

City of Elkhart
Public Works and Utilities

Date Feb 23, 2024
Memo To Board of Public Works
Memo From Laura Kolo, Utility Services Manager *UK*
Subject Wastewater Utility Monthly Report of Operations
for the month of January, 2024

Wastewater MRO Highlights

Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	6	30
cBOD5 mg/L	3	25
Phosphorus mg/L	0.52	1.0
Ammonia mg/L	0.58	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	16.51	Design - 20
Total Monthly Flow MGD	512	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
01/08/24	726 Middlebury	247	grease
01/09/24	WWTP	39,200	pump overload tripped main feed
01/26/24	WWTP	<5000	unknown

Wet Weather Overflows

Number of Events	Total Overflow Volume (MG)
<i>4-5</i>	3.9421

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 **Signing Process Confirmation - CDX Activity ID: a726243c-b29e-4aa0-a38b-6adc6b72a551**

Your DMRs are undergoing the Signing Process

IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	01/31/24	02/28/24
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	01/31/24	02/28/24
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	01/31/24	02/28/24
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	01/31/24	02/28/24
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	01/31/24	02/28/24
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	01/31/24	02/28/24
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	01/31/24	02/28/24
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	01/31/24	02/28/24
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	01/31/24	02/28/24
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	01/31/24	02/28/24
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	01/31/24	02/28/24
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	01/31/24	02/28/24
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	01/31/24	02/28/24
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	01/31/24	02/28/24
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	01/31/24	02/28/24
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	01/31/24	02/28/24
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	01/31/24	02/28/24
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	01/31/24	02/28/24
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	01/31/24	02/28/24
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	01/31/24	02/28/24
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	01/31/24	02/28/24
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	01/31/24	02/28/24
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	01/31/24	02/28/24
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	01/31/24	02/28/24
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	01/31/24	02/28/24
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	01/31/24	02/28/24
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	01/31/24	02/28/24
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	01/31/24	02/28/24
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	01/31/24	02/28/24
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	01/31/24	02/28/24

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DMR Copy of Submission

Permit

Permit ID: IN0025674 **Major:** 4
Permittee: ELKHART WWTP **Permittee Address:** 229 SOUTH 2ND 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 01/01/24 to 01/31/24 **DMR Due Date:** 02/28/24
Status: **NetDMR Validated**

Considerations for Form Completion
THE FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE EVERY TWELVE MONTHS. 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	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	of Analysis	Type	
Season: 0		Req. <=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d			<=0.00077 DAILY MX	19 - mg/L		01/07 - Weekly	24 - COMP24	
NODI: -		NODI										
01079	Silver total recoverable						=0.00033	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24	
	G - Raw Sewage Influent											
Season: 0		Req.	Req Mon MO AVG	Req Mon DAILY MX	Req Mon MO AVG	Req Mon DAILY MX	Req Mon MO AVG	19 - mg/L		02/30 - Twice Per Month	24 - COMP24	
NODI: -		NODI										
50050	Flow, in conduit or thru treatment plant			03 - MGD					0	01/01 - Daily	TM - TOTALZ	
	1 - Effluent Gross		Smpl. =16.51									
Season: 0		Req.	Req Mon MO AVG	03 - MGD						01/01 - Daily	TM - TOTALZ	
NODI: -		NODI										
51041	E. coli, colony forming units [CFU]						=32.0	3Z - CFU/100mL	0	03/07 - Three Per Week	GR - GRAB	
	1 - Effluent Gross											
Season: 2		Req.	Req Mon MO GEO	Req Mon DAILY MX	Req Mon MO GEO	Req Mon DAILY MX	Req Mon MO GEO	3Z - CFU/100mL		03/07 - Three Per Week	GR - GRAB	
NODI: -		NODI										
80082	BOD, carbonaceous [5 day, 20 C]			26 - lb/d			=3.0	19 - mg/L	0	01/01 - Daily	24 - COMP24	
	1 - Effluent Gross		Smpl. =368.0									
Season: 0		Req.	<=6259.0 MO AVG	<=10014.0 MX WK AV	<=25.0 MO AVG	<=40.0 MX WK AV	<=25.0 MO AVG	19 - mg/L		01/01 - Daily	24 - COMP24	
NODI: -		NODI										
81012	Phosphorus, total percent removal						=83.6	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: -		NODI										

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
82220	Flow, total			80 - Mgal/mo					0	01/30 - Monthly	RT - RCOTOT
1 -	Effluent Gross	=512.0									
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_035a_MRO_2024_01.pdf	pdf	938174.0
IN0025674_CSO_MRO_2024_01.pdf	pdf	1161102.0
IN0025674_INC_RPT_2024_02_01.pdf	pdf	115249.0
IN0025674_INC_RPT_2024_02_02.pdf	pdf	110031.0
IN0025674_INC_RPT_2024_02_03.pdf	pdf	112580.0

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2024-02-23 14:52 (Time Zone:-05:00)

Report Last Signed By

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2024-02-23 14:54 (Time Zone:-05:00)



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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart			Permit Number IN0025674		
Month January	Year 2024	Plant Design Flow 20.00 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 06/30/2024	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 2.79 Precipitation - Inches	Bypass At Plant Site("X" If Occurred)	Sanitary Sewer Overflow("X" If Occurred)	CHEMICALS USED			RAW SEWAGE						
							Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or 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	Mon			0.06				178	9.192	7.5	79	6,056	86	6,593	3.15	18.28
2	Tue							201	10.058	7.6	132	11,073	162	13,589	4.00	20.24
3	Wed			0.02				199	9.850	7.6	161	13,226	210	17,251	4.02	20.40
4	Thu							200	9.050	7.5	125	9,435	164	12,378	3.59	19.72
5	Fri							195	10.250	7.8	170	14,532	148	12,652	4.72	22.64
6	Sat							192	9.700	7.6	116	9,384	120	9,708	4.00	23.60
7	Sun			0.07				298	9.208	7.4	107	8,217	128	9,830	2.97	18.72
8	Mon			0.01		X		192	9.858	7.3	109	8,962	190	15,621	3.34	18.40
9	Tue			0.84		X		194	15.533	7.2	138	17,877	204	26,427	3.49	14.88
10	Wed			0.08				228	12.091	7.3	117	11,798	140	14,117	3.34	22.52
11	Thu			0.03				200	10.900	7.3	145	13,181	220	19,999	3.91	22.28
12	Fri			0.17				185	10.658	7.8	111	9,867	140	12,444	3.51	25.24
13	Sat							191	10.300	7.5	95	8,161	84	7,216	3.01	18.28
14	Sun								9.708	7.5	106	8,582	78	6,315	3.02	18.24
15	Mon								11.483	7.3	76	7,278	146	13,982	2.72	18.00
16	Tue							200	12.433	7.4	85	8,814	128	13,272	3.90	14.72
17	Wed							249	13.200	7.9	109	12,000	140	15,412	3.49	15.04
18	Thu			0.02				200	11.936	7.3	131	13,041	110	10,950	3.35	16.88
19	Fri			0.08				198	12.666	7.1	101	10,669	130	13,732	3.44	18.40
20	Sat			0.01				182	11.091	7.4	94	8,695	62	5,735	2.84	18.04
21	Sun							210	10.992	7.6	130	11,918	68	6,234	2.77	24.12
22	Mon							140	11.883	7.4	101	10,010	142	14,073	3.32	30.88
23	Tue			0.02				182	15.391	7.4	110	14,120	164	21,051	3.23	24.64
24	Wed			0.32				167	18.441	7.3	102	15,687	174	26,761	3.14	19.16
25	Thu			0.46				250	15.983	7.4	96	12,797	176	23,460	3.14	17.84
26	Fri			0.20		X		261	22.366	7.4	99	18,467	188	35,068	2.12	11.32
27	Sat			0.08				224	14.883	7.2	91	11,295	76	9,433	2.64	14.20
28	Sun			0.25				200	17.783	7.0	84	12,458	66	9,788	1.82	10.32
29	Mon							209	17.108	7.2	73	10,416	98	13,983	2.24	12.28
30	Tue			0.07				210	16.616	7.4	70	9,700	72	9,978	2.33	13.12
31	Wed							200	16.575	7.0	90	12,441	104	14,376	2.70	13.28
Average				0.16				205	12.812		108	11,295	133	14,240	3.20	18.57
Maximum				0.84				298	22.366	7.9	170	18,467	220	35,068	4.72	30.88
Minimum				0.01				140	9.050	7.0	70	6056	62	5735	1.82	10.32

# of Data	0	18	0	3	0	29	0	31	31	31	31	31	31	31	31	0
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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) 2/23/24
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) 2/23/24

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

Slate Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month January	Year 2024
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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	60	51	160	4,960	32	5.5	13		3,420						7.7		9.4	
2	88	67	188	2,275	83	5.8	13		3,360					21	7.5		9.1	
3	112	124	163	2,196	74	5.3	13		2,600					28	7.5		8.7	
4	83	78	161	2,112	76	5.1	14		2,480					36	7.6		9.0	
5	105	124	181	2,255	80	6.5	13		3,720						7.5		9.0	
6	90	70	186	2,440	76	5.4	13		3,240						7.5		8.4	
7	74	52	162	3,480	47	6.1	13		3,380						7.6		9.1	
8	69	72	150	4,308	35	5.7	13		3,280					14	7.7		9.4	
9	87	100	210	2,470	85	6.2	13		4,160					40	7.6		8.4	
10	77	70	144	2,168	66	5.5	12		7,160					41	6.9		9.0	
11	108	88	166	2,552	65	5.3	12		4,820						7.7		8.9	
12	88	94	173	2,376	73	5.5	12		5,100						7.7		9.4	
13	78	58	183	2,360	78	5.9	12		5,060						7.7		9.5	
14	79	79	170	4,632	37	6.4	11		4,640						7.6		10.2	
15	58	65	169	2,288	74	5.8	11		3,820						7.7		9.5	
16	60	68	172	2,312	74	6.2	10		4,840					30	7.8		9.9	
17	61	74	154	2,248	69	6.7	11		6,220					43	7.7		9.9	
18	110	71	148	2,208	67	6.5	11		4,880					44	7.6		10.3	
19	65	48	147	2,088	70	6.2	11		2,740						7.7		10.1	
20	73	50	147	2,032	72	5.9	11		3,800						7.6		9.7	
21	88	51	141	3,140	45	6.2	11		3,580						7.5		10.1	
22	85	65	138	3,524	39	4.7	12		3,740					17	7.5		10.1	
23	72	82	138	1,880	73	5.4	12		3,700					23	7.4		9.3	
24	76	120	126	1,876	67	5.4	12		4,160					54	6.9		9.7	
25	86	94	142	1,908	74	5.1	11		4,080						6.9		9.4	
26	82	112	108	2,240	48	5.6	10		5,120						6.9		9.0	
27	81	56	157	2,424	65	5.7	11		5,260						7.4		9.7	
28	63	45	142	2,564	55	6.1	11		5,540						7.0		10.1	
29	70	86	145	4,192	35	5.2	12		5,200					26	7.6		10.0	
30	74	56	160	2,324	69	6.1	12		5,240					41	7.5		9.7	
31	90	76	177	2,684	66	5.50	12		4,000					63	7.4		10.0	
Avg.	80	76	158	2,662	64	5.8	12		4,269					35			9.5	
Max	112	124	210	4,960	85	6.7	14		7,160					63		7.8	10.3	
Min.	58	45	108	1876	32	4.7	10		2480					14		6.90	8.4	
Daily Max														63				
# of Days above 235														0				
Data	31	31	31	31	31	31	31	0	31	0	0	1	0	15	31	0	31	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):
ferric chloride is being used for po4 removal, not ferrous chloride

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month January	Year 2024
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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	Mon	12.612		2		210		6		652		0.06		6.3		0.84	88
2	Tue	10.462		2		175		5		462		0.56		48.9		0.78	68
3	Wed	12.374		4		413		6		578		1.99		205.4		0.85	88
4	Thu	12.203		2		204		6		580		0.74		75.3		0.80	81
5	Fri	14.417		3		361		7		890		0.34		40.9		0.66	79
6	Sat	15.979	13.060	2	2.57	267	280	6	5.86	760	642	0.17	0.56	22.7	58	0.63	84
7	Sun	20.468		2		341		4		717		0.06		10.2		0.46	79
8	Mon	23.074		2		385		5		1,001		0.15		28.9		0.58	112
9	Tue	26.034		3		651		6		1,259		1.68		364.8		0.61	132
10	Wed	16.416		2		274		6		780		0.63		86.3		0.53	73
11	Thu	14.116		3		353		5		636		0.70		82.4		0.56	66
12	Fri	15.020		2		251		6		689		0.08		10.0		0.47	59
13	Sat	15.183	18.616	2	2.29	253	358	5	5.29	658	820	0.07	0.48	8.9	84	0.53	67
14	Sun	15.129		2		252		4		492		0.05		6.3		0.55	69
15	Mon	16.420		3		411		5		685		0.05		6.8		0.69	94
16	Tue	16.948		2		283		5		678		0.11		15.5		0.51	72
17	Wed	17.195		2		287		5		717		0.11		15.8		0.43	62
18	Thu	15.523		3		388		5		621		0.29		37.5		0.44	57
19	Fri	15.179		2		253		5		684		0.08		10.1		0.40	51
20	Sat	14.566	15.851	3	2.43	364	320	5	4.87	632	644	0.07	0.11	8.5	14	0.46	56
21	Sun	14.123		3		353		5		577		0.22		25.9		0.47	55
22	Mon	13.877		2		231		6		637		1.16		134.3		0.43	50
23	Tue	19.017		3		476		6		999		2.53		401.3		0.37	59
24	Wed	18.899		3		473		9		1,419		3.17		499.6		0.45	71
25	Thu	17.251		3		432		8		1,151		1.17		168.3		0.53	76
26	Fri	22.239		4		742		8		1,558		0.80		148.4		0.40	74
27	Sat	15.528	17.276	4	3.14	518	461	8	7.10	984	1,046	0.13	1.31	16.8	199	0.44	57
28	Sun	18.792		4		627		5		815		0.10		15.7		0.43	67
29	Mon	17.843		2		298		5		729		0.20		29.8		0.30	45
30	Tue	18.024		3		451		6		827		0.34		51.1		0.30	45
31	Wed	16.896	17.610	3	2.86	423	421	4	5.07	634	745	0.37	0.16	36.6	23	0.37	52
Avg		16.510		3		368		6		790		0.59		84.5		0.52	71
Max		26.034	18.616	4	3.14	742	461	9	7.10	1,558	1,046	3.17	1.31	499.6	199	0.9	132
Min		10.462	13.060	2	2.29	175	280	4	4.87	462	642	0.05	0.11	6.3	14	0.3	45
Data		31	5	31	5	31	5	31	5	31	5	31	5	31	5	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons) 512
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment	25.68	43.0			Percent Capacity (actual flow/design) 83%
Secondary Treatment	96.7	92.5			
Overall Treatment	97.55	95.7	96.8	83.6	
Phosphorus limit would be 75 % removal. (compliance achieved)					

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	January	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 100	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		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	13.85	223.20	7.1		81	7.074		3.82	2.05	91.59	63.87			
2	21.98	223.20	7.1		77	3.537		3.95	2.08	81.55	62.38	96.18		
3	29.43	174.24	7.1		77	7.074		4.52	2.17	81.88	62.86	92.64		
4	24.79	221.76	6.9		76	7.074		4.48	2.20	79.35	61.21	91.27		
5	25.07	181.44	7.1		76	3.537		3.37	2.21	74.27	63.16	52.62		
6	24.85	244.80	7.1		75	42.444		4.95	2.23	79.64	61.95			
7	30.05	252.00	7.1		74			4.16	1.90	78.37	64.80			
8	27.06	252.00	7.1		76	28.296		2.20	1.98	79.45	63.41			
9	33.44	192.96	7.1		77	17.685		2.28	2.06	73.87	61.15	92.84		
10	32.93	252.00	7.1		77	7.074		4.68	2.12	73.28	61.86	84.33		
11	25.05	208.80	7.1		76	35.370		4.26	2.16	75.77	62.07	92.72		
12	31.56	252.00	7.1		74	7.074		4.28	2.13	76.17	64.57	52.03		
13	27.34	267.84	7.1		76	21.000		4.66	2.09	76.95	62.24			
14	27.15	273.60	7.1		77			5.09	1.96	78.46	63.49			
15	26.10	273.60	7.1		76	35.370		4.16	2.01	81.37	62.58			
16	29.40	273.60	7.0		75			3.86	2.04	79.40	61.69	92.85		
17	31.58	273.60	7.0		74	0.000		3.82	2.20	74.27	62.57	90.15		
18	27.42	273.60	7.0		74	10.611		4.09	2.10	74.40	60.00	90.01		
19	29.78	273.60	7.1		73	0.000		2.92	2.01	75.59	65.55	64.76		
20	28.54	273.60	7.1		74	10.611		3.53	2.10	74.78	62.36			
21	31.31	273.60	7.0		73			3.54	2.18	73.43	64.44			
22	29.60	273.60	7.0		74	38.907		1.77	2.09	77.57	62.90			
23	33.37	273.60	7.1		73	3.537		4.24	2.15	77.91	64.03	91.66		
24	24.63	273.60	7.0		74	14.148		4.44	2.19	74.83	62.50	90.74		
25	27.97	273.60	7.0		74	10.611		4.85	2.15	74.94	64.23	89.80		
26	31.86	246.24	7.1		74	3.537		4.42	2.20	72.96	63.95	52.65		
27	28.27	244.80	7.0		57			4.60	2.22	76.10	62.18			
28	26.14	244.80	7.0		75			2.56	1.96	78.14	64.63			
29	14.34	244.80	7.0		74	38.907		0.87	2.17	82.89	62.56			
30	19.71	87.84	7.0		73	10.611		2.48	2.25	78.06	62.94	92.76		
31	30.23	177.12	7.0		75	7.074		2.69	2.30	77.40	62.92	91.00		
Avg.	27.25	241.13			75	14.847		3.73	2.12	77.57	62.94	83.39		
Max.	33.44	273.60	7.1		81	42.444		5.09	2.30	91.59	65.55	96.18		
Min.	13.85	87.84	6.9		57	0.000		0.87	1.90	72.96	60.00	52.03		
Data	31	31	31	0	31	25	0	31	31	31	31	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 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	January	2024

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			19.30	1,684	0.0002	0.0002	0.0002	0.0002	0.0156	0.0036	0.0024	0.0020	0.0435	0.0102		
3															147.0000	2.6500
4																
5																
6																
7																
8					0.0003											
9						0.0002										
10	315	43,126														
11																
12																
13																
14																
15																
16					0.0003	0.0002										
17																
18																
19																
20																
21																
22					0.0002											
23						0.0002										
24																
25																
26																
27																
28																
29					0.0002											
30						0.0002										
31																
Avg.	315	43,126	19.30	1,684	0.0002	0.0002	0.0002	0.0002	0.0156	0.0036	0.0024	0.0020	0.0435	0.0102	147.0000	2.6500
Max.	315	43,126			0.0003	0.0002	0.0002	0.0002	0.0156	0.0036	0.0024	0.0020	0.0435	0.0102	147.0000	2.6500
Min.	315	43,126	19.30	1684	0.0002	0.0002	0.0002	0.0002	0.0156	0.0036	0.0024	0.0020	0.0435	0.0102	147.0000	2.6500
Data	1	1	1	1	5	5	1	1	1	1	1	1	1	1	1	1

WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	January	2024

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	0.0021	0.0036	0.0010	0.0010	0.0397	0.0137												
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
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23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg.	0.0021	0.0036	0.0010	0.0010	0.0397	0.0137												
Max.	0.0021	0.0036	0.0010	0.0010	0.0397	0.0137												
Min.	0.0021	0.0036	0.0010	0.0010	0.0397	0.0137												
Data	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0



BYPASS / OVERFLOW INCIDENT REPORT

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

1/11/24 after submitted

Follow-up to Bypass report
previously sent on: 07/15/23

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	(6) Date (mm/dd/yy) and Time Release Began 1/8/24 6:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 1/8/24 8:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 726 Middlebury	(9) Latitude (Deg Min Sec) 41 40 53N	(9) Longitude (Deg Min Sec) 85 57 31W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 247 Gallons			(11) WWTP Flow During Release 11.6 MG 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: na		
(15) Reason for Bypass / Overflow (Select one or more.) <i>OBSTRUCTION</i> <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) basement back-up		(17) Additional Description of the Bypass / Overflow Event: call came in at appx 6:30 pm. of sewage back-up. Crews found main plugged with grease. Obstruction cleared at 8:45 pm and flows returned to normal		(18) 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"/> 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 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					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Upstream is primarily a residential area. We will be mailing information to residents in basin on proper grease disposal.					

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): 1/8/24
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 1/8/24 appx 6:00 pm	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Tuesday, January 9, 2024 6:05 PM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: Emailing: IN0025674_INC_RPT_2024_01
Attachments: EXTERNAL: Relayed: Emailing: IN0025674_INC_RPT_2024_01

Caution: This email originated from outside of the organization. Please take care when clicking links or opening attachments. When in doubt, contact your IT Department



BYPASS / OVERFLOW INCIDENT REPORT

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

ck 1/10/24 after submitted

Follow-up to Bypass report
previously sent on: 07/15/23

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 1/9/24 5:40 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 1/9/24 6:08 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1201 S. Nappanee St		(9) Latitude (Deg Min Sec) 41 40 45N	(9) Longitude (Deg Min Sec) 86 00 7W	
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 39,200 Gallons				(11) WWTP Flow During Release unknown 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: na/				
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input checked="" 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) pump fail led to partial power loss		(17) Additional Description of the Bypass / Overflow Event: pump fail led to partial power loss at WWTP			(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 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 Removed pump from service and reset breaker							
(21) Resolution; Actions Taken or Planned to Prevent Recurrence Upstream is primarily a residential area. We will be mailing information to residents in basin on proper grease disposal.							
(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>1/10/24</u>	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 1/10/24 appx 6:30 pm <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Wednesday, January 10, 2024 6:32 PM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: inc report attached
Attachments: EXTERNAL: Relayed: inc report attached

Caution: This email originated from outside of the organization. Please take care when clicking links or opening attachments. When in doubt, contact your IT Department



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 1/25/24 est 11:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 1/26/24 est 3:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1201 S. Nappanee St	(9) Latitude (Deg Min Sec) 41 40 45N	(9) Longitude (Deg Min Sec) 86 00 7W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual <5000 Gallons			(11) WWTP Flow During Release 45.1 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: na		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input checked="" 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)		(17) Additional Description of the Bypass / Overflow Event: Mixed liquor splitter box to final clarifiers overflowed into excavation. None of the mixed liquor reached the reviewign stream. The cause of the overflow of the splitter box is unknown at this time. Incident start and end time are times not below are of max flow during wet weather event. The actual time of the release remains unknown.		(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 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 no action taken					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence no action taken to resolve the issue, the cause remains unknown.					

(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>1/26/24</u>	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 1/26/24 appx 2:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
To: wwreports@idem.in.gov
Sent: Friday, January 26, 2024 2:00 PM
Subject: Relayed: Incident Report for overflow at WWTP on 1/26/24

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: Incident Report for overflow at WWTP on 1/26/24



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: January 2024				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	9.19	11.10	1:16 AM	10.00	0.06	0.04	15 min													
2	10.06	12.20					15 min													
3	9.85	11.10	10:06 AM	2.33	0.02	0.04	15 min													
4	9.05	11.20					15 min													
5	10.25	14.10					15 min													
6	9.70	12.00					15 min													
7	9.21	10.70	11:31 AM	4.08	0.07	0.04	15 min													
8	9.86	12.20	4:09 AM	7.20	0.01	0.04	15 min													
9	15.53	29.30	8:09 AM	15.37	0.84	0.16	15 min													
10	12.09	14.20	12:29 AM	10.28	0.08	0.04	15 min													
11	10.90	13.70	9:36 AM	4.58	0.03	0.04	15 min													
12	10.66	12.60	2:34 AM	20.70	0.17	0.04	15 min													
13	10.30	13.10					15 min													
14	9.71	12.20					15 min													
15	11.48	14.10					15 min													
16	12.43	15.20					15 min													
17	13.20	14.80					15 min													
18	11.94	16.10	1:46 PM	3.00	0.02	0.04	15 min													
19	12.67	15.10	11:19 AM	3.37	0.08	0.08	15 min													
20	11.09	13.50	12:31 PM	0.08	0.01	0.04	15 min													
21	10.99	13.10					15 min													
22	11.88	14.10					15 min													
23	15.39	25.30	1:26 PM	8.83	0.02	0.04	15 min													
24	18.44	40.20	12:49 AM	21.53	0.32	0.12	15 min													
25	15.98	26.80	12:51 AM	23.22	0.46	0.20	15 min													
26	22.37	45.10	12:01 AM	21.08	0.20	0.16	15 min													
27	14.88	17.50	1:06 AM	22.97	0.08	0.04	15 min													
28	17.78	23.10	12:26 AM	14.17	0.25	0.08	15 min													
29	17.11	22.00					15 min													
30	16.62	19.00	5:16 AM	6.00	0.07	0.04	15 min													
31	16.58	19.00					15 min													
Totals:	397.19			198.79	2.79			0	Days	0.00		0.0000		0	Days	0.00		0.0000		



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: January 2024										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. 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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Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		



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 4 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: January 2024										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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9													3:34 PM	M	8.40	M	1.0714	M						
10													12:00 AM	M	3.48	M	0.1429	M						
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24													3:00 PM	M	2.08	M	0.0829	M						
25													9:55 PM	M	2.08	M	0.2261	M						
26													12:00 AM	M	3.15	M	0.2224	M						
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31																								
Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		5	Days	19.19		1.7457		0	Days	0.00		0.0000	



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: January 2024					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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25													10:25 PM	M	0.83	M	0.0088	M							
26													12:30 AM	M	0.42	M	0.0009	M							
27																									
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29																									
30																									
31																									
Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		3	Days	3.42		0.2225		0	Days	0.00		0.0000		



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

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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: January 2024										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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Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000	



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 7 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: January 2024										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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25							11:10 PM	M	0.33	M	0.0361	M												
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29																								
30																								
31																								
Totals:	0	Days	0.00		0.0000		2	Days	1.08		0.0870		0	Days	0.00		0.0000		0	Days	0.00		0.0000	



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: January 2024										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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9													3:52 PM	M	8.13	M	0.4590	M						
10													12:02 AM	M	0.25	M	0.0024	M						
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25	9:57 PM	M	2.08	M	0.6479	M	9:42 PM	M	1.33	M	0.0453	M	10:27 PM	M	1.58	M	0.0444	M						
26	12:02 AM	M	2.25	M	0.6364	M	12:02 AM	M	0.83	M	0.0251	M	12:02 AM	M	1.23	M	0.0264	M						
27																								
28																								
29																								
30																								
31																								
Totals:	2	Da ys	4.33		1.2843		2	Da ys	2.16		0.0704		4	Da ys	11.19		0.5322		0	Da ys	0.00		0.0000	



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: January Year: 2024	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	
8	
9	precipitation
10	precipitation
11	
12	
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) 2/23/24
---	-----------------------------------

Permit

Permit ID: IN0025674
Permittee: ELKHART WWTP
Facility: ELKHART WWTP
Permitted Feature: 035 - External Outfall
Major: 229 SOUTH 2ND ST
ELKHART , IN46516
Permittee Address: 1201 S NAPPANEE ST
ELKHART , IN46516
Facility Location: 035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER
Discharge: 03/28/24
DMR Due Date: 03/28/24

