11088	158	17009	3.59	15.6		
14	Tue							170	13.01	7.8	140	15190	190	20616	4.46	19.6		
15	Wed							220	12.94	7.8	85	9173.2	200	21584	3.68	20.52		
16	Thu							220	13.34	7.8	108	12016	144	16021	3.92	24.44		
17	Fri							266	13.255	7.9	124	13708	166	18351	4.39	24.6		
18	Sat							249	12.324	7.9	109	11203	166	17062	3.48	20.52		
19	Sun							228	12.125	7.7	142	14359	142	14359	3.3	16.52		
20	Mon			0.24				205	13.87	7.8	125	14459	176	20359	4.03	22.48		
21	Tue			0.68				205	17.212	7.8	134	19235	188	26987	4.23	26.28		
22	Wed			0.5				213	17.07	7.8	68	9680.7	114	16229	2.93	14.48		
23	Thu			0.46				349.6	15.82	7.7	76	10027	174	22957	3.61	16.84		
24	Fri					x		205	11.064	7.8	129	11903	208	19193	4.11	20.84		
25	Sat			0.43				257	12.981	7.9	87	9418.8	128	13857	2.98	17.48		
26	Sun							255.4	10.4	7.8	114	9887.9	96	8326.7	3.47	18.08		
27	Mon							220	10.94	7.7	62	5656.9	150	13686	3.79	18.6		
28	Tue							213	10.955	7.9	91	8314.2	148	13522	4.01	21.92		
29	Wed					x		205	11.03	8.0	127	11683	184	16926	4.13	26.72		
30	Thu							220	10.98	7.9	102	9340.5	174	15934	3.52	20.4		
Average								200.8	13.065		111	12085	155.2	16909	3.722	19.07		
Maximum								349.6	17.212	8.0	220	23854	208	26987	4.46	26.72		
Minimum								0	10.4	7.7	62	5656.9	77	8163.4	2.74	13.52		
# of Data							9	0	3	0	30	0	30	30	30	30	30	0

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): <i>Laura Kolo</i>	Date (month, day, year) 10/27/21
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) 10/27/21

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R8 / 3-20)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: September	Year 2021
-----------------------------	----------------------------	----------------------------	--------------

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR				RETURN SLUDGE			CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
1	78	60	207	3184	65	3.6	21		5860					13	7.6		8.7	
2	99	68	210	3080	68	3.8	22		5640					23	7.5		8.9	
3	93	50	230	2872	80	4.0	21		3920					8	7.2		8.8	
4	170	43	226.2	2244	101	3.8	20		4100					22	7.4		8.4	
5	92	50	224	3588	62	4.0	21		5360					15	7.5		7.6	
6	51	48	218	3336	65	4.7	20		5680					28	7.5		8.2	
7	57	54	234	3264	72	2.7	20		5740					29	7.7		8.7	
8	65	57	232	3204	72	2.8	21		6200					20	7.5		7.9	
9	78	69	242	3340	72	2.2	21		6480					19	7.6		7.6	
10	75	60	203.2	3276	62	2.9	20		6360					18	7.6		8.4	
11	63	77	252	3468	73	4.5	20		6100					19	7.2		8.0	
12	60	60	238	3332	71	3.8	20		5640					16	7.6		8.2	
13	71	55	232	3296	70	3.8	21		5460					16	7.5		7.9	
14	78	71	243	3188	76	2.6	21		5720					24	7.6		8.2	
15	61	48	230	3268	70	3.5	21		5860					18	7.4		7.9	
16	85	83	232	3184	73	2.5	21		5920					22	7.5		7.9	
17	85	54	220	3072	72	2.8	21		5340					20	7.3		8.2	
18	68	67	228	3604	63	3.7	21		5840					13	7.3		7.8	
19	93	61	222	3528	63	3.7	21		5900					15	7.1		7.9	
20	69	64	230	3064	75	3.8	21		5360					9	7.1		8.0	
21	88	81	236.8	3108	76	1.8	21		7060					37	7.6		8.4	
22	45	52	223.2	3628	62	4.2	20		5060					9	7.4		8.1	
23	55	57	230	3140	73	4.7	19		6200					17	7.2		8.5	
24	90	63	246.2	3232	76	3.1	20		6060					20	7.2		8.3	
25	69	51	228	3296	69	4.4	20		6740					11	7.5		8.1	
26	68	56	232	3240	72	4.5	21		5860					12	7.1		8.6	
27	47	60	230	3108	74	3.5	20		5440					46	7.3		8.6	
28	62	52	204	2916	70	3.0	20		5320					28	7.6		7.4	
29	75	61	160	2884	55	2.9	20		5120					17	7.6		8.0	
30	58	49	190	2840	67	2.7	20		5260					38	7.5		8.4	
Avg.	74.93	59.37	224.5	3193	70.72	3.468	20.4		5687					18			8.187	
Max.	170	83	252	3628	100.8	4.74	22		7060					46	7.7		8.9	
Min.	45	43	160	2244	55.48	1.82	19		3920					8	7.1		7.4	
Daily Max														46				
# of Days above 235														0				
Data	30	30	30	30	30	30	30	0	30	0	0	0	0	30	30	30	0	

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R8 / 3-20)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	September	2021

		FINAL EFFLUENT															
Day Of Month	Day of Week	Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Wed	14.54		2		242.7		5		606.7		0.17		20.63		0.73	88.58
2	Thu	14.36		2		239.7		4		479.3		0.16		19.17		0.76	91.07
3	Fri	14.327		2		239.1		4		478.2		0.15		17.93		0.75	89.67
4	Sat	13.358	13.874	2	2	222.9	231.6	4	4.343	445.9	501.6	0.14	0.166	15.61	19.245	0.67	74.69
5	Sun	13.185		3		330.1		4		440.1		0.13		14.3		0.76	83.62
6	Mon	14.054		2		234.6		4		469.1		0.12		14.07		0.78	91.48
7	Tue	15.218		2		254		4		508		0.05		6.35		0.79	100.3
8	Wed	14.77		2		246.5		6		739.5		0.05		6.163		0.66	81.35
9	Thu	14.59		2		243.5		6		730.5		0.13		15.83		0.93	113.2
10	Fri	14.534		2		242.6		7		849		0.09		10.92		1.05	127.4
11	Sat	14.789	14.449	2	2.143	246.8	256.9	6	5.286	740.5	639.5	0.06	0.09	7.405	10.72	0.94	116
12	Sun	14.304		2		238.7		8		954.9		0.05		5.968		1.07	127.7
13	Mon	14.949		2		249.5		10		1247		0.12		14.97		1.19	148.5
14	Tue	15.313		2		255.6		13		1661		0.1		12.78		1.07	136.7
15	Wed	15.01		2		250.5		10		1253		0.1		12.53		0.73	91.44
16	Thu	15.98		5		666.8		11		1467		0.12		16		0.86	114.7
17	Fri	15.875		2		265		7		927.3		0.11		14.57		0.7	92.73
18	Sat	15.176	15.23	2	2.429	253.3	311.3	7	9.429	886.5	1200	0.12	0.103	15.2	13.145	0.63	79.79
19	Sun	20.592		4		687.4		7		1203		0.08		13.75		0.7	120.3
20	Mon	16.429		3		411.3		5		685.5		0.19		26.05		0.67	91.86
21	Tue	15.828		3		396.3		6		792.5		0.31		40.95		0.73	96.42
22	Wed	16.05		2		267.9		5		669.7		0.22		29.47		0.53	70.99
23	Thu	15.91		2		265.5		6		796.6		0.11		14.6		0.51	67.71
24	Fri	11.61		2		193.8		6		581.3		0.09		8.72		0.59	57.16
25	Sat	14.006	15.775	3	2.714	350.6	367.5	4	5.571	467.5	742.3	0.08	0.154	9.35	20.412	0.62	72.47
26	Sun	10.98		2		183.3		5		458.1		0.07		6.414		0.68	62.31
27	Mon	11.54		3		288.9		5		481.5		0.07		6.741		0.71	68.37
28	Tue	11.241		2		187.6		4		375.2		0.11		10.32		0.73	68.48
29	Wed	11.22		2		187.3		6		561.8		0.1		9.363		0.8	74.9
30	Thu	10.95	11.186	2	2.2	182.8	206	6	5.2	548.3	485	0.09	0.088	8.224	8.2122	0.8	73.1
Avg		14.356		2.3		284.1		6.2		750.2		0.116		14.14		0.771	92.43
Max		20.592	15.775	5	2.714	687.4	367.5	13	9.429	1661	1200	0.31	0.166	40.95	20.412	1.19	148.5
Min		10.95	11.186	2	2	182.8	206	4	4.343	375.2	485	0.05	0.088	5.968	8.2122	0.51	57.16
Data		30	5	30	5	30	5	30	5	30	5	30	5	30	5	30	30

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons) 430.69	
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus		
Primary Treatment	32.5	61.7				
	NA	NA				
Secondary Treatment	96.9	89.6			Percent Capacity (actual flow/design) 72%	
Overall Treatment	97.9	96.0	99.4	79.3		
Phosphorus limit would be 75 % removal. (compliance achieved)						

MONTHLY REPORT OF OPERATION
 ACTIVATED SLUDGE TYPE
 WASTEWATER TREATMENT PLANT

State Form 10829 (R8 / 3-20)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	September	2021

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION												
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only				Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	0	
			pH	Gas Production Cubic Ft. x 1000	Temperature - F										
1	16.58	14.4	7.5	2.059	126	0		3.53	1.97	72.87	54.25	72.05			
2	0	14.4	7.6	0	126.8	0		3.34	0.65	73.2	54.72	72.85			
3	35.88	15.83	7.5	0	127	0		4.29	2.05	72.62	54.29				
4	37.69	15.84	7.3	0	126	0		4.63	2.03	75.41	58.73				
5	36.36	15.84	7.5	0	125.9	0		4.95	1.89	77.95	60.36				
6	33.2	15.84	7.4	0	126	0		4.02	2.2	78.19	62.61				
7	33.5	15.84	7.5	0	126	0		3.42	2.03	77.98	53.01	94.49			
8	33.11	15.84	7.6	0	127	0		3	1.94	76.08	54.14	94.06			
9	27.99	15.84	7.7	0	126	3.537		3.87	1.97	74.68	55.83	140.1			
10	33.54	15.84	7.5	0	126	10.61		3.98	1.95	74.55	57.23	96.36			
11	13.33	17.54	7.5	0	125	0		3.46	1.99	75.25	54.27				
12	24.43	18	7.5	0	126	233.4		3.52	2.05	76.4	56.52				
13	34.05	18	7.6	0	126	10.61		4.39	2.01	76.63	57.06				
14	33.86	18	7.4	0	126	0		4.12	1.92	75.92	55	71.56			
15	28.04	18	7.5	13.32	126	14.15		4.12	2	71.82	55.49	68.98			
16	34.65	18	7.4	30.88	125	21.22		3.99	1.89	71.91	55.21	129			
17	28.01	18	7.4	31.79	122	0		3.6	1.95	70.76	55.17				
18	39.05	18	7.5	31.23	121	31.83		4.22	1.85	71.46	55				
19	26.03	18	7.4	32.78	120.4	17.69		4.28	1.89	72.2	56.83				
20	39.57	18	7.6	29.98	124	0		4.34	2	72.55	56.67	57.44			
21	37.17	17.79	7.4	14.7	119	10.61		4.61	1.93	76.02	56.18	94.18			
22	39.01	18.02	7.4	37.67	119	7.074		4.55	1.85	74.68	55.38	56.87			
23	28.78	18.02	7.4	47.15	118	21.22		4.68	1.88	72.57	55.15	76.89			
24	29.47	18	7.4	36.71	115	14.15		5.14	2.04	72.96	56.15	107.7			
25	39.02	18	7.4	63.73	118	0		4.93	2.17	71.55	58.97				
26	37.74	18	7.3	44.45	118	0		5.06	2.11	71.66	56.67				
27	35.12	18	7.2	61.39	116	0		2.71	1.9	72.89	57.76	84.61			
28	39.12	19.73	7.3	6.977	116.2	0		3.7	2.23	71.88	55.98	94.92			
29	37.46	20.16	7.4	22.74	115	0		2.57	2.14	69.01	54.44	72.61			
30	29.19	20.16	7.4	30.82	114.5	24.76		3.55	2.13	71.84	56.98	131.6			
Avg.	31.36	17.36		17.95	122	14.03		4	2	74	56	89.8			
Max.	39.57	20.16	7.7	63.73	127	233.4		5.14	2.23	78.19	62.61	140.1			
Min.	0	14.4	7.2	0	114.5	0		2.57	0.65	69.01	53.01	56.87			
Data	30	30	30	30	30	30	0	30	30	30	30	18	0	0	