Report Dates & Status

Monitoring Period: From 02/01/24 to 02/29/24

Status: NetDMR Validated

Considerations for Form Completion

THE FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE EVERY TWELVE MONTHS. REPORT QUARTERLY PARAMETERS ON 035-AQ 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	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
00300	Oxygen, dissolved [DO]										
1 - Effluent Gross	Smpl.				=8.6			19 - mg/L	0	01/01 - Daily	3R - 3GR24H
Season: 0	Req.				>=4.0 DLYAVMIN			19 - mg/L		01/01 - Daily	3R - 3GR24H
NODI: -	NODI										
00400	pH										
1 - Effluent Gross	Smpl.				=6.7		=7.7	12 - SU	0	01/01 - Daily	GR - GRAB
Season: 0	Req.				>=6.0 DAILY MIN		<=9.0 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
NODI: -	NODI										
00530	Solids, total suspended										
1 - Effluent Gross	Smpl.	=565.0	=698.0	26 - lb/d			=5.0	19 - mg/L	0	01/01 - Daily	24 - COMP24
Season: 0	Req.	<=7511.0 MO AVG	<=11266.0 MX WK AV	26 - lb/d			<=30.0 MO AVG	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -	NODI										
00600	Nitrogen, total [as N]										
1 - Effluent Gross	Smpl.	=1644.0		26 - lb/d			=12.1	19 - mg/L	0	01/30 - Monthly	24 - COMP24
Season: 0	Req.	Req Mon MO AVG	Req Mon MO AVG	26 - lb/d			Req Mon MO AVG	19 - mg/L		01/30 - Monthly	24 - COMP24
NODI: -	NODI										
00610	Nitrogen, ammonia total [as N]										
1 - Effluent Gross	Smpl.	=18.2	=132.0	26 - lb/d			=0.17	19 - mg/L	0	01/01 - Daily	24 - COMP24
Season: 2	Req.	<=1102.0 MO AVG	<=2554.0 DAILY MX	26 - lb/d			<=4.4 MO AVG	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -	NODI										
00665	Phosphorus, total [as P]										
1 - Effluent Gross	Smpl.	=48.0		26 - lb/d			=0.41	19 - mg/L	0	01/01 - Daily	24 - COMP24
Season: 0	Req.	Req Mon MO AVG	Req Mon MO AVG	26 - lb/d			<=1.0 MO AVG	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -	NODI										
01079	Silver total recoverable										
1 - Effluent Gross	Smpl.	<0.022	<0.026	26 - lb/d			<0.0002	19 - mg/L	0	01/07 - Weekly	24 - COMP24

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
Season: 0	Req.	<=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d			<=0.00077 DAILY MX	19 - mg/L		01/07 - Weekly	24 - COMP24
NODI: -	NODI										
01079	Silver total recoverable						=0.0003	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24
G - Raw Sewage Influent											
Season: 0	Req.		Req Mon MO AVG		Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - COMP24
NODI: -	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: -	NODI										
51041	E. coli, colony forming units [CFU]						=91.0	3Z - CFU/100mL	0	03/07 - Three Per Week	GR - GRAB
1 - Effluent Gross											
Season: 2	Req.		Req Mon MO GEO		Req Mon MO GEO		Req Mon DAILY MX	3Z - CFU/100mL		03/07 - Three Per Week	GR - GRAB
NODI: -	NODI										
X 71901	Mercury, total recoverable						=2.65	3M - ng/L	1	01/60 - Once Every 2 Months	GR - GRAB
1 - Effluent Gross											
Season: 0	Req.		<=1.6 ANNL AVG		Req Mon DAILY MX		Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
NODI: -	NODI										
71901	Mercury, total recoverable						=147.0	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
G - Raw Sewage Influent											
Season: 0	Req.		Req Mon DAILY MX		Req Mon DAILY MX		Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
NODI: -	NODI										

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
80082	BOD, carbonaceous [5 day, 20 C]	Smpl. =313.0	=370.0	26 - lb/d	=3.0	=3.0	=3.0	19 - mg/L	0	01/01 - Daily	24 - COMP24
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: -											
81012	Phosphorus, total percent removal	Smpl.			=86.4			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	Smpl.	=400.0	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

Code	Parameter Name	Monitoring Location	Field	Type	Description	Acknowledge
71901	Mercury, total recoverable	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	

Comments

mercury sampled on January 3, 2024

Attachments

Name	Type	Size
IN0025674_035a_MRO_2024_02.pdf	pdf	1007743.0
IN0025674_CSO_MRO_2024_02.pdf	pdf	1206115.0
IN0025674_INC_RPT_2024_02_1.pdf	pdf	106456.0
IN0025674_INC_RPT_2024_02_2.pdf	pdf	105849.0

Report Last Saved By

ELKHART WWTP

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2024-03-28 15:32 (Time Zone:-04:00)

Report Last Signed By

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2024-03-28 15:44 (Time Zone:-04:00)

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 **Signing Process Confirmation - CDX Activity ID: _84ddcf74-67f2-4746-9922-fa31396d7def**

Your DMRs are undergoing the Signing Process

IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	02/29/24	03/28/24
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	02/29/24	03/28/24
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	02/29/24	03/28/24
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	02/29/24	03/28/24
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	02/29/24	03/28/24
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	02/29/24	03/28/24
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	02/29/24	03/28/24
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	02/29/24	03/28/24
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	02/29/24	03/28/24
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	02/29/24	03/28/24
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	02/29/24	03/28/24
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	02/29/24	03/28/24
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	02/29/24	03/28/24
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	02/29/24	03/28/24
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	02/29/24	03/28/24
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	02/29/24	03/28/24
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	02/29/24	03/28/24
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	02/29/24	03/28/24
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	02/29/24	03/28/24
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	02/29/24	03/28/24
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	02/29/24	03/28/24
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	02/29/24	03/28/24
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	02/29/24	03/28/24
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	02/29/24	03/28/24
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	02/29/24	03/28/24
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	02/29/24	03/28/24
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	02/29/24	03/28/24
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	02/29/24	03/28/24
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	02/29/24	03/28/24
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	02/29/24	03/28/24



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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart			Permit Number IN0025674		
Month February	Year 2024	Plant Design Flow 20.00 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 06/30/2024	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	CHEMICALS USED			RAW SEWAGE								
				Total= 0.71 Precipitation - Inches	Bypass At Plant Site("X" if Occurred)	Sanitary Sewer Overflow("X" if Occurred)	Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or 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
1	Thu						200	16.842	7.2	96	13,484	86	12,080	2.90	14.04
2	Fri							16.283	7.0	70	9,506	112	15,210	2.63	13.72
3	Sat						218	15.042	7.5	85	10,663	58	7,276	2.23	11.12
4	Sun						200	14.975	7.2	94	11,740	74	9,242	2.29	10.28
5	Mon						204	15.100	7.3	94	11,838	112	14,105	2.55	12.60
6	Tue						200	14.633	7.2	82	10,007	96	11,716	3.10	14.68
7	Wed						200	14.867	7.2	101	12,523	164	20,334	3.39	16.56
8	Thu						209	15.003	7.6	80	10,010	110	13,764	2.91	14.12
9	Fri			0.01		X	228	14.125	7.5	76	8,953	108	12,723	3.90	15.92
10	Sat						222	13.775	7.6	91	10,454	78	8,961	2.50	14.96
11	Sun						218	13.975	7.3	96	11,189	70	8,159	2.24	13.00
12	Mon						182	14.242	7.1	103	12,234	124	14,729	3.21	15.72
13	Tue						224	13.783	7.1	117	13,449	118	13,564	3.50	17.36
14	Wed						225	13.116	7.3	84	9,189	104	11,376	3.16	17.28
15	Thu			0.14			225	14.266	7.3	115	13,683	140	16,657	4.09	17.68
16	Fri						215	13.658	7.2	90	10,252	130	14,808	2.98	18.48
17	Sat						170	12.350	7.2	87	8,961	104	10,712	2.98	17.80
18	Sun						183	12.416	7.3	95	9,837	76	7,870	2.18	14.48
19	Mon						100	12.883	7.2	83	8,918	116	12,464	2.80	17.20
20	Tue					X	648	12.442	7.2	91	9,443	116	12,037	3.03	18.36
21	Wed						198	12.708	7.5	106	11,234	148	15,686	3.64	24.56
22	Thu			0.32			200	14.508	7.0	128	15,488	162	19,601	3.17	16.64
23	Fri			0.05			218	12.008	7.2	123	12,318	100	10,015	3.33	17.56
24	Sat			0.10			213	12.282	7.2	87	8,912	90	9,219	2.76	14.48
25	Sun						240	11.100	7.2	115	10,646	98	9,072	2.72	12.64
26	Mon						227	11.633	7.2	88	8,538	144	13,971	3.59	15.64
27	Tue			0.01				12.667	7.5	120	12,677	124	13,100	3.57	30.32
28	Wed			0.08			198	11.203	7.7	96	8,970	128	11,959	3.57	23.64
29	Thu						225	11.425	130.5	106	10,100	136	12,959	3.43	21.96
30															
31															
Average				0.10			222	13.562		97	10,869	111	12,530	3.05	16.65
Maximum				0.32			648	16.842	130.5	128	15,488	164	20,334	4.09	30.32
Minimum				0.01			100	11.100	7.0	70	8538	58	7276	2.18	10.28

# of Data	0	7	0	2	0	27	0	29	29	29	29	29	29	29	29	0
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<p>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.</p>	Prepared by or under the direction of (Certified Operatc <i>Laura Kolo</i>	Date (month, day, year) 3/28/24
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) 3/28/24

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month February	Year 2024
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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	85	76	179	2,736	65	6.4	12	2.456	4,820						7.0		9.3	
2	64	74	188	2,692	70	6.0	12	1.297	5,140						7.4		9.5	
3	62	39	194	2,664	73	6.2	12	1.297	4,820						7.5		9.8	
4	62	36	192	2,840	68	6.6	12	1.297	4,920						7.5		10.1	
5	86	45	182	2,716	67	5.8	12	1.297	4,640					29	7.7		9.6	
6	70	62	186	2,292	81	5.8	12	1.266	4,100					34	7.6		9.7	
7	70	63	185	2,636	70	5.1	12	1.297	5,080					56	7.0		10.1	
8	59	72	146	3,240	45	6.4	13	0.759	4,020						6.7		9.6	
9	62	50	195	3,000	65	5.6	13	1.297	4,100						7.6		9.6	
10	69	50	203	2,660	76	6.2	12	1.297	5,260						7.5		9.8	
11	63	49	178	2,920	61	6.2	12	1.297	5,300						7.6		10.1	
12	65	50	180	6,908	26	4.0	12	1.370	5,640					25	7.4		9.3	
13	64	51	205	2,572	80	5.8	12	1.297	6,420					56	7.3		8.6	
14	65	70	202	2,644	76	5.4	12	1.297	5,180					55	6.9		9.5	
15	82	70	198	2,628	75	6.4	12	1.297	5,120						7.0		10.1	
16	71	54	170	3,216	53	6.3	12	1.297	4,420						7.5		10.1	
17	67	66	202	2,920	69	6.1	12	1.297	5,180						7.6		10.0	
18	59	45	202	2,728	74	5.1	12	1.297	4,820						7.6		9.2	
19	64	44	200	2,472	81	6.4	12	1.297	4,240					43	7.0		9.4	
20	76	68	194	2,220	87	5.2	12	0.951	5,780					56	7.5		9.8	
21	76	102	175	2,564	68	5.4	13	0.761	3,480					91	7.4		10.1	
22	84	76	190	2,340	81	5.6	12	1.297	6,160						6.8		9.9	
23	102	58	197	2,736	72	5.9	13	1.297	5,980						7.5		9.8	
24	75	68	199	2,612	76	6.8	10	1.297	5,780						7.5		10.2	
25	81	51	158	2,672	59	6.2	12	1.297	4,920						7.5		10.2	
26	69	69	161	6,740	24	6.3	13	1.297	5,780					21	7.6		9.8	
27	95	70	152	2,836	54	4.6	13	1.297	5,260					37	7.6		9.4	
28	70	54	174	1,804	97	5.9	10	1.293	3,860						7.5		9.5	
29	70	67	174	2,544	68	5.8	12	4.395	4,120					36	6.9		9.9	
30																		
31																		
Avg.	72	60	185	2,950	68	5.8	12	1.396	4,977					45			9.7	
Max	102	102	205	6,908	97	6.8	13	4.395	6,420					91		7.7	10.2	
Min.	59	36	146	1804	24	4.0	10	0.759	3480					21		6.70	8.6	
Daily Max														91				
# of Days above 235														0				
Data	29	29	29	29	29	29	29	29	29	0	0	1	0	12	29	0	29	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):
ferric chloride is being used for po4 removal, not ferrous chloride

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month February	Year 2024
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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	Thu	18.004		3		450		6		841		0.11		16.5		0.34	51
2	Fri	17.742		2		296		4		621		0.05		7.4		0.32	47
3	Sat	15.966		3		399		6		746		0.04		5.3		0.45	60
4	Sun	15.800		3		395		4		593		0.04		5.3		0.46	61
5	Mon	16.291		3		408		4		611		0.07		9.5		0.40	54
6	Tue	15.755		3		394		5		670		0.07		9.2		0.42	55
7	Wed	16.048		3		402		6		857		0.15		20.1		0.58	78
8	Thu	16.539		2		276		5		703		0.21		29.0		0.49	68
9	Fri	15.320		2		256		6		818		0.01		1.3		0.49	63
10	Sat	13.773	15.647	4	2.86	459	370	6	5.36	632	698	0.01	0.08	1.1	11	0.54	62
11	Sun	13.677		3		342		4		399		0.00		0.0		0.51	58
12	Mon	13.781		3		345		5		529		0.12		13.8		0.46	53
13	Tue	13.757		3		344		5		597		0.12		13.8		0.44	50
14	Wed	13.733		2		229		4		515		0.06		6.9		0.36	41
15	Thu	14.578		2		243		5		632		0.06		7.3		0.41	50
16	Fri	12.758		4		426		5		564		0.06		6.4		0.40	43
17	Sat	12.288	13.510	2	2.71	205	305	6	4.84	574	544	0.06	0.07	6.1	8	0.43	44
18	Sun	12.274		2		205		5		481		0.06		6.1		0.31	32
19	Mon	12.395		2		207		4		362		0.05		5.2		0.37	38
20	Tue	11.261		3		282		5		441		1.40		131.5		0.37	35
21	Wed	12.734		3		319		5		573		0.12		12.7		0.41	44
22	Thu	14.701		3		368		4		552		0.05		6.1		0.39	48
23	Fri	12.134		3		304		6		597		0.09		9.1		0.33	33
24	Sat	11.753	12.465	2	2.57	196	268	5	4.80	480	498	0.08	0.26	7.8	26	0.35	34
25	Sun	11.376		2		190		3		323		0.07		6.6		0.39	37
26	Mon	11.485		3		287		4		345		0.05		4.8		0.34	33
27	Tue	11.915		3		298		5		527		1.12		111.3		0.37	37
28	Wed	11.217		3		281		4		337		0.65		60.8		0.46	43
29	Thu	11.328	11.247	3	2.86	283	269	5	4.29	453	405	0.07	0.30	6.6	29	0.40	38
30																	
31																	
Avg		13.806		3		313		5		565		0.17		18.2		0.41	48
Max		18.004	15.647	4	2.86	459	370	6	5.36	857	698	1.40	0.30	131.5	29	0.6	78
Min		11.217	11.247	2	2.57	190	268	3	4.29	323	405	0.00	0.07	0.0	8	0.3	32
Data		29	4	29	4	29	4	29	4	29	4	29	4	29	4	29	29

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons) 400
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment	25.44	45.8			
Secondary Treatment	96.2	91.9			Percent Capacity (actual flow/design) 69%
Overall Treatment	97.18	95.6	99.0	86.4	
Phosphorus limit would be	75 % removal. (compliance achieved)				

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	February	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 100	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		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	22.85	190.08	7.0		74	7.074		5.08	2.32	81.74	63.95	86.54		
2	30.44	244.80	7.0		74	0.000		3.72	2.38	75.33	63.83	64.90		
3	26.73	244.80	7.0		75	28.296		2.73	2.28	78.97	62.20			
4	29.24	244.80	7.0		76	0.000		5.86	2.21	88.87	63.79			
5	17.21	244.80	7.0		76	0.000		1.87	2.30	82.48	64.47	85.53		
6	26.72	244.80	7.0		76	21.222		4.06	2.15	79.67	62.58	91.73		
7	26.36	244.80	7.1		76	7.074		4.50	2.22	78.47	60.67	89.81		
8	25.83	180.00	7.2		76	0.000		3.10	2.11	76.96	61.15	89.52		
9	21.10	244.80	7.1		76	17.685		4.71	2.15	77.39	60.49	52.04		
10	32.53	244.80	7.0		77	17.685		4.93	2.10	79.26	62.12			
11	27.95	241.92	7.0		76	0.000		4.66	2.11	82.87	61.94			
12	21.86	246.24	6.9		77	0.000		4.26	1.99	84.35	66.42			
13	24.62	244.80	6.9		77	14.148		4.91	2.09	83.13	62.59	90.53		
14	30.80	244.80	7.0		77	0.000		3.87	2.12	78.35	62.03	91.60		
15	31.44	254.88	7.0		76	10.611		4.33	2.10	77.44	63.51	90.28		
16	32.51	259.20	7.1		75			4.60	1.92	77.63	67.16	64.57		
17	31.52	259.20	7.1		76	24.759		3.93	2.06	77.01	61.97			
18	30.73	259.20	7.1		76			3.37	2.02	76.44	61.31			
19	29.07	259.20	7.0		75	17.685		3.93	2.04	78.93	61.86			
20	29.18	260.64	7.1		76			2.13	2.02	81.67	62.07	91.46		
21	30.43	194.40	6.9		77	7.074		4.38	2.08	79.69	62.32	91.18		
22	30.10	237.60	6.9		77	10.611		4.42	2.10	78.54	60.96	90.38		
23	27.01	252.00	6.9		76			3.79	2.09	77.00	63.27	64.11		
24	29.75	252.00	7.0		77			4.42	2.06	77.19	62.03			
25	32.56	252.00	7.0		77			1.49	2.01	81.37	62.77			
26	29.01	252.00	7.1		78	3.537		2.66	1.91	81.87	62.89			
27	24.82	252.00	7.1		77			3.53	2.02	79.76	65.56	93.14		
28	17.32	192.96	7.1		79	10.611		3.71	2.10	76.82	62.95	89.97		
29	30.00	205.92	7.1		77	0.000		4.79	1.15	78.09	62.86	90.14		
30														
31														
Avg.	27.58	239.64			76	9.003		3.92	2.08	79.56	62.82	83.75		
Max.	32.56	260.64	7.2		79	28.296		5.86	2.38	88.87	67.16	93.14		
Min.	17.21	180.00	6.9		74	0.000		1.49	1.15	75.33	60.49	52.04		
Data	29	29	29	0	29	22	0	29	29	29	29	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 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	February	2024

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			12.10	1,644	0.0002		0.0002				0.0218		0.0406			
6						0.0002		0.0002				0.0020		0.0060		
7																
8																
9																
10																
11																
12																
13					0.0003	0.0002										
14	203	23,250														
15																
16																
17																
18																
19																
20					0.0003	0.0002										
21																
22																
23																
24																
25																
26					0.0002	0.0002										
27																
28																
29																
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31																
Avg.	203	23,250	12.10	1,644	0.0003	0.0002	0.0002	0.0002			0.0218	0.0020	0.0406	0.0060		
Max.	203	23,250			0.0003	0.0002	0.0002	0.0002			0.0218	0.0020	0.0406	0.0060		
Min.	203	23,250	12.10	1644	0.0002	0.0002	0.0002	0.0002			0.0218	0.0020	0.0406	0.0060		
Data	1	1	1	1	4	4	1	1	0	0	1	1	1	1	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	February	2024

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												
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5	0.0179		0.0010		0.0491													
6		0.0047		0.0010		0.0216												
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Avg.	0.0179	0.0047	0.0010	0.0010	0.0491	0.0216												
Max.	0.0179	0.0047	0.0010	0.0010	0.0491	0.0216												
Min.	0.0179	0.0047	0.0010	0.0010	0.0491	0.0216												
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: February 2024			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	16.84	23.10					15 min													
2	16.28	19.20					15 min													
3	15.04	18.20					15 min													
4	14.98	18.10					15 min													
5	15.10	18.10					15 min													
6	14.63	16.20					15 min													
7	14.87	17.80					15 min													
8	15.00	17.50					15 min													
9	14.13	16.80	10:51 PM	0.08	0.01	0.04	15 min													
10	13.78	15.60					15 min													
11	13.98	15.40					15 min													
12	14.24	16.00					15 min													
13	13.78	16.20					15 min													
14	13.12	15.80					15 min													
15	14.27	26.10	5:51 AM	3.25	0.14	0.16	15 min													
16	13.66	15.70					15 min													
17	12.35	14.10					15 min													
18	12.42	15.10					15 min													
19	12.88	15.10					15 min													
20	12.44	15.00					15 min													
21	12.71	15.70					15 min													
22	14.51	28.30	2:29 AM	11.78	0.32	0.20	15 min													
23	12.01	14.70	9:19 PM	0.95	0.05	0.08	15 min													
24	12.28	16.30	12:11 AM	21.30	0.10	0.08	15 min													
25	11.10	13.50					15 min													
26	11.63	15.00					15 min													
27	12.67	16.10	9:16 AM	0.08	0.01	0.04	15 min													
28	11.20	13.70	3:46 AM	4.72	0.08	0.12	15 min													
29	11.43	13.10					15 min													
Totals:	393.31			42.16	0.71			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: February 2024										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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Totals:	0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		



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: February 2024										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. 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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Totals:		0	Days	0.00	0.0000		0	Days	0.00	0.0000		0	Days	0.00	0.0000		0	Days	0.00	0.0000		0	Days	0.00	0.0000



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 4 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: February 2024					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. 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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Totals:		0	Da	0.00		0.0000	0	Da	0.00		0.0000		0	Da	0.00		0.0000		0	Da	0.00		0.0000		



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: February 2024										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	
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Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		



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: February 2024										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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Totals:		0	Da	0.00	0.0000		0	Da	0.00	0.0000		0	Da	0.00	0.0000		0	Da	0.00	0.0000		0	Da	0.00	0.0000



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 7 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: February 2024										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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Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		



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: February 2024										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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Totals:	0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		



**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: February 2024	Enter "x" if no CSO discharge occurred for the month: X	
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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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) 03/28/24



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 2/9/24 5:44 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 2/9/24 5:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1201 S. Nappanee St	(9) Latitude (Deg Min Sec) 41 40 45N	(9) Longitude (Deg Min Sec) 86 00 7W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 1000 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 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: na/		
(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>operator error</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)		(17) Additional Description of the Bypass / Overflow Event: Operator error - grit tank was put into service but effluent gate was closed		(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 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 <i>Write SOP and train new Operators on procedures for properly put grit tanks in and out of service</i>					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence <i>train all operators on procedure</i>					

(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): 2/9/24
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 2/9/24 appx 3:15	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Friday, February 9, 2024 3:23 PM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: inc report 020924
Attachments: EXTERNAL: Relayed: inc report 020924

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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 02/20/24 12:28 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 02/20/24 2:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1966 Sterling	(9) Latitude (Deg Min Sec) 41 40 7 N	(9) Longitude (Deg Min Sec) 85 57 6 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual <10 gal Gallons			(11) WWTP Flow During Release 12.5 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: n/a		
(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 checked="" 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) sewer main plugged		(17) Additional Description of the Bypass / Overflow Event: received call at 12:28 pm of backup 3-4' diameter around 2 floor drains of 1966 Sterling. Crews found obstruction between downstream manholes 486 and 483. Obstruction was cleared and flows returned to normal at 2:15 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 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 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 jetted line and obstruction cleared					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence continue routine cleaning and televising schedule					

(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>2/21/24</u>
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 2/21/24 appx 8:15	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Wednesday, February 21, 2024 8:21 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0025674_INC_RPT_02_2024_02
Attachments: EXTERNAL: Relayed: IN0025674_INC_RPT_02_2024_02

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 **Signing Process Confirmation - CDX Activity ID: _782b9fa1-618d-4f60-8df9-c0ad8b8ffdc**

Your DMRs are undergoing the Signing Process

IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	03/31/24	04/28/24
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	03/31/24	04/28/24
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	03/31/24	04/28/24
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	03/31/24	04/28/24
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	03/31/24	04/28/24
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	03/31/24	04/28/24
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	03/31/24	04/28/24
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	03/31/24	04/28/24
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	03/31/24	04/28/24
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	03/31/24	04/28/24
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	03/31/24	04/28/24
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	03/31/24	04/28/24
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	03/31/24	04/28/24
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	03/31/24	04/28/24
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	03/31/24	04/28/24
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	03/31/24	04/28/24
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	03/31/24	04/28/24
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	03/31/24	04/28/24
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	03/31/24	04/28/24
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	03/31/24	04/28/24
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	03/31/24	04/28/24
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	03/31/24	04/28/24
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	03/31/24	04/28/24
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	03/31/24	04/28/24
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	03/31/24	04/28/24
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	03/31/24	04/28/24
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	03/31/24	04/28/24
IN0025674	ELKHART WWTP	035	035-AQ	QUARTERLY REPORTING	03/31/24	04/28/24
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	03/31/24	04/28/24
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	03/31/24	04/28/24
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	03/31/24	04/28/24

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DMR Copy of Submission

Showing COR 1 of 31 [◀](#) [◀](#) **1** [▶](#) [▶](#)

Permit

Permit ID: IN0025674
Permittee: ELKHART WWTP
Facility: ELKHART WWTP
Permitted Feature: 035 - External Outfall
Report Dates & Status
Monitoring Period: From 01/01/24 to 03/31/24
Status: **NetDMR Validated**

Considerations for Form Completion

REPORT MONTHLY SAMPLING ON THE 001-A 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: -

Major:

Permittee Address: 229 SOUTH 2ND ST
ELKHART, IN46516

Facility Location: 1201 S NAPPANEE ST
ELKHART, IN46516

Discharge: 035-AQ - QUARTERLY REPORTING

DMR Due Date: 04/28/24

Code	Name	Value 1	Units	Value 2	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
01119	Copper, total recoverable						=0.0523	19 - mg/L	0	01/30 - Monthly	24 - COMP24
	G - Raw Sewage Influent										
	Season: 0						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
	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

No attachments.

Report Last Saved By

ELKHART WWTP

User: Payton88

Name: Laura Kolo

E-Mail: laura.kolo@coei.org

Date/Time: 2024-04-22 12:21 (Time Zone: -04:00)

Report Last Signed By

User: Payton88

Name: Laura Kolo

E-Mail: laura.kolo@coei.org

Date/Time: 2024-04-22 12:41 (Time Zone: -04:00)

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Showing COR 14 of 31 ◀ 10 11 12 13 **14** 15 16 17 ▶▶

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
82220	Flow, total			80 -					0	01/30 -	RT -
	1 - Effluent Gross		=424.0	Mgal/mo						Monthly	RCOTOT
Season:	0		Req Mon MO TOTAL	80 -						01/30 -	RT -
NODI:	-			Mgal/mo						Monthly	RCOTOT

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_2024_03.pdf	pdf	1212233.0
IN0025674_CSO_MRO_2024_03.pdf	pdf	1428922.0
IN0025674_035a_MRO_2024_03.pdf	pdf	1011653.0

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2024-04-22 12:39 (Time Zone: -04:00)

Report Last Signed By

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2024-04-22 12:41 (Time Zone: -04:00)



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: March 2024	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	11.70	13.50					15 min													
2	10.66	12.20					15 min													
3	10.56	12.50					15 min													
4	10.69	15.10					15 min													
5	11.95	17.10	4:19 AM	5.78	0.21	0.36	15 min													
6	11.33	12.60	8:56 AM	0.08	0.01	0.04	15 min													
7	11.09	12.60					15 min													
8	14.52	22.20	9:44 AM	14.28	0.68	0.28	15 min													
9	14.49	30.20	12:04 AM	0.70	0.04	0.08	15 min													
10	10.83	15.00	12:01 PM	0.08	0.01	0.04	15 min													
11	11.23	13.20					15 min													
12	11.03	13.00					15 min													
13	10.88	12.60					15 min													
14	17.68	29.10	1:29 AM	15.58	1.10	0.56	15 min							11:23 AM	M	0.25	M	0.0308	M	
15	11.18	13.10					15 min													
16	11.45	14.00					15 min													
17	10.33	11.50	2:46 PM	0.08	0.01	0.04	15 min													
18	12.35	14.10	12:36 PM	3.75	0.07	0.04	15 min													
19	11.98	14.10	11:36 AM	0.08	0.01	0.04	15 min													
20	12.00	14.10					15 min													
21	11.70	13.80					15 min													
22	11.11	13.10					15 min													
23	11.06	13.10					15 min													
24	10.71	13.00					15 min													
25	11.64	13.50					15 min													
26	13.80	22.10	1:11 AM	13.50	0.42	0.80	15 min													
27	10.50	12.60					15 min													
28	10.94	12.60					15 min													
29	10.39	13.70					15 min													
30	14.98	43.20	1:16 AM	6.75	0.85	0.40	15 min													
31	10.48	13.50	8:29 PM	3.58	0.35	0.24	15 min													
Totals:	365.21			64.24	3.76			0	Days	0.00		0		1	Days	0.25		0.0308		

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) 04/22/24



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

Slate Form 50546 (R4 / 9-16)

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: March 2024										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																								
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9																								
10																								
11																								
12																								
13																								
14	11:12 AM	M	1.00	M	0.1737	M							11:16 AM	M	1.00	M	0.0409	M						
15																								
16																								
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25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	1	Da ys	1.00		0.1737		0	Da ys	0.00		0.0000		1	Da ys	1.00		0.0409		0	Da ys	0.00		0.0000	



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: March 2024										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																									
2																									
3																									
4																									
5																									
6																									
7																									
8																									
9																									
10																									
11																									
12																									
13																									
14	10:57 AM	M	0.92	M	0.0347	M	11:32 AM	M	0.17	M	0.0027	M							10:50 AM	M	1.33	M	0.1206	M	
15																									
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27																									
28																									
29																									
30																									
31																									
Totals:	1	Da ys	0.92		0.0347		1	Da ys	0.17		0.0027		0	Da ys	0.00		0.0000		1	Da ys	1.33		0.1206		



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: March 2024										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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14							10:08 AM	M	1.17	M	0.1975	M	10:55 AM	M	2.32	M	0.2687	M	10:44 AM	M	1.33	M	0.0120	M	
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30													5:05 AM	M	3.82	M	0.2910	M							
31													11:30 PM	M	0.50	M	0.0501	M							
Totals:	0	Days	0.00		0.0000		1	Days	1.17		0.1975		3	Days	6.64		0.6098		1	Days	1.33		0.0120		



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 5064G (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: March 2024										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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14	11:00 AM	M	1.00	M	0.0635	M	10:52 AM	M	0.92	M	0.0279	M	10:45 AM	M	1.50	M	0.1369	M	9:41 AM	M	0.92	M	0.0551	M	
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30	5:00 AM	M	0.25	M	0.0125	M																			
31																									
Totals:	2	Da ys	1.25		0.0760		1	Da ys	0.92		0.0279		1	Da ys	1.50		0.1369		2	Da ys	1.17		0.0580		



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: March 2024										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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14							10:47 AM	M	0.75	M	0.0157	M												
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Totals:	0	Da	0.00		0.0000		1	Da	0.75		0.0157		0	Da	0.00		0.0000		0	Da	0.00		0.0000	



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: March 2024										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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14							10:55 AM	M	1.47	M	0.2084	M												
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31							11:25 PM	M	0.50	M	0.0869	M												
Totals:	0	Da ys	0.00		0.0000		2	Da ys	1.97		0.2953		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000	



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: March 2024										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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14	9:57 AM	M	3.00	M	1.5093	M	9:37 AM	M	2.08	M	0.0791	M	10:52 AM	M	1.92	M	0.1014	M						
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26	3:12 PM	M	0.33	M	0.0109	M																		
27																								
28																								
29																								
30	5:12 AM	M	2.33	M	0.1726	M	4:46 AM	M	0.33	M	0.0135	M												
31																								
Totals:	3	Da ys	5.66		1.6928		2	Da ys	2.41		0.0926		1	Da ys	1.92		0.1014		0	Da ys	0.00		0.0000	



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: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: March 2024	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	
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14	precipitation
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22	
23	
24	
25	
26	precipitation
27	
28	
29	
30	precipitation
31	precipitation

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) 04/22/24



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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart			Permit Number IN0025674		
Month March	Year 2024	Plant Design Flow 20.00 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 06/30/2024	

Day of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 3.76 Precipitation - Inches	Bypass At Plant Site("X" If Occurred)	Sanitary Sewer Overflow("X" if Occurred)	CHEMICALS USED			RAW SEWAGE						
							Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or 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							206	11.700	7.4	90	8,782	144	14,051	3.80	21.16
2	Sat							210	10.658	7.5	106	9,422	114	10,133	2.46	18.04
3	Sun							195	10.558	7.2	127	11,183	74	6,516	2.64	15.00
4	Mon							228	10.692	7.2	96	8,560	118	10,522	2.85	16.84
5	Tue			0.21				225	11.950	7.2	132	13,156	166	16,544	3.63	19.28
6	Wed			0.01				228	11.325	7.4	117	11,051	122	11,523	3.16	22.52
7	Thu							231	11.092	7.9	105	9,713	162	14,986	3.12	19.80
8	Fri			0.68					14.516	7.3	105	12,712	160	19,370	3.52	19.12
9	Sat			0.04				223	14.491	7.2	104	12,569	136	16,436	2.64	14.84
10	Sun			0.01				228	10.825	7.2	128	11,556	86	7,764	2.40	15.16
11	Mon							213	11.233	7.3	75	7,026	110	10,305	3.34	17.00
12	Tue							198	11.025	7.3	113	10,390	136	12,505	3.20	20.72
13	Wed							258	10.875	7.4	113	10,249	118	10,702	3.42	20.92
14	Thu			1.10				243	17.675	7.2	87	12,825	150	22,111	2.39	15.96
15	Fri							213	11.175	7.3	122	11,370	112	10,438	3.30	19.68
16	Sat							213	11.450	7.3	98	9,358	98	9,358	2.81	17.20
17	Sun			0.01				213	10.325	7.3	93	8,008	82	7,061	2.18	14.72
18	Mon			0.07				207	12.350	7.2	87	8,961	98	10,094	2.64	17.40
19	Tue			0.01				207	11.983	7.2	108	10,793	108	10,793	3.72	18.56
20	Wed							198	12.000	7.3	121	12,110	130	13,010	3.55	18.88
21	Thu							213	11.700	7.7	117	11,417	124	12,100	4.03	18.68
22	Fri							198	11.108	7.2	112	10,376	142	13,155	3.18	20.52
23	Sat							167	11.058	7.5	108	9,960	116	10,698	2.46	19.16
24	Sun							380	10.708	7.1	96	8,573	90	8,037	2.46	15.24
25	Mon							173	11.642	7.4	106	10,292	132	12,816	3.71	20.76
26	Tue			0.42				532	13.800	7.4	138	15,883	218	25,090	4.21	21.04
27	Wed							250	10.500	7.1	128	11,209	124	10,859	3.17	19.60
28	Thu							200	10.942	7.3	100	9,126	152	13,871	4.55	19.96
29	Fri							200	10.392	7.8	109	9,447	80	6,934	3.20	20.24
30	Sat			0.85		X		228	14.983	7.6	107	13,371	146	18,244	1.87	12.68
31	Sun			0.35				213	10.483	7.5	77	6,732	56	4,896	2.04	13.48
Average				0.31				230	11.781		107	10,522	123	12,288	3.09	18.20
Maximum				1.10				532	17.675	7.9	138	15,883	218	25,090	4.55	22.52
Minimum				0.01				167	10.325	7.1	75	6732	56	4896	1.87	12.68

# of Data	0	12	0	1	0	30	0	31	31	31	31	31	31	31	31	0
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<p>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.</p>	Prepared by or under the direction of (Certified Operatc <i>Laura Kolo</i>	Date (month, day, year) 4/22/24
	Signature of principal executive officer or authorized agent (or attested by NeIDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) 4/22/24

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month March	Year 2024
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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	67	74	142	4,896	29	5.6	12	6.413	4,560						7.6		9.8	
2	73	76	181	2,636	69	5.7	13	6.487	4,380						7.6		9.6	
3	81	53	168	2,492	67	6.2	13	6.487	4,580						7.4		9.5	
4	71	68	175	2,580	68	6.6	13	6.519	4,380					22	7.0		9.6	
5	104	64	165	2,524	65	5.4	13	6.483	4,820					28	7.6		10.0	
6	82	62	169	2,688	63	5.2	13	6.510	4,780					10	7.6		10.0	
7	84	66	138	2,620	53	5.4	13	6.487	4,980						6.9		9.6	
8	81	78	144	2,468	58	3.8	13	6.487	5,540						6.9		9.3	
9	75	80	156	2,644	59	5.9	12	6.487	5,040						7.0		9.9	
10	98	56	148	2,988	50	5.8	12	6.487	4,980						7.5		9.7	
11	64	86	156	3,320	47	5.6	13	6.487	5,140					14	7.7		9.9	
12	76	64	153	2,944	52	5.6	13	6.487	5,380					14	7.7		10.1	
13	88	53	146	3,060	48	5.7	14	6.474	6,140					29	7.0		9.7	
14	72	76	149	2,928	51	7.0	13	6.487	4,220						7.0		9.6	
15	97	78	149	2,968	50	5.7	14	6.487	5,420						7.0		9.3	
16	76	60	152	3,092	49	5.9	13	6.487	5,480						7.0		9.1	
17	69	41	120	5,220	23	5.6	13	6.487	5,240						7.6		9.6	
18	61	56	158	5,608	28	5.6	12	6.487	5,540					24	7.6		9.1	
19	84	58	104	2,972	35	4.6	13	6.487	6,160					28	7.5		9.8	
20	82	60	133	3,180	42	5.4	12	6.487	4,900					41	7.0		9.4	
21	78	57	139	3,012	46	5.9	13	6.487	6,120						7.0		10.0	
22	85	68	135	2,852	47	5.9	13	6.487	6,120						7.4		10.5	
23	75	59	140	2,936	48	6.3	13	6.487	5,160						7.0		10.1	
24	79	53	126	6,844	18	5.3	13	6.487	5,160						7.7		10.5	
25	81	64	136	5,332	26	4.8	13	6.487	5,140					26	7.5		9.6	
26	86	78	124	3,288	38	4.3	13	6.487	5,640					39	7.4		9.7	
27	100	66	120	2,960	41	4.4	13	6.487	4,240					67	6.7		10.0	
28	82	66	138	3,036	45	5.4	13	6.487	5,500						6.7		10.0	
29	95	60	140	2,968	47	5.4	13	6.487	5,240						6.8		10.1	
30	76	68	138	2,572	54	5.8	12	6.487	7,620						7.0		10.3	
31	68	52	144	5,144	28	6.00	13	6.487	4,500						7.0		10.4	
Avg.	80	65	145	3,380	47	5.5	13	6.486	5,229					29			9.8	
Max	104	86	181	6,844	69	7.0	14	6.519	7,620					67		7.7	10.5	
Min.	61	41	104	2,468	18	3.8	12	6.413	4,220					10		6.70	9.1	
Daily Max															67			
# of Days above 235															0			
Data	31	31	31	31	31	31	31	31	31	0	0	1	0	12	31	0	31	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):
ferric chloride is being used for po4 removal, not ferrous chloride

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

Slate Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month March	Year 2024
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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	10.832		2		181		5		416		0.06		5.4		0.43	39
2	Sat	10.575		4		353		5		415		0.06		5.3		0.52	46
3	Sun	10.367		3		259		4		311		0.05		4.3		0.40	35
4	Mon	11.077		3		277		3		314		0.06		5.5		0.38	35
5	Tue	11.155		3		279		4		363		0.05		4.7		0.41	38
6	Wed	10.194		2		170		4		323		0.06		5.1		0.43	37
7	Thu	10.147		3		254		4		339		0.05		4.2		0.50	42
8	Fri	14.620		3		366		9		1,061		0.21		25.6		0.53	65
9	Sat	11.174	11.248	3	2.86	280	269	6	4.81	587	471	0.06	0.08	5.6	8	0.51	48
10	Sun	10.209		3		255		7		570		0.06		5.1		0.50	43
11	Mon	13.779		2		230		5		540		0.08		9.2		0.45	52
12	Tue	14.144		2		236		7		849		0.04		4.7		0.51	60
13	Wed	13.790		3		345		6		690		0.09		10.4		0.56	64
14	Thu	25.400		3		636		9		1,822		0.17		36.0		0.62	131
15	Fri	10.650		3		266		7		622		0.30		26.6		0.48	43
16	Sat	15.348	14.760	4	2.86	512	354	7	6.77	922	859	0.13	0.12	16.6	16	0.56	72
17	Sun	15.077		4		503		7		930		0.07		8.8		0.47	59
18	Mon	16.134		3		404		10		1,292		0.62		83.4		0.62	83
19	Tue	16.718		4		558		10		1,450		0.17		23.7		0.65	91
20	Wed	13.764		3		344		7		849		0.05		5.7		0.60	69
21	Thu	13.146		4		439		12		1,294		0.05		5.5		0.73	80
22	Fri	12.886		3		322		10		1,096		0.05		5.4		0.72	77
23	Sat	11.996	14.246	4	3.57	400	424	10	9.60	1,040	1,136	0.05	0.15	5.0	20	0.68	68
24	Sun	12.028		6		602		7		662		0.05		5.0		0.79	79
25	Mon	12.880		5		537		11		1,182		0.06		6.4		0.94	101
26	Tue	16.282		4		543		10		1,412		0.08		10.9		0.86	117
27	Wed	14.034		4		468		12		1,381		0.17		19.9		0.78	91
28	Thu	14.232		4		475		12		1,377		0.10		11.9		0.88	104
29	Fri	14.650		6		733		11		1,295		0.10		12.2		0.83	101
30	Sat	22.185	15.184	6	5.00	1,110	638	14	10.80	2,516	1,404	0.08	0.09	14.8	12	0.84	155
31	Sun	14.038		6		702		9		1,007		0.79		8.2		0.79	92
Avg		13.662		4		421		8		933		0.13		12.9		0.61	72
Max		25.400	15.184	6	5.00	1,110	638	14	10.80	2,516	1,404	0.79	0.15	83.4	20	0.9	155
Min		10.147	11.248	2	2.86	170	269	3	4.81	311	471	0.04	0.08	4.2	8	0.4	35
Data		31	4	31	4	31	4	31	4	31	4	31	4	31	4	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons)
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	424
Primary Treatment	25.11	47.4			
Secondary Treatment	95.5	87.8			Percent Capacity (actual flow/design) 68%
Overall Treatment	96.63	93.6	99.3	80.2	
Phosphorus limit would be	75 % removal. (compliance achieved)				

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	March	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary SludgeGal. x 100	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		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	27.30	200.16	7.1		77	10.611		3.96	2.16	76.47	63.92	64.07		
2	26.50	230.40	7.0		77	53.055		4.20	2.10	76.88	65.00			
3	22.00	230.40	7.0		76			4.33	2.12	77.28	64.52			
4	16.00	230.40	7.0		77			3.45	2.20	75.85	64.02			
5	34.00	230.40	7.0		77			4.08	2.15	75.16	63.46	91.06		
6	22.00	230.40	7.1		78	21.222		4.08	2.12	73.78	62.28	90.19		
7	22.00	208.80	7.1		77			3.43	2.10	73.29	61.90	90.31		
8	29.50	208.80	6.9		78	3.537		4.97	2.10	74.38	63.13	65.27		
9	30.50	187.20	7.1		79	77.814		5.27	2.07	75.85	60.26			
10	29.50	187.20	7.2		79			5.34	1.98	75.52	63.04			
11	26.00	187.20	7.3		78			5.03	1.99	77.80	61.72	110.70		
12	40.06	187.20	7.3		80	7.074		3.88	1.94	75.76	60.48	90.36		
13	31.81	187.20	7.1		80	21.222		2.92	1.89	69.83	61.27	90.66		
14	39.98	187.20	7.2		82	17.685		3.63	1.95	71.38	59.71	87.62		
15	40.14	187.20	7.2		80			5.33	1.99	71.04	60.26	65.13		
16	35.50	187.20	7.0		83			5.12	1.96	73.37	60.83			
17	25.00	187.20	7.2		85			6.39	1.91	75.83	60.47			
18	34.80	187.20	7.1		81	17.685		3.46	1.95	70.32	60.56	123.05		
19	29.16	169.92	7.2		84	7.074		2.75	2.05	74.77	61.78	129.29		
20	32.89	165.60	7.1		84	3.537		3.83	2.03	77.60	61.54	43.44		
21	29.57	165.60	7.1		84	10.611		4.44	2.12	77.98	59.51	67.96		
22	30.00	185.76	7.1		83			4.72	2.11	76.58	60.87	62.78		
23	32.13	187.20	7.0		83			3.93	2.40	74.32	60.69			
24	30.00	187.20	7.1		82	3.537		4.82	2.31	78.17	61.90			
25	30.99	187.20	7.1		93			3.57	2.39	82.30	61.90	88.29		
26	35.41	188.64	7.1		82			2.10	2.50	80.75	61.62	87.76		
27	30.81	216.00	7.1		82	21.222		4.28	2.49	73.81	61.82	122.54		
28	30.26	216.00	7.1		82	14.148		3.31	2.39	74.88	60.78	89.04		
29	29.62	216.00	7.1		84	7.074		4.15	2.22	74.83	66.49			
30	29.92	216.00	7.1		83			3.43	2.18	72.87	60.00			
31	30.23	216.00	7.1		83			5.06	2.19	80.68	61.15			
Avg.	30.12	198.67			81	18.569		4.17	2.13	75.46	61.83	87.34		
Max.	40.14	230.40	7.3		93	77.814		6.39	2.50	82.30	66.49	129.29		
Min.	16.00	165.60	6.9		76	3.537		2.10	1.89	69.83	59.51	43.44		
Data	31	31	31	0	31	16	0	31	31	31	31	19	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 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	March	2024

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			19.90	1,838												
5					0.0003	0.0002	0.0004	0.0002			0.0057	0.0020	0.0523	0.0108		
6															19.6000	1.0300
7																
8																
9																
10																
11																
12					0.0008	0.0002										
13																
14																
15																
16																
17																
18																
19					0.0004	0.0002										
20																
21																
22	185	19,882														
23																
24																
25					0.0007											
26						0.0002										
27																
28																
29																
30																
31																
Avg.	185	19,882	19.90	1,838	0.0006	0.0002	0.0004	0.0002			0.0057	0.0020	0.0523	0.0108	19.6000	1.0300
Max.	185	19,882			0.0008	0.0002	0.0004	0.0002			0.0057	0.0020	0.0523	0.0108	19.6000	1.0300
Min.	185	19,882	19.90	1838	0.0003	0.0002	0.0004	0.0002			0.0057	0.0020	0.0523	0.0108	19.6000	1.0300
Data	1	1	1	1	4	4	1	1	0	0	1	1	1	1	1	1

WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	March	2024

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	0.0224	0.0071	0.0040	0.0013	0.1070	0.0395											
6																	
7																	
8																	
9																	
10																	
11																	
12																	
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25																	
26																	
27																	
28																	
29																	
30																	
31																	
Avg.	0.0224	0.0071	0.0040	0.0013	0.1070	0.0395											
Max	0.0224	0.0071	0.0040	0.0013	0.1070	0.0395											
Min.	0.0224	0.0071	0.0040	0.0013	0.1070	0.0395											
Data	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0



BYPASS / OVERFLOW INCIDENT REPORT

State Form 46273 (R7 / 4-18)
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 www.reports@idem.in.gov. Submission 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 (866) 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 3/30/24 4:30 AM	(7) Date (mm/dd/yy) and Time Release Stopped 3/30/24 5:15 AM	(8) Location of Release (street address or Manhole, LID Station, Force Main etc.) 1201 S. Nappanee	(9) Latitude (Deg Min Sec) 41 40 45 N	(10) Longitude (Deg Min Sec) 86 00 7W
----------------------------------	--	--	--	---	---

(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 5363 Gallons	(11) WWTP Flow During Release 41 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD
--	--	--

(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input checked="" type="checkbox"/> Treatment Bypass (at wastewater plant) tank <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release	(14) Describe any damage to aquatic life or receiving stream: N/A
---	---

(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) grit tank
--	---

(17) Additional Description of the Bypass / Overflow Event: operator error - wet weather procedures not followed, incident occurred on 3/30/24 but operator did not inform anyone, incl supervisor until 4/3/24 @ 1 pm.	(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input checked="" 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 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 checked="" type="checkbox"/> Clean-Up Debris
--

(21) Resolution: Actions Taken or Planned to Prevent Recurrence reviewed procedures with operator other confidential corrective action was taken
--

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): 4/4/24			
Individual Mailing Report (checked) Laura Kolo	Telephone Number: (674) 293-2572	Contact Email: laura.kolo@coel.org	Date (month, day, year) / Time IDEM Notified: 4/4/24 @ 10:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM



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 3/30/24 4:30	(7) Date (mm/dd/yy) and Time Release Stopped 3/30/24 5	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1201 S. Nappanee	(9) Latitude (Deg Min Sec) 41 40 45 N	(9) Longitude (Deg Min Sec) 86 00 7W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 5363 Gallons			(11) WWTP Flow During Release 41 MGD	(12) WWTP Peak Desgn Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input checked="" type="checkbox"/> Treatment Bypass (at wastewater plant) tank <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: n/a		
(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 operator error					
(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) grit tank		(17) Additional Description of the Bypass / Overflow Event: operator error - wet weather procedures not followed, incident occurred on 3/30/24 but operator did not inform anyone, incl supervisor until 4/3/24 ~ 1 pm.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input checked="" 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 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 checked="" type="checkbox"/> Clean-Up Debris					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence reviewed procedures with operator other confidential corrective action was taken					

(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>4/4/24</u>		
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 4/4/24 ~ 10:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

Kolo, Laura

From: Kolo, Laura
Sent: Thursday, April 4, 2024 10:00 AM
To: 'wwreports@idem.IN.gov'; Kolo, Laura
Subject: Inc rpt
Attachments: Image.jpeg

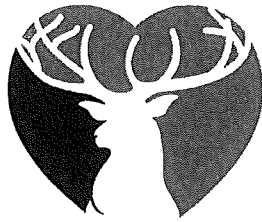
Please find incident report attached. Incident occurred on 033024 but operator did not inform anyone or his supervisor until 040324 at appx 1 pm

Kolo, Laura

From: IDEM Wastewater Reports <WWReports@idem.IN.gov>
Sent: Thursday, April 4, 2024 10:01 AM
To: Kolo, Laura
Subject: EXTERNAL: Automatic reply: Inc rpt

Caution: This email originated from outside of the organization. Please take care when clicking links or opening attachments. When in doubt, contact your IT Department

Thank you for your submission. If we have any follow up questions, we will let you know.