Once completed, this form should be converted to a pdf document, named appropriately & attached to the corresponding netDMR for submittal

MONTHLY REPORT OF OPERATION
 ACTIVATED SLUDGE TYPE
 WASTEWATER TREATMENT PLANT

State Form 10829 (R8 / 3-20)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	September	2021

Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Influent mg/L	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2																
3																
4																
5																
6																
7					0.0001	0.0001	0.0002	0.0002	0.002	0.002	0.007	0.002	0.043	0.008		
8																
9																
10																
11																
12																
13																
14									0.009	0.007			0.057	0.007		
15																
16																
17																
18																
19																
20									0.003	0.004						
21													0.031	0.007		
22																
23																
24																
25																
26																
27																
28									0.004	0.006			0.039	0.005		
29																
30																
Avg					0.0001	0.0001	0.0002	0.0002	0.005	0.005	0.007	0.002	0.042	0.007		
Max					0.0001	0.0001	0.0002	0.0002	0.009	0.007	0.007	0.002	0.057	0.008		
Min					0.0001	0.0001	0.0002	0.0002	0.002	0.002	0.007	0.002	0.031	0.005		
Data	0	0	0	0	1	1	1	1	4	4	1	1	4	4	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R8 / 3-20)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	September	2021

Substitute for State Form 30530

Day Of Month	Ni - Influent mg/L	Ni - Effluent mg/L	Pb - Influent mg/L	Pb - Effluent mg/L	Zn - Influent mg/L	Zn - Effluent mg/L												
1																		
2																		
3																		
4																		
5																		
6																		
7	0.006	0.008	0.001	0.0002	0.081	0.034												
8																		
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30																		
Avg	0.006	0.008	0.001	0.0002	0.081	0.034												
Max	0.006	0.008	0.001	0.0002	0.081	0.034												
Min	0.006	0.008	0.001	0.0002	0.081	0.034												
Data	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart Page 1 of 9 Permit Number: IN0025574

Facility: Elkhart Public Works & Utilities Public Notification Requirements Met? Y

Monitoring Period: September 2021 Enter "x" if no CSO discharge occurred for the month:

Design Peak Hourly Flow (MGD): 44 Design Average Flow (MGD): 20 Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data					CSO Outfall No. 005					CSO Outfall No. 006							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	14.49	21.96					15 min													
2	14.49	16.99					15 min													
3	13.78	17.09					15 min													
4	13.00	17.95	10:41 PM	0.08	0.01	0.04	15 min													
5	12.71	16.45	12:51 AM	0.08	0.01	0.04	15 min													
6	13.06	18.94					15 min													
7	13.73	18.59	5:56 PM	4.58	0.10	0.24	15 min													
8	13.23	24.82	2:34 AM	3.45	0.01	0.04	15 min													
9	13.23	15.72	3:03 AM	0.08	0.01	0.04	15 min													
10	13.14	15.85					15 min													
11	12.91	15.68					15 min													
12	12.44	15.56					15 min													
13	12.91	15.68					15 min													
14	13.01	17.39	5:16 PM	3.17	0.02	0.08	15 min													
15	12.94	15.35					15 min													
16	12.94	18.38					15 min													
17	13.26	15.43					15 min													
18	12.32	15.09					15 min													
19	12.13	18.44					15 min													
20	13.87	18.85	6:41 AM	7.72	0.21	0.32	15 min													
21	17.21	41.42	2:17 AM	21.73	0.60	0.24	15 min													
22	17.15	35.00	12:04 AM	19.93	0.47	0.24	15 min													
23	17.15	47.31	4:55 AM	16.77	0.48	0.32	15 min													
24	11.06	13.29					15 min													
25	12.98	37.00	12:51 AM	9.48	0.54	0.64	15 min													
26	10.37	14.88					15 min													
27	10.37	15.19					15 min													
28	10.96	13.45					15 min													
29	10.97	13.35					15 min													
30	10.97	13.74					15 min													
Totals:	392.77			87.07	2.46			0	Days	0.00		0		0	Days	0.00		0		

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Laura E. Kolo, Utilities Services Manager Telephone: 574-293-2572

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Laura E. Kolo Date (mm/dd/yy): 10/25/21



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 2 of 9		Permit Number: IN0025574																				
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																						
Monitoring Period: September 2021		Enter "x" if no CSO discharge occurred for the month:																						
Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																				
CSO Outfall No. 007			CSO Outfall No. 008			CSO Outfall No. 009			CSO Outfall No. 011															
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 3 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: September 2021										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 012						CSO Outfall No. 013						CSO Outfall No. 14B						CSO Outfall No. 015						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1	3:32 PM	M	0.75	M	0.0008	M																		
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Totals:	1	Da ys	0.75		0.0008		0	Da ys	0.00		0		0	Da ys	0		0		0	Da ys	0.00		0	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 4 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: September 2021										Enter "x" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 016						CSO Outfall No. 017						CSO Outfall No. 018						CSO Outfall No. 019							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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23													7:14 AM	M	1.42	M	0.0707	M							
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26																									
27																									
28																									
29																									
30																									
Totals:	0	Days	0.00		0		0	Days	0.00		0		3	Days	2.67		0.0944		0	Days	0.00		0		



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: September 2021										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 020						CSO Outfall No. 023						CSO Outfall No. 024						CSO Outfall No. 025						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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21							7:36 PM	M	0.42	M	0.0076	M							7:43 PM	M	0.17	M	0.0057	M
22																								
23							6:41 AM	M	0.33	M	0.0018	M												
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26																								
27																								
28																								
29																								
30																								
Totals:	0	Days	0.00		0		2	Days	0.75		0.0094		0	Days	0		0		1	Days	0.17		0.0057	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: September 2021										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 026						CSO Outfall No. 027						CSO Outfall No. 028						CSO Outfall No. 029						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0.00		0		0	Days	0.00		0		0	Days	0		0		0	Days	0.00		0	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: September 2021										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 031						CSO Outfall No. 032						CSO Outfall No. 033						CSO Outfall No. 034						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0.00		0		0	Days	0.00		0		0	Days	0		0		0	Days	0.00		0	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-16)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 8 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: September 2021										Enter "X" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 037						CSO Outfall No. 039						CSO Outfall No. 040						CSO Outfall No.						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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20																								
21							7:39 PM	M	0.67	M	0.0131	M												
22																								
23	7:12 AM	M	0.17	M	0.0012	M	6:19 AM	M	0.58	M	0.0142	M	7:55 AM	M	0.42	M	0.0033	M						
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	1	Days	0.17		0.0012		2	Days	1.25		0.0273		1	Days	0.42		0.0033		0	Days	0.00		0	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart	Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: September 2021	Enter "x" if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	blown fuse on lift station controller
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	precipitation
22	precipitation
23	precipitation
24	
25	
26	
27	
28	
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Laura E. Kolo, Utilities Services Manager	Telephone 574-293-2572
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent <i>Laura E. Kolo</i>	Date (mm/dd/yy) 10/25/21



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.IN.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or rrepar@idem.in.gov.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION

(1) Facility Name (Organization) Elkhart Public Works	(2) Mailing Address (reporting organization) 1201 S. Nappanee Street	(3) County Elkhart	(4) NPDES Permit IN00025674
--	---	-----------------------	--------------------------------

RELEASE INFORMATION (Location 1)

(5) Outfall Number n/a	(6) Date (mm/dd/yy) and Time Release Began 9/1/21 3:32 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 9/1/21 5:02 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) CSO 12	(9) Latitude (Deg Min Sec) 41 41 34N	(9) Longitude (Deg Min Sec) 85 58 19W
---------------------------	--	--	---	---	--

(10) Amount of Flow Released Check one: <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual 788 Gallons	(11) WWTP Flow During Release 16.0 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD
---	---	---

(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input checked="" type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release	(14) Describe any damage to aquatic life or receiving stream: none
---	---

(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input checked="" type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches

(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) power surge blew main fuse	(17) Additional Description of the Bypass / Overflow Event: 70% alert at CSO 12 was received at 2:38 pm, no lift station alarms were received. Crew sent to investigate for obstruction in main. No obstruction was found but downstream lift station was high despite no alarms being received. Lift station crew sent to find pumps would operate in hand but not auto. Pumps controlled manually while investigation took place to find a blown fuse on main lift station controller. Through no evidence, all indications are the fuse was blown by a spike in the incoming power supply. Once fuse was replaced, station ran normal.	(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: St Joseph River
--	--	--

(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: n/a

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input checked="" type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris Fuse was replaced

(21) Resolution: Actions Taken or Planned to Prevent Recurrence Will be looking into feasibility and practicality of surge protector on incoming power to lift stations
--

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)

SIGNATURE: <u>Laura E. Kolo</u>	DATE (month, day, year): <u>9/1/21</u>			
Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 9/1/21 app 1:10	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
To: wwreports@idem.in.gov
Sent: Thursday, September 2, 2021 1:10 PM
Subject: Relayed: CSO 12 DWO 090121

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

wwreports@idem.in.gov (wwreports@idem.in.gov)

Subject: CSO 12 DWO 090121

Kolo, Laura

From: Kolo, Laura
Sent: Thursday, September 2, 2021 1:07 PM
To: wwreports@idem.in.gov
Subject: CSO 12 DWO 090121
Attachments: 090121 cso dwo.pdf

Please find incident report for a dry water overflow at CSO 12 on 9/1/21 totaling 788 gallons.

Thank you,
Laura Kolo
Utility Services Manager
Elkhart Public Works
1201 S. Nappanee Street
Elkhart, IN 46516
laura.kolo@coei.org
(574) 293-2572



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.IN.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or rrepar@idem.in.gov.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION			
(1) Facility Name (Organization) Elkhart Public Works	(2) Mailing Address (reporting organization) 1201 S. Nappanee Street	(3) County Elkhart	(4) NPDES Permit IN00025674

RELEASE INFORMATION (Location 1)					
(5) Outfall Number n/a	(6) Date (mm/dd/yy) and Time Release Began unknown	(7) Date (mm/dd/yy) and Time Release Stopped 09/24/21 4:45	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) manhole 30-11	(9) Latitude (Deg Min Sec) 85 55 5 W	(9) Longitude (Deg Min Sec) 41 43 38 N

(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons	(11) WWTP Flow During Release 11.7 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD
---	---	---

(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release	(14) Describe any damage to aquatic life or receiving stream: none
---	---

(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation Inches
--

(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) rags	(17) Additional Description of the Bypass / Overflow Event: Pretreatment Team Member inspections some manholes in the area of Marina Dr and Reedy Drive. That area has been problematic with a connected industry disposing of rags in the sewer and plugging our main. At 2:30, he found the sewer mains full and water coming out of the high end manhole, 30-11. Collections Team was contacted, they arrived and removed the obstruction by 4:45 pm..	(18) Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input checked="" type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a
--	--	---

(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: n/a

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris Obstruction of rags removed
--

(21) Resolution: Actions Taken or Planned to Prevent Recurrence This is the second time the same industry has plugged our main with rags. Progressive enforcement will be issued including invoices for time and materials for our crews to remove the obstruction.
--

(22)

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)

SIGNATURE: Laura Kolo DATE (month, day, year): 09/25/21

Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 09/25/21 appx 1:40	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
---	-----------------------------------	--------------------------------------	--	---

Kolo, Laura

From: postmaster@state.in.us
To: wwreports@idem.in.gov
Sent: Saturday, September 25, 2021 1:37 PM
Subject: Relayed: inc rpt 092421

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

wwreports@idem.in.gov (wwreports@idem.in.gov)

Subject: inc rpt 092421



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or rrepar@idem.in.gov.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION							
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street			(3) County Elkhart	(4) NPDES Permit IN00025674	
RELEASE INFORMATION (Location 1)							
(5) Outfall Number n/a	(6) Date (mm/dd/yy) and Time Release Began 09/29/21 10:54	(7) Date (mm/dd/yy) and Time Release Stopped 09/29/21 2:20	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1800 Brookwood		(9) Latitude (Deg Min Sec) 85 56 16 W	(9) Longitude (Deg Min Sec) 41 42 33 N	
(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons				(11) WWTP Flow During Release 11.0 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD		
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none				
(15) Reason for Bypass / Overflow (Select one or more.) ROOTS <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches							
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) roots in public main		(17) Additional Description of the Bypass / Overflow Event: Call received at 10:54 am of basement back-up. Crews dispatched to find main plugged with roots. Root saw used to cut and remove roots and flow returned to normal at 2:20 pm. Autogenerated notification process failed an notification of this event caused by a problem in our main was not provided until October 6 at 5:37 pm.			(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a		
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: n/a							
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage Including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris Obstruction of roots removed							
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Meeting scheduled to discuss next steps in this area which has become a problematic area. Crews who respond to theses calls, are being met with at 3:00 on 10/7 to explain how the notification process works, the fact it failed and that how moving forward, if they find a back-up or overflow was due to a problem with our main, they need to contact the designated individual so an incident report can be filed in a timely manner.							
(22)							

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <i>Laura Kolo</i>				DATE (month, day, year): 10/07/21
Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 10/07/21 appx 1:30	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
To: wwreports@idem.in.gov
Sent: Thursday, October 7, 2021 1:31 PM
Subject: Relayed: inc report

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

wwreports@idem.in.gov (wwreports@idem.in.gov)

Subject: inc report

MARKETING AND DISTRIBUTION ANNUAL REPORT FORM

(Complete and submit this form to IDEM by January 31 of each year)

PERMIT NO.: INLA 000680 FACILITY NAME: Elkhart Public Works & Utilities YEAR: September 2021

Month	Dry Tons	Lab. No.
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

(Lab No. corresponds to lab data entered below)

Class A Pathogen Reduction Method (attach sample results when applicable)

Check appropriate box, give explanation if more than one is applicable

327 IAC 6.1-4-13

Alternative 1
 Alternative 2
 Alternative 3

Alternative 4
 Alternative 5
 Alternative 6

No Distribution

Vector Attraction Reduction Method (attach sample results when applicable)

Check appropriate box, give explanation if more than one is applicable

327 IAC 6.1-15

Option 1 38%VSR
 Option 2 Anaerobic/Bench
 Option 3 Aerobic/Bench
 Option 4 SOUR

Option 5 Aerobic
 Option 6 Alkali
 Option 7 75% Solids
 Option 8 90% Solids

Analytical Results:	Enter heavy metals results as dry weights											
	1	2	3	4	5	6	7	8	9	10	11	12
Sample Report Date												
Percent Total Solids												
Arsenic (As)												
Cadmium (Cd)												
Copper (Cu)												
Lead (Pb)												
Mercury (Hg)												
Molybdenum (Mo)												
Nickel (Ni)												
Selenium (Se)												
Zinc (Zn)												

Enter all nutrient results as percent dry weights

Total N (TN)												
Ammonium N (NH4-N)												
Nitrate N (NO3-N)												
Phosphorus (P)												
Potassium (K)												

Enter PCB results as dry weight

PCB												
-----	--	--	--	--	--	--	--	--	--	--	--	--

NO DISPERSED

Signature: Laura Kido

Date: October 25, 2021

 [View All Copies of Submissions](#) |  [DMR/COR Search Results](#) |  [View DMR Signing Status](#)

Signing Process Confirmation - CDX Activity ID: **_cb56e590-ec80-480f-a8e4-ae6673bd1db3**

Your DMRs are undergoing the Signing Process

Permit ID	Facility	Permitted Feature	Discharge #	Discharge Description	Monitoring Period End Date	DMR Due Date
IN0025674	ELKHART WWTP	035	035-TX	SEMIANNUAL BIOMONITORING - RETAKE	11/30/21	12/28/21

Kolo, Laura

From: Kolo, Laura
Sent: Wednesday, October 27, 2021 4:08 PM
To: McDaniel, Rose; wwreports@idem.in.gov
Cc: Brabec, Lynn; Bryan Cress
Subject: WETT Test results

Tracking:	Recipient	Delivery
	McDaniel, Rose wwreports@idem.in.gov	
	Brabec, Lynn	Delivered: 10/27/2021 4:08 PM
	Bryan Cress	Delivered: 10/27/2021 4:08 PM

Good Afternoon Rose,

When submitting the September MRO this month, I had a note to also submit 035-TX. When I went to look for the 035-TX form, I couldn't find it and long story short, on September 22, I submitted 035-TX (first snip below) when I should have submitted 035-TS.

So everything was submitted, just 035-TX and 035-TS were submitted in the opposite order.

035-TS was submitted today (10/27/21) and the table was attached
035-TX was submitted on 9/22/21 with the table attached
The entire WETT Report was emailed to wwreports@iem.in.gov on 9/22/21

If anything needs resubmitted please let me know.

My apologies for this confusion.

Laura

<u>Permit ID</u>	<u>Facility</u>	<u>Permitted Feature</u>	<u>Discharge #</u>	<u>Discharge Description</u>	<u>Monitoring Period End Date</u>	<u>Scheduled/Unschedule</u>
IN0025674	ELKHART WWTP	035	035-TX	SEMIANNUAL BIOMONITORING - RETAKE	11/30/21	Scheduled
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	08/31/21	Scheduled
IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR	08/31/21	Scheduled

<u>Permit ID</u>	<u>Facility</u>	<u>Permitted Feature</u>	<u>Discharge #</u>	<u>Discharge Description</u>	<u>Monitoring Period End Date</u>	<u>Scheduled/ Unscheduled</u>
IN0025674	ELKHART WWTP	035	035-TS	SEMIANNUAL BIOMONITORING	10/31/21	Scheduled
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	09/30/21	Scheduled

Thank you,
 Laura Kolo
 Utility Services Manager
 Elkhart Public Works
 1201 S. Nappanee Street
 Elkhart, IN 46516
 laura.kolo@coei.org
 (574) 293-2572

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
Season: 0	Req.						Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
	NODI										
71901	Mercury, total recoverable						=23.8	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
	G - Raw Sewage Influent										
Season: 0	Req.						Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
	NODI										
80082	BOD, carbonaceous [5 day, 20 C]						=2.0	19 - mg/L	0	01/01 - Daily	24 - COMP24
	1 - Effluent Gross										
Season: 0	Req.						<=40.0 MO AVG	19 - mg/L		01/01 - Daily	24 - COMP24
	NODI										
81012	Phosphorus, total percent removal						=79.3	23 - %	0	01/30 - Monthly	CA - CALCTD
	K - Percent Removal										
Season: 0	Req.						>=75.0 MO AV MN	23 - %		01/30 - Monthly	CA - CALCTD
	NODI										
82220	Flow, total									01/30 - Monthly	RT - RCOTOT
	1 - Effluent Gross										
Season: 0	Req.						Req Mon MO TOTAL			01/30 - Monthly	RT - RCOTOT
	NODI										

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

FILENAME	TYPE	SIZE
IN0025674_INC_RPT_2021_10_1.pdf	pdf	127601.0
IN0025674_035a_MRO_2021_10.pdf	pdf	675433.0
IN0025674_INC_RPT_2021_10_2.pdf	pdf	129449.0
IN0025674_CSO_MRO_2021_10.pdf	pdf	1042132.0

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2021-11-22 12:54 (Time Zone: -05:00)

Report Last Signed By

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2021-11-22 12:58 (Time Zone: -05:00)

[View All Copies of Submissions](#) | [DMR/COR Search Results](#) [View DMR Signing Status](#)

Signing Process Confirmation - CDX Activity ID: _a7cfd651-c80c-4311-a6c4-d14b464430fb

Your DMRs are undergoing the Signing Process

<u>Permit ID</u>	<u>Facility</u>	<u>Permitted Feature</u>	<u>Discharge #</u>	<u>Discharge Description</u>	<u>Monitoring Period End Date</u>	<u>DMR Due Date</u>
IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR	10/31/21	11/28/21
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, WEST OF BRIDGE	10/31/21	11/28/21
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, EAST OF BRIDGE	10/31/21	11/28/21
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	10/31/21	11/28/21
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	10/31/21	11/28/21
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	10/31/21	11/28/21
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	10/31/21	11/28/21
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	10/31/21	11/28/21
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	10/31/21	11/28/21
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	10/31/21	11/28/21
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	10/31/21	11/28/21
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	10/31/21	11/28/21
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	10/31/21	11/28/21
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	10/31/21	11/28/21
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	10/31/21	11/28/21
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	10/31/21	11/28/21
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	10/31/21	11/28/21
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	10/31/21	11/28/21
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	10/31/21	11/28/21
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	10/31/21	11/28/21
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	10/31/21	11/28/21
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	10/31/21	11/28/21
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	10/31/21	11/28/21
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	10/31/21	11/28/21
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	10/31/21	11/28/21

IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	10/31/21	11/28/21
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	10/31/21	11/28/21
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	10/31/21	11/28/21
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	10/31/21	11/28/21
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	10/31/21	11/28/21



**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R8 / 3-20)

Name of Facility Elkhart		Permit Number IN0025674	
Month October	Year 2021	Plant Design Flow 20 mgd	Telephone Number 574/293-2572
E-mail address: laura.kolo@coei.org			035 A
Certified Operator: Name Laura E. Kolo		Class IV	Certificate Number 15094
		Expiration Date 6/30/2023	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 7.51 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Sanitary Sewer Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE						
							Chlorine - Lbs/day	Ferrous Chloride Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l
1	Fri							0	10.974	7.9	161	14735	184	16840	4.41	22.8
2	Sat			0.08				243	10.475	7.8	78	6814.2	120	10483	3.26	20.12
3	Sun			0.44				205	11.719	7.8	91	8894	120	11728	3.13	19.84
4	Mon			0.79				0	11.719	7.8	63	6157.4	176	17202	3.09	13.92
5	Tue			0.02				0	11.145	7.8	80	7435.9	98	9109	4.1	16.48
6	Wed			0.01				258	10.844	7.9	190	17183	140	12661	3.8	19.2
7	Thu			0.14				228	10.844	7.9	98	8863	134	12119	4.52	20.48
8	Fri			0.23				234	11.892	7.8	120	11902	190	18844	4.02	18.6
9	Sat			0.01				240	10.358	8.1	87	7515.6	134	11576	3.91	20.56
10	Sun			0.02				220	10.358	7.9	85	7342.8	110	9502.4	3.66	16.92
11	Mon			1.18				251	16.017	7.8	119	15896	180	24045	3.62	16.36
12	Tue			0.15				236	15.111	7.8	56	7057.4	134	16887	2.64	11.24
13	Wed			0.01				236	11.678	8.0	94	9155.1	124	12077	3.82	19.52
14	Thu			0.31				236	11.678	7.9	101	9836.8	136	13246	3.5	22.92
15	Fri			0.52				230	14.823	7.8	87	10755	132	16318	3.35	21.72
16	Sat			0.08				182	12.058	7.9	72	7240.6	96	9654.1	2.72	18.92
17	Sun							197.6	11.475	7.9	63	6029.2	72	6890.5	3.08	16.04
18	Mon							205	12.185	7.8	80	8129.8	120	12195	3.52	17.84
19	Tue							182	12.106	7.9	93	9389.7	134	13529	3.72	21.16
20	Wed			0.03				182	12.424	7.9	77	7978.4	134	13885	3.17	17.48
21	Thu			0.29				190	14.357	7.7	146	17482	220	26342	3.65	19.32
22	Fri			0.01				230	11.847	7.8	108	10671	216	21342	3.55	19.6
23	Sat			0.01				228	11.172	7.8	88	8199.4	134	12485	3.76	19.36
24	Sun			1.25				198	16.495	7.8	74	10180	126	17334	2.7	13.48
25	Mon			1.25				213	22.735	7.8	31	5877.9	58	10997	1.2	5.8
26	Tue			0.01				220	18.712	7.9	50	7802.9	82	12797	2.33	9.8
27	Wed					x		220	20.764	7.8	62	10737	112	19395	2.33	10
28	Thu			0.08				228	20.768	7.6	73	12644	90	15588	2.51	11.36
29	Fri			0.43		x		228	23.197	7.7	62	11995	104	20120	2.2	9.96
30	Sat			0.15				225	20.718	7.7	44	7602.7	76	13132	2.06	9.56
31	Sun			0.01				234	18.539	7.7	44	6803.1	62	9586.1	1.79	10
Average								199.3	14.167		86.35	9622.8	127.4	14449	3.197	16.46
Maximum				1.25				258	23.197	8.1	190	17482	220	26342	4.52	22.92
Minimum								0	10.358	7.6	31	5877.9	58	6890.5	1.2	5.8
# of Data				26	0	2	0	31	0	31	31	31	31	31	31	0

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): <i>Laura Kolo</i>	Date (month, day, year) 11/22/2021
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) 11/22/2021