City of Elkhart
Public Works and Utilities

Date May 24, 2024
Memo To Board of Public Works
Memo From Laura Kolo, Utility Services Manager *LK*
Subject Wastewater Utility Monthly Report of Operations
for the month of April, 2024

Wastewater MRO Highlights

Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	6	30
cBOD5 mg/L	3	25
Phosphorus mg/L	0.48	1.0
Ammonia mg/L	0.19	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	16.21	Design - 20
Total Monthly Flow MGD	486	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
04/19/24	MH @ Edgewater Park	955,700	SCADA Failure during rain event
04/28/24	MH @ Edgewater Park	320,500	SCADA Failure during rain event

Wet Weather Overflows

Number of Events	Total Overflow Volume (MG)
5	8.8203

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

 **Signing Process Confirmation - CDX Activity ID: _58419327-aeb7-45e2-adc7-c5563565596a**

Your DMRs are undergoing the Signing Process

IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	04/30/24	05/28/24
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	04/30/24	05/28/24
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	04/30/24	05/28/24
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	04/30/24	05/28/24
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	04/30/24	05/28/24
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	04/30/24	05/28/24
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	04/30/24	05/28/24
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	04/30/24	05/28/24
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	04/30/24	05/28/24
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	04/30/24	05/28/24
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	04/30/24	05/28/24
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	04/30/24	05/28/24
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	04/30/24	05/28/24
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	04/30/24	05/28/24
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	04/30/24	05/28/24
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	04/30/24	05/28/24
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	04/30/24	05/28/24
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	04/30/24	05/28/24
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	04/30/24	05/28/24
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	04/30/24	05/28/24
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	04/30/24	05/28/24
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	04/30/24	05/28/24
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	04/30/24	05/28/24
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	04/30/24	05/28/24
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	04/30/24	05/28/24
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	04/30/24	05/28/24
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	04/30/24	05/28/24
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	04/30/24	05/28/24
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	04/30/24	05/28/24
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	04/30/24	05/28/24

Indiana DEM

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DMR Copy of Submission

Expand Notices

Form Approved OMB No. 2040-0004 expires on 07/31/2026

Permit

Permit ID: IN0025674 **Major:** 035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER
Permittee: ELKHART WWTP **Permittee Address:** 229 SOUTH 2ND 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 04/01/24 to 04/30/24 **DMR Due Date:** 05/28/24

Status: **NetDMR Validated**

Considerations for Form Completion

THE FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE EVERY TWELVE MONTHS. 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	Name	Value 1	Units	Value 2	Value 3	Units	Value 2	Value 3	Units	Ex.	Analysis	Type
Season: 0	Req.	<=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d	<=0.00038 MO AVG	<=0.00077 DAILY MX	19 - mg/L	01/07 - Weekly	24 - COMP24			
NODI: -	NODI											
01079	Silver total recoverable											
G - Raw Sewage Influent	Req.	<=0.0003	=0.0003	19 - mg/L	02/30 - Twice Per Month	24 - COMP24						
Season: 0	Req.	Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L	02/30 - Twice Per Month	24 - COMP24						
NODI: -	NODI											
50050	Flow, in conduit or thru treatment plant											
1 - Effluent Gross	Smpl.	=16.21	03 - MGD									
Season: 0	Req.	Req Mon MO AVG	03 - MGD									
NODI: -	NODI											
51041	E. coli, colony forming units [CFU]											
1 - Effluent Gross	Smpl.											
Season: 1	Req.	<=125.0 MO GEO	<=235.0 DAILY MX	3Z - CFU/100mL	=29.0	=142.0	01/01 - Daily	GR - GRAB				
NODI: -	NODI											
71901	Mercury, total recoverable											
1 - Effluent Gross	Smpl.											
Season: 0	Req.	<=1.6 ANNUL AVG	Req Mon DAILY MX	3M - ng/L	=1.45	=1.03	01/60 - Once Every 2 Months	GR - GRAB				
NODI: -	NODI											
71901	Mercury, total recoverable											
G - Raw Sewage Influent	Smpl.											
Season: 0	Req.	Req Mon DAILY MX	3M - ng/L		=19.6		01/60 - Once Every 2 Months	GR - GRAB				
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_2024_04.pdf	pdf	914755.0
IN0025674_CSO_MRO_2024_04.pdf	pdf	1388616.0
IN0025674_INC_RPT_2024_04_1.pdf	pdf	129360.0
IN0025674_INC_RPT_2024_04_2.pdf	pdf	111724.0

Report Last Saved By

ELKHART WWTP

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2024-05-24 08:54 (Time Zone: -04:00)

Report Last Signed By

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2024-05-24 08:55 (Time Zone: -04:00)



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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart			Permit Number IN0025674		
Month April	Year 2024	Plant Design Flow 20.00 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 06/30/2024	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	CHEMICALS USED			RAW SEWAGE								
				Total= 4.18	Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or 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			1.03											
2	Tue			0.15		228		15.258	7.2	87	11,071	104	13,234	2.55	14.28
3	Wed			0.20		224		13.458	7.8	79	8,867	140	15,714	3.36	14.64
4	Thu			0.06		213		13.842	2.5	111	12,814	140	16,162	3.69	20.40
5	Fri					213		13.475	7.3	79	8,878	99	11,126	3.42	19.16
6	Sat					258		12.891	7.5	63	6,773	114	12,256	2.56	14.80
7	Sun			0.18		228		12.383	7.5	78	8,055	84	8,675	2.64	12.44
8	Mon					220		13.067	7.6	67	7,302	126	13,731	3.17	14.32
9	Tue					228		13.150	7.6	92	10,090	94	10,309	2.93	15.64
10	Wed					200		13.000	7.3	111	12,035	118	12,794	3.60	16.40
11	Thu			0.79		228		19.783	7.6	115	18,974	100	16,499	3.34	13.72
12	Fri			0.01				14.027	7.2	121	14,155	102	11,932	2.78	15.84
13	Sat					200		13.483	7.3	86	9,671	64	7,197	2.58	14.40
14	Sun					216		13.192	7.2	74	8,142	76	8,362	2.24	12.04
15	Mon			0.01		225		14.192	7.2	85	10,061	114	13,493	3.18	16.92
16	Tue					228		14.258	7.2	95	11,297	132	15,696	2.69	17.08
17	Wed			0.09		213		13.975	7.2	97	11,305	108	12,588	3.28	17.72
18	Thu			0.25		200		13.550	7.4	110	12,431	104	11,753	3.35	18.64
19	Fri			0.56	x	234		17.942	7.2	93	13,916	222	33,219	2.38	12.28
20	Sat					200		13.100	7.6	83	9,068	110	12,018	2.28	15.96
21	Sun					228		12.016	7.1	65	6,514	68	6,815	2.28	12.40
22	Mon					228		13.825	7.2	92	10,608	114	13,144	3.08	15.32
23	Tue			0.09		225		13.758	7.2	105	12,048	124	14,228	2.49	15.64
24	Wed			0.01		200		14.200	7.3	104	12,317	102	12,080	3.06	18.92
25	Thu					200		13.475	7.6	124	13,935	90	10,114	2.88	17.92
26	Fri			0.12		219		13.508	7.0	93	10,477	118	13,293	3.29	19.40
27	Sat			0.07		200		13.027	7.3	97	10,539	122	13,255	2.31	16.56
28	Sun			0.55	x	189		17.800	7.0	106	15,736	178	26,424	2.25	9.28
29	Mon			0.01		176		14.133	7.2	105	12,376	150	17,680	3.14	11.76
30	Tue							13.717	7.2	83	9,495	120	13,728	3.32	17.08
31															
Average				0.25		216		14.105		92	10,928	115	13,765	2.90	15.38
Maximum				1.03		258		19.783	7.8	124	18,974	222	33,219	3.69	20.40
Minimum				0.01		176		12.016	2.5	63	6514	64	6815	2.24	9.28

# of Data	0	17	0	2	0	28	0	30	30	30	30	30	30	30	30	0
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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 Operak
Laura Kolo
Date (month, day, year)
5/24/24

Signature of principal executive officer or authorized agent
(or attested by NetDMR subscriber agreement)
Laura Kolo
Date (month, day, year)
5/24/24

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month April	Year 2024
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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	53	64	126	4,392	29	8.7	12	6.487	3,760				3	7.4		10.4		
2	64	44	142	2,948	48	5.7	12	6.487	5,600				20	7.1		9.9		
3	60	68	110	2,796	39	5.6	12	6.487	6,380				27	7.4		10.5		
4	80	92	130	5,200	25	5.8	13	6.487	5,920				11	7.0		10.2		
5	63	52	122	3,632	34	6.5	13	6.487	5,160				29	7.0		10.5		
6	45	55	127	3,020	42	7.1	13	6.316	6,040				33	7.6		10.8		
7	53	49	132	4,316	31	6.6	13	6.487	6,620				30	7.7		11.0		
8	46	51	136	3,372	40	6.6	13	6.474	5,660				45	7.0		11.5		
9	59	55	124	3,420	36	5.1	14	6.487	6,260				36	7.6		10.1		
10	75	64	145	2,852	51	5.4	14	6.438	6,020				93	7.4		10.2		
11	88	70	142	2,764	51	5.4	13	6.487	7,420				142	7.0		9.9		
12	82	48	148	2,816	53	6.0	13	6.487	5,720				88	7.0		10.5		
13	58	47	153	2,916	52	6.5	14	6.487	5,720				118	7.0		10.6		
14	61	49	156	2,888	54	6.4	14	6.487	6,120				67	7.5		10.2		
15	66	56	156	2,708	58	5.7	14	6.487	5,340				32	7.6		9.7		
16	63	52	118	3,696	32	5.9	14	6.487	5,440				64	7.5		9.9		
17	73	52	143	2,656	54	5.6	14	6.487	5,820				27	7.0		9.8		
18	105	82	108	3,700	29	5.0	14	6.487	5,120				44	7.0		10.3		
19	88	124	145	2,596	56	6.2	14	6.487	5,440				54	7.2		10.6		
20	55	57	146	2,860	51	6.6		6.487	6,060				18	7.0		10.6		
21	54	39	128	2,932	44	6.5	14	6.487	5,960				23	7.5		10.9		
22	97	75	127	2,912	44	6.6	14	6.487	6,140				12	7.6		10.4		
23	83	79	118	3,552	33	5.7	14	6.487	5,800				25	7.6		10.1		
24	77	56	145	2,840	51	5.3	14	6.487	5,600				22	7.0		9.3		
25	117	52	132	3,368	39	5.7	14	6.487	6,160				13	7.8		10.8		
26	70	52	141	2,896	49	6.1	14	6.487	5,320				8	7.6		10.2		
27	59	49	143	2,880	50	6.5	14	6.424	5,700				19	7.0		10.0		
28	63	63	130	2,940	44	7.3	15	6.487	5,900				18	7.2		10.1		
29	66	64	116	3,692	31	7.2	15	6.487	5,360				16	7.5		10.7		
30	63	69	140	2,792	50	5.2	15	6.397	5,680				29	7.4		9.9		
31																		
Avg	70	61	134	3,212	43	6.2	14	6.474	5,775				39			10.3		
Max	117	124	156	5,200	58	8.7	15	6.487	7,420				142		7.8	11.5		
Min	45	39	108	2596	25	5.0	12	6.316	3760				3	7.00		9.3		
Daily Max													142					
# of Days above 235													0					
Data	30	30	30	30	30	30	29	30	30	0	0	1	0	30	30	0	30	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):
ferric chloride is being used for po4 removal, not ferrous chloride

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month April	Year 2024
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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	Mon	21.546		5		898		9		1,689		1.94		348.6		0.77	138
2	Tue	17.567		9		1,319		12		1,714		1.57		230.0		0.72	105
3	Wed	15.846		4		529		8		1,018		0.13		17.2		0.58	77
4	Thu	14.746		4		492		7		836		0.33		40.6		0.66	81
5	Fri	14.404		4		481		6		721		0.06		7.2		0.54	65
6	Sat	13.888	16.005	3	5.00	347	681	7	8.17	811	1,114	0.03	0.59	3.5	94	0.55	64
7	Sun	15.581		3		390		8		1,014		0.02		2.6		0.48	62
8	Mon	14.411		3		361		5		649		0.05		6.0		0.49	59
9	Tue	14.683		3		367		5		637		0.06		7.3		0.55	67
10	Wed	14.705		3		368		6		724		0.08		9.8		0.48	59
11	Thu	22.293		3		558		7		1,376		0.31		57.6		0.55	102
12	Fri	15.281		3		382		7		841		0.12		15.3		0.36	46
13	Sat	14.306	15.894	3	3.00	358	398	5	6.24	644	841	0.05	0.10	6.0	15	0.47	56
14	Sun	13.997		2		233		4		467		0.05		5.8		0.43	50
15	Mon	14.846		3		371		4		483		0.08		9.9		0.44	54
16	Tue	14.841		3		371		5		594		0.07		8.7		0.44	54
17	Wed	14.652		2		244		4		489		0.06		7.3		0.50	61
18	Thu	14.740		2		246		4		529		0.06		7.4		0.47	58
19	Fri	17.982		3		450		5		780		0.05		7.5		0.37	55
20	Sat	14.117	15.025	2	2.43	235	307	5	4.41	553	556	0.05	0.06	5.9	7	0.35	41
21	Sun	14.095		2		235		4		482		0.04		4.7		0.31	36
22	Mon	14.969		3		375		5		599		0.06		7.5		0.38	47
23	Tue	16.231		3		406		6		785		0.07		9.5		0.38	51
24	Wed	16.687		3		418		5		682		0.06		8.4		0.41	57
25	Thu	17.094		3		428		5		741		0.07		10.0		0.42	60
26	Fri	17.074		2		285		7		940		0.05		7.1		0.41	58
27	Sat	16.228	16.054	3	2.71	406	365	6	5.40	866	728	0.05	0.06	6.8	8	0.51	69
28	Sun	24.349		5		1,015		7		1,503		0.05		10.2		0.54	110
29	Mon	18.406		3		461		10		1,504		0.05		7.7		0.46	71
30	Tue	16.747		3		419		7		1,034		0.05		7.0		0.48	67
31																	
Avg		16.210		3		448		6		857		0.19		29.4		0.48	66
Max		24.349	16.054	9	5.00	1,319	681	12	8.17	1,714	1,114	1.94	0.59	348.6	94	0.8	138
Min		13.888	15.025	2	2.43	233	307	4	4.41	467	556	0.02	0.06	2.6	7	0.3	36
Data		30	4	30	4	30	4	30	4	30	4	30	4	30	4	30	30

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons) 486
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment	24.64	47.1			Percent Capacity (actual flow/design) 81%
Secondary Treatment	95.3	89.9			
Overall Treatment	96.50	94.6	98.8	83.3	
Phosphorus limit would be 70 % removal. (compliance achieved)					

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	April	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 100	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		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	31.42	216.00	7.1		85			4.04	2.17	78.98	61.11	114.37		
2	18.40	216.00	7.2		88	17.685			2.13		59.57	114.41		
3	30.00	216.00	7.2		90	10.611			2.12		60.81	134.30		
4	37.20	216.00	7.1		85				2.21		58.27	118.97		
5	30.32	216.00	7.2		85	7.074			2.45		61.29			
6	29.66	216.00	6.8		83	3.537		2.54	2.54	71.43	61.35			
7	24.62	216.00	6.8		82				2.60		60.56			
8	43.99	216.00	6.8		80				2.61		61.40			
9	33.00	216.00	6.8		70	7.074			3.97		69.03	227.48		
10	25.55	216.00	7.0		78	35.370		1.61	2.61	77.06	63.58	99.08		
11	10.26	216.00	7.0		79	3.537		4.83	1.24	74.29	60.00	259.66		
12	59.35	241.92	7.2		75				1.21		63.74	53.43		
13	40.16	249.12	7.0		74			5.47	2.18	74.83	62.73			
14	18.25	249.12	7.0		77			6.33	2.36	77.78	58.89			
15		249.12	7.2		77				2.70		58.05	250.19		
16		249.12	7.2		79				2.70		59.80			
17	9.08	249.12	6.9		76				3.02		60.15	51.12		
18		249.12	6.8		74				2.36		51.80	109.55		
19	119.09	249.12	7.0		74	3.537			2.02		59.59	37.70		
20	169.08	249.12			70			3.48		78.29				
21	17.56	249.12	6.5		63				1.88		60.94			
22	59.46	249.12	6.6		75	10.611		3.34	2.42	85.96	64.29			
23	34.72	249.12	6.5		70			4.23	2.21	77.31	63.46	103.04		
24	63.52	249.12	6.4		71	3.537		4.45	2.28	75.27	63.37	114.47		
25	46.72	249.12	6.5		73			3.61	2.22	73.43	62.58	93.45		
26	77.67	249.12	6.5		76	10.611		1.93	2.20	76.34	63.75	68.58		
27	63.60	249.12	6.6		80	7.074		3.65	2.08	77.68	64.50			
28	67.60	249.12	6.7		81			2.94	2.07	73.53	63.87			
29	53.82	249.12	6.8		82			3.49	2.01	75.34	62.34	100.39		
30	35.42	249.12	6.9		84			1.48	1.99	75.24	61.02	120.60		
31														
Avg.	46.28	236.74			78	10.022		3.59	2.30	76.42	61.44	120.60		
Max.	169.08	249.12	7.2		90	35.370		6.33	3.97	85.96	69.03	259.66		
Min.	9.08	216.00	6.4		63	3.537		1.48	1.21	71.43	51.80	37.70		
Data	27	30	29	0	30	12	0	16	29	16	29	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 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	April	2024

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			15.70	2,821	0.0003		0.0003				0.0041		0.0304			
2						0.0002		0.0002				0.0020		0.0139		
3								0.0142	0.0132							
4																
5																
6																
7																
8																
9					0.0002	0.0002										
10																
11																
12																
13																
14																
15					0.0002											
16						0.0002										
17																
18	203	24,955														
19																
20																
21																
22																
23					0.0003	0.0002										
24																
25																
26																
27																
28																
29																
30					0.0003	0.0002										
31																
Avg.	203	24,955	15.70	2,821	0.0003	0.0002	0.0003	0.0002	0.0142	0.0132	0.0041	0.0020	0.0304	0.0139		
Max.	203	24,955			0.0003	0.0002	0.0003	0.0002	0.0142	0.0132	0.0041	0.0020	0.0304	0.0139		
Min.	203	24,955	15.70	2821	0.0002	0.0002	0.0003	0.0002	0.0142	0.0132	0.0041	0.0020	0.0304	0.0139		
Data	1	1	1	1	5	5	1	1	1	1	1	1	1	1	0	0

WASTEWATER TREATMENT PLANT

Slate Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	April	2024

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	0.0191		0.0043		0.0460													
2		0.0055		0.0010		0.0201												
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
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22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg.	0.0191	0.0055	0.0043	0.0010	0.0460	0.0201												
Max	0.0191	0.0055	0.0043	0.0010	0.0460	0.0201												
Min.	0.0191	0.0055	0.0043	0.0010	0.0460	0.0201												
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: April 2024		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	15.68	24.00	12:04 AM	23.03	1.03	0.88	15 min							6:08 PM	M	0.17	M	0.0106	M
2	15.26	17.00	12:16 AM	18.63	0.15	0.16	15 min												
3	13.46	20.50	2:51 AM	20.38	0.20	0.08	15 min												
4	13.84	16.00	2:36 AM	13.33	0.06	0.08	15 min												
5	13.48	14.50					15 min												
6	12.89	15.00					15 min												
7	12.38	20.00	5:59 PM	5.95	0.18	0.32	15 min												
8	13.07	15.10					15 min												
9	13.15	15.20					15 min												
10	13.00	17.50					15 min												
11	19.78	27.90	1:14 AM	22.58	0.79	0.32	15 min												
12	14.03	16.10	7:11 AM	1.25	0.01	0.04	15 min												
13	13.48	16.00					15 min												
14	13.19	16.00					15 min												
15	14.19	15.30	10:16 AM	0.08	0.01	0.04	15 min												
16	14.26	18.10					15 min												
17	13.98	16.20	12:16 AM	12.17	0.09	0.12	15 min												
18	13.55	15.20	11:21 PM	0.72	0.25	0.56	15 min												
19	17.94	33.70	12:01 AM	5.83	0.56	0.48	15 min												
20	13.10	14.50					15 min												
21	12.02	15.00					15 min												
22	13.83	16.40					15 min												
23	13.76	18.10	11:14 AM	11.25	0.09	0.08	15 min												
24	14.20	15.60	3:26 AM	0.08	0.01	0.04	15 min												
25	13.48	15.40					15 min												
26	13.51	17.30	5:26 PM	3.22	0.12	0.16	15 min												
27	13.03	13.80	2:26 AM	7.17	0.07	0.16	15 min												
28	17.80	34.80	2:54 AM	19.70	0.55	0.64	15 min												
29	14.13	17.10	3:26 PM	0.22	0.01	0.04	15 min												
30	13.72	19.00					15 min												
Totals:	423.16			165.59	4.18			0	Days	0.00		0		1	Days	0.17		0.0106	



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: April 2024										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	6:46 PM	M	0.50	M	0.0730	M							6:51 PM	M	0.40	M	0.0139	M						
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19	12:51 AM	M	1.00	M	0.1737	M							12:56 AM	M	1.00	M	0.0380	M						
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	2	Days	1.50		0.2467		0	Days	0.00		0.0000		2	Days	1.40		0.0519		0	Days	0.00		0.0000	



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: Apr 2024										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	6:22 PM	M	1.08	M	0.0304	M	7:57 PM	M	0.17	M	0.0150	M											
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							
13																							
14																							
15																							
16																							
17																							
18																							
19	12:32 AM	M	1.17	M	0.0227	M							12:35 AM	M	1.50	M	0.1197	M					
20																							
21																							
22																							
23																							
24																							
25																							
26																							
27																							
28	7:17 AM	M	0.25	M	0.0068	M							7:30 AM	M	0.17	M	0.0014	M					
29	8:42 AM	M	0.58	M	0.0063	M																	
30																							
Totals:	4	Da ys	3.08		0.0662		1	Da ys	0.17		0.0150		0	Da ys	0.00		0.0000		3	Da ys	3.25		0.2170



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: April 2024		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							12:00 AM	M	9.72	M	1.1539	M	7:39 PM	M	0.58	M	0.0005	M					
2							12:05 AM	M	6.90	M	0.8312	M											
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11													3:40 AM	M	3.08	M	0.3209	M					
12																							
13																							
14																							
15																							
16																							
17																							
18																							
19							12:18 AM	M	0.67	M	0.0819	M	12:29 AM	M	3.25	M	0.3717	M					
20																							
21																							
22																							
23																							
24																							
25																							
26																							
27																							
28													5:00 AM	M	2.92	M	0.1844	M					
29																							
30																							
Totals:	0	Days	0.00		0.0000		1	Days	0.67		0.0819		5	Days	25.87		2.8621		2	Days	1.00		0.0027



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: IN0025674												
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: April 2024										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	6:00 PM	M	1.25	M	0.0655	M	6:02 PM	M	0.75	M	0.0138	M	6:30 PM	M	2.58	M	0.3093	M	2:36 AM	M	1.17	M	0.0608	M
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11													4:10 AM	M	0.50	M	0.0029	M						
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19	12:30 AM	M	1.17	M	0.0694	M	12:22 AM	M	0.75	M	0.0141	M	12:40 AM	M	1.33	M	0.0485	M	12:11 AM	M	1.08	M	0.0206	M
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28	7:10 AM	M	0.33	M	0.0176	M	7:07 AM	M	0.17	M	0.0044	M							7:06 AM	M	0.17	M	0.0212	M
29																								
30																								
Totals:	3	Days	2.75		0.1525		3	Days	1.67		0.0323		3	Days	4.41		0.3607		3	Days	2.42		0.1026	



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: April 2024										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							5:56 PM	M	0.50	M	0.0111	M											
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							
13																							
14																							
15																							
16																							
17																							
18																							
19							1:16 AM	M	0.08	M	0.0006	M											
20																							
21																							
22																							
23																							
24																							
25																							
26																							
27																							
28							7:01 AM	M	0.08	M	0.0006	M											
29																							
30																							
Totals:	0	Days	0.00		0.0000		3	Days	0.66		0.0123		0	Days	0.00		0.0000		0	Days	0.00		0.0000



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: April 2024										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	6:37 PM	M	0.33	M	0.0046	M	12:00 AM	M	7.07	M	1.0748	M										
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						
13																						
14																						
15																						
16																						
17																						
18																						
19							1:14 AM	M	1.92	M	0.2862	M	12:13 AM	M	1.75	M	0.5253	M				
20																						
21																						
22																						
23																						
24																						
25																						
26																						
27																						
28							5:55 AM	M	0.67	M	0.1120	M										
29																						
30																						
Totals:	1	Days	0.33		0.0046		3	Days	9.66		1.4730		1	Days	1.75		0.5253		0	Days	0.00	0.0000



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: April 2024										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	2:57 AM	M	3.75	M	1.4876	M	5:56 PM	M	1.08	M	0.0224	M	6:40 PM	M	4.90	M	0.2284	M							
2													12:00 AM	M	5.48	M	0.1885	M							
3																									
4																									
5																									
6																									
7																									
8																									
9																									
10																									
11	4:12 AM	M	0.83	M	0.0525	M							3:55 AM	M	2.07	M	0.0647	M							
12																									
13																									
14																									
15																									
16																									
17																									
18																									
19	12:32 AM	M	1.92	M	0.9328	M	12:11 AM	M	1.25	M	0.0176	M	12:55 AM	M	2.23	M	0.0897	M							
20																									
21																									
22																									
23																									
24																									
25																									
26																									
27																									
28	5:02 AM	M	1.17	M	0.0860	M	7:01 AM	M	0.17	M	0.0040	M													
29																									
30																									
Totals:	4	Days	7.67		2.5589		3	Days	2.50		0.0440		4	Days	14.68		0.5713		0	Days	0.00		0.0000		



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: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: April 2024	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	precipitation
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	precipitation
12	
13	
14	
15	
16	
17	
18	
19	precipitation
20	
21	
22	
23	
24	
25	
26	
27	
28	precipitation
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) 05/24/24



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	(6) Date (mm/dd/yy) and Time Release Began 04/19/24 1:14 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 04/19/24 2:59 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) Mahnhole in Edgewater Park	(9) Latitude (Deg Min Sec) appx 41 40 47 N	(9) Longitude (Deg Min Sec) appx 85 59 58W
--------------------	--	--	---	---	---

(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 955,700 Gallons	(11) WWTP Flow During Release 33.7 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 checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input 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) SCADA failure	(17) Additional Description of the Bypass / Overflow Event: This event took place during a heavy rain event and technically not reportable but because it was due to equipment failure, it is being reported. It was not realized until appx noon on 4/19/20 that this event occurred. SCADA failure during heavy rain. Had to turn down north interceptor pumps and raw influent screw pumps at Headworks to minimize flow coming into plant while SCADA was brought back on line and flows were lowered to level where it was possible to start primary effluent screw pumps.	(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 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 checked="" type="checkbox"/> Clean-Up Debris restored SCADA logic and cend up debris around manhole

(21) Resolution: Actions Taken or Planned to Prevent Recurrence SCADA logic being enhanced as part of current WWTP expansion. Troubleshooting has been and continues to be a primary focus as we get closer to construction ending.
--

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): 04/20/24

Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 04/20/24 appx 11:55 am	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
--	------------------------------------	--------------------------------------	--	---

Kolo, Laura

From: postmaster@state.in.us
Sent: Saturday, April 20, 2024 11:55 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0025674_INC_RPT_04_01
Attachments: EXTERNAL: Relayed: IN0025674_INC_RPT_04_01

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BYPASS / OVERFLOW INCIDENT REPORT

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

4/30/24
 Follow-up to Bypass report previously sent on: 07/18/23 *4/30/24*

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	(6) Date (mm/dd/yy) and Time Release Began 04/28/24 5:55 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 04/28/24 6:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) manhole in Edgewater Park	(9) Latitude (Deg Min Sec) 41 40 47N	(9) Longitude (Deg Min Sec) 85 59 58W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 320,500 Gallons			(11) WWTP Flow During Release 24.3 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 checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input 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) SCADA Failure		(17) Additional Description of the Bypass / Overflow Event: This event took place during a heavy rain and technically is not reportable but because it is believed to be due to equipment failure, it is being reported. It was not realized until 8:30 am on 4/29/24. SCADA failure during heavy rain. Had to turn down north intercepter pumps at headworks to minimize flow coming into the plant in order to lower primary effluent wet well and turn screw pumps back on.		(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 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 checked="" type="checkbox"/> Clean-Up Debris see attached crews cleaned debris park by noon on 04/29/24					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence see attached					

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): 04/29/24

Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 04/29/24 3:45 pm	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
--	------------------------------------	--------------------------------------	--	---

Kolo, Laura

From: postmaster@state.in.us
Sent: Monday, April 29, 2024 3:42 PM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0025674_INC_RPT_2024_04_02
Attachments: EXTERNAL: Relayed: IN0025674_INC_RPT_2024_04_02

Caution: This email originated from outside of the organization. Please take care when clicking links or opening attachments. When in doubt, contact your IT Department

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 **Signing Process Confirmation - CDX Activity ID: _82b80a38-812d-42d9-bdf0-dbe2452ab32d**

Your DMRs are undergoing the Signing Process

IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	05/31/24	06/28/24
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	05/31/24	06/28/24
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	05/31/24	06/28/24
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	05/31/24	06/28/24
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWAY - FKA JR. ACHIEVEMENT (Y DR N)	05/31/24	06/28/24
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	05/31/24	06/28/24
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	05/31/24	06/28/24
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	05/31/24	06/28/24
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	05/31/24	06/28/24
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	05/31/24	06/28/24
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	05/31/24	06/28/24
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	05/31/24	06/28/24
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	05/31/24	06/28/24
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	05/31/24	06/28/24
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	05/31/24	06/28/24
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	05/31/24	06/28/24
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	05/31/24	06/28/24
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	05/31/24	06/28/24
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	05/31/24	06/28/24
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	05/31/24	06/28/24
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	05/31/24	06/28/24
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	05/31/24	06/28/24
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	05/31/24	06/28/24
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	05/31/24	06/28/24
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	05/31/24	06/28/24
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	05/31/24	06/28/24
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	05/31/24	06/28/24
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	05/31/24	06/28/24
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	05/31/24	06/28/24
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	05/31/24	06/28/24

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DMR Copy of Submission

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Permit

Permit ID: IN0025674
Permittee: ELKHART WWTP
Facility: ELKHART WWTP
Permitted Feature: 035 - External Outfall
Major: 229 SOUTH 2ND ST
ELKHART , IN46516
Permittee Address: 1201 S NAPPANEE ST
ELKHART , IN46516
Facility Location: 035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER
Discharge: 06/28/24
DMR Due Date: 06/28/24