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

Slate Form 10829 (R8 / 3-20)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: October	Year 2021
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Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR				RETURN SLUDGE			CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
1	86	62	182	2800	65	4.0	20		4900					36	7.4		8.2	
2	65	124	180	2776	65	3.4	20		5100					24	7.4		8.0	
3	65	56	186	2888	64	3.6			4680					21	7.4		8.7	
4	31	76	180	2796	64	3.9	20		5060					34	7.4		7.9	
5	77	62	175.2	2740	64	3.8	20		4500					28	7.5		8.4	
6	67	44	189	2720	69	3.4	20		4600					32	7.6		8.1	
7	60	48	176	2692	65	3.5	20		4880					118	7.5		8.1	
8	62	61	185.8	2736	68	4.5	20		4560					44	7.5		8.2	
9	60	55	186.2	2676	70	4.0	20		4660					29	7.3		7.8	
10	69	67	166	2564	65	4.2	21		4080					30	7.6		8.0	
11	60	76	158	2436	65	3.0	20		7260					44	7.6		7.7	
12	53	68	142	2320	61	3.1	20		4200					41	7.5		8.9	
13	61	55	177	2700	66	3.2	20		4440					42	7.4		8.2	
14	62	74	164	2524	65	3.0	20		4820					26	7.7		8.2	
15	60	62	173.8	2572	68	3.3	20		5180					22	7.3		8.4	
16	67	54	180.8	2652	68	3.9	19		4740					27	7.2		8.1	
17	48	52	162	2516	64	3.4	19		4300					34	7.5		8.7	
18	62	58	156	2340	67	3.2	19		3940					37	7.6		8.8	
19	66	47	158	2304	69	3.4	19		4100					88	7.5		8.2	
20	60	36	169.8	2392	71	3.8	19		4280					70	7.6		8.3	
21	59	56	116	1828	63	4.0	19		3220					75	7.4		8.5	
22	93	73	102	1680	61	4.4	19		3020					62	7.4		7.6	
23	67	36	95.6	1424	671	4.8	19		2880					43	7.4		8.4	
24	51	45	88	1416	621	3.9	18		3060					79	7.6		7.8	
25	26	27	76	1280	594	7.7	13		4920					26	7.2		8.2	
26	41	55	98	2628	373	6.3	18		4760					25	7.3		8.8	
27	46	61	124	2788	44	4.4	17		4620					29	7.5		8.3	
28	72	51	166	2600	64	3.6	17		6440					14	7.5		8.2	
29	38	56	170	2560	66	5.4	17		7180					39	7.5		8.0	
30	36	57	174	2620	66	4.7	17		6580					16	7.3		8.4	
31	35	40	186	2608	71	5.5	17		8400					23	7.5		8.5	
Avg.	58.23	57.87	156.2	2438	129.6	4.074	18.8		4818					36			8.245	
Max.	93	124	189	2888	671.3	7.68	21		8400					118	7.7		8.9	
Min.	26	27	76	1280	44.48	2.98	13		2880					14	7.2		7.6	
Daily Max														46				
# of Days above 235														0				
Data	31	31	31	31	31	31	30	0	31	0	0	0	0	31	31	31	0	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R8 / 3-20)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: October	Year 2021
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		FINAL EFFLUENT															
Day Of Month	Day of Week	Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Fri	10.918		2		182.2		6		546.7		0.32		29.16		0.73	66.51
2	Sat	10.407		2		173.7		6		521.1		0.14		12.16		0.69	59.92
3	Sun	11.77		2		196.4		6		589.3		0.12		11.79		0.67	65.81
4	Mon	11.77		2		196.4		6		589.3		0.11		10.8		0.78	76.61
5	Tue	11.634		2		194.2		6		582.5		0.11		10.68		0.88	85.44
6	Wed	11.35		2		189.4		6		568.3		0.09		8.524		0.94	89.03
7	Thu	11.35		2		189.4		6		568.3		0.08		7.577		0.83	78.61
8	Fri	12.396		2		206.9		7		724.1		0.12		12.41		0.79	81.72
9	Sat	10.634	11.558	2	2	177.5	192.9	7	6.286	621.2	606.1	0.1	0.104	8.874	10.094	0.75	66.56
10	Sun	10.634		3		266.2		5		443.7		0.09		7.987		0.92	81.64
11	Mon	17.003		2		283.8		5		709.5		0.08		11.35		0.8	113.5
12	Tue	17.248		2		287.9		4		575.7		0.16		23.03		0.56	80.6
13	Wed	12.681		2		211.6		4		423.3		0.78		82.54		0.54	57.14
14	Thu	12.681		2		211.6		4		423.3		0.55		58.2		0.59	62.44
15	Fri	16.077		2		268.3		4		536.7		0.13		17.44		0.58	77.81
16	Sat	12.513	14.12	2	2.143	208.8	248.3	6	4.571	626.5	534.1	0.08	0.267	8.354	29.844	0.54	56.39
17	Sun	11.765		2		196.4		5		490.9		0.09		8.836		0.53	52.03
18	Mon	12.627		2		210.7		4.3		453.1		0.09		9.484		0.56	59.01
19	Tue	12.684		2		211.7		4		423.4		0.11		11.64		0.54	57.16
20	Wed	13.082		2		218.3		5		545.8		0.13		14.19		0.62	67.68
21	Thu	15.561		3		389.6		7		909		0.22		28.57		0.68	88.3
22	Fri	12.487		2		208.4		8		833.6		0.12		12.5		0.41	42.72
23	Sat	11.829	12.862	2	2.143	197.4	233.2	8	5.9	789.7	635.1	0.11	0.124	10.86	13.727	0.56	55.28
24	Sun	18.215		3		456		8		1216		0.14		21.28		0.82	124.6
25	Mon	26.487		3		663.1		10		2210		0.85		187.9		0.69	152.5
26	Tue	22.401		3		560.8		11		2056		1.21		226.2		0.61	114
27	Wed	25.249		3		632.1		9		1896		0.14		29.5		0.57	120.1
28	Thu	25.249		3		632.1		10		2107		0.54		113.8		0.63	132.7
29	Fri	28.741		2		479.7		9		2159		0.13		31.18		0.6	143.9
30	Sat	25.789	24.59	3	2.857	645.6	581.3	9	9.429	1937	1940	0.1	0.444	21.52	90.19	0.6	129.1
31	Sun	22.89		2		382		11		2101		0.1		19.1		0.49	93.6
Avg		15.681		2.3		307.4		6.7		941.2		0.23		34.43		0.661	84.92
Max		28.741	24.59	3	2.857	663.1	581.3	11	9.429	2210	1940	1.21	0.444	226.2	90.19	0.94	152.5
Min		10.407	11.558	2	2	173.7	192.9	4	4.571	423.3	534.1	0.08	0.104	7.577	10.094	0.41	42.72
Data		31	4	31	4	31	4	31	4	31	4	31	4	31	4	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 486.12
Primary Treatment	32.6	54.6			
	NA	NA			Percent Capacity
Secondary Treatment	96.1	88.5			(actual flow/design) 78%
Overall Treatment	97.4	94.8	98.6	79.3	
Phosphorus limit would be 75 % removal. (compliance achieved)					

MONTHLY REPORT OF OPERATION
 ACTIVATED SLUDGE TYPE
 WASTEWATER TREATMENT PLANT

State Form 10829 (R8 / 3-20)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	October	2021

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION												
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only				Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	0	
			pH	Gas Production Cubic Ft. x 1000	Temperature - F										
1	31.55	20.16	7.3	30.88	114	3.537		4.22	2.25	70.4	56.91				
2	35.78	20.16	7.4	31.97	114	31.83		4.33	2.2	71.5	56.99				
3	36.43	20.16	7.3	30.58	114	10.5		4.39	2.21	72.33	56.84				
4	34.4	20.16	7.3	30.46	112.9	31.83		4.67	2.3	73.09	56.7	72.7			
5	38.95	20.16	7.4	29.54	113	0		4.43	2.24	72.64	55.98	114.1			
6	34.08	20.16	7.3	0	112	0		4.46	2.32	72.75	57.07	113			
7	29.98	20.16	7.3	37.87	111	17.69		3.63	2.72	72.3	57.41	76.04			
8	22.73	20.16	7.3	34.35	110	0		3.78	2.58	74	55.95				
9	33.41	20.16	7.3	44.1	109	10.61		4.47	2.53	74.84	55.56				
10	46.64	20.16	7.4	40.55	108.4	0		3.81	2.52	75.99	56.19				
11	12.08	20.16	7.3	39.41	109	0		4.25	2.66	77.24	57.25	111.8			
12	37.47	20.13	7.3	47.78	109	0		2.61	2.61	74.33	55.95	54.41			
13	22.68	18.72	7.3	24.36	109	14.15		3.29	2.57	73.05	57.08	85.46			
14	25.53	18.72	7.3	46.68	108	21.22		5.18	2.35	71.48	58.43	83.83			
15	16.26	18.72	7.3	9.009	108	0		5.67	2.48	69.26	56.84				
16	31.59	18.72	7.3	19.49	107	0		5.39	2.42	71.4	56.07				
17	28.72	18.72	7.3	47.68	106	0		4.25	2.39	72.2	55.88				
18	28.67	18.72	7.3	33.33	106	0		3.69	2.38	74.46	56.33	87.44			
19	22.72	18.72	7.4	13.87	106	0		3.91	2.54	73.61	55.64	113.1			
20	19.5	18.72	7.3	40.99	104	0		4.17	2.57	72.81	55.71	72.31			
21	37.89	18.72	7.2	50.91	104	21.22		2.82	2.58	73.1	55.05	109.1			
22	25.05	18.72	7.3	24.07	104	7.074		3.51	2.8	69.87	55.96				
23	38.91	16.71	7.3	28.47	101	17.69		3.85	2.78	70.73	55.56				
24	23	15.16	7.2	37.54	103	17.5		4.65	2.71	74.19	55.85				
25	18.43	15.12	7.2	20.89	102	21.22		3.77	2.87	74.05	56.68				
26	24.98	15.12	7.3	35.46	102	0		4.74	2.63	69.46	56.75	108.7			
27	22.25	15.12	7.2	26.79	101	0		5.67	2.65	70.63	54.33	94.48			
28	24.91	15.12	7.3	30.63	101	28.3		4.89	2.49	70.21	54.63	131.8			
29	12.3	15.12	7.3	42.76	100	0		5.45	2.73	71.74	55.27				
30	18.01	15.12	7.3	37.21	100	0		5.38	2.37	73.23	55.84				
31	20.99	15.12	7.3	54.66	102	0		5.01	3.04	74.46	55.35				
Avg.	27.61	18.28		32.98	107	8.205		4	3	73	56	95.22			
Max.	46.64	20.16	7.4	54.66	114	31.83		5.67	3.04	77.24	58.43	131.8			
Min.	12.08	15.12	7.2	0	100	0		2.61	2.2	69.26	54.33	54.41			
Data	31	31	31	31	31	31	0	31	31	31	31	15	0	0	

Once completed, this form should be converted to a pdf document, named appropriately & attached to the corresponding netDMR for submittal

MONTHLY REPORT OF OPERATION
 ACTIVATED SLUDGE TYPE
 WASTEWATER TREATMENT PLANT

State Form 10829 (R8 / 3-20)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: October	Year 2021
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Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Influent mg/L	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
	Chloride		Total													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2																
3																
4																
5					0.0004	0.0001	0.0002	0.0002	0.0002	0.012	0.021	0.002	0.074	0.004		
6																
7																
8																
9																
10																
11																
12									0.002	0.002			0.057	0.006		
13																
14																
15																
16															23.8	0.99
17																
18									0.01	0.003						
19													0.041	0.004		
20																
21																
22																
23																
24																
25									0.009	0.006						
26													0.035	0.006		
27																
28																
29																
30																
31																
Avg					0.0004	0.0001	0.0002	0.0002	0.0053	0.006	0.021	0.002	0.052	0.005	23.8	0.99
Max					0.0004	0.0001	0.0002	0.0002	0.01	0.012	0.021	0.002	0.074	0.006	23.8	0.99
Min					0.0004	0.0001	0.0002	0.0002	0.0002	0.002	0.021	0.002	0.035	0.004	23.8	0.99
Data	0	0	0	0	1	1	1	1	4	4	1	1	4	4	1	1

WASTEWATER TREATMENT PLANT

State Form 10829 (R8 / 3-20)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	October	2021