Report Dates & Status

Monitoring Period: From 05/01/24 to 05/31/24

Status: NetDMR Validated

Considerations for Form Completion

THE FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE EVERY TWELVE MONTHS. REPORT QUARTERLY PARAMETERS ON 035-AQ 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	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
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_035a_MRO_2024_05.pdf	pdf	1021827.0
IN0025674_CSO_MRO_2024_05.pdf	pdf	1122524.0
IN0025674_INC_RPT_2024_05_1.pdf	pdf	262298.0
IN0025674_INC_RPT_2024_05_2.pdf	pdf	529493.0
IN0025674_INC_RPT_2024_05_3.pdf	pdf	127464.0
IN0025674_INC_RPT_2024_05_4.pdf	pdf	117377.0
IN0025674_INC_RPT_2024_05_5.pdf	pdf	684808.0
IN0025674_INC_RPT_2024_05_6.pdf	pdf	740960.0

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2024-06-28 09:26 (Time Zone: -04:00)

Report Last Signed By

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2024-06-28 09:44 (Time Zone: -04:00)



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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart		Permit Number IN0025674	
Month May	Year 2024	Plant Design Flow 20.00 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 06/30/2027	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 6.19 Precipitation - Inches	Bypass At Plant Site("X" If Occurred)	Sanitary Sewer Overflow("X" If Occurred)	CHEMICALS USED			RAW SEWAGE						
							Chlorine - Lbs/day	Ferric Chloride Lbs/Day or 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	Wed							228	12.967	7.3	99	10,706	104	11,247	3.29	18.68
2	Thu			0.04				200	12.975	7.5	121	13,094	106	11,470	3.21	18.84
3	Fri			0.31		x		240	15.967	7.1	111	14,781	214	28,497	3.62	17.84
4	Sat			0.70				225	13.208	7.3	84	9,253	102	11,236	2.70	16.40
5	Sun			0.30				228	17.141	7.3	86	12,294	100	14,296	2.18	10.92
6	Mon							228	13.358	7.2	96	10,695	114	12,700	2.65	15.32
7	Tue			0.51		x		180	15.558	7.3	101	13,105	96	12,456	3.48	17.40
8	Wed			0.04				213	13.167	7.2	95	10,432	104	11,421	2.87	19.44
9	Thu			0.65				220	19.242	7.5	114	18,295	160	25,677	3.40	19.04
10	Fri			0.01		x		222	14.658	7.3	74	9,046	104	12,714	3.26	23.68
11	Sat			0.17				220	13.400	7.3	81	9,052	72	8,046	2.50	15.12
12	Sun							198	12.650	7.2	84	8,862	64	6,752	2.09	13.32
13	Mon			0.18				228	15.467	7.2	130	16,769	206	26,573	2.88	17.32
14	Tue			0.68				228	15.642	7.2	97	12,654	128	16,698	2.37	20.52
15	Wed			0.17				182	15.908	7.3	105	13,931	126	16,717	2.46	15.24
16	Thu			0.13				212	14.542	7.4	112	13,583	120	14,554	3.01	18.80
17	Fri			0.01				234	14.325	7.0	134	16,009	116	13,859	2.86	22.48
18	Sat							200	13.325	7.3	91	10,113	90	10,002	2.79	16.20
19	Sun							228	13.183	7.2	83	9,126	102	11,215	1.91	12.56
20	Mon			0.32				334	13.700	7.2	166	18,967	226	25,822	3.98	16.40
21	Tue			0.01					14.683	7.4	131	16,042	186	22,777	3.51	18.60
22	Wed							223	13.192	7.3	79	8,692	118	12,983	2.34	19.50
23	Thu							200	13.433	7.4	127	14,228	150	16,805	3.43	19.60
24	Fri			0.03				200	13.492	7.6	118	13,278	116	13,053	3.75	19.10
25	Sat							220	13.708	7.3	88	10,061	108	12,347	2.91	15.70
26	Sun			0.50				202	15.683	7.4	86	11,248	102	13,341	3.09	10.50
27	Mon			0.69				200	17.383	7.2	57	8,264	100	14,497	3.02	9.72
28	Tue			0.38				202	14.717	7.1	88	10,801	126	15,465	2.69	15.10
29	Wed			0.36				213	17.875	7.8	109	16,249	168	25,045	2.80	10.70
30	Thu							213	14.417	7.8	95	11,423	106	12,745	3.27	13.80
31	Fri							213	14.583	7.0	77	9,365	102	12,405	3.01	14.00
Average				0.29				218	14.631		101	12,272	124	15,271	2.95	16.51
Maximum				0.70				334	19.242	7.8	166	18,967	226	28,497	3.98	23.68
Minimum				0.01				180	12.650	7.0	57	8,264	64	6,752	1.91	9.72

# of Data	0	21	0	3	0	30	0	31	31	31	31	31	31	31	31	0
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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 Operatc <i>Laura Kolo</i>	Date (month, day, year) 6/28/24
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) 6/28/24

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month May	Year 2024
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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	53	126	3,284	38	5.4	15	6.487	5,420					17	7.0		9.5	
2	86	57	118	3,560	33	5.4	16	6.487	5,940					16	7.0		9.6	
3	74	80	138	2,532	55	5.8	16	6.478	5,800					14	7.3		9.5	
4	60	61	143	2,692	53	6.0	16	6.478	5,580					29	7.0		9.6	
5	57	53	146	2,804	52	5.9	16	6.478	5,920					25	7.3		9.5	
6	73	79	135	2,728	49	6.0	16	6.487	5,820					20	7.6		9.9	
7	69	69	147	2,648	56	5.5	16	6.487	6,040					14	7.6		9.5	
8	65	53	136	3,204	42	5.8	16	6.487	6,020					15	7.0		9.1	
9	77	72	132	3,256	41	5.8	15	6.478	6,880					10	7.0		10.1	
10	57	58	149	2,568	58	5.6	16	6.487	6,580					8	7.3		9.6	
11	57	41	150	2,620	57	6.6	15	6.487	6,180					8	7.0		9.8	
12	58	39	138	2,780	50	6.3	16	6.487	6,360					5	7.5		10.6	
13	69	82	141	2,732	52	5.9	16	6.487	6,920					10	7.5		9.4	
14	56	60	122	3,424	36	5.4	16	6.478	6,400					8	7.4		9.3	
15	74	63	151	2,624	58	5.3	16	6.536	6,460					12	7.3		9.6	
16	78	59	156	2,688	58	5.0	16	6.379	6,320					8	7.0		9.5	
17	83	61	150	2,792	54	5.7	16	6.478	6,720					8	7.4		9.6	
18	64	48	158	2,656	59	6.4	16	6.483	6,300					6	7.0		9.7	
19	53	37	158	2,824	56	5.0	16	6.487	5,980					4	7.5		9.2	
20	77	68	156	2,872	54	4.8	17	6.487	5,640					5	7.3		9.0	
21	77	86	148	2,352	63	4.0	17	6.487	5,600					18	7.4		8.4	
22	60	51	140	3,392	41	3.8	18	6.487	6,380					8	7.0		8.8	
23	83	73	142	3,796	37	3.5	17	6.478	5,140					11	7.0		8.8	
24	81	56	170	2,840	60	4.1	17	6.478	5,320					10	7.0		8.6	
25	60	52	171	3,052	56	4.6	17	6.474	6,560					6	7.0		8.8	
26	56	52	164	2,980	55	3.8	16	6.487	6,800					8	7.5		8.8	
27	42	57	130	3,004	43	4.6	17	6.487	6,900					15	7.1		8.5	
28	68	61	160	2,936	54	3.6	17	6.487	6,080					7	7.5		8.5	
29	68	80	151	2,544	59	4.4	17	6.487	7,520					8	7.2		8.4	
30	86	55	165	3,028	55	4.2	17	6.487	6,180					10	7.0		8.8	
31	59	55	168	2,796	60	4.60	17	6.487	5,740					12	7.3		8.7	
Avg.	68	60	147	2,903	51	5.1	16	6.482	6,177					11			9.3	
Max	86	86	171	3,796	63	6.6	18	6.536	7,520					29		7.6	10.6	
Min.	42	37	118	2352	33	3.5	15	6.379	5140					4		7.00	8.4	
Daily Max														29				
# of Days above 235														0				
Data	31	31	31	31	31	31	31	31	31	0	0	1	0	31	31	0	31	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):
ferric chloride is being used for po4 removal, not ferrous chloride

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

Slate Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month May	Year 2024
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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	Wed	15.852		3		397		5		687		0.05		6.6		0.62	82
2	Thu	16.267		3		407		8		1,140		0.07		9.5		0.64	87
3	Fri	19.674		3		492		10		1,674		0.06		9.8		0.72	118
4	Sat	15.808	18.158	2	3.14	264	493	7	7.89	897	1,205	0.05	0.05	6.6	8	0.53	70
5	Sun	20.024		4		668		12		2,004		0.06		10.0		0.51	85
6	Mon	16.710		2		279		4		502		0.05		7.0		0.40	56
7	Tue	20.472		3		512		5		871		0.14		23.9		0.44	75
8	Wed	16.124		2		269		4		471		0.07		9.4		0.42	56
9	Thu	23.585		3		590		5		1,023		1.28		251.8		0.63	124
10	Fri	17.138		2		286		4		529		0.08		11.4		0.49	70
11	Sat	16.180	18.605	2	2.57	270	411	4	5.24	486	841	0.05	0.25	6.7	46	0.59	80
12	Sun	15.438		2		258		2		283		0.04		5.2		0.58	75
13	Mon	17.877		2		298		4		611		0.07		10.4		0.54	81
14	Tue	21.140		2		353		4		705		0.10		17.6		0.37	65
15	Wed	17.627		2		294		4		515		0.11		16.2		0.38	56
16	Thu	18.068		2		301		3		497		0.06		9.0		0.41	62
17	Fri	16.199		2		270		4		540		0.06		8.1		0.46	62
18	Sat	15.362	17.387	2	2.00	256	290	4	3.53	461	516	0.05	0.07	6.4	10	0.48	61
19	Sun	14.998		2		250		3		413		0.04		5.0		0.57	71
20	Mon	19.227		2		321		4		561		0.05		8.0		0.51	82
21	Tue	16.906		2		282		4		564		0.30		42.3		0.56	79
22	Wed	15.989		2		267		3		453		0.29		38.7		0.67	89
23	Thu	15.391		2		257		4		552		0.22		28.2		0.61	78
24	Fri	15.924		2		266		4		584		0.14		18.6		0.72	96
25	Sat	14.498	16.133	2	2.00	242	269	4	3.87	508	519	0.07	0.16	8.5	21	0.94	114
26	Sun	18.228		2		304		4		623		0.14		21.3		0.91	138
27	Mon	23.033		2		384		6		1,133		0.07		13.4		0.76	146
28	Tue	20.741		2		346		4		761		0.14		24.2		0.67	116
29	Wed	23.223		2		387		4		852		0.16		31.0		0.59	114
30	Thu	17.363		2		290		4		623		0.09		13.0		0.62	90
31	Fri	16.949	19.767	2	2.00	283	330	4	4.59	565	763	0.68	0.10	5.7	16	0.68	96
Avg		17.807		2		334		5		713		0.16		22.0		0.58	86
Max		23.585	19.767	4	3.14	668	493	12	7.89	2,004	1,205	1.28	0.25	251.8	46	0.9	146
Min		14.498	16.133	2	2.00	242	269	2	3.53	283	516	0.04	0.05	5.0	8	0.4	56
Data		31	5	31	5	31	5	31	5	31	5	31	5	31	5	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons) 552
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment	32.64	51.2			
Secondary Treatment	96.7	92.3			Percent Capacity (actual flow/design) 89%
Overall Treatment	97.79	96.2	99.1	80.3	
Phosphorus limit would be	70 % removal. (compliance achieved)				

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

Slate Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	May	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 100	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		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	41.35	249.12	7.0		84	10.611		3.47	2.02	75.00	59.48	118.93		
2	46.30	249.12	7.1		85	7.074		1.22	2.05	76.70	58.44	123.71		
3	56.34	249.12	7.1		86			3.62	2.02	73.66	60.53	80.27		
4	66.31	249.12	7.2		87	0.000		3.39	2.02	72.15	61.03			
5	57.84	249.12	7.1		87	3.537		5.19	2.04	72.26	59.15			
6	45.61	249.12	7.1		87			3.38	2.16	76.26	60.12	111.25		
7	56.56	249.12	7.2		89	3.537		4.34	2.11	75.31	58.49			
8	51.00	249.12	7.1		88	7.074		6.02	2.15	71.50	58.67	107.88		
9	43.22	249.12	7.2		87	7.074		4.38	2.15	73.92	58.29	99.55		
10	78.09	249.12	7.3		88			3.30	2.10	73.63	58.24	36.44		
11	50.04	249.12	7.1		90	7.074		3.84	2.21	75.72	61.48			
12	15.94	249.12	7.0		92	17.685		3.32	2.09	79.31	58.64			
13	32.85	249.12	7.0		90	35.370		5.05	1.89	80.83	58.46	122.48		
14	47.55	247.68	7.1		91	7.074		3.32	2.01	78.81	57.22	121.44		
15	52.91	249.12	7.0		91	21.222		5.34	1.97	73.28	59.17	127.97		
16	47.66	247.68	7.2		89	14.148		1.98	1.98	75.00	58.33	124.14		
17	55.77	249.12	7.2		92	10.611		5.81	1.97	76.52	56.92	68.77		
18	46.39	223.20	7.2		93	35.370		5.08	1.97	74.41	57.43			
19	48.61	216.00	7.3		94	38.907		3.01	2.06	79.15	59.22			
20	39.04	216.00	7.3		94	31.833		2.45	2.02	77.78	58.28	129.84		
21	46.98	216.00	7.3		94	14.148		3.40	1.94	76.73	58.27	129.54		
22	52.61	216.00	7.2		94	21.222		3.55	1.94	73.52	57.14	125.40		
23	40.95	216.00	7.3		94			4.49	1.88	75.93	57.66	130.19		
24	39.27	216.00	7.2		95	10.611		2.41	1.96	78.26	56.92	69.50		
25	32.60	216.00	7.2		95	10.611		4.66	1.89	77.12	58.03			
26	23.45	216.00	7.3		95	17.685		3.19	1.98	75.64	59.09			
27	28.63	216.00	7.3		95	0.000		6.69	2.00	69.72	57.43	0.00		
28	28.37	216.00	7.2		95	10.611		5.51	1.94	71.14	55.10	128.42		
29	33.31	216.00	7.2		95			4.35	2.00	78.82	57.79	74.30		
30	30.45	216.00	7.2		95	24.759		6.25	1.95	75.56	57.45	130.33		
31	40.84	216.00	7.0		94	14.148		5.81	2.02	74.35	58.02	65.05		
Avg.	44.41	234.30			91	14.692		4.12	2.02	75.42	58.40	101.15		
Max.	78.09	249.12	7.3		95	38.907		6.69	2.21	80.83	61.48	130.33		
Min.	15.94	216.00	7.0		84	0.000		1.22	1.88	69.72	55.10	0.00		
Data	31	31	31	0	31	26	0	31	31	31	31	22	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 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	May	2024

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			15.60	2,174											13.3000	0.9700
7					0.0002	0.0002	0.0002	0.0002			0.0035	0.0020	0.0415	0.0079		
8																
9																
10																
11																
12																
13																
14					0.0005	0.0002										
15																
16																
17																
18																
19																
20					0.0003											
21	180	25,379				0.0002										
22																
23																
24																
25																
26																
27																
28					0.0002	0.0002										
29																
30																
31																
Avg.	180	25,379	15.60	2,174	0.0003	0.0002	0.0002	0.0002			0.0035	0.0020	0.0415	0.0079	13.3000	0.9700
Max.	180	25,379			0.0005	0.0002	0.0002	0.0002			0.0035	0.0020	0.0415	0.0079	13.3000	0.9700
Min.	180	25,379	15.60	2174	0.0002	0.0002	0.0002	0.0002			0.0035	0.0020	0.0415	0.0079	13.3000	0.9700
Data	1	1	1	1	4	4	1	1	0	0	1	1	1	1	1	1

WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	May	2024

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	0.0165	0.0050	0.0012	0.0010	0.0539	0.0209												
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
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23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg.	0.0165	0.0050	0.0012	0.0010	0.0539	0.0209												
Max	0.0165	0.0050	0.0012	0.0010	0.0539	0.0209												
Min.	0.0165	0.0050	0.0012	0.0010	0.0539	0.0209												
Date	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: May 2024				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	15.85	25.51					15 min													
2	16.27	26.45	5:06 PM	0.63	0.04	0.12	15 min													
3	19.67	37.83	12:51 AM	7.55	0.31	0.60	15 min													
4	15.81	41.93	11:36 PM	0.47	0.70	2.60	15 min							11:52 PM	M	0.17	M	0.0292	M	
5	20.02	46.60	12:01 AM	1.72	0.30	0.40	15 min							12:02 AM	M	0.25	M	0.0396	M	
6	16.71	26.08					15 min													
7	20.47	42.72	10:44 AM	13.03	0.51	0.08	15 min													
8	16.12	21.68	12:01 AM	3.08	0.04	0.04	15 min													
9	23.59	50.09	5:56 AM	15.97	0.65	0.36	15 min													
10	17.14	22.91	3:26 AM	0.08	0.01	0.04	15 min													
11	16.18	26.06	2:51 AM	3.58	0.17	0.20	15 min													
12	15.44	18.30					15 min													
13	17.88	32.66	3:06 PM	4.75	0.18	0.32	15 min													
14	21.14	42.99	3:11 AM	20.80	0.68	0.08	15 min							2:52 PM	M	0.08	M	0.004	M	
15	17.63	29.06	12:01 AM	8.50	0.17	0.04	15 min													
16	18.07	35.26	6:11 PM	1.80	0.13	0.12	15 min													
17	16.20	18.95	6:21 AM	4.83	0.01	0.04	15 min													
18	15.36	18.72					15 min													
19	15.00	17.76					15 min													
20	19.23	38.85	7:31 PM	4.50	0.32	0.36	15 min													
21	16.91	22.79	12:31 AM	6.92	0.01	0.04	15 min													
22	15.99	19.12					15 min													
23	15.39	20.67					15 min													
24	15.92	25.13	8:44 PM	0.37	0.03	0.08	15 min													
25	14.50	17.92					15 min													
26	18.23	43.32	2:36 PM	2.17	0.50	0.32	15 min							2:57 PM	M	0.08	M	0	M	
27	23.03	47.28	12:19 AM	20.37	0.69	0.96	15 min							2:02 AM	M	0.67	M	0.206	M	
28	20.74	47.58	12:16 AM	22.05	0.38	0.32	15 min													
29	23.22	46.88	12:56 AM	10.75	0.36	0.28	15 min													
30	17.36	22.47					15 min													
31	16.95	19.30					15 min													
Totals:	552.02			153.92	6.19			0	Days	0.00		0		5	Days	1.25		0.2788		



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: May 2024										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							11:59 PM	M	0.08	M	0.0072	M							11:55 PM	M	0.08	M	0.0082	M	
5	12:11 AM	M	0.58	M	0.0899	M	12:04 AM	M	0.08	M	0.0010	M	12:20 AM	M	0.42	M	0.0181	M	12:00 AM	M	0.25	M	0.0222	M	
6																									
7																									
8																									
9																									
10																									
11																									
12																									
13																									
14																									
15																									
16																									
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									
27	2:16 AM	M	1.42	M	0.2351	M	2:10 AM	M	0.25	M	0.0096	M	2:35 AM	M	1.07	M	0.0470	M	2:05 AM	M	0.50	M	0.0487	M	
28																									
29																									
30																									
31																									
Totals:	2	Da ys	2.00		0.3250		3	Da ys	0.41		0.0178		2	Da ys	1.49		0.0651		3	Da ys	0.83		0.0791		



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: May 2024		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													12:25 AM	M	0.33	M	0.0035	M						
6																								
7	5:17 PM	M	0.33	M	0.0102	M							5:25 PM	M	0.42	M	0.0068	M						
8																								
9													1:15 PM	M	0.42	M	0.0047	M						
10																								
11																								
12																								
13																								
14	3:12 PM	M	0.17	M	0.0015	M							3:05 PM	M	0.50	M	0.0314	M						
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26	3:12 PM	M	0.33	M	0.0086	M	3:12 PM	M	0.17	M	0.0052	M	3:15 PM	M	0.58	M	0.0239	M						
27	2:17 AM	M	0.67	M	0.0237	M	2:12 AM	M	0.58	M	0.0614	M	2:15 AM	M	1.33	M	0.0935	M						
28													9:50 AM	M	0.42	M	0.0050	M						
29																								
30																								
31																								
Totals:	4	Da ys	1.50		0.0440		2	Da ys	0.75		0.0666		0	Da ys	0.00		0.0000		7	Da ys	4.00		0.1688	



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: May 2024										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													12:05 AM	M	2.73	M	0.2638	M					
6																							
7																							
8																							
9													1:09 PM	M	1.42	M	0.0489	M					
10																							
11																							
12																							
13																							
14													3:10 PM	M	0.58	M	0.0117	M	3:14 PM M 0.58 M 0.0019 M				
15																							
16																							
17																							
18																							
19																							
20																							
21																							
22																							
23																							
24																							
25																							
26													3:15 PM	M	2.33	M	0.1577	M					
27							1:13 AM	M	1.00	M	0.0531	M	1:39 AM	M	3.50	M	0.3293	M	2:14 AM M 1.00 M 0.0145 M				
28													9:55 PM	M	0.33	M	0.0020	M					
29																							
30																							
31																							
Totals:	0	Days	0.00		0.0000		1	Days	1.00		0.0531		6	Days	10.89		0.8134		2	Days	1.58		0.0164



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

State Form 50646 (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: May 2024		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																				3:51 AM	M	0.25	M	0.0026	M
4	11:50 PM	M	0.17	M	0.0111	M	11:52 PM	M	0.17	M	0.0122	M							11:51 PM	M	0.17	M	0.0154	M	
5	12:00 AM	M	0.50	M	0.0306	M	12:02 AM	M	0.33	M	0.0140	M	12:05 AM	M	1.42	M	0.0887	M	12:01 AM	M	0.25	M	0.0201	M	
6																									
7	5:05 PM	M	0.42	M	0.0195	M	5:07 PM	M	0.08	M	0.0007	M							5:01 PM	M	0.25	M	0.0433	M	
8																									
9							1:02 PM	M	0.08	M	0.0006	M							12:56 PM	M	0.17	M	0.0003	M	
10																									
11																									
12																									
13																				3:21 PM	M	0.17	M	0.0109	M
14	3:00 PM	M	0.33	M	0.0136	M	2:47 PM	M	0.33	M	0.0106	M							2:46 PM	M	0.42	M	0.0792	M	
15																									
16																				6:46 PM	M	0.08	M	0.0043	M
17																									
18																									
19																									
20																									
21																				10:26 PM	M	0.08	M	0.0029	M
22																									
23																									
24																									
25																									
26	2:55 PM	M	0.67	M	0.0377	M	2:52 PM	M	0.50	M	0.0198	M	3:30 PM	M	0.67	M	0.0101	M	2:51 PM	M	0.42	M	0.0411	M	
27	2:05 AM	M	1.25	M	0.0751	M	2:07 AM	M	0.83	M	0.0467	M	2:10 AM	M	1.50	M	0.1216	M	2:01 AM	M	0.83	M	0.1650	M	
28	9:35 PM	M	0.17	M	0.0009	M	9:27 PM	M	0.17	M	0.0015	M							9:26 PM	M	0.25	M	0.0328	M	
29																									
30																									
31																									
Totals:	7	Da ys	3.51		0.1885		8	Da ys	2.49		0.1061		3	Da ys	3.59		0.2204		12	Da ys	3.34		0.4179		



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: IN0025674																				
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																						
Monitoring Period: May 2024		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							11:46 PM	M	0.17	M	0.0033	M												
5							12:01 AM	M	0.08	M	0.0007	M												
6																								
7							5:01 PM	M	0.08	M	0.0033	M												
8																								
9																								
10																								
11																								
12																								
13																								
14							2:51 PM	M	0.17	M	0.0059	M												
15																								
16							6:36 PM	M	0.08	M	0.0002	M												
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27	2:01 AM	M	0.33	M	0.0090	M	2:01 AM	M	0.43	M	0.0235	M												
28													2:03 AM	M	0.50	M	0.0131	M						
29																								
30																								
31																								
Totals:	1	Da ys	0.33		0.0090		6	Da ys	1.01		0.0369		0	Da ys	0.00		0.0000		1	Da ys	0.50		0.0131	



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: May 2024										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	11:57 PM	M	0.08	M	0.0026	M																		
5	12:02 AM	M	0.58	M	0.1728	M							12:02 AM	M	0.58	M	0.2654	M						
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14							2:55 PM	M	0.08	M	0.0056	M							2:46 PM	M	0.08	M	0.0003	M
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26													3:07 PM	M	0.25	M	0.0300	M						
27	12:52 AM	M	0.33	M	0.0228	M	2:00 AM	M	0.50	M	0.0382	M	1:02 AM	M	0.33	M	0.0381	M	2:06 AM	M	0.17	M	0.0059	M
28																								
29																								
30																								
31																								
Totals:	3	Da ys	0.99		0.1982		2	Da ys	0.58		0.0438		3	Da ys	1.16		0.3335		2	Da ys	0.25		0.0062	



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: May 2024										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							3:51 AM	M	0.33	M	0.0030	M												
4							11:46 PM	M	0.25	M	0.0108	M												
5	12:02 AM	M	2.50	M	1.7521	M	12:01 AM	M	0.25	M	0.0052	M	12:05 AM	M	1.83	M	0.0495	M						
6																								
7							5:01 PM	M	0.17	M	0.0037	M												
8																								
9	1:07 PM	M	1.25	M	0.2428	M	12:56 PM	M	0.25	M	0.0018	M	1:40 PM	M	0.25	M	0.0003	M						
10																								
11																								
12																								
13																								
14							2:41 PM	M	0.33	M	0.0129	M												
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26	3:12 PM	M	1.25	M	0.2965	M	2:46 PM	M	0.42	M	0.0103	M	3:20 AM	M	2.17	M	0.0728	M						
27	1:02 AM	M	3.17	M	1.1318	M	2:01 AM	M	0.67	M	0.0225	M	11:50 AM	M	3.25	M	0.1371	M						
28	10:27 AM	M	0.42	M	0.0044		9:21 PM	M	0.25	M	0.0035	M												
29																								
30																								
31																								
Totals:	5	Days	8.59		3.4276		9	Days	2.92		0.0737		4	Days	7.50		0.2597		0	Days	0.00		#####	



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: 05/03/24

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	(6) Date (mm/dd/yy) and Time Release Began 05/03/24 10:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 05/03/24 11:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1704 Stevens	(9) Latitude (Deg Min Sec) 85 57 41 W	(9) Longitude (Deg Min Sec) 41 40 17 N
(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: n/a		
(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>Grease</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) sewer main plugged - grease		(17) Additional Description of the Bypass / Overflow Event: originally incorrectly submitted as 1704 Sterling Call came in at 10:10 am. Crews removed plug of grease and flows returned to normal at 11:10 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 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 grease					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence educate residents in basin of proper grease disposal					

(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): 05/06/24
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 05/06/24 appx 2:15	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Monday, May 6, 2024 2:25 PM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0025674_INC_RPT_2024_05_04
Attachments: EXTERNAL: Relayed: IN0025674_INC_RPT_2024_05_04

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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	(6) Date (mm/dd/yy) and Time Release Began 05/03/24	(7) Date (mm/dd/yy) and Time Release Stopped 05/03/24	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1704 Sterling	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual			(11) WWTP Flow During Release Gallons 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: n/a		
(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) sewer main plugged		(17) Additional Description of the Bypass / Overflow Event: remaining information to be submitted on May 6, 2024		(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 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					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence continue routine cleaning and televising schedule					

(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): 05/03/24			
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 05/03/24 appx 12:45	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	

Kolo, Laura

From: postmaster@state.in.us
Sent: Friday, May 3, 2024 12:48 PM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0025674_INC_RPT_2024_05_02
Attachments: EXTERNAL: Relayed: IN0025674_INC_RPT_2024_05_02

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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: 5/3/24

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	(6) Date (mm/dd/yy) and Time Release Began 05/03/24 9:41 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 05/03/24 10:39 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 2126 Hawthorne	(9) Latitude (Deg Min Sec) 85 58 3 W	(9) Longitude (Deg Min Sec) 41 39 57 N
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 150 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: n/a		
(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>grease</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) sewer main plugged - grease + rags		(17) Additional Description of the Bypass / Overflow Event: remaining information to be submitted on May 6, 2024 Call came in at 9:41 am. Crews removed plug of grease and flows returned to normal at 10:39 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 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 jetted line and obstruction cleared					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence educate residents in basin of proper grease disposal					
(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>05/06/24</u>	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 05/06/24 appx 2:15	<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: 5/3/24

(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)
	05/03/24	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	05/03/24	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	2123 Hawthorne	appx - see above
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 type="checkbox"/> Reached Public Land			Name of Receiving Water Impacted unable to enter Lat/long for address (GIS is unavailable)	
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)
		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
Amount of Flow Released <input checked="" 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"/> Reached Public Land			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)
		<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"/> Reached Public Land			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)
		<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"/> Reached Public Land			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"/> Reached Public Land			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"/> Reached Public Land			Name of Receiving Water Impacted	

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

CERTIFICATION AND SIGNATURE	
<p>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.</p>	
SIGNATURE: <u>Laura W</u>	DATE (month, day, year): <u>5/6/24</u>

Kolo, Laura

From: postmaster@state.in.us
Sent: Monday, May 6, 2024 2:24 PM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0025674_INC_RPT_2024_005_03
Attachments: EXTERNAL: Relayed: IN0025674_INC_RPT_2024_005_03

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BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
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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	(6) Date (mm/dd/yy) and Time Release Began 05/03/24 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 05/03/24 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 2126 Hawthorne	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)

(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons	(11) WWTP Flow During Release 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: na/
---	--

(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 checked="" 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 <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 Cleanout	(17) Additional Description of the Bypass / Overflow Event: on desk top 05 2024-05-01 in May 6, 2024	(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 Comments <input type="checkbox"/> IDEM Emergency Response Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other: n/a

(20) Actions Taken (Select one or more.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Jetted line and cleanout <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris
--

(21) Resolution: Actions taken or planned to prevent recurrence continue routine cleaning and televising schedule
--

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): 05/03/24			
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 05/03/24 appx 12:45	<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)
	05/03/24 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	05/03/24 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	2123 Hawthorne		
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 type="checkbox"/> Reached Public Land		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)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input checked="" 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"/> Reached Public Land		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)
	<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"/> Reached Public Land		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)
	<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"/> Reached Public Land		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"/> Reached Public Land		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"/> Reached Public Land		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 K Do</u>	DATE (month, day, year): <u>050324</u>

Kolo, Laura

From: postmaster@state.in.us
Sent: Friday, May 3, 2024 12:47 PM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0025674_INC_RPT_2024_05_01
Attachments: EXTERNAL: Relayed: IN0025674_INC_RPT_2024_05_01

Caution: This email originated from outside of the organization. Please take care when clicking links or opening attachments. When in doubt, contact your IT Department



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	(6) Date (mm/dd/yy) and Time Release Began 05/06/24 10:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 05/06/24 10:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1626 El Reno	(9) Latitude (Deg Min Sec) 85 59 53 W	(9) Longitude (Deg Min Sec) 41 40 20 N
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 150 Gallons			(11) WWTP Flow During Release 14.0 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: n/a		
(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>Grease</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) sewer main plugged - grease		(17) Additional Description of the Bypass / Overflow Event: Call came in at 10:15 am. Crews removed plug of grease and flows returned to normal at 10:40 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 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 jetted line and obstruction cleared					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence educate residents in basin of proper grease disposal					

(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): 05/06/24	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 05/06/24 appx 2:15	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Monday, May 6, 2024 2:26 PM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0025674_INC_RPT_2024_05_05
Attachments: EXTERNAL: Relayed: IN0025674_INC_RPT_2024_05_05

Caution: This email originated from outside of the organization. Please take care when clicking links or opening attachments. When in doubt, contact your IT Department



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	(6) Date (mm/dd/yy) and Time Release Began 05/07/24 1:54 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 5/07/24 2:06 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1201 S. Nappanee Street	(9) Latitude (Deg Min Sec) 41 40 45 N	(9) Longitude (Deg Min Sec) 86 00 7 W
--------------------	--	---	--	--	--

(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 210,000 Gallons	(11) WWTP Flow During Release 25.0 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: n/a
---	--

(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	programming/operator error
---	----------------------------

(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) see sct 17	(17) Additional Description of the Bypass / Overflow Event: 2 screw pumps left in operator mode (off position) from prior day rain event and 3rd screw ran out of grease and kicked out. No water made it to receiving stream.	(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: none
--	---	---

(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 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 programming changes made now all three screw pumps are to remain in program mode
--

(21) Resolution: Actions Taken or Planned to Prevent Recurrence program enhancements made
(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>05/08/24</u>			
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 05/08/24 appx 1:25	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Wednesday, May 8, 2024 1:26 PM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0025674_IN_RPT_2024_05_06
Attachments: EXTERNAL: Relayed: IN0025674_IN_RPT_2024_05_06

Caution: This email originated from outside of the organization. Please take care when clicking links or opening attachments. When in doubt, contact your IT Department



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: 05/10/24

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
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RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 05/10/24 11:18 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 05/10/24 1:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 103 Concord Mall Dr	(9) Latitude (Deg Min Sec) 41 38 30 N	(9) Longitude (Deg Min Sec) 85 55 43 W
--------------------	---	--	--	--	---

(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 13.8 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: n/a
---	--

(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input checked="" 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 checked="" 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)	(17) Additional Description of the Bypass / Overflow Event: Received call at 11:18 of sewage running down street in front of 103 Concord Mall Drive. Call man went out to find main was full but appeared downstream lift station was not working. Maintenance was sent out to find both lift station pumps "off". Both pumps were turned on to find one had failed.	(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 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 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 lift station was "off". Investigation is on-going at the time this report was generated.
--

(21) Resolution: Actions Taken or Planned to Prevent Recurrence investigation is on-going
--

(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>05/13/24</u>			
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 5/13/24 appx 8:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Monday, May 13, 2024 8:01 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: follow-up to incident report submitted on 051024
Attachments: EXTERNAL: Relayed: follow-up to incident report submitted on 051024

(103 Concord Mall Dr)

Caution: This email originated from outside of the organization. Please take care when clicking links or opening attachments. When in doubt, contact your IT Department



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	(6) Date (mm/dd/yy) and Time Release Began 5/10/24 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 5/10/24 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 103 Concord Mall Dr.	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
(10) Amount of Flow Released Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons			(11) WWTP Flow During Release 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 type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream:		
(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 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)		(17) Additional Description of the Bypass / Overflow Event: Follow-up report will be submitted on 5/13/24 with details		(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 type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted:	
(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 type="checkbox"/> Other:					
(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					
(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>5/10/24</u>	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified <u>5/10/24 ≈ 2:45</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Kolo, Laura

From: Kolo, Laura
Sent: Monday, May 13, 2024 12:00 PM
To: Kolo, Laura
Subject: FW: EXTERNAL: IN0025674 inc rpt

From: Laura Kolo <laura.kolo@yahoo.com>
Sent: Friday, May 10, 2024 2:42 PM
To: wwreports@idem.in.gov
Cc: Kolo, Laura <Laura.Kolo@coei.org>
Subject: EXTERNAL: IN0025674 inc rpt

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BYPASS / OVERFLOW INCIDENT REPORT form with handwritten notes and checkboxes. Includes fields for facility name, date, time, and various incident details. Handwritten note: 'Follow-up report will be submitted on 5/13/24 with details'.

Sent from my iPhone



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: 05/10/24

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
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RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began <input type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped <input type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 315 Plum	(9) Latitude (Deg Min Sec) 41 41 18 N	(9) Longitude (Deg Min Sec) 85 59 17 W
--------------------	--	--	---	--	---

(10) Amount of Flow Released Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual	(Always provide a volume.) 0 Gallons	(11) WWTP Flow During Release 13.8 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 type="checkbox"/> Combined Sewer System Release	(14) Describe any damage to aquatic life or receiving stream: n/a
--	--

(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 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)	(17) Additional Description of the Bypass / Overflow Event: Received call at 10:39 from Rooter-Rooter for 315 Plum. Crews found main partially plugged with grease. Main was cleared and gurgling stopped. No back-up took place. NO INCIDENT OCCURRED - VOID PRIOR INCIDENT REPORT	(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 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 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

(21) Resolution: Actions Taken or Planned to Prevent Recurrence main was cleaned to remove partial blockage
--

(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): 05/13/24

Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 5/13/24 appx 8:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
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Kolo, Laura

From: postmaster@state.in.us
Sent: Monday, May 13, 2024 8:00 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: voiding incident report submitted on 051024
Attachments: EXTERNAL: Relayed: voiding incident report submitted on 051024

(315 Plum)

Caution: This email originated from outside of the organization. Please take care when clicking links or opening attachments. When in doubt, contact your IT Department



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	(6) Date (mm/dd/yy) and Time Release Began 5/10/24 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 5/10/24 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) Plum + Fulton	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
(10) Amount of Flow Released Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons			(11) WWTP Flow During Release 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 type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream:		
(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 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)		(17) Additional Description of the Bypass / Overflow Event: follow-up report will be submitted on 5/13/24 with details		(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 type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted:	
(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 type="checkbox"/> Other:					
(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					
(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>5/10/24</u>	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified <u>5/10/24 2:45</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Kolo, Laura

From: Laura Kolo <laura.kolo@yahoo.com>
Sent: Friday, May 10, 2024 2:43 PM
To: wwreports@idem.in.gov
Cc: Kolo, Laura
Subject: EXTERNAL: IN0025674 inc rpt

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BYPASS / OVERFLOW INCIDENT REPORT
 Form ID: 002 (10/14/16)
 Indiana Department of Environmental Management
 Office of Water Quality

Follow-up to BYPASS report previously submitted.

INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.in.gov. Submit all of this report with valid new copies of Water Quality (CWA) permits and permits/allowances/consent decrees/requirements of your NPDES permit. Please take care to second check all 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 Susan Sigler at (317) 232-7720 or ssigler@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 toll response line at: (317) 232-7743 or text from your cell at (888) 232-7743.

GENERAL INFORMATION

(1) Facility Name (Organization): **Eikhart Public Works** (2) Mailing Address (including zip code): **1201 S. Niagara Street** (3) County: **Elkhart** (4) NPDES Permit Number: **IND0025674**

(5) Date: **5/10/24** (6) Time (Specify AM or PM): **5:10 PM** (7) Date (Specify AM or PM): **5/10/24** (8) Time (Specify AM or PM): **5:10 PM** (9) Location (Map Use-See Case Description)

(10) Amount of Flow Released: **Plum Factory** (11) WQRF Plan Design Flow Rate: **44.0 MGD**

(12) Overflow Type (select one): Sanitary Sewer Overflow Wastewater Treatment Plant Overflow Industrial Combined Sewer Overflow Wastewater Combined Sewer Overflow Sanitary Sewer System Release

(13) Reason for Bypass/Overflow (Select one or more): Construction Release Power Failure Equipment Failure Unknown Exceeded Max Capacity Precedence (Spill or overflow) (14) Describe any damage to receiving life or receiving stream: **MSD**

(15) System Component(s): Manhole House Lateral Pipe Failure Pump Station Failure Check Valve Inflow Structure Air Release Valve Sewer Clean Out

(16) Additional organizations notified by facility, if necessary (Select one or more): Local Emergency Response Health Dept. Fire and Wildlife Local Emergency Management Other

(17) Additional Description of the Bypass/Overflow Event: **follow-up report will be submitted on 5/13/24 with details**

(18) Description of the Area Impacted (Check all that apply): Affected Private Property Government Backlog Damaged at Treatment Plant Reached Public Limit Reached Receiving Water

Name of Receiving Water Impacted:

(19) Actions Taken to Prevent, Minimize, or Mitigate Damage (including Clean-up and Treatment of Affected Area) (Select one or more of the following; you may add a written description): Removed Blockage Repaired Pipe Repaired Pump Station Other Limb Clean Up Debris

(20) Resolution Action 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 supervision or submission in accordance with a system designed to ensure 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 that has or soon to have for existing.)

SIGNATURE: **Laura Kolo** (Handwritten) DATE (month, day, year): **5/10/24**

Typed Name: **Laura Kolo** (Printed) DATE (month, day, year): **5/10/24 2:45 PM**

Telephone Number: **(574) 293-2172** Email Address: **laura_kolo@idem.in.gov**

Sent from my iPhone

Kolo, Laura

From: Kolo, Laura
Sent: Friday, June 28, 2024 10:06 AM
To: wwreports@idem.in.gov
Cc: Cress, Bryan
Subject: NPDES IN0025674 POST TRE 1/3
Attachments: Elkhart 5.24 Report Final.pdf

Please note this is "POST" TRE 1/3

Laura Kolo
Director of Utilities



1201 South Nappanee St.
Elkhart, IN 46516
(574) 293-2572 ext.2283



"Tomorrow's Elkhart Starting Today"
Public Works – Street & Utility Infrastructure

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From: Kolo, Laura
Sent: Friday, June 28, 2024 10:04 AM
To: wwreports@idem.in.gov
Cc: Cress, Bryan <bryan.cress@coei.org>
Subject: NPDES IN0025674 TRE 1/3

Elkhart is pleased to report NPDES IN0025674 TRE 1/3 has passed. Per a conversation with Michelle Denny on 062824 at 9:55 am, 1/3 TRE report is being emailed only to wwreports@idem.in.gov.

Laura Kolo
Director of Utilities



1201 South Nappanee St.
Elkhart, IN 46516
(574) 293-2572 ext.2283



"Tomorrow's Elkhart Starting Today"
Public Works – Street & Utility Infrastructure

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Kolo, Laura

From: postmaster@state.in.us
Sent: Friday, June 28, 2024 10:07 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: NPDES IN0025674 POST TRE 1/3
Attachments: EXTERNAL: Relayed: NPDES IN0025674 POST TRE 1/3

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Biomonitor

Permittee/Location Elkhart WWTP Elkhart, IN			Permit Number: IN0025674			Outfall Number: 035	
Laboratory Name and Contact: Biomonitor Michael Britton			Report <u>Due</u> Date:			Report Date: May 2024	
WETT Reporting Frequency or Type: (mark one)	Monthly	Quarterly	Semi-annual	Annual	TRE	Post TRE	<u>First</u> (per Reporting Frequency)
			X				

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						
			TU _c	1						
		NOEC Reproduction	%	100						
			TU _c	1						
		IC25 Reproduction	%	100						
			TU _c	1						
		48 hr. LC50	%	>100						
			TU _a	<1						
		Toxicity (acute)	TU _a	<1				1.0	Pass	Laboratory Report <u>and</u> NetDMR (Parameter Code 61425)
		Toxicity (chronic)	TU _c	1				8.0	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	%	25						
			TU _c	4						
		NOEC Growth	%	25						
			TU _c	4						
		IC25 Growth	%	41.7						
			TU _c	2.4						
		96 hr. LC50	1 %	>100						
			TU _a	<1						
		Toxicity (acute)	TU _a	1				1.0	Pass	Laboratory Report <u>and</u> NetDMR (Parameter Code 61427)
		Toxicity (chronic)	TU _c	4				8.0	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

May 2024

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

Project Name: Elkhart Wastewater Treatment Plant

Project Date: April/May 2024

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: 5/15/24

Michael Britton

Project Director

Date: 5/15/24

Other Participating Personnel:

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 during April/May 2024. The purpose of the testing was to fulfill the biomonitoring requirement for the NPDES permit.

Three samples were collected April 28 – May 2, 2024. 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	= 100% effluent	TU _c = 1.0

Pimephales promelas test

48-hr LC ₅₀	> 100% effluent	TU _a < 1.0
NOEL for survival	= 25% effluent	TU _c = 4.0
NOEL for growth	= 25% effluent	TU _c = 4.0
IC ₂₅ for growth	= 41.7% effluent	TU _c = 2.4

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 *Ceriodaphnia dubia* but not *Pimephales promelas*.

The chronic toxicity limits in the NPDES permit require a NOEL (No Observable Effect Level) of 12.5% effluent (a TU_c not to exceed 8.0). According to the NPDES permit, there was not a “Demonstration of Toxicity” during this 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:	April 28, 2024 -MGD April 30, 2024 -MGD May 2, 2024 -MGD

Table III
Source of effluent and dilution water

I. Effluent samples

Sampling point:	Outfall 035	
Collection dates and times:	April 28, 2024	11:00 p.m.
	April 30, 2024	11:00 p.m.
	May 2, 2024	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:	April 30, 2024	10:00 a.m.
Date and time test terminated	May 6, 2024	11:50 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 = 100% effluent

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

Methods used to calculate endpoints:

Fisher's Exact Test for the survival endpoint.

Dunnett's Test for the reproduction endpoint.

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>	April 23-30, 2024
<u>Dilution water used in test:</u>	Moderately hard synthetic water
<u>Results:</u>	48-hr LC ₅₀ = 80 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	18.6	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	2	2	2	2	4	4	4	0	0	0		10
	4	7	6	8	8	7	7	6	7	5	7		10
	5	0	8	0	0	10	7	6	10	12	5		10
	6	0	0	0	10	0	0	0	12	10	0		10
6.25%	1	0	0	0	0	0	0	0	0	0	0	15.2	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	4	2	2	0	4	4	3	0	0	0		10
	4	6	5	7	0	9	6	7	6	3	0		10
	5	5	7	0	2	8	6	8	8	4	0		10
	6	0	0	8	0	0	0	0	12	10	6		10
12.5%	1	0	0	0	0	0	0	0	0	0	0	14.3	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	2	3	2	0	4	4	2	0	0	0		10
	4	6	6	5	2	8	9	5	8	3	4		10
	5	4	9	8	0	4	0	7	8	6	0		10
	6	0	8	0	6	0	0	0	10	0	0		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	19.2	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	3	3	0	2	4	4	3	0	0	0		10
	4	7	6	6	8	6	9	6	9	9	0		10
	5	2	9	0	0	3	7	6	5	12	3		10
	6	0	8	10	10	0	0	0	14	14	4		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	3	3	0	2	5	5	4	0	0	0		10
	4	5	6	0	0	7	6	6	7	6	0		10
	5	7	8	0	4	4	0	6	10	4	5		10
	6	0	0	6	6	0	0	0	10	10	6		10
100%	1	0	0	0	0	0	0	0	0	0	0	13.9	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	3	3	2	0	4	4	3	0	0	0		10
	4	6	0	5	0	5	3	8	7	4	-		9
	5	0	4	0	7	9	3	8	10	4	-		9
	6	0	6	1	10	0	0	0	10	10	-		9

Table IX
WATER CHEMISTRY
Ceriodaphnia Survival and Reproduction Test

Effluent Concentration	D.O. Range mg/L	Temp. Range °C	pH Range S.U.	Alk. Range CaCO₃	Hardness Range CaCO₃	Cond. Range µS
CONTROL	7.3 – 8.2	25	7.6 – 7.8	30-40	100-110	300-340
6.25%	7.3 – 8.3	25	7.6 – 7.8	/	/	330-340
25%	7.4 – 8.5	25	7.6 – 7.8	/	/	400-420
100%	7.4 – 9.0	25	7.4 – 8.0	90-110	225-275	610-790

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>	April 30, 2024	10:00 a.m.
<u>Date and time test terminated</u>	May 7, 2024	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 Lab 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 = 25% effluent NOEL for growth = 25% effluent IC ₂₅ for growth = 41.7% effluent Control survival and growth fell within the acceptable range
<u>Methods used to calculate endpoints:</u>	Steel's Many-One Rank Test was required for the survival and growth endpoints because the homogeneity of variance assumptions could not be met. ICPIN for the IC ₂₅ growth endpoint. No calculations necessary 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>	April 23-30, 2024
<u>Dilution water used in test:</u>	Moderately Hard Synthetic Water
<u>Results:</u>	96-hr LC ₅₀ = 1189 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	<u>% Survival in Each Replicate</u>				<u>Average Dry Weight (μg) in Each Replicate</u>			
	A	B	C	D	A	B	C	D
Control	100	100	100	100	370	380	430	370
6.25%	100	30	100	100	390	60	390	410
12.5%	100	100	100	100	300	330	380	370
25%	90	100	100	90	300	370	390	250
50%	60	80	70	70	190	360	230	310
100%	0	0	0	0	0	0	0	0

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	5.5 – 8.2	25	7.4 – 7.9	30-40	100-110	300-330
6.25%	5.5 – 8.3	25	7.4 – 7.8	/	/	330-340
25%	5.7 – 8.5	25	7.4 – 7.7	/	/	400-440
100%	5.7 – 9.4	25	7.4 – 7.7	90-110	225-275	610-790

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

SAMPLE IDENTIFICATION: Elkhart - 81

Mon.
~~Wed~~

April 2024
~~Jan 2024~~

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 4-28-2024 Start Time 12:00 am
End Date 4-28-2024 End Time 11 pm

NAME OF PERSON COLLECTING SAMPLE: Operations

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: Barry Bell
Date: 4/29/2024 Time: 12:02

Received by: CFA
Date: 4/29/24 Time: 12:02 p-

Relinquished by: _____
Date: _____ Time: _____

Received by: _____
Date: _____ Time: _____

TEMP: 8 °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

SAMPLE IDENTIFICATION: Elkhart - 2

Wednesday

May 2024

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 4/30/2024 Start Time 12:00 am
End Date 4/30/2024 End Time 11:00 pm

NAME OF PERSON COLLECTING SAMPLE: Secondary

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: Barry Bell

Date: 5/1/2024 Time: 11:30

Received by: C. S. R.

Date: 5/1/24 Time: 11:30

Relinquished by: _____

Date: _____ Time: _____

Received by: _____

Date: _____ Time: _____

TEMP: 9.3 °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

SAMPLE IDENTIFICATION: Elkhart - 3 Friday May 2024

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 5-2-2024 Start Time 12 PM
End Date 5-2-2024 End Time 11 pm

NAME OF PERSON COLLECTING SAMPLE: Operations

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: [Signature]

Date: 05-03-2024 Time: 11:52am

Received by: [Signature]

Date: 5/3/2024 Time: 10:52a

Relinquished by: _____

Date: _____ Time: _____

Received by: _____

Date: _____ Time: _____

TEMP: 4 °C

COMMENTS:

Ceriodaphnia dubia

Reference Toxicant - Copper sulfate/chloride as Cu

Dilution Water - Moderately Hard Reconstituted Water

Date mm/yy	LC ₅₀ 48-hr µg/L	NOEL µg/L (repro.)	LOEL µg/L (repro.)	IC ₂₅ µg/L (repro.)	
07/21	98	40	80	50	
08/21	87	40	80	23	
09/21	92	40	80	49	
10/21	73	40	80	52	
11/21	113	40	160	59	
12/21	75	40	80	48	
2/22	105	40	80	54	
3/22	75	40	80	51	
4/22	113	40	80	57	
5/22	95	40	80	30	
6/22	113	40	80	41	
7/22	75	40	80	33	
8/22	86	40	40	30	
9/22	80	40	80	32	
11/22	70	40	80	40	
12/22	77	40	80	48	
1/23	75	40	80	48	
2/23	86	40	80	52	
4/23	80	40	80	37	
5/23	80	40	80	39	
06/23	113	40	160	59	
07/23	75	40	80	55	
09/23	80	40	80	15	
10/23	113	40	80	58	
11/23	86	40	80	50	
01/24	99	40	40	30	
02/24	86	40	80	48	
03/24	80	40	80	48	
04/24	80	40	80	51	
<u>Average</u>	88	<u>Mode</u>	40	80	44
<u>St. Dev.</u>	14				11
<u>Upper Limit</u>	116	80	160		67
<u>Lower Limit</u>	60	20	40		22

Pimephales promelas

Reference Toxicant - Potassium chloride

Dilution Water - Moderately Hard Reconstituted Water

Date mm/yy	LC ₅₀ 96-hr mg/L	NOEL mg/L (grwth)	LOEL mg/L (grwth)	IC ₂₅ mg/L (grwth)	
11/21	1129	1000	2000	939	
12/21	1129	500	1000	810	
02/22	812	500	1000	612	
03/22	946	500	1000	707	
04/22	917	500	1000	703	
05/22	1110	1000	2000	1223	
06/22	856	500	1000	710	
07/22	1130	500	1000	736	
08/22	1093	500	1000	925	
09/22	1278	1000	2000	950	
11/22	1035	500	1000	684	
12/22	1053	1000	2000	805	
01/23	795	500	1000	664	
02/23	1091	500	1000	741	
04/23	1231	1000	2000	1121	
05/23	1189	1000	2000	1110	
06/23	951	500	1000	669	
07/23	1091	500	1000	1091	
09/23	1000	500	1000	702	
10/23	1124	500	1000	768	
11/23	1253	500	1000	849	
01/24	1128	500	1000	699	
02/24	952	1000	2000	798	
03/24	1189	500	1000	908	
04/24	1189	1000	2000	1037	
<u>Average</u>	1067	<u>Mode</u>	500	1000	838
<u>St. Dev.</u>	131				166
<u>Upper Limit</u>	1328	1000	2000		1171
<u>Lower Limit</u>	806	250	500		506

Client: Elkhart WWTP

Project # _____

Analysts: MMB, MN, AF, MMK

Test Dates

Start Date: 4/30/2024

Start Time: 1000

End Date: 5/6/24

End Time: 1150

Template # B

Comments:

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

Row	Day	1	2	3	4	5	6	7
Row 10	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	0	0	0	0	0	0	0
	4	0	7	0	1	0	4	
	5	0	5	3	1	5	0	
	6	6	8	4	1	6	0	
	7				1			
Row 9	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	0	0	0	0	0	0	0
	4	5	9	6	3	4	3	
	5	12	12	4	4	4	6	
	6	10	14	10	10	10	0	
	7							
Row 8	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	0	0	0	0	0	0	0
	4	6	7	8	7	7	9	
	5	8	10	8	10	10	5	
	6	12	10	10	12	10	14	
	7							
Row 7	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	3	2	4	4	3	3	
	4	7	5	6	6	6	8	
	5	8	7	8	6	6	8	
	6	0	0	0	0	0	0	
	7							
Row 6	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	5	4	4	4	4	4	
	4	6	9	3	7+2	6	7	
	5	0	7	3	0	6	7	
	6	0	0	0	0	0	0	
	7							
Row 5	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	4	4	4	4	5	4	
	4	5	7	9	6	7	8	
	5	9	10	8	3	4	4	
	6	0	0	0	0	0	0	
	7							

Discharger: Elkhart WWTP Analyst: MMB, MN, AF

Location: Elkhart, IN Test Start- Date/Time: 4/30/24 / 1000

Date Sample Collected: 4/28, 4/30, 5/2 Test Stop- Date/Time: 5/6/24 / 1150

Conc.	Day	Replicate										No. of Young	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	0	10	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	2	2	2	2	4	4	4	0	0	0	0	0	0	20	10	2.0
	4	7	6	8	8	7	7	6	7	5	7	5	7	7	68	10	6.8
	5	0	8	0	0	10	7	6	10	12	5	10	12	5	58	10	5.8
	6	0	0	0	10	0	0	0	12	10	8	10	10	8	40	10	4.0
Total		9	16	10	20	21	18	16	29	27	20	186	10	18.6			

Conc.	Day	Replicate										No. of Young	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	0	10	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	4	2	2	0	4	4	3	0	0	0	0	0	0	19	10	1.9
	4	6	5	7	0	9	6	7	6	3	0	0	4	0	49	10	4.9
	5	5	7	0	2	8	6	8	8	4	0	0	8	0	48	10	4.8
	6	0	0	8	0	0	0	0	12	10	6	0	12	6	36	10	3.6
Total		15	14	17	2	21	16	18	26	17	6	152	10	15.2			

Conc.	Day	Replicate										No. of Young	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	0	10	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	2	3	2	0	4	4	2	0	0	0	0	0	0	17	10	1.7
	4	6	6	5	2	8	9	5	8	3	4	0	4	0	56	10	5.6
	5	4	9	8	0	4	0	7	8	6	0	0	6	0	46	10	4.6
	6	0	8	0	6	0	0	0	10	0	0	0	10	0	24	10	2.4
Total		12	26	15	8	16	13	14	26	9	4	143	10	14.3			

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	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	3	3	0	2	4	4	3	0	0	0	0	19	10	1.9
	4	7	6	6	8	6	9	6	9	9	0	0	66	10	6.6
	5	2	9	0	0	3	7	6	5	12	3	3	47	10	4.7
	6	0	8	10	10	0	0	0	14	14	4	4	60	10	6.0
	Total	12	26	16	20	13	20	15	28	35	7	192	10	19.2	

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	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	3	3	0	2	5	5	4	0	0	0	0	22	10	2.2
	4	5	6	0	0	7	6	6	7	6	0	0	43	10	4.3
	5	7	8	0	4	4	0	6	10	4	5	5	48	10	4.8
	6	0	0	6	6	0	0	0	10	10	6	6	38	10	3.8
	Total	15	17	6	12	16	11	27	20	11	11	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	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	3	3	2	0	4	4	3	0	0	0	0	19	10	1.9
	4	6	0	5	0	5	3	8	7	4	0	0	38	9	3.8
	5	0	4	0	7	9	3	8	10	4	0	0	45	9	4.5
	6	0	6	1	10	0	0	0	10	10	0	0	37	9	3.7
	Total	9	13	8	17	18	10	27	18	0	0	139	9	13.9	

Elkhart 5.24
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	3	15	27	8	7

Calculated Chi-Square goodness of fit test statistic = 6.1377
Table Chi-Square value (alpha = 0.01) = 13.277

Data PASS normality test. Continue analysis.