Substitute for State Form 30530

Day Of Month	Ni - Influent mg/L	Ni - Effluent mg/L	Pb - Influent mg/L	Pb - Effluent mg/L	Zn - Influent mg/L	Zn - Effluent mg/L												
1																		
2																		
3																		
4																		
5	0.027	0.006	0.003	0.0002	0.146	0.032												
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg	0.027	0.006	0.003	0.0002	0.146	0.032												
Max	0.027	0.006	0.003	0.0002	0.146	0.032												
Min	0.027	0.006	0.003	0.0002	0.146	0.032												
Data	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart				Page 1 of 9				Permit Number: IN0025574												
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																
Monitoring Period: October 2021				Enter "x" if no CSO discharge occurred for the month:																
Design Peak Hourly Flow (MGD): 44		Design Average Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																
WWTP Influent Data			Precipitation Data				CSO Outfall No. 005			CSO Outfall No. 006										
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	10.97	15.03					15 min													
2	10.48	13.18	12:54 PM	11.08	0.08	0.08	15 min													
3	11.72	25.34	12:00 AM	24.02	0.44	0.64	15 min													
4	11.72	41.32	12:26 AM	19.23	0.79	1.04	15 min							2:50 PM	M	0.08	M	0.0016	M	
5	11.15	18.05	8:54 AM	0.70	0.02	0.04	15 min													
6	10.84	16.85	5:01 PM	0.22	0.01	0.04	15 min													
7	10.84	15.18	1:21 AM	9.00	0.14	0.20	15 min													
8	11.89	26.47	4:31 AM	16.92	0.23	0.40	15 min													
9	10.36	13.58	3:06 AM	9.17	0.01	0.04	15 min													
10	10.36	13.78	3:06 AM	2.83	0.02	0.04	15 min													
11	16.02	51.16	7:16 PM	4.58	1.18	1.72	15 min							11:00 PM	M	0.75	M	0.62	M	
12	15.11	40.11	12:39 AM	6.45	0.15	0.52	15 min													
13	11.68	16.72	2:39 AM	15.58	0.01	0.04	15 min													
14	11.68	38.93	12:56 PM	8.32	0.31	0.92	15 min													
15	14.82	29.47	12:59 AM	23.08	0.52	0.20	15 min													
16	12.06	17.38	12:08 AM	3.25	0.08	0.08	15 min													
17	11.48	14.57					15 min													
18	12.19	16.28					15 min													
19	12.11	14.22					15 min													
20	12.42	16.51	8:26 PM	0.58	0.03	0.04	15 min													
21	14.36	37.96	12:21 AM	18.88	0.29	0.76	15 min							2:20 AM	M	0.25	M	0.0363	M	
22	11.85	14.41	5:49 AM	9.78	0.01	0.04	15 min													
23	11.17	13.73	6:29 AM	1.87	0.01	0.04	15 min													
24	16.50	49.62	11:16 AM	12.80	1.25	0.76	15 min							9:55 PM	M	0.75	M	0.1015	M	
25	22.74	42.16	12:01 AM	16.92	1.25	0.32	15 min							12:00 AM	M	4.92	M	0.633	M	
26	18.71	26.96	11:31 AM	0.08	0.01	0.04	15 min													
27	20.76	29.09					15 min													
28	20.77	25.20	4:56 PM	6.80	0.08	0.04	15 min													
29	23.20	37.92	12:16 AM	23.63	0.43	0.12	15 min													
30	20.72	38.79	12:00 AM	1.93	0.15	0.12	15 min													
31	18.54	22.25	8:31 AM	0.08	0.01	0.04	15 min													
Totals:	439.19			247.78	7.51			0	Da ys	0.00		0		5	Da ys	6.75		1.3924		



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 2 of 9		Permit Number: IN0025574																				
Facility: Elkhart Public Works & Utilities						Public Notification Requirements Met? Y																		
Monitoring Period: October 2021						Enter "x" if no CSO discharge occurred for the month:																		
Design Peak Flow (Hourly) (MGD): 44			Design Flow (MGD): 20			Measured/Metered (M) or Estimated (E) must be specified																		
CSO Outfall No. 007			CSO Outfall No. 008			CSO Outfall No. 009			CSO Outfall No. 011															
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11	11:10 PM	M	0.75	M	0.1165	M	11:09 PM	M	0.42	M	0.0672	M	11:21 PM	M	0.67	M	0.0289	M	11:10 PM	M	0.58	M	0.0485	M
12	12:00 AM	M	0.42	M	0.0724	M							12:01 AM	M	0.42	M	0.0181	M						
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21	2:30 AM	M	0.50	M	0.0594	M							2:48 AM	M	0.08	M	0.0007	M	2:28 AM	M	0.17	M	0.0122	M
22																								
23																								
24	9:20 PM	M	1.92	M	0.2952	M							9:36 PM	M	2.02	M	0.0859	M	10:09 PM	M	0.08	M	0.0003	M
25	12:05 AM	M	6.22	M	1.0674	M							12:01 AM	M	6.67	M	0.2851	M						
26	8:00 PM	M	0.33	M	0.052	M							8:11 PM	M	0.08	M	0.0004	M						
27																								
28																								
29																								
30																								
31																								
Totals:	6	Days	10.14		1.6629		1	Days	0.42		0.0672		6	Days	9.94		0.4191		3	Days	0.83		0.061	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 3 of 9		Permit Number: IN0025574																					
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																					
Monitoring Period: October 2021				Enter "x" if no CSO discharge occurred for the month:																					
Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																					
CSO Outfall No. 012		CSO Outfall No. 013		CSO Outfall No. 14B		CSO Outfall No. 015																			
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E							
1																									
2																									
3																									
4													3:06 PM	M	0.33	M	0.0131	M							
5																									
6																									
7																									
8																									
9																									
10																									
11	11:12 PM	M	0.75	M	0.0639	M	11:17 PM	M	0.67	M	0.1004	M	11:11 PM	M	0.83	M	0.3334	M							
12	12:02 AM	M	0.08	M	0.0009	M							12:01 AM	M	0.42	M	0.0302	M							
13																									
14																									
15																									
16																									
17																									
18																									
19																									
20																									
21	2:37 AM	M	2.67	M	0.0321	M	2:37 AM	M	0.17	M	0.0099	M													
22																									
23																									
24	9:22 PM	M	1.42	M	0.0411	M	9:32 PM	M	0.42	M	0.0157	M	9:26 PM	M	2.42	M	0.2264	M							
25	2:02 AM	M	1.50	M	0.018	M	2:47 AM	M	0.67	M	0.0102	M	2:42 AM	M	0.92	M	0.2123	M	12:21 AM	M	4.17	M	0.1923	M	
26																									
27																									
28																									
29																									
30																									
31																									
Totals:	5	Days	6.42		0.156		4	Days	1.93		0.1362		1	Days	0.92		0.2123		5	Days	8.17		0.7954		



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 4 of 9		Permit Number: IN0025574																				
Facility: Elkhart Public Works & Utilities						Public Notification Requirements Met? Y																		
Monitoring Period: October 2021						Enter "x" if no CSO discharge occurred for the month:																		
Design Peak Flow (Hourly) (MGD): 44			Design Flow (MGD): 20			Measured/Metered (M) or Estimated (E) must be specified																		
		CSO Outfall No. 016				CSO Outfall No. 017				CSO Outfall No. 018				CSO Outfall No. 019										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
1																								
2																								
3																								
4													1:29 AM	M	2.67	M	0.1318	M						
5													9:44 AM	M	0.08	M	0.001	M						
6																								
7																								
8																								
9																								
10																								
11	11:25 PM	M	0.58	M	0.1261	M	11:17 PM	M	0.75	M	0.1832	M	9:44 PM	M	1.25	M	0.1299	M	11:17 PM	M	0.75	M	0.0299	M
12	12:00 AM	M	0.33	M	0.0124	M	12:02 AM	M	0.08	M	0.002	M	12:04 AM	M	2.17	M	0.1977	M						
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21	2:50 AM	M	0.33	M	0.0048	M							2:49 AM	M	1.58	M	0.1211	M						
22																								
23																								
24	9:35 PM	M	2.42	M	0.1103	M	10:07 PM	M	0.42	M	0.0242	M	9:14 PM	M	2.75	M	0.3605	M						
25	1:00 AM	M	3.33	M	0.0856	M							12:00 AM	M	23.93	M	3.2538	M						
26													12:00 AM	M	8.13	M	1.0529	M						
27																								
28																								
29													7:14 AM	M	0.42	M	0.0066	M						
30																								
31																								
Totals:	5	Days	6.99		0.3392		3	Days	1.25		0.2094		9	Days	42.98		5.2553		1	Days	0.75		0.0299	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 5 of 9		Permit Number: IN0025574												
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: October 2021										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 020					CSO Outfall No. 023					CSO Outfall No. 024			CSO Outfall No. 025											
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
1																								
2																								
3																								
4	2:55 PM	M	0.33	M	0.0196	M	12:41 AM	M	0.75	M	0.0364	M					12:48 AM	M	0.50	M	0.0723	M		
5																								
6																								
7																								
8																								
9																								
10																								
11	11:05 PM	M	0.92	M	0.0609	M	11:11 PM	M	0.92	M	0.1111	M	11:14 PM	M	0.83	M	0.2889	M	11:03 PM	M	1.00	M	0.2276	M
12	12:55 AM	M	0.17	M	0.0024	M							12:04 AM	M	0.25	M	0.0114	M	12:53 AM	M	0.08	M	0.0005	M
13																								
14																			2:13 PM	M	0.17	M	0.0074	M
15																								
16																								
17																								
18																								
19																								
20																								
21	2:30 AM	M	0.33	M	0.0221	M	2:21 AM	M	0.58	M	0.0329	M	2:49 AM	M	0.17	M	0.0043	M	2:23 AM	M	0.42	M	0.0852	M
22																								
23																								
24	9:15 PM	M	1.33	M	0.0786	M	8:51 PM	M	2.83	M	0.1372	M	9:29 PM	M	2.17	M	0.193	M	8:53 PM	M	1.75	M	0.1759	M
25	2:30 AM	M	1.67	M	0.0962	M	12:00 AM	M	4.83	M	0.1693	M	12:04 AM	M	8.17	M	0.7772	M	12:13 AM	M	3.08	M	0.0744	M
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	6	Days	4.75		0.2798		5	Days	9.91		0.4869		5	Days	11.59		1.2748		7	Days	7.00		0.6433	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 6 of 9		Permit Number: IN0025574																					
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																							
Monitoring Period: October 2021		Enter "x" if no CSO discharge occurred for the month:																							
Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																					
CSO Outfall No. 026		CSO Outfall No. 027		CSO Outfall No. 028		CSO Outfall No. 029																			
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E							
1																									
2																									
3																									
4																									
5													2:49 PM	M	0.08	M	0.0006	M							
6																									
7																									
8																									
9																									
10																									
11	11:09 PM	M	0.75	M	0.0266	M	11:01 PM	M	0.67	M	0.0465	M	11:28 PM	M	0.17	M	0.0066	M	11:09 PM	M	0.67	M	0.0258	M	
12																									
13																									
14																									
15																									
16																									
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24	10:04 PM	M	0.08	M	0.0003	M	9:16 PM	M	0.67	M	0.0117	M													
25							1:06 AM	M	0.08	M	0.0014	M													
26																									
27																									
28																									
29																									
30																									
31																									
Totals:	2	Days	0.83		0.0269		3	Days	1.42		0.0596		1	Days	0.17		0.0066		2	Days	0.75		0.0264		



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 7 of 9		Permit Number: IN0025574																				
Facility: Elkhart Public Works & Utilities						Public Notification Requirements Met? Y																		
Monitoring Period: October 2021						Enter "x" if no CSO discharge occurred for the month:																		
Design Peak Flow (Hourly) (MGD): 44			Design Flow (MGD): 20			Measured/Metered (M) or Estimated (E) must be specified																		
		CSO Outfall No. 031				CSO Outfall No. 032				CSO Outfall No. 033				CSO Outfall No. 034										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11	11:26 PM	M	0.33	M	0.0087	M	11:04 PM	M	0.92	M	0.0891	M	11:20 PM	M	0.67	M	0.3517	M	11:05 PM	M	0.50	M	0.0274	M
12							12:04 AM	M	0.67	M	0.0684	M												
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21													2:40 AM	M	0.08	M	0.0018	M						
22																								
23																								
24							9:14 PM	M	2.75	M	0.174	M	10:15 PM	M	0.42	M	0.0614	M						
25							12:00 AM	M	13.42	M	0.866	M	10:35 AM	M	0.42	M	0.0388	M						
26							1:00 AM	M	0.17	M	0.0001	M												
27																								
28																								
29																								
30																								
31																								
Totals:	1	Da ys	0.33		0.0087		5	Da ys	17.93		1.1976		4	Da ys	1.59		0.4537		1	Da ys	0.50		0.0274	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