Elkhart 5.24
File: ceriorep

Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance

Calculated H statistic (max Var/min Var) = 2.16
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).

SUMMARY OF FISHERS EXACT TESTS

GROUP	IDENTIFICATION	NUMBER EXPOSED	NUMBER DEAD	SIG (P=.05)
	CONTROL	10	0	
1	6%	10	0	
2	12%	10	0	
3	25%	10	0	
4	50%	10	0	
5	100%	10	1	

Elkhart 5.24
File: ceriorep

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	control	10	9.000	29.000	18.600
2	6.25%	10	2.000	26.000	15.200
3	12.5%	10	4.000	26.000	14.300
4	25%	10	7.000	35.000	19.200
5	50%	10	6.000	27.000	15.100
6	100%	10	9.000	27.000	13.900

Elkhart 5.24
File: ceriorep

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	40.933	6.398	2.023
2	6.25%	47.289	6.877	2.175
3	12.5%	50.900	7.134	2.256
4	25%	71.289	8.443	2.670
5	50%	32.989	5.744	1.816
6	100%	56.544	7.520	2.378

Elkhart 5.24
File: ceriorep

Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	257.350	51.470	1.030
Within (Error)	54	2699.500	49.991	
Total	59	2956.850		

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

Elkhart 5.24
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	18.600	18.600		
2	6.25%	15.200	15.200	1.075	
3	12.5%	14.300	14.300	1.360	
4	25%	19.200	19.200	-0.190	
5	50%	15.100	15.100	1.107	
6	100%	13.900	13.900	1.486	

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

Elkhart 5.24
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	7.304	39.3	3.400
3	12.5%	10	7.304	39.3	4.300
4	25%	10	7.304	39.3	-0.600
5	50%	10	7.304	39.3	3.500
6	100%	10	7.304	39.3	4.700

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates: 4/30/24 - 5/6/24
 Analysts: MMB, MN, AF, MMK

		Day							Remarks
Conc: 25%		1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D. O.	Initial	4.5	7.7	7.8	8.1	8.1	8.2		
	Final	7.4	7.7	8.0	7.8	7.9	8.0		
pH	Initial	7.7	7.7	7.8	7.6	7.6	7.6		
	Final	7.7	7.7	7.7	7.7	7.7	7.8		
Alkalinity									
Hardness									
Conductivity		400		410		420			
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	7.7	7.9	8.3	8.2	8.3		
	Final	7.4	7.6	7.9	7.8	7.8	8.0		
pH	Initial	7.6	7.7	7.7	7.5	7.5	7.5		
	Final	7.7	7.7	7.7	7.7	7.7	7.7		
Alkalinity									
Hardness									
Conductivity		480		530		540			
Chlorine									

		Day							Remarks
Conc: 100%		1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D. O.	Initial	9.0	8.1	8.0	8.9	8.8	9.0		
	Final	7.4	7.6	7.9	7.8	7.8	8.0		
pH	Initial	7.5	7.6	7.6	7.4	7.5	7.5		
	Final	7.7	7.8	7.9	8.0	7.9	7.8		
Alkalinity		90		110		100			
Hardness		250		225		275			
Conductivity		610		6700		790			
Chlorine		N.D.		N.D.		N.D.			
Ammonia		0.5		N.D.		N.D.			

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates 4/30/24 -5/7/24
 Analysts: MMB, MN, AF, MMK

		No. Surviving Organisms							
Conc:	Rep. #	Day							Remarks
		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	6	4	3	
	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	6	6	6	6	6	
	B	10	10	10	10	9	9	8	
	C	10	10	9	8	8	8	7	
	D	10	10	10	10	8	8	7	
100%	A	10	10	9	5	2	1	0	
	B	10	10	8	7	1	0	0	
	C	10	10	9	6	2	1	0	
	D	10	10	9	6	5	0	0	

Comments: Start Time: 1000

FHM Source: Biomonitor Lab Cultures

Elkhart 5.24
File: fhmsurv Transform: ARC SINE(SQUARE ROOT(Y))

Shapiro Wilks test for normality

D = 0.571

W = 0.664

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 5.24
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 5.24
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%	1.204	16.00	10.00	4.00	
3	12.5%	1.412	18.00	10.00	4.00	
4	25%	1.331	14.00	10.00	4.00	
5	50%	0.994	10.00	10.00	4.00	*
6	100%	0.159	10.00	10.00	4.00	*

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

Discharge: Elkhart WWTP
 Location: Elkhart, IN
 Analyst: MMB, MN, AF

Test Date(s) : 4/30-5/7/24
 Weighing Date: 5/8/24

Drying Temp (°C): 100
 Drying Time (h): 6

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	0.92250	0.92620	3.70	10	0.370	
	B	0.91350	0.91730	3.80	10	0.380	
	C	0.92180	0.92610	4.30	10	0.430	
	D	0.91770	0.92140	3.70	10	0.370	
Conc.: 6.25%	A	0.91360	0.91750	3.90	10	0.390	
	B	0.91990	0.92050	0.60	3	0.060	
	C	0.91210	0.91600	3.90	10	0.390	
	D	0.91250	0.91660	4.10	10	0.410	
Conc.: 12.5%	A	0.91720	0.92020	3.00	10	0.300	
	B	0.91870	0.92200	3.30	10	0.330	
	C	0.91240	0.91620	3.80	10	0.380	
	D	0.91360	0.91730	3.70	10	0.370	
Conc.: 25%	A	0.91340	0.91640	3.00	9	0.300	
	B	0.91720	0.92090	3.70	10	0.370	
	C	0.91490	0.91880	3.90	10	0.390	
	D	0.92120	0.92370	2.50	9	0.250	
Conc.: 50%	A	0.91670	0.91860	1.90	6	0.190	
	B	0.92370	0.92730	3.60	8	0.360	
	C	0.91990	0.92220	2.30	7	0.230	
	D	0.92140	0.92450	3.10	7	0.310	
Conc.: 100%	A	0.91460		-914.60	0	-91.460	
	B	0.91810		-918.10	0	-91.810	
	C	0.91950		-919.50	0	-91.950	
	D	0.92030		-920.30	0	-92.030	

Elkhart 5.24
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	7	10	7	0

Calculated Chi-Square goodness of fit test statistic = 3.7808
Table Chi-Square value (alpha = 0.01) = 13.277

Data PASS normality test. Continue analysis.

Elkhart 5.24
File: fhm_grow

Transform: NO TRANSFORMATION

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 5.24
 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	0.430	0.388
2	6.25%	4	0.060	0.410	0.313
3	12.5%	4	0.300	0.380	0.345
4	25%	4	0.250	0.390	0.327
5	50%	4	0.190	0.360	0.273
6	100%	4	0.000	0.000	0.000

Elkhart 5.24
 File: fhm_grow

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	0.001	0.029	0.014
2	6.25%	0.028	0.169	0.084
3	12.5%	0.001	0.037	0.018
4	25%	0.004	0.064	0.032
5	50%	0.006	0.077	0.038
6	100%	0.000	0.000	0.000

Elkhart 5.24
 File: fhm_grow

Transform: NO TRANSFORMATION

STEELS MANY-ONE RANK TEST - Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	RANK SUM	CRIT. VALUE	df	SIG
1	control	0.388				
2	6.25%	0.313	19.00	10.00	4.00	
3	12.5%	0.345	13.50	10.00	4.00	
4	25%	0.327	14.00	10.00	4.00	
5	50%	0.273	10.00	10.00	4.00	*
6	100%	0.000	10.00	10.00	4.00	*

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

*** Inhibition Concentration Percentage Estimate ***

Toxicant/Effluent: Elkhart WWTP

Test Start Date: 4.30.24 Test Ending Date: 5.7.24

Test Species: *Pimephales promelas*

Test Duration: 7 days

DATA FILE:

Conc. ID	Number Replicates	Concentration %	Response Means	Std. Dev.	Pooled Response Means
1	4	0.000	0.388	0.029	0.388
2	4	6.000	0.313	0.169	0.329
3	4	12.000	0.345	0.037	0.329
4	4	25.000	0.327	0.064	0.327
5	4	50.000	0.273	0.077	0.273
6	4	100.000	0.000	0.000	0.000

The Linear Interpolation Estimate: **41.7614** Entered P Value: 25

Number of Resamplings: 80 80 Resamples Generated
 The Bootstrap Estimates Mean: 37.1289 Standard Deviation: 13.9476
 Original Confidence Limits: Lower: 4.7893 Upper: 53.9370
 Expanded Confidence Limits: Lower: -17.3940 Upper: 61.2424
 Resampling time in Seconds: 0.00 Random_Seed: -692525855

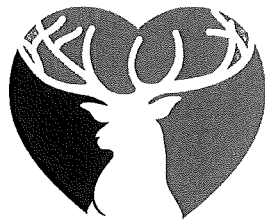
Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates: 4/30/24 -5/7/24
 Analysts: MMB, MN, AF, MMK

		Day							Remarks
		1	2	3	4	5	6	7	
Conc:	25%								
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.5	8.4	8.1	8.2	8.2	8.3	7.9	
	Final	6.8	6.5	6.0	6.5	6.5	5.7	6.6	
pH	Initial	7.7	7.6	7.6	7.5	7.7	7.7	7.6	
	Final	7.4	7.6	7.4	7.6	7.6	7.6	7.4	
Alkalinity									
Hardness									
Conductivity		400		420		440			
Chlorine									

		Day							Remarks
		1	2	3	4	5	6	7	
Conc:	50%								
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.6	8.7	8.4	8.6	8.2	8.5	7.9	
	Final	6.7	6.4	5.9	6.5	6.4	5.7	6.6	
pH	Initial	7.6	7.6	7.6	7.5	7.6	7.6	7.6	
	Final	7.5	7.6	7.4	7.6	7.6	7.6	7.4	
Alkalinity									
Hardness									
Conductivity		480		520		570			
Chlorine									

		Day							Remarks
		1	2	3	4	5	6	7	
Conc:	100%								
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.0	8.8	8.6	9.4	8.6	9.4	9.2	
	Final	6.6	6.0	5.9	6.4	6.1	5.7	6.6	
pH	Initial	7.5	7.4	7.4	7.4	7.5	7.5	7.4	
	Final	7.6	7.7	7.6	7.7	7.6	7.7	7.4	
Alkalinity		90		110		100			
Hardness		250		275		275			
Conductivity		610		740		790			
Chlorine		N.D.		N.D.		N.D.			
Ammonia		0.5		N.D.		N.D.			



City of Elkhart
Public Works and Utilities

Date Jul 31, 2024
 Memo To Board of Public Works
 Memo From Laura Kolo, Utility Services Manager *lk*
 Subject Wastewater Utility Monthly Report of Operations
 for the month of June, 2024

Wastewater MRO Highlights

Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	5	30
cBOD5 mg/L	2	25
Phosphorus mg/L	0.79	1.0
Ammonia mg/L	0.19	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	16.39	Design - 20
Total Monthly Flow MGD	492	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
06/02/24	MH 140-20	226,150	SCADA programming out of service
06/03/24	MH 140-20	90,460	

Wet Weather Overflows

Number of Events	Total Overflow Volume (MG)
6	14.4567

Biomonitoring TRE 2/3 (June) passed and was submitted

Add Copy of Submission	View Completed DMR	Add Comments to Email Notification	Permit ID	Facility	Permitted Feature	Discharge #	Discharge Description	Monitoring Period End Date	DMR Due Date	Status
			IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	06/30/24	07/28/24	McDMR Validated

Attachments	
Name	Type
IN0025674_035_MRO_2024_05.pdf	pdf
IN0025674_035_MRO_2024_05_mw.pdf	pdf
IN0025674_035_MRO_2024_05.pdf	pdf

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

Signing Process Confirmation - CDX Activity ID: _612c13c6-6109-4969-8c32-841b5fcb214

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-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	06/30/24	07/28/24



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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart		Permit Number IN0025674	
Month June	Year 2024	Plant Design Flow 20.00 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 06/30/2027	

Day of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 4.64 Precipitation - Inches	Bypass At Plant Site ("X" if Occurred)	Sanitary Sewer Overflow ("X" if Occurred)	CHEMICALS USED			RAW SEWAGE						
							Chlorine - Lbs/day	Ferric Chloride Lbs/Day or 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	Sat			0.34				212	15.825	7.4	85	11,218	94	12,406	2.92	17.20
2	Sun			0.03		X	(REV 7/31)	212	13.320	7.3	67	7,443	60	6,665	2.01	11.20
3	Mon							215	14.042	7.6	100	11,711	200	23,422	3.30	14.30
4	Tue							200	14.167	6.9	114	13,469	172	20,322	3.52	15.70
5	Wed			0.22				220	14.875	7.1	96	11,910	112	13,894	2.16	16.40
6	Thu							220	14.026	7.5	106	12,400	100	11,698	3.62	15.30
7	Fri							220	13.700	6.9	88	10,055	108	12,340	3.38	18.60
8	Sat			0.10				220	13.125	7.1	67	7,334	96	10,508	2.88	14.10
9	Sun							213	13.000	7.0	72	7,806	108	11,709	2.31	13.60
10	Mon							202	12.700	7.1	125	13,240	100	10,592	2.98	16.20
11	Tue							202	12.455	7.0	137	14,231	134	13,919	3.53	16.80
12	Wed							200	13.100	7.2	143	15,623	226	24,691	3.34	18.50
13	Thu			0.27				228	13.625	7.1	118	13,409	136	15,454	4.24	16.70
14	Fri			0.01				213	13.242	7.0	90	9,939	98	10,823	4.00	14.00
15	Sat							200	11.950	7.1	98	9,767	90	8,970	3.02	13.40
16	Sun			0.08				200	11.842	7.4	86	8,494	82	8,099	3.10	13.20
17	Mon			0.46				200	14.917	7.2	122	15,178	118	14,680	6.56	14.50
18	Tue			0.01				245	12.377	7.4	114	11,768	252	26,012	5.92	19.80
19	Wed							259	12.133	7.1	117	11,839	186	18,821	4.76	18.40
20	Thu							200	12.667	7.0	89	9,402	126	13,311	3.83	17.60
21	Fri							200	11.783	7.1	116	11,399	176	17,296	6.32	18.50
22	Sat							200	12.392	7.3	114	11,782	126	13,022	3.62	16.00
23	Sun			0.97				243	16.000	7.4	132	17,614	196	26,154	2.92	13.50
24	Mon							234	11.692	7.2	97	9,459	238	23,208	4.44	16.70
25	Tue			1.60				225	19.442	6.9	97	15,728	190	30,808	2.38	10.70
26	Wed							200	13.867	7.2	86	9,946	136	15,729	3.12	16.20
27	Thu							200	12.600	7.4	128	13,451	144	15,132	3.75	16.90
28	Fri			0.16				237	12.358	7.0	98	10,100	108	11,131	3.41	16.50
29	Sat			0.39				210	14.733	7.2	98	12,042	90	11,059	2.75	13.80
30	Sun							202	12.291	7.1	87	8,918	76	7,791	4.76	14.00
31																
Average				0.36				214	13.475		103	11,556	136	15,322	3.63	15.61
Maximum				1.60				259	19.442	7.6	143	17,614	252	30,808	6.56	19.80
Minimum				0.01				200	11.692	6.9	67	7334	60	6665	2.01	10.70

# of Data	0	13	0	0	0	0	30	0	30	30	30	30	30	30	30	30	0
-----------	---	----	---	---	---	---	----	---	----	----	----	----	----	----	----	----	---

<p>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.</p>	<p>Prepared by or under the direction of (Certified Operat</p> <p><i>Laura Kolo</i></p>	<p>Date (month, day, year)</p> <p>7/31/24 (rev)</p> <p>7/26/24</p>
	<p>Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)</p> <p><i>Laura Kolo</i></p>	<p>Date (month, day, year)</p> <p>7/31/24 (rev)</p> <p>7/26/24</p>



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	(6) Date (mm/dd/yy) and Time Release Began 06/02/24 1:25 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 06/02/24 1:50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) MH 140-20 @ Edgewater Park	(9) Latitude (Deg Min Sec) 41 40 47 N	(9) Longitude (Deg Min Sec) 85 59 58 W
--------------------	--	--	---	--	---

(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 226,150 Gallons	(11) WWTP Flow During Release est 13.8 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: n/a
---	--

(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 checked="" 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 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)	(17) Additional Description of the Bypass / Overflow Event: At approximately 12:30 pm on June 6, during a routine review of CSO activity of the past week, it was realized that MH 140-20 near Edgewater Park had overflowed twice it the days prior. Upon investigation it was found both events occurred during a power outage at the WWTP. Early warning notifications that had been put in place following previous similar occurrences failed. This failure was immediately corrected with the contractor responsible for implementing this notification. The site affected area was cleaned up and it does not appear that any flows reached the near-by St Joe River.	(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 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 cause for power failures remain unconfirmed

(21) Resolution: Actions Taken or Planned to Prevent Recurrence investigation is on-going and we are working with local electrical contractor to plan an extensive evaluate of the electrical systems to and through the entire wastewater plant

(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>06/07/24</u>			
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 06/07/24 appx 7:00	<input checked="" type="checkbox"/> AM <input 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)
	06/03/24 8:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	06/03/24 8:50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	MH 140-20 @ Edgewater Park	41 40 47 N	85 59 58 W
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 90,460 Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input checked="" 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)
	<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 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)
	<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 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: Laura K 16870

DATE (month, day, year): 06/07/24

Kolo, Laura

From: postmaster@state.in.us
Sent: Friday, June 7, 2024 6:43 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0025674_INC_RPT_2024_06_01
Attachments: EXTERNAL: Relayed: IN0025674_INC_RPT_2024_06_01

Caution: This email originated from outside of the organization. Please take care when clicking links or opening attachments. When in doubt, contact your IT Department

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month June	Year 2024
-----------------------------	----------------------------	---------------	--------------

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	62	45	170	2,872	59	4.3	17	6.262	6,500					6	7.0		8.8	
2	53	48	158	3,376	47	4.5	17	6.478	3,420					13	7.0		8.4	
3	50	55	166	3,500	47	4.7	17	5.010	5,660					8	7.0		8.6	
4	61	64	156	2,860	55	3.9	18	6.217	5,880					12	7.5		8.9	
5	60	54	167	2,648	63	4.4	18	6.487	6,160					6	7.0		8.8	
6	71	55	162	2,688	60	4.5	17	6.379	5,840					10	7.0		8.7	
7	61	70	164	2,648	62	4.3	18	6.487	5,920					16	7.0		8.8	
8	53	48	150	2,752	55	4.7	17	6.487	5,820					10	7.0		8.4	
9	50	52	146	3,200	46	5.0	17	6.487	6,300					5	7.5		8.4	
10	61	64	145	4,776	30	4.8	17	6.433	6,080					26	7.4		8.6	
11	88	55	144	2,332	62	4.0	17	6.442	4,260					26	7.2		8.5	
12	75	67	148	2,536	58	4.2	17	6.487	6,020					19	7.0		8.3	
13	86	61	144	2,736	53	4.1	18	6.487	5,080					20	7.0		8.2	
14	73	48	151	2,396	63	4.4	18	6.487	4,860					17	7.1		7.9	
15	69	52	149	2,560	58	4.6	18	6.487	4,660					30	7.0		8.5	
16	64	52	138	2,804	49	4.6	18	6.487	5,000					23	7.0		8.3	
17	71	66	118	4,260	28	3.3	20	6.487	5,300					21	7.0		7.9	
18	66	75	143	2,532	56	3.7	18	6.487	4,860					10	7.0		8.5	
19	76	70	149	2,520	59	4.6	18	6.487	5,300					19	7.4		8.1	
20	59	43	142	2,380	60	4.3	19	6.487	5,040					15	7.0		8.1	
21	92	88	139	2,364	59	4.4	20	6.523	3,720					15	7.0		8.3	
22	80	59	143	2,476	58	4.4	19	6.487	4,280					15	7.0		8.1	
23	81	71	106	2,680	40	4.2	21	6.487	6,520					30	7.0		8.1	
24	60	52	130	2,864	45	4.2	19	6.487	4,840					11	7.1		8.2	
25	66	88	128	2,364	54	4.5	20	6.469	5,200					13	7.3		8.0	
26	64	58	126	2,432	52	3.4	19	6.474	5,660					3	7.0		8.0	
27	78	64	130	2,344	56	3.4	19	6.487	4,820					10	7.0		8.2	
28	78	46	130	2,588	50	4.7	19	6.487	5,500					17	7.2		8.5	
29	84	55	128	2,368	54	4.4	20	6.487	5,320					20	7.0		8.4	
30	63	36	124	2,568	48	4.4	19	6.487	5,880					24	7.3		8.4	
31																		
Avg.	69	59	143	2,781	53	4.3	18	6.414	5,323					16			8.4	
Max	92	88	170	4,776	63	5.0	21	6.523	6,520					30		7.5	8.9	
Min.	50	36	106	2332	28	3.3	17	5.010	3420					3		7.00	7.9	
Daily Max														30				
# of Days above 235														0				
Date	30	30	30	30	30	30	30	30	30	0	0	1	0	30	30	0	30	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):
 The 06/01/24 the E. Coli sample was collected at 8:13 am and put in the incubator at 8:21 am. On 6/2/24 at 12:24 am the plant lost power for appx 1.5 hours. On 6/2/24 at 6 am, the lab found the incubator temp at 29 degrees and reset the temp. Because the sample result read at 8:30 am and then again at 12:20 pm had not changed, our confidence level in the result reported is very high.

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month June	Year 2024
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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	Sat	18.838		2		314		5		786		0.04		6.3		0.86	135
2	Sun	16.828		2		281		4		547		0.04		5.6		0.78	109
3	Mon	18.542		2		309		3		495		0.35		54.1		0.79	122
4	Tue	16.731		2		279		4		516		0.24		33.5		0.85	119
5	Wed	17.935		2		299		5		703		0.45		67.3		0.74	111
6	Thu	16.047		3		401		4		522		0.49		65.6		1.00	134
7	Fri	15.460		2		258		5		683		0.20		25.8		0.83	107
8	Sat	16.211	16.822	2	2.14	270	300	6	4.40	825	613	0.34	0.30	46.0	43	0.98	132
9	Sun	14.590		2		243		6		681		0.09		11.0		0.86	105
10	Mon	15.474		2		258		6		710		0.06		7.7		0.79	102
11	Tue	15.577		2		260		6		779		0.06		7.8		0.78	101
12	Wed	15.992		2		267		8		1,040		0.05		6.7		0.80	107
13	Thu	16.069		2		268		10		1,313		0.05		6.7		0.70	94
14	Fri	14.479		2		242		10		1,159		0.62		74.9		0.70	85
15	Sat	13.863	15.149	3	2.14	347	269	8	7.44	902	941	0.06	0.14	6.9	17	0.70	81
16	Sun	14.632		2		244		6		708		0.69		84.2		0.92	112
17	Mon	18.806		3		471		6		878		0.07		11.0		0.40	63
18	Tue	14.823		2		247		3		396		0.28		34.6		0.58	72
19	Wed	14.781		2		247		3		394		0.23		28.4		0.67	83
20	Thu	14.378		2		240		3		396		0.05		6.0		0.70	84
21	Fri	14.531		2		242		3		364		0.19		23.0		0.71	86
22	Sat	14.227	15.168	2	2.14	237	275	2	3.77	273	487	0.11	0.23	13.1	29	0.96	114
23	Sun	20.455		3		512		5		836		0.19		32.4		1.21	206
24	Mon	14.760		2		246		4		443		0.14		17.2		0.83	102
25	Tue	25.927		2		432		4		843		0.34		73.5		0.74	160
26	Wed	16.919		2		282		4		494		0.09		12.7		0.41	58
27	Thu	15.865		3		397		4		463		0.05		6.6		0.53	70
28	Fri	15.357		2		256		3		435		0.11		14.1		0.67	86
29	Sat	18.542	18.261	2	2.29	309	348	4	3.77	557	582	0.06	0.14	9.3	24	0.91	141
30	Sun	15.046		2		251		4		439		0.04		5.0		1.16	146
31																	
Avg		16.390		2		297		5		653		0.19		26.6		0.79	108
Max		25.927	18.261	3	2.29	512	348	10	7.44	1,313	941	0.69	0.30	84.2	43	1.2	206
Min		13.863	15.149	2	2.14	237	269	2	3.77	273	487	0.04	0.14	5.0	17	0.4	58
Data		30	4	30	4	30	4	30	4	30	4	30	4	30	4	30	30

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons) 492
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment	33.43	56.8			
Secondary Treatment	96.8	91.6			Percent Capacity (actual flow/design) 82%
Overall Treatment	97.89	96.4	98.8	78.4	
Phosphorus limit would be	75 % removal. (compliance achieved)				

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

Slate Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	June	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary SludgeGal. x 100	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		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	35.48	216.00	7.1		96	14.148		5.51	1.99	74.19	55.92			
2	31.27	216.00	7.2		96	0.000		4.89	2.02	74.40	57.43			
3	23.01	216.00	7.3		96	0.000		3.59	2.06	79.02	57.14			
4	21.78	216.00	7.4		97	10.611		4.55	2.12	76.36	57.06	130.07		
5	43.70	216.00	7.3		97	17.685		4.97	2.10	74.60	58.66	130.49		
6	39.13	216.00	7.3		96	7.074		4.24	1.96	73.68	56.00	111.59		
7	32.63	234.72	7.2		96			4.56	1.89	75.39	58.97			
8	47.91	239.04	7.0		90			4.61	1.52	76.26	57.00			
9	25.11	239.04	6.9		86			4.46	2.64	78.08	61.80			
10	31.96	237.60	7.0		96	17.685		5.21	2.16	78.90	58.52			
11	24.73	239.04	7.1		96	17.685		4.53	2.14	76.94	56.95	129.86		
12	18.03	239.04	7.2		96	17.685		3.54	2.20	73.71	55.41	92.68		
13	41.37	239.04	7.1		96	17.685		3.62	2.24	72.35	57.25	130.91		
14	41.68	239.04	7.2		96			4.23	2.19	76.42	57.47			
15	40.98	239.04	7.3		96	7.074		4.80	2.18	77.46	58.72			
16	24.39	239.04	7.2		96			3.93	2.30	82.76	57.74			
17	43.07	239.04	7.2		97	21.222		4.66	2.33	67.72	57.39	117.15		
18	36.72	239.04	7.2		97	14.148		4.50	2.31	67.63	57.81	131.92		
19	45.21	239.04	7.3		98	10.611		4.54	2.39	67.02	57.89			
20	40.38	252.00	7.3		98	7.074		3.61	2.37	72.60	56.99	127.74		
21	45.87	254.88	7.2		98	7.074		4.13	2.45	68.20	58.03	70.54		
22	40.97	254.88	7.3		98	14.148		1.87	2.26	67.37	55.04			
23	45.43	254.88	7.3		98	49.518		4.80	2.44	72.54	58.19			
24	29.57	254.88	7.3		98	0.000		4.73	2.50	72.94	57.53	112.30		
25	39.51	257.76	7.4		97	10.611		3.68	2.42	64.22	56.80	48.67		
26	46.81	241.92	7.3		94	14.148		5.40	2.44	63.19	57.39	122.30		
27	38.08	239.04	7.4		98	3.537		4.72	2.39	68.08	56.83	121.44		
28	41.48	234.72	7.3		97			2.74	2.31	67.34	54.71			
29	44.48	250.56	7.3		98	3.537		4.47	2.40	71.86	57.56			
30	13.14	250.56	7.2		97	3.537		4.89	2.35	74.44	56.91			
31														
Avg.	35.80	238.13			96	11.937		4.33	2.24	72.86	57.37	112.69		
Max.	47.91	257.76	7.4		98	49.518		5.51	2.64	82.76	61.80	131.92		
Min.	13.14	216.00	6.9		86	0.000		1.87	1.52	63.19	54.71	48.67		
Data	30	30	30	0	30	24	0	30	30	30	30	14	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 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	June	2024

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			12.70	1,964	0.0002											
4						0.0002										
5																
6																
7																
8																
9																
10					0.0002											
11						0.0002										
12																
13																
14																
15																
16																
17																
18					0.0006	0.0002										
19																
20																
21																
22																
23																
24	185	22,773			0.0009											
25						0.0002										
26																
27																
28																
29																
30																
31																
Avg.	185	22,773	12.70	1,964	0.0005	0.0002										
Max.	185	22,773			0.0009	0.0002										
Min.	185	22,773	12.70	1964	0.0002	0.0002										
Data	1	1	1	1	4	4	0	0	0	0	0	0	0	0	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	June	2024

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																			
8																			
9																			
10																			
11																			
12																			
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25																			
26																			
27																			
28																			
29																			
30																			
31																			
Avg.																			
Max.																			
Min.																			
Date	0	0	0	0	0	0	0	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: IN0025674												
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																
Monitoring Period: June 2024				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	15.83	24.30	3:16 PM	6.25	0.34	0.32	15 min													
2	13.32	14.50	2:31 AM	4.17	0.03	0.04	15 min													
3	14.04	16.30					15 min													
4	14.17	16.10					15 min													
5	14.88	20.20	4:26 AM	14.67	0.22	0.48	15 min													
6	14.03	17.10					15 min													
7	13.70	16.80					15 min													
8	13.13	16.10	9:26 PM	1.25	0.10	0.16	15 min													
9	13.00	16.50					15 min													
10	12.70	15.00					15 min													
11	12.46	14.20					15 min													
12	13.10	14.80					15 min													
13	13.63	18.10	5:36 PM	1.55	0.27	0.80	15 min													
14	13.24	15.70	4:51 AM	0.08	0.01	0.04	15 min													
15	11.95	13.50					15 min													
16	11.84	13.00	11:31 PM	0.55	0.08	0.20	15 min													
17	14.92	28.00	12:01 AM	2.58	0.46	1.16	15 min							12:18 AM	M	0.17	M	0.0148	M	
18	12.38	13.40	11:54 AM	0.20	0.01	0.04	15 min													
19	12.13	15.00					15 min													
20	12.67	15.40					15 min													
21	11.78	13.60					15 min													
22	12.39	15.40					15 min													
23	16.00	35.40	2:16 AM	5.97	0.97	1.24	15 min													
24	11.69	13.20					15 min													
25	19.44	42.30	9:06 AM	3.72	1.60	2.36	15 min							9:33 AM	M	1.00	M	0.957	M	
26	13.87	17.00					15 min													
27	12.60	13.90					15 min													
28	12.36	16.10	3:21 PM	8.72	0.16	0.36	15 min													
29	14.73	23.30	12:01 AM	21.08	0.39	0.52	15 min													
30	12.29	14.80					15 min													
Totals:	404.25			70.79	4.64			0	Days	0.00		0		2	Days	1.17		0.9718		



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 2024		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																								
12																								
13																								
14																								
15																								
16																								
17	12:27 AM	M	0.58	M	0.1013	M							12:41 AM	M	0.42	M	0.0181	M	12:19 AM	M	0.17	M	0.0147	M
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25	9:37 AM	M	2.25	M	0.3879	M	9:30 AM	M	0.57	M	0.0752	M	9:46 AM	M	2.08	M	0.0903	M	9:29 AM	M	0.92	M	0.0862	M
26																								
27																								
28																								
29																								
30																								
Totals:	2	Days	2.83		0.4892		1	Days	0.57		0.0752		2	Days	2.50		0.1084		2	Days	1.09		0.1009	



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 2024										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																									
2																									
3																									
4																									
5																									
6																									
7																									
8																									
9																									
10																									
11																									
12																									
13																									
14																									
15																									
16																									
17	2:27 AM	M	0.17	M	0.0028	M														2:35 AM	M	0.17	M	0.0009	M
18																									
19																									
20																									
21																									
22																									
23	2:42 AM	M	0.33	M	0.0097	M														2:56 AM	M	0.50	M	0.0172	M
24																									
25	9:42 AM	M	1.00	M	0.1059	M	9:32 AM	M	1.00	M	0.1481	M							9:36 AM	M	1.92	M	0.5966	M	
26																									
27																									
28																									
29	2:32 AM	M	0.08	M	0.0007	M																			
30																									
Totals:	4	Days	1.58		0.1191		1	Days	1.00		0.1481		0	Days	0.00		0.0000		3	Days	2.59		0.6147		



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 4 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: June 2024										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																								
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17													12:40 AM	M	1.73	M	0.0536	M						
18																								
19																								
20																								
21																								
22																								
23													3:04 AM	M	2.50	M	0.0772	M						
24																								
25	9:40 AM	M	0.92	M	0.1524	M	8:38 AM	M	1.67	M	0.3974	M	9:35 AM	M	1.08	M	0.0421	M	9:39 AM	M	1.33	M	0.0761	M
26																								
27																								
28																								
29																								
30																								
Totals:	1	Da ys	0.92		0.1524		1	Da ys	1.67		0.3974		3	Da ys	5.31		0.1729		1	Da ys	1.33		0.0761	



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 2024										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																									
8																									
9																									
10																									
11																									
12																									
13																									
14																									
15																									
16																									
17	12:15 AM	M	0.58	M	0.0337	M	12:12 AM	M	0.67	M	0.0290	M	12:35 AM	M	0.25	M	0.0073	M	12:16 AM	M	0.50	M	0.0484	M	
18																									
19																									
20																									
21																									
22																									
23							2:42 AM	M	0.25	M	0.0027	M							2:36 AM	M	0.42	M	0.0202	M	
24																									
25	9:35 AM	M	1.58	M	0.0984	M	9:32 AM	M	1.25	M	0.1100	M	9:45 AM	M	1.75	M	0.3526	M	9:26 AM	M	1.25	M	0.2858	M	
26																									
27																									
28																									
29							2:17 AM	M	0.17	M	0.0028	M							2:16 AM	M	0.17	M	0.0212	M	
30																									
Totals:	2	Da ys	2.16		0.1321		4	Da ys	2.34		0.1445		2	Da ys	2.00		0.3599		4	Da ys	2.34		0.3756		



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 2024										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																										
8																										
9																										
10																										
11																										
12																										
13																										
14																										
15																										
16																										
17							2:06 AM	M	0.17	M	0.0008	M														
18																										
19																										
20																										
21																										
22																										
23																										
24																										
25	9:35 AM	M	1.00	M	0.0553	M	9:31 AM	M	0.75	M	0.0592	M														
26																										
27																										
28																										
29																										
30																										
Totals:	1	Days	1.00		0.0553		2	Days	0.92		0.0600		0	Days	0.00		0.0000		1	Days	0.92		0.0327			



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 2024										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							1:30 AM	M	2.42	M	0.2561	M													
3							8:40 AM	M	0.25	M	0.0434	M													
4																									
5																									
6																									
7																									
8																									
9																									
10																									
11																									
12																									
13																									
14																									
15																									
16																									
17													12:27 AM	M	0.42	M	0.1072	M							
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25	9:37 AM	M	9.75	M	3.1560	M	9:35 AM	M	1.75	M	0.2396	M	9:32 AM	M	4.75	M	2.8419	M	9:31 AM	M	0.42	M	0.0283	M	
26																									
27																									
28																									
29																									
30																									
Totals:	1	Da ys	9.75		3.1560		3	Da ys	4.42		0.5391		2	Da ys	5.17		2.9491		1	Da ys	0.42		0.0283		



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 2024										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																								
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17	12:22 AM	M	1.25	M	0.7111	M	12:06 AM	M	0.50	M	0.0151	M	2:15 AM	M	0.17	M	0.0048	M						
18																								
19																								
20																								
21																								
22																								
23							2:31 AM	M	0.42	M	0.0078	M	4:15 AM	M	0.75	M	0.0213	M						
24																								
25	9:42 AM	M	2.17	M	2.1935	M	9:26 AM	M	1.42	M	0.0438	M	9:35 AM	M	2.73	M	0.1957	M						
26																								
27																								
28																								
29							2:11 AM	M	0.17	M	0.0048	M												
30																								
Totals:	2	Days	3.42		2.9046		4	Days	2.51		0.0715		3	Days	3.65		0.2218		0	Days	0.00		0.0000	



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 2024	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	precipitation
3	precipitation
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	precipitation
18	
19	
20	
21	
22	
23	precipitation
24	
25	precipitation
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) 7/26/2024
---	-------------------------------------

Kolo, Laura

From: postmaster@state.in.us
Sent: Friday, July 26, 2024 9:49 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0025674 POST TRE 2/3
Attachments: EXTERNAL: Relayed: IN0025674 POST TRE 2/3

Caution: This email originated from outside of the organization. Please take care when clicking links or opening attachments. When in doubt, contact your IT Department

Biomonitor

Permittee/Location Elkhart WWTP Elkhart, IN			Permit Number: IN0025674			Outfall Number: 035	
Laboratory Name and Contact: Biomonitor Michael Britton			Report Due Date:			Report Date: June 2024	
WETT Reporting Frequency or Type: (mark one)	Monthly	Quarterly	Semi-annual X	Annual	TRE	Post TRE	Second (per Reporting Frequency)

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			
			TU _c	1			
		NOEC Reproduction	%	100			
			TU _c	1			
		IC25 Reproduction	%	100			
			TU _c	1			
	48 hr. LC50	%	>100				
		TU _a	<1				
	Toxicity (acute)	TU _a	<1	1.0	Pass	Laboratory Report <u>and</u> NetDMR (Parameter Code 61425)	
	Toxicity (chronic)	TU _c	1	8.0	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			
			TU _c	1			
		NOEC Growth	%	100			
			TU _c	1			
		IC25 Growth	%	100			
			TU _c	1			
	96 hr. LC50	1 %	>100				
		TU _a	<1				
	Toxicity (acute)	TU _a	1	1.0	Pass	Laboratory Report <u>and</u> NetDMR (Parameter Code 61427)	
	Toxicity (chronic)	TU _c	1	8.0	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

June 2024

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

Project Name: Elkhart Wastewater Treatment Plant

Project Date: June 2024

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: 6/20/24

Michael Britton

Project Director
Date: 6/20/24

Other Participating Personnel:

Mukang'andu Ng'andwe
Arizona Fox
Melody Myers-Kinzie

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 during June 2024. The purpose of the testing was to fulfill the biomonitoring requirement for the NPDES permit.

Three samples were collected June 2-6, 2024. The water flea, *Ceriodaphnia dubia*, and Fathead minnow, *Pimephales promelas*, were used as the test organisms.

A total of six 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	= 100% effluent	TU _c = 1.0

Pimephales promelas test

48-hr LC ₅₀	> 100% effluent	TU _a < 1.0
NOEL for survival	= 100% effluent	TU _c = 1.0
NOEL for growth	= 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 *Ceriodaphnia dubia* but not *Pimephales promelas*.

The chronic toxicity limits in the NPDES permit require a NOEL (No Observable Effect Level) of 12.5% effluent (a TU_c not to exceed 8.0). According to the NPDES permit, there was not a "Demonstration of Toxicity" during this 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:	June 2, 2024	-MGD
	June 4, 2024	-MGD
	June 6, 2024	-MGD

Table III
Source of effluent and dilution water

I. Effluent samples

Sampling point:	Outfall 035	
Collection dates and times:	June 2, 2024	11:00 p.m.
	June 4, 2024	11:00 p.m.
	June 6, 2024	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 eight days because control animals did not produce an average of greater than 15 young per female until day eight.	
Date and time test initiated:	June 4, 2024	10:20 a.m.
Date and time test terminated	June 12, 2024	2:00 p.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 = 100% effluent

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

Methods used to calculate endpoints:

Fisher's Exact Test for the survival endpoint.

Dunnett's Test for the reproduction endpoint.

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>	May 28 – June 3, 2024
<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) = 20 µg/L as Cu LOEL (reproduction) = 40 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	15.7	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	0	0	0	0	0	0	0	0	0		10
	4	2	0	0	0	0	0	0	0	0	0		10
	5	2	2	3	2	0	2	2	2	0	2		10
	6	4	2	3	2	3	3	2	4	2	3		10
	7	0	4	0	0	6	5	5	9	5	0		10
	8	8	12	9	7	9	10	7	5	0	9		10
6.25%	1	0	0	0	0	0	0	0	0	0	0	18.4	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	0	0	0	0	0	0	0	0	0		10
	4	0	2	0	0	0	0	0	0	0	0		10
	5	2	0	2	0	0	0	0	0	2	2		10
	6	4	4	2	2	4	4	2	4	4	4		10
	7	5	8	0	4	6	6	6	9	5	0		10
	8	9	9	7	7	9	9	9	11	9	12		10
12.5%	1	0	0	0	0	0	0	0	0	0	0	18.6	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	0	0	0	0	0	0	0	0	0		10
	4	1	0	0	0	0	0	0	0	0	0		10
	5	0	3	2	0	0	0	0	2	2	2		10
	6	2	0	0	2	4	2	4	0	4	4		10
	7	4	8	7	4	6	6	7	8	7	8		10
	8	6	10	10	6	7	7	10	11	10	10		10
	9	6	10	10	6	7	7	10	11	10	10		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	16.0	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	0	0	0	0	0	0	0	0	0		10
	4	2	0	0	0	0	2	0	0	0	0		10
	5	0	0	2	0	2	0	0	3	0	2		10
	6	5	0	2	2	3	4	5	0	3	4		10
	7	0	8	7	3	5	9	6	4	4	6		10
	8	7	9	10	6	9	0	9	8	0	9		10
50%	1	0	0	0	0	0	0	0	0	0	0	17.2	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	0	0	0	0	0	0	0	0	0		10
	4	1	0	0	0	0	0	0	2	0	0		10
	5	2	2	2	4	0	2	0	0	2	2		10
	6	7	6	4	0	2	4	2	3	4	4		10
	7	0	7	0	5	4	8	5	0	6	0		10
	8	8	0	11	13	6	7	9	13	5	10		10
100%	1	0	0	0	0	0	0	0	0	0	0	17.0	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	0	0	0	0	0	0	0	0	0		10
	4	0	0	0	0	0	2	0	0	0	0		10
	5	2	2	2	2	0	0	0	2	0	2		10
	6	0	2	0	4	5	3	0	2	4	0		10
	7	11	5	7	0	10	8	5	5	5	11		10
	8	12	3	11	8	12	0	0	13	10	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 – 8.8	25	7.5 – 8.1	30-40	100-110	310-350
6.25%	7.6 – 8.8	25	7.4 – 8.1			320-370
25%	7.7 – 8.7	25	7.4 – 8.1			390-470
100%	7.7 – 9.7	25	7.4 – 8.2	90-100	225-	660-830

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>	June 4, 2024	10:30 a.m.
<u>Date and time test terminated</u>	June 11, 2024	10:30 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 Lab 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>	Steel's Many-One Rank Test was required for the survival endpoint because the homogeneity of variance assumptions could not be met. Dunnett's Test for the growth endpoint. No calculations necessary 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>	May 28 – June 4, 2024
<u>Dilution water used in test:</u>	Moderately Hard Synthetic Water
<u>Results:</u>	96-hr LC ₅₀ = 1169 mg /L as KCl NOEL (growth) = 500 mg/L as KCl LOEL (growth) = 1000 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	<u>% Survival in Each Replicate</u>				<u>Average Dry Weight (μg) in Each Replicate</u>			
	A	B	C	D	A	B	C	D
Control	100	100	100	100	390	390	440	450
6.25%	100	100	100	100	330	290	430	460
12.5%	100	100	100	100	420	520	450	420
25%	100	100	100	100	460	460	400	510
50%	100	100	100	100	400	420	460	430
100%	100	90	100	70	450	410	450	440

Table XV
WATER CHEMISTRY
Fathead Minnow Larval Survival and Growth Test

Effluent Concentration	D.O. Range mg/L	Temp. Range °C	pH Range S.U.	Alk. Range CaCO₃	Hardness Range CaCO₃	Cond. Range μS
CONTROL	6.2 – 8.5	25	7.4 – 8.0	30-40	100-110	320-330
6.25%	6.1 – 8.6	25	7.4 – 7.9	/	/	320-340
25%	5.8 – 8.9	25	7.4 – 7.9	/	/	390-450
100%	5.8 – 9.8	25	7.4 – 7.8	90-100	225-	670-770

Ceriodaphnia dubia

Reference Toxicant - Copper sulfate/chloride as Cu

Dilution Water - Moderately Hard Reconstituted Water

Date	LC ₅₀	NOEL	LOEL	IC ₂₅
mm/yy	48-hr µg/L	µg/L (repro.)	µg/L (repro.)	µg/L (repro.)
08/21	87	40	80	23
09/21	92	40	80	49
10/21	73	40	80	52
11/21	113	40	160	59
12/21	75	40	80	48
2/22	105	40	80	54
3/22	75	40	80	51
4/22	113	40	80	57
5/22	95	40	80	30
6/22	113	40	80	41
7/22	75	40	80	33
8/22	86	20	40	30
9/22	80	40	80	32
11/22	70	40	80	40
12/22	77	40	80	48
1/23	75	40	80	48
2/23	86	40	80	52
4/23	80	40	80	37
5/23	80	40	80	39
06/23	113	40	160	59
07/23	75	40	80	55
09/23	80	40	80	15
10/23	113	40	80	58
11/23	86	40	80	50
01/24	99	20	40	30
02/24	86	40	80	48
03/24	80	40	80	48
04/24	80	40	80	51
06/24	87	20	40	32
<u>Average</u>	88	<u>Mode</u> 40	80	44
<u>St. Dev.</u>	14			11
<u>Upper Limit</u>	115	80	160	67
<u>Lower Limit</u>	60	20	40	21

Pimephales promelas

Reference Toxicant - Potassium chloride

Dilution Water - Moderately Hard Reconstituted Water

Date	LC ₅₀	NOEL	LOEL	IC ₂₅
mm/yy	96-hr mg/L	mg/L (grwth)	mg/L (grwth)	mg/L (grwth)
11/21	1129	1000	2000	939
12/21	1129	500	1000	810
02/22	812	500	1000	612
03/22	946	500	1000	707
04/22	917	500	1000	703
05/22	1110	1000	2000	1223
06/22	856	500	1000	710
07/22	1130	500	1000	736
08/22	1093	500	1000	925
09/22	1278	1000	2000	950
11/22	1035	500	1000	684
12/22	1053	1000	2000	805
01/23	795	500	1000	664
02/23	1091	500	1000	741
04/23	1231	1000	2000	1121
05/23	1189	1000	2000	1110
06/23	951	500	1000	669
07/23	1091	500	1000	1091
09/23	1000	500	1000	702
10/23	1124	500	1000	768
11/23	1253	500	1000	849
01/24	1128	500	1000	699
02/24	952	1000	2000	798
03/24	1189	500	1000	908
04/24	1189	1000	2000	1037
06/24	1169	500	1000	899
<u>Average</u>	1071	<u>Mode</u> 500	1000	841
<u>St. Dev.</u>	130			164
<u>Upper Limit</u>	1330	1000	2000	1168
<u>Lower Limit</u>	812	250	500	514

Client: Elkhart WWTP

Project # _____

Analysts: MMB, MN, AF, MMK

Test Dates

Start Date: 6/4/2024

Start Time: 1:20

End Date: 6/12/2024

End Time: 1400

Template # B

Comments:

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

Row 10	Day	1	2	3	4	5	6
	1	0	0	0	0	0	0
	2	0	0	0	0	0	0
	3	0	0	0	0	0	0
	4	0	0	0	0	0	0
	5	2	2	2	2	2	2
	6	4	3	4	0	4	4
	7	0	0	6	11	0	8
		12	9	9	0	10	10

Row 9	Day	1	2	3	4	5	6
	1	0	0	0	0	0	0
	2	0	0	0	0	0	0
	3	0	0	0	0	0	0
	4	0	0	0	0	0	0
	5	0	0	2	2	0	2
	6	2	2+	4	4	4	4
	7	4+	4	6	5	5	7
		0	0	5	9	10	10

Row 8	Day	1	2	3	4	5	6
	1	0	0	0	0	0	0
	2	0	0	0	0	0	0
	3	0	0	0	0	0	0
	4	0	i+1	0	0	0	0
	5	0	0	2	2	2	3
	6	4	3	0	4	2	0
	7	9	0	8	9	5	4
		11	13	11	5	13	8

Row 7	Day	1	2	3	4	5	6
	1	0	0	0	0	0	0
	2	0	0	0	0	0	0
	3	0	0	0	0	0	0
	4	0	0	0	0	0	0
	5	0	0	2	0	0	0
	6	2	4	2	2	5	0
	7	6	7	5	5	6	5
		9	10	7	9	9	0

Row 6	Day	1	2	3	4	5	6
	1	0	0	0	0	0	0
	2	0	0	0	0	0	0
	3	0	0	0	0	0	0
	4	0	2	2	0	0	0
	5	2	0	0	0	0	2
	6	4	4	3	2	4	3
	7	8	9	8	6	6	5
		7	0	0	7	9	10

Row 5	Day	1	2	3	4	5	6
	1	0	0	0	0	0	0
	2	0	0	0	0	0	0
	3	0	0	0	0	0	0
	4	0	0	0	0	0	0
	5	0	0	0	2	0	0
	6	5	3	4	3	2	4
	7	10	6	9	5	4	6
		12	9	9	9	6	7

Row 4	Day	1	0	0	0	0	0	0
		2	0	0	0	0	0	0
		3	0	0	0	0	0	0
		4	0	0	0	0	0	0
		5	0	2	0	0	2	4
		6	2	3+	2	2	2	0
		7	3+	0	4	3	0	5
			6	8	7	6	7	13
Row 3	Day	1	0	0	0	0	0	0
		2	0	0	0	0	0	0
		3	0	0	0	0	0	0
		4	0	0	0	0	0	0
		5	2	2	2	2	2	3
		6	4	2	0	0	2	3
		7	0	0	7	7	7	0
			11	7	10	11	10	9
Row 2	Day	1	0	0	0	0	0	0
		2	0	0	0	0	0	0
		3	0	0	0	0	0	0
		4	0	0	0	1+	0	0
		5	0	3	2	0	2	2
		6	0	0	5+	4	2	2
		7	8	8	7	8	4	5
			9	10	0	9	12	3
Row 1	Day	1	0	0	0	0	0	0
		2	0	0	0	0	0	0
		3	0	0	0	0	0	0
		4	2	0	2	0	1	1
		5	2	2	0	2	0	2
		6	4	4	5	0	2	6+
		7	0	5	0	11	4	0
			8	9	7	12	6	8

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	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	10	0	0.0
	3	0	0	0	0	0	0	0	0	0	0	0	10	0	0.0
	4	2	0	0	0	0	2	0	0	0	0	0	10	4	0.4
	5	0	0	2	0	2	0	0	0	3	0	2	10	9	0.9
	6	5	0	2	2	3	4	5	0	0	3	4	28	10	2.8
	7	0	8	7	3	5	9	6	4	4	5	6	52	10	5.2
	8	7	9	10	6	9	0	9	8	0	9	0	67	10	6.7
Total	14	17	21	11	19	15	20	15	7	21	160	10	16.0		

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	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	10	0	0.0
	3	0	0	0	0	0	0	0	0	0	0	0	10	0	0.0
	4	1	0	0	0	0	0	0	2	0	0	0	10	3	0.3
	5	2	2	2	4	0	2	0	0	2	2	16	10	16	1