Slate Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 8 of 9		Permit Number: IN0025574											
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y													
Monitoring Period: October 2021										Enter "X" if no CSO discharge occurred for the month:													
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified													
CSO Outfall No. 037					CSO Outfall No. 039					CSO Outfall No. 040			CSO Outfall No.										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E					
1																							
2																							
3																							
4	3:12 PM	M	0.58	M	0.0741	M	12:39 AM	M	0.67	M	0.0195	M	3:25 PM	M	0.25	M	0.0045	M					
5																							
6																							
7																							
8																							
9																							
10																							
11	11:17 PM	M	0.75	M	1.0518	M	11:04 PM	M	0.58	M	0.0253	M	11:05 PM	M	0.92	M	0.0527	M					
12	12:02 AM	M	1.42	M	0.7458	M							12:00 AM	M	1.15	M	0.0212	M					
13																							
14																							
15																							
16																							
17																							
18																							
19																							
20																							
21	2:37 AM	M	1.00	M	0.3095	M	2:24 AM	M	0.33	M	0.0091	M											
22																							
23																							
24	9:17 PM	M	2.75	M	2.1829	M	8:59 PM	M	1.75	M	0.0546	M	9:25 PM	M	2.58	M	0.1209	M					
25	12:02 AM	M	7.08	M	4.19	M	12:04 AM	M	4.17	M	0.1066	M	12:00 AM	M	23.85	M	1.1642	M					
26													12:00 AM	M	7.73	M	0.3502	M					
27																							
28																							
29																							
30																							
31																							
Totals:	6	Da ys	13.58		8.5541		5	Da ys	7.50		0.2151		6	Da ys	36.48		1.7137		0	Da ys	0.00		0



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R4 / 9-15)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart	Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: October 2021	Enter "x" if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	precipitation
5	precipitation
6	
7	
8	
9	
10	
11	precipitation
12	precipitation
13	
14	
15	
16	
17	
18	
19	
20	
21	precipitation
22	
23	
24	precipitation
25	precipitation
26	precipitation
27	
28	
29	precipitation
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Laura E. Kolo, Utilities Services Manager	Telephone 574-293-2572
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent <i>Laura E Kolo</i>	Date (mm/dd/yy) 11/22/2012-2021 <i>ll</i>



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or rrepar@idem.in.gov.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number n/a	(6) Date (mm/dd/yy) and Time Release Began unknown	(7) Date (mm/dd/yy) and Time Release Stopped unknown	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) MH 140-107	(9) Latitude (Deg Min Sec) 85 56 46 W	(9) Longitude (Deg Min Sec) 41 40 40 N
(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons			(11) WWTP Flow During Release 23.0 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input checked="" type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) construction		(17) Additional Description of the Bypass / Overflow Event: Though a back-up was not observed first hand, there was evidence that manhole d140-107 did surcharge and overflow at some time. The city's largest lift station immediately downstream of this manhole is currently under construction. Construction pumping does allow for sufficient dry weather pump capacity but inconclusive wet weather flow capacity at the time of this event in addition to the combined system had been surcharged due to heavy rain the previous day, all indicate the man-hole did surcharge at some time during or soon after the rain event.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input checked="" type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris Optimized bypass pumping during lift station construction. Additional monitoring and notification for contractor of elevated capacity during rain events has been put into place.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Met with contractor on October 27th at 11 am to discuss this event. Combined efforts of Utility Team are inconclusive as to why the system surcharged and an overflow occurred at this manhole.					

(22)

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <i>Laura E. Kolo</i>				DATE (month, day, year): 10/27/21
Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 10/27/21 appx 1:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
To: wwreports@idem.in.gov
Sent: Wednesday, October 27, 2021 12:57 PM
Subject: Relayed: Emailing: 102621 mh 140-107

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

wwreports@idem.in.gov (wwreports@idem.in.gov)

Subject: Emailing: 102621 mh 140-107



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.IN.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or rrepar@idem.in.gov.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number n/a	(6) Date (mm/dd/yy) and Time Release Began 10/29/21 1:37 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 10/29/21 7:50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 2461 Muirfield Dr	(9) Latitude (Deg Min Sec) 85 58 48 W	(9) Longitude (Deg Min Sec) 41 43 11 N
(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons			(11) WWTP Flow During Release 21.1 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) lift station pumps not turned on		(17) Additional Description of the Bypass / Overflow Event: High wet well at lift station 48 received at 1:37 pm. At 6:47 pm crews were dispatched to a call of a sewage back-up at 2461 Muirfield Dr. Lift station pumps were found "Off". Lift station pumps turned "On" and back-up immediately began to subside. Still investigating why there was a delay from time the alarm came in to when a crew was sent to investigate.		(18) Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input checked="" type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris Incident still being investigated.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Incident still being investigated.					
(22)					

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <u>Laura Kolo</u>			DATE (month, day, year): <u>11/1/21</u>	
Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 11/1/21 appx 10:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
To: wwreports@idem.in.gov
Sent: Monday, November 1, 2021 10:13 AM
Subject: Relayed: Emailing: 102921 inc rpt

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Subject: Emailing: 102921 inc rpt

MARKETING AND DISTRIBUTION ANNUAL REPORT FORM

(Complete and submit this form to IDEM by January 31 of each year)

PERMIT NO.: INLA 000680 FACILITY NAME: Elkhart Public Works & Utilities YEAR: October 2021

Month	Dry Tons	Lab. No.
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

(Lab No. corresponds to lab data entered below)

Class A Pathogen Reduction Method (attach sample results when applicable)

Check appropriate box, give explanation if more than one is applicable

327 IAC 6.1-4-13

Alternative 1
 Alternative 2
 Alternative 3

Alternative 4
 Alternative 5
 Alternative 6

No Distribution

Vector Attraction Reduction Method (attach sample results when applicable)

Check appropriate box, give explanation if more than one is applicable

327 IAC 6.1-15

Option 1 38%VSR
 Option 2 Anaerobic/Bench
 Option 3 Aerobic/Bench
 Option 4 SOUR

Option 5 Aerobic
 Option 6 Alkali
 Option 7 75% Solids
 Option 8 90% Solids

	Enter heavy metals results as dry weights											
	1	2	3	4	5	6	7	8	9	10	11	12
Analytical Results:												
Lab Nos.:												
Sample Report Date												
Percent Total Solids												
Arsenic (As)												
Cadmium (Cd)												
Copper (Cu)												
Lead (Pb)												
Mercury (Hg)												
Molybdenum (Mo)												
Nickel (Ni)												
Selenium (Se)												
Zinc (Zn)												

DISPERSED

Enter all nutrient results as percent dry weights

Total N (TN)												
Ammonium N (NH4-N)												
Nitrate N (NO3-N)												
Phosphorus (P)												
Potassium (K)												

NO

Enter PCB results as dry weight

PCB												
-----	--	--	--	--	--	--	--	--	--	--	--	--

Signature: Laura KDO Date: 11/22/21

Indiana DEM

[View All Copies of Submissions](#) | [DMR/COR Search Results](#) [View DMR Signing Status](#)

Signing Process Confirmation - CDX Activity ID: _6315480c-73a6-47e2-b176-71d34f2027d7

Your DMRs are undergoing the Signing Process

Permit ID	Facility	Permitted Feature	Discharge #	Discharge Description	Monitoring Period End Date	DMR Due Date
IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR	11/30/21	12/28/21
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, WEST OF BRIDGE	11/30/21	12/28/21
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, EAST OF BRIDGE	11/30/21	12/28/21
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	11/30/21	12/28/21
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	11/30/21	12/28/21
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	11/30/21	12/28/21
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	11/30/21	12/28/21
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	11/30/21	12/28/21
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	11/30/21	12/28/21
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	11/30/21	12/28/21
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	11/30/21	12/28/21
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	11/30/21	12/28/21
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	11/30/21	12/28/21
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	11/30/21	12/28/21
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	11/30/21	12/28/21
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	11/30/21	12/28/21
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	11/30/21	12/28/21
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	11/30/21	12/28/21
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	11/30/21	12/28/21
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	11/30/21	12/28/21
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	11/30/21	12/28/21
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	11/30/21	12/28/21
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	11/30/21	12/28/21
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	11/30/21	12/28/21
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	11/30/21	12/28/21

IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	11/30/21	12/28/21
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	11/30/21	12/28/21
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	11/30/21	12/28/21
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	11/30/21	12/28/21
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	11/30/21	12/28/21

[View Certification](#) | [Download COR](#)

DMR Copy of Submission

Showing COR 12 of 30 [11](#) [12](#) [13](#) [14](#) [15](#)

Permit
Permit ID: IN0025674 **Major:**
Permittee: ELKHART WWTP **Permittee Address:** 1201 S NAPPANEE ST ELKHART, IN46516
Facility: ELKHART WWTP **Facility Location:** 1201 S NAPPANEE ST ELKHART, IN46516
Permitted Feature: 035 - External Outfall **Discharge:** 035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER

Report Dates & Status
Monitoring Period: From 11/01/21 to 11/30/21 **DMR Due Date:** 12/28/21
Status: NetDMR Validated

Considerations for Form Completion
 REPORT QUARTERLY PARAMETERS ON 035-AQ NETDMR, MUNICIPAL MAJOR ELKHART COUNTY

Principal Executive Officer
First Name: Laura **Last Name:** Kolo
Title: Utility Services Manager **Telephone:** 574-293-2572

No Data Indicator (NODI)
Form NODI: -

Code	Parameter Name	NODI	Quantity or Loading		Quality or Concentration		# of Ex.	Freq. of Analysis	Simpl. Type
			Value 1	Value 2	Value 1	Value 2			
00300	Oxygen, dissolved [DO]	Simpl.	=8.2		=8.2		0	01/01 - Daily	G3 - GRAB-3
	1 - Effluent Gross								
Season: 0		Req.	>=4.0	DLYAVMIN				01/01 - Daily	G3 - GRAB-3
NODI: -		NODI							
00400	pH	Simpl.	=7.1		=8.1		0	01/01 - Daily	GR - GRAB

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
Season: 0	Req.	<=6.0 MO AVG	<=12.0 DAILY MX	26 - lb/d	<=0.036 MO AVG	<=0.073 DAILY MX	19 - mg/L	01/07 - Weekly	24 - COMP24		
NODI: -	NODI										
01119	Copper, total recoverable										
G - Raw Sewage Influent	Smpl.				=0.0358	=0.041	19 - mg/L	01/07 - Weekly	0	24 - COMP24	
Season: 0	Req.				Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L	01/07 - Weekly	0	24 - COMP24	
NODI: -	NODI										
50050	Flow, in conduit or thru treatment plant										
1 - Effluent Gross	Smpl.	=18.867		03 - MGD				01/01 - Daily	0	TM - TOTALZ	
Season: 0	Req.	Req Mon MO AVG		03 - MGD				01/01 - Daily		TM - TOTALZ	
NODI: -	NODI										
51041	E. coli, colony forming units [CFU]										
1 - Effluent Gross	Smpl.				=24.0	=98.0	3Z - CFU/100mL	03/07 - Three Per Week	0	GR - GRAB	
Season: 2	Req.				Req Mon MO GEO	Req Mon DAILY MX	3Z - CFU/100mL	03/07 - Three Per Week		GR - GRAB	
NODI: -	NODI										
51041	E. coli, colony forming units [CFU]										
Y - Effluent Gross (Supplementary)	Smpl.										
Season: 0	Req.				=98.0		3Z - CFU/100mL	01/01 - Daily	0	GR - GRAB	
NODI: -	NODI										
51484	Number of Events										
Y - Effluent Gross (Supplementary)	Smpl.				=14.0		4X - # exceed	01/30 - Monthly	0	RT - RCOTOT	
Season: 0	Req.				Req Mon MO TOTAL	Req Mon MO TOTAL	4X - # exceed	01/30 - Monthly		RT - RCOTOT	
NODI: -	NODI										
80082	BOD, carbonaceous [5]										
	Smpl.	=370.0	=504.0	26 - lb/d	=2.0	=3.0	19 - mg/L	01/01 - Daily	0	24 - COMP24	

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
1 - Effluent Gross											
Season: 0	Req.	<=6259.0 MO AVG	<=10014.0 MX WK AV	26 - lb/d		<=25.0 MO AVG	<=40.0 MX WK AV	19 - mg/L	01/01 - Daily	24 - COMP24	
NODI: -	NODI										
81012	Phosphorus, total percent removal				=75.2			23 - %	0	01/30 - Monthly	CA - CALCTD
K - Percent Removal	Smpl.										
Season: 0	Req.		>=75.0 MO AV MN					23 - %	01/30 - Monthly	CA - CALCTD	
NODI: -	NODI										
82220	Flow, total			80 - Mgal/mo					0	01/30 - Monthly	RT - RCOTOT
1 - Effluent Gross	Smpl.		=566.0								
Season: 0	Req.		Req Mon MO TOTAL	80 - Mgal/mo					01/30 - Monthly	RT - RCOTOT	
NODI: -	NODI										

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0025674_INC_RPT_2021_11_03.pdf	pdf	115604.0
IN0025674_INC_RPT_2021_11_01.pdf	pdf	111316.0
IN0025674_INC_RPT_2021_11_04.pdf	pdf	111024.0
IN0025674_INC_RPT_2021_11_1.pdf	pdf	111316.0
IN0025674_INC_RPT_2021_11_02.pdf	pdf	117843.0
IN0025674_035a_MRO_2021_11.pdf	pdf	713332.0
IN0025674_CSO_MRO_2021_11.pdf	pdf	1107907.0

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org

Report Last Signed By

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2021-12-27 10:20 (Time Zone: -05:00)



**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R8 / 3-20)

Name of Facility Elkhart		Permit Number IN0025674	
Month November	Year 2021	Plant Design Flow 20 mgd	Telephone Number 574/293-2572
E-mail address: laura.kolo@coei.org			035 A
Certified Operator: Name Laura E. Kolo		Class IV	Certificate Number 15094 Expiration Date 6/30/2023

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 1.81	Precipitation - Inches	Bypass At Plant Site ("X" if Occurred)	Sanitary Sewer Overflow ("X" if Occurred)	CHEMICALS USED			RAW SEWAGE							
								Chlorine - Lbs/day	Ferrous Chloride Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l
1	Mon		43						205		19.227	7.8	62	9941.9	96	15394	2.18	9.88
2	Tue		41	0.03					182		19.33	7.7	58	9350.2	94	15154	2.83	13.32
3	Wed		38						198		18.111	7.8	62	9364.8	98	14802	2.41	12.4
4	Thu		35						228		17.466	7.7	103	15004	120	17480	3.38	13.16
5	Fri		38						213		16.915	7.7	77	10862	106	14954	2.83	12.4
6	Sat		41				X		213		16.252	7.8	55	7454.8	98	13283	2.39	13.48
7	Sun		48						235		16.077	7.8	49	6570	64	8581.3	2.16	12.76
8	Mon		55						0		16.497	7.8	42	5778.6	92	12658	3.03	13.4
9	Tue		49	0.01					198		15.862	7.8	65	8598.8	108	14287	2.8	14.6
10	Wed		47	0.01					198		15.562	7.9	80	10383	142	18430	2.6	15.36
11	Thu		52	0.12					198		15.815	7.7	80	10552	144	18993	2.81	14.64
12	Fri		40	0.04			X		182		14.948	7.8	61	7604.6	156	19448	3.42	15.04
13	Sat		35	0.41					0		16.861	7.8	62	8718.5	112	15750	2.72	11.64
14	Sun		34	0.51					0		18.31	7.8	53	8093.4	73	11147	2.41	10
15	Mon		34	0.09			X		198		15.45	7.8	50	6442.7	98	12628	2.38	10.84
16	Tue		36	0.02					220		14.979	7.8	75	9369.4	92	11493	2.79	17.04
17	Wed		52	0.24					190		17.265	7.8	75	10799	140	20159	3.64	16
18	Thu		38	0.01					198		14.475	7.8	69	8329.8	116	14004	2.83	16.72
19	Fri		35						0		14.876	7.8	58	7195.8	116	14392	3.66	16.8
20	Sat		37						0		14.507	7.8	57	6896.3	100	12099	3.19	15.44
21	Sun		43	0.06					0		14.61	7.8	43	5239.4	57	6945.3	3.14	11.28
22	Mon		34				X		220		14.866	8.1	51	6323.1	90	11158	2.75	10.76
23	Tue		30						0		14.063	8.0	59	6919.8	106	12432	3.08	15.4
24	Wed		41.7						0		14.456	7.7	69	8318.8	116	13985	2.73	17
25	Thu		44	0.22					0		14.227	7.9	76	9017.6	83	9848.2	3.86	14.88
26	Fri		29						0		13.101	7.8	78	8522.5	116	12674	2.69	11.84
27	Sat		32	0.02					0		13.288	8.0	74	8200.8	71	7868.4	2.73	16.08
28	Sun		35	0.01					0		13.234	8.0	54	5960.1	56	6180.8	2.05	10.88
29	Mon		30						220		13.669	7.7	108	12312	142	16188	5.26	13.36
30	Tue		35.7	0.01					190		13.514	7.8	108	12172	100	11271	3.67	15.6
Average									122.9		15.594		67.1	8676.5	103.4	13456	2.947	13.73
Maximum					0.51				235		19.33	8.1	108	15004	156	20159	5.26	17.04
Minimum									0		13.101	7.7	42	5239.4	56	6180.8	2.05	9.88
# of Data				16	0	4	0	30	0	30	30	30	30	30	30	30	30	0

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): <i>Laura Kolo</i>	Date (month, day, year) <i>12/27/21</i>
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) <i>12/27/21</i>

MONTHLY REPORT OF OPERATION
 ACTIVATED SLUDGE TYPE
 WASTEWATER TREATMENT PLANT

State Form 10829 (R8 / 3-20)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: November	Year 2021
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Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR				RETURN SLUDGE			CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
1	38	56	178	2568	69	4.2	17		7960				24	7.7		8.4		
2	56	47	166	2288	73	4.6	17		5240				59	7.6		8.3		
3	60	56	158	2488	64	4.0	17		6280				47	7.3		8.9		
4	65	57	158	2292	69	4.4	17		5560					7.4		8.9		
5	51	55	152	2520	60	4.4	17		5620					7.4		8.8		
6	38	51	154	2372	65	4.5	17		5240					7.4		8.4		
7	46	49	162	2764	59	4.3	17		6720					7.5		9.4		
8	41	64	158	2324	68	3.0	17		5020				44	8.1		8.7		
9	55	43	170	2276	75	3.7	17		5100				98	8.0		8.4		
10	52	56	163.2	2712	60	3.5	17		5600				18	7.6		8.2		
11	46	40	162	2436	67	3.8	17		5160					7.5		8.5		
12	52	58	180	2800	64	3.7	17		6160					7.7		9.0		
13	39	52	189	2240	84	4.1	16		4580					7.2		8.8		
14	38	57	174	2780	63	2.9	14		5460					7.8		8.4		
15	34	57	162	2580	63	3.6	15		5800				13	7.6		8.8		
16	54	53	174	2568	68	3.1	16		6000				17	7.8		8.7		
17	53	76	191.2	2692	71	3.1	16		5580				16	7.4		8.7		
18	56	54	184	2736	67	3.5	16		5840					7.4		8.6		
19	42	56	200	2928	68	3.7	16		5620					7.1		8.3		
20	31	48	197	2840	69	3.8	16		5920					7.4		8.8		
21	40	46	182	2828	64	5.1	16		5500					7.6		8.9		
22	34	41	182	2764	66	5.6	16		5280				28	7.8		9.2		
23	45	45	184	2436	76	3.7	16		6460				20	7.5		9.1		
24	56	59	194	2804	69	2.9	16		5560				12	7.6		8.8		
25	55	47	184	2420	76	5.5	15		6260					7.7		9.1		
26	52	36	199.8	2840	70	5.7	15		5780					7.7		9.1		
27	61	60	200.2	2676	75	5.3	15		5500					7.2		9.6		
28	53	36	186	2520	74	5.8	15		4940					7.6		9.3		
29	54	51	174	2528	69	4.2	15		5160				12	7.8		9.1		
30	60	49	188	2416	78	4.6	15		5340				17	7.6		9.2		
Avg.	48.57	51.83	176.9	2581	68.73	4.135	16		5675				24			8.813		
Max.	65	76	200.2	2928	84.38	5.78	17		7960				98	8.1		9.6		
Min.	31	36	152	2240	58.61	2.88	14		4580				12	7.1		8.2		
Daily Max														98				
# of Days above 235														0				
Data	30	30	30	30	30	30	30	0	30	0	0	0	0	14	30	30	0	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

Slate Form 10829 (R8 / 3-20)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: November	Year 2021
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Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	0	
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	25.81	15.12	7.3	66.71	100	0		4.13	2.33	73.56	55.61	103.4		
2	27.59	15.11	7.3	39.98	99	0		3.3	2.45	74.46	56.28	65.69		
3	20.94	15.12	7.3	41.11	100	0		5.27	2.47	73.82	55.2	88.96		
4	23.91	15.12	7.3	30.73	100	0		2.62	2.32	74.23	54.37	68.86		
5	17.92	15.12	7.3	35.24	100	0		4.59	2.46	75.32	61.58			
6	25.92	15.12	7.2	23.13	101	0		4.29	2.27	76.17	56.29			
7	16.19	15.12	7.2	31.22	100	0		3.71	2.57	77.89	55.81			
8	23.3	15.12	7.2	35.28	101	0		4.85	2.48	79.97	55.08	111.4		
9	25.77	15.12	7.2	32.56	100	0		3.96	2.48	75.49	54.66	90.68		
10	30.42	15.12	7.2	45.85	99	0		3.33	2.37	77.4	56.14	87.3		
11	35.4	15.12	7.2	0.076	100	0		4.4	2.42	75.29	57.42			
12	34.64	15.12	7.2	36.16	102	0		4.61	2.67	75.65	55.19	106.7		
13	33.95	15.12	7.1	30.1	103	0		5.48	2.56	75	55.5			
14	35.46	15.12	7.1	52.88	103	14		2.35	2.66	76	55.35			
15	36.88	15.12	7.1	43.97	103	21.22		3.1	2.82	76.72	55.7	90.92		
16	26.25	15.12	7.3	30.02	104	0		3.45	2.89	77.81	55.38	87.07		
17	18.08	15.12	7.2	60.68	103	0		6.75	2.87	76.12	55.37	107.7		
18	35.57	15.12	7.1	64.41	104	0		5.18	2.86	76.9	54.92	116.2		
19	18.85	15.12	7.2	37.91	104	3.537		4.85	3.01	74.23	54.96	101.2		
20	34.54	15.12	7.2	64.61	102	0		4.44	2.73	76.68	54.88			
21	39.09	15.12	7.2	30.88	103	0		4.23	2.74	74.78	55.72			
22	28.79	15.12	7.2	58.3	103	0		1.14	2.69	76.24	55.5			
23	35.68	15.12	7.3	42.71	104	0		2.41	2.67	76.96	55.27	144.7		
24	23.44	15.12	7.2	55.57	103	0		2.91	2.6	75.99	54.87	128.1		
25	30.98	15.12	7.2	49.33	103	0		2.09	2.6	79.89	56.93			
26	34.06	15.12	7.2	55.68	103	53.06		2.28	2.64	78.98	55.79			
27	23.99	15.68	7.3	26.18	103.5	45.98		1.75	2.47	81.01	55			
28	32	15.84	7.3	47.91	103	0		3.32	2.45	82.06	54.94			
29	18.08	15.84	7.3	32.09	104	0		3.98	2.4	82.81	54.25	36.01		
30	32.37	15.84	7.3	21.19	103.4	0		3.47	2.48	80.59	56.54	72.3		
Avg.	28.2	15.21		40.75	102	4.593		4	3	77	56	94.54		
Max.	39.09	15.84	7.3	66.71	104	53.06		6.75	3.01	82.81	61.58	144.7		
Min.	16.19	15.11	7.1	0.076	99	0		1.14	2.27	73.56	54.25	36.01		
Data	30	30	30	30	30	30	0	30	30	30	30	17	0	0

Once completed, this form should be converted to a pdf document, named appropriately & attached to the corresponding netDMR for submittal

MONTHLY REPORT OF OPERATION
 ACTIVATED SLUDGE TYPE
 WASTEWATER TREATMENT PLANT

State Form 10829 (R8 / 3-20)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: November	Year 2021
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Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Influent mg/L	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1								0.004	0.003							
2					0.0002	0.0001	0.0002	0.0002			0.013	0.004	0.038	0.007		
3																
4																
5																
6																
7																
8								0.02	0.003							
9													0.041	0.005		
10																
11																
12																
13																
14																
15																
16								0.049	0.003				0.027	0.003		
17																
18																
19																
20																
21																
22								0.005	0.004							
23													0.036	0.005		
24																
25																
26																
27																
28																
29																
30								0.004	0.002				0.037	0.011		
Avg					0.0002	0.0001	0.0002	0.0002	0.016	0.003	0.013	0.004	0.036	0.006		
Max					0.0002	0.0001	0.0002	0.0002	0.049	0.004	0.013	0.004	0.041	0.011		
Min					0.0002	0.0001	0.0002	0.0002	0.004	0.002	0.013	0.004	0.027	0.003		
Data	0	0	0	0	1	1	1	1	5	5	1	1	5	5	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R8 / 3-20)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: November	Year 2021
Substitute for State Form 30530			

Day Of Month	Ni - Influent mg/L	Ni - Effluent mg/L	Pb - Influent mg/L	Pb - Effluent mg/L	Zn - Influent mg/L	Zn - Effluent mg/L												
1																		
2	0.018	0.007	0.001	0.0003	0.051	0.034												
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
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22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
Avg	0.018	0.007	0.001	0.0003	0.051	0.034												
Max	0.018	0.007	0.001	0.0003	0.051	0.034												
Min	0.018	0.007	0.001	0.0003	0.051	0.034												
Data	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R4 / 9-15)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 1 of 9		Permit Number: IN0025574																
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																		
Monitoring Period: November 2021		Enter "x" if no CSO discharge occurred for the month: X																		
Design Peak Hourly Flow (MGD): 44		Design Average Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																
WWTP Influent Data			Precipitation Data					CSO Outfall No. 005					CSO Outfall No. 006							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	19.23	26.38					15 min													
2	19.33	28.04	9:01 PM	0.38	0.03	0.12	15 min													
3	18.11	25.10					15 min													
4	17.47	28.79					15 min													
5	16.92	19.58					15 min													
6	16.25	23.59					15 min													
7	16.08	18.59					15 min													
8	16.50	30.34					15 min													
9	15.86	19.39	5:16 PM	0.08	0.01	0.04	15 min													
10	15.56	19.06	4:19 AM	0.45	0.01	0.04	15 min													
11	15.82	32.95	11:41 AM	2.80	0.12	0.12	15 min													
12	14.95	18.38	4:16 PM	1.83	0.04	0.08	15 min													
13	16.86	30.98	1:26 AM	13.98	0.41	0.12	15 min													
14	18.31	36.23	4:31 AM	16.08	0.51	0.16	15 min													
15	15.45	21.35	9:09 AM	7.25	0.09	0.04	15 min													
16	14.98	18.32	9:50 AM	1.15	0.02	0.04	15 min													
17	17.27	37.05	12:54 PM	6.95	0.24	0.20	15 min													
18	14.48	19.84	3:51 AM	0.08	0.01	0.04	15 min													
19	14.88	25.08					15 min													
20	14.51	17.18					15 min													
21	14.61	18.12	10:01 AM	1.05	0.06	0.08	15 min													
22	14.87	20.09					15 min													
23	14.06	16.62					15 min													
24	14.46	18.41					15 min													
25	14.23	19.80	1:11 AM	22.13	0.22	0.08	15 min													
26	13.10	15.03					15 min													
27	13.29	16.02	6:31 AM	10.52	0.02	0.04	15 min													
28	13.23	15.90	5:09 PM	0.08	0.01	0.04	15 min													
29	13.67	16.67					15 min													
30	13.51	18.06	1:36 AM	0.08	0.01	0.04	15 min													
Totals:	467.81			84.89	1.81			0	Days	0.00		0		0	Days	0.00		0		



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 2 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: November 2021										Enter "x" if no CSO discharge occurred for the month: X														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 007					CSO Outfall No. 008					CSO Outfall No. 009					CSO Outfall No. 011									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 3 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: November 2021										Enter "x" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 012					CSO Outfall No. 013					CSO Outfall No. 14B					CSO Outfall No. 015										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 4 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: November 2021										Enter "x" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 016						CSO Outfall No. 017						CSO Outfall No. 018						CSO Outfall No. 019							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 5 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: November 2021										Enter "x" if no CSO discharge occurred for the month: X															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 020						CSO Outfall No. 023						CSO Outfall No. 024						CSO Outfall No. 025							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

Slate Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: November 2021										Enter "x" if no CSO discharge occurred for the month: X														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 026					CSO Outfall No. 027					CSO Outfall No. 028					CSO Outfall No. 029									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: November 2021										Enter "x" if no CSO discharge occurred for the month: X															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 031					CSO Outfall No. 032					CSO Outfall No. 033					CSO Outfall No. 034										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50548 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 8 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: November 2021										Enter "x" if no CSO discharge occurred for the month: X														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 037					CSO Outfall No. 039					CSO Outfall No. 040					CSO Outfall No.									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart	Page: 9 of 9	Permit Number: IN0025674
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: November 2021	Enter "x" if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	

Day of Month	Comments (further explanation as to why each CSO event occurred)
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6	dry weather overflow - fuse blew in lift station pump controller - controller was replaced
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14	precipitation
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Telephone
Laura E. Kolo, Utilities Services Manager		574-293-2572
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.		
Signature of Principal Executive Officer or Authorized Agent		Date (mm/dd/yy)
<i>Laura Kolo</i>		12/23/21

Reset Form



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report previously sent on:

INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION
(1) Facility Name (Organization) Elkhart Public Works
(2) Mailing Address (reporting organization) 1201 S. Nappanee Street
(3) County Elkhart
(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)
(5) Outfall Number n/a
(6) Date (mm/dd/yy) and Time Release Began 11/6/21 7:13 AM
(7) Date (mm/dd/yy) and Time Release Stopped 11/6/21 8:53 PM
(8) Location of Release (streets address or Manhole, LM Station, Force Main etc.) CSO 12 - Cass and Breadsley
(9) Latitude (Deg Min Sec) 41 41 34 N
(9) Longitude (Deg Min Sec) 85 58 19 W
(10) Amount of Flow Released (Always provide a volume.) 5442 Gallons
(11) WWTP Flow During Release 16.9 MGD
(12) WWTP Peak Design Flow Rate 44.0 MGD
(13) Overflow Type (Select one.) Combined Sewer System Release
(14) Describe any damage to sensitive life or receiving stream: none
(15) Reason for Bypass / Overflow (Select one or more.) Construction Related
(16) System Component(s) (Select one or more.) Other: blew fuse at lift station
(17) Additional Description of the Bypass / Overflow Event: Fuse blew on RTU at Cass and Beardsley Lift Station. A meeting has been scheduled for 11/8/21 at 7 am with Maintenance Crew to make clear they understand the need to find the reason for the blown fuse and fix the problem.
(18) Description of the Area Impacted (Check all that apply.) Reached Receiving Water
(19) Additional organizations notified by facility, if necessary (Select one or more.) Other: n/a
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) Replaced fuse at lift station RTU
(21) Resolution: Actions Taken or Planned to Prevent Recurrence: Determine cause of blown fuse and correct root problem

CERTIFICATION AND SIGNATURE
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)
SIGNATURE: Laura Kolo
DATE (month, day, year): 11/7/21
Laura E. Kolo (574)293-2572 laura.kolo@coei.org 11/7/21 appx 3:25 AM

Kolo, Laura

From: postmaster@state.in.us
To: wwreports@idem.in.gov
Sent: Sunday, November 7, 2021 3:29 PM
Subject: Relayed: inc rpt 110621

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

wwreports@idem.in.gov (wwreports@idem.in.gov)

Subject: inc rpt 110621



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or rrepar@idem.in.gov.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number n/a	(6) Date (mm/dd/yy) and Time Release Began 11/12/21 1:25 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 11/12/21 3:05 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) MH 197-1	(9) Latitude (Deg Min Sec) 41 38 48 N	(9) Longitude (Deg Min Sec) 85 56 8 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual <100 Gallons			(11) WWTP Flow During Release 16.2 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypass <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the grease grease Main + kulp 2nd in 3 yr Commercial		(17) Additional Description Distribution		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input checked="" type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a	
(19) Additional organization <input type="checkbox"/> IDEM Emergency Res] Local Emergency Management <input checked="" type="checkbox"/> Other: n/a		
(20) Actions Taken to Prevent Recurrence (Select one or more of the following) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Cleaned Grease			Time of Affected Area Time <input type="checkbox"/> Clean-Up Debris		
(21) Resolution: Actions Taken to Prevent Recurrence					

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <i>Laura E. Kolo</i>				DATE (month, day, year): 11/13/21
Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 11/13/21 appx 12:45 pm	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
To: wwreports@idem.in.gov
Sent: Saturday, November 13, 2021 12:44 PM
Subject: Relayed: inc rpt - grease

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

wwreports@idem.in.gov (wwreports@idem.in.gov)

Subject: inc rpt - grease



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or rrepar@idem.in.gov.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number n/a	(6) Date (mm/dd/yy) and Time Release Began 11/15/21 2:50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 11/15/21 5:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) MH 120-81	(9) Latitude (Deg Min Sec) 41 40 52 N	(9) Longitude (Deg Min Sec) 85 58 6 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual <100 Gallons			(11) WWTP Flow During Release 13.96 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			ing stream:		
(15) Reason for Bypass / Overflow (Select one) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure			x Capacity <input type="checkbox"/> Precipitation Inches		
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out		(17) A Cont sewa out to from flows	18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input checked="" type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water ame of Receiving Water Impacted: Ja		
Describe Other: (in the box below) grease		<p style="font-size: 2em; font-family: cursive;">grease middlebury just E. of main residential</p>			
(19) Additional organizations notified by facility: <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health D			Emergency Management <input checked="" type="checkbox"/> Other: n/a		
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris Grease					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence filers educating residence of proper grease disposal practices will be sent to homes in basin where grease obstruction occurred					

(22)

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <i>Laura Kolo</i>				DATE (month, day, year): 11/16/21
Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 11/16/21 appx 10:15 am	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
To: wwreports@idem.in.gov
Sent: Tuesday, November 16, 2021 10:08 AM
Subject: Relayed: inc rpt 111521

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wwreports@idem.in.gov (wwreports@idem.in.gov)

Subject: inc rpt 111521



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or rrepar@idem.in.gov.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number n/a	(6) Date (mm/dd/yy) and Time Release Began 11/22/21 3:31 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 11/22/21 6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 2208 Grant Street	(9) Latitude (Deg Min Sec) 41 43 7 N	(9) Longitude (Deg Min Sec) 85 56 32 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual <100 Gallons			(11) WWTP Flow During Release 16.55 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) grease and paper		(17) Additional Description of the Bypass Call came in at 3:13 pm grease and normal a <i>grease 2208 grant residential</i>		Description of the Area Impacted (check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Ached Public Land <input type="checkbox"/> Ached Receiving Water Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept.					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repair Grease and paper					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence filers educating residence of proper grease disposal practices will be sent to homes in basin where grease obstruction occurred					

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <i>Laura Kolo</i>				DATE (month, day, year): 11/23/21
Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 11/23/21 appx 10:10 am	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Tuesday, November 23, 2021 10:09 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed:
Attachments: EXTERNAL: Relayed:

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

MARKETING AND DISTRIBUTION ANNUAL REPORT FORM

(Complete and submit this form to IDEM by January 31 of each year)

PERMIT NO.: INLA 000680 FACILITY NAME: Elkhart Public Works & Utilities YEAR: November 2021

Month	Dry Tons	Lab. No.
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

(Lab No. corresponds to lab data entered below)

Class A Pathogen Reduction Method (attach sample results when applicable)

Check appropriate box, give explanation if more than one is applicable

327 IAC 6.1-4-13

Alternative 1
 Alternative 2
 Alternative 3

Alternative 4
 Alternative 5
 Alternative 6

No Distribution

Vector Attraction Reduction Method (attach sample results when applicable)

Check appropriate box, give explanation if more than one is applicable

327 IAC 6.1-15

Option 1 38%VSR
 Option 2 Anaerobic/Bench
 Option 3 Aerobic/Bench
 Option 4 SOUR

Option 5 Aerobic
 Option 6 Alkali
 Option 7 75% Solids
 Option 8 90% Solids

Analytical Results:	1	2	3	4	5	6	7	8	9	10	11	12
Enter heavy metals results as dry weights												
Enter all nutrient results as percent dry weights												

DISTRIBUTION

Total N (TN)												
Ammonium N (NH4-N)												
Nitrate N (NO3-N)												
Phosphorus (P)												
Potassium (K)												

NO

Enter PCB results as dry weight												
---------------------------------	--	--	--	--	--	--	--	--	--	--	--	--

Laura Kolo

Date: 12-23-21

Signature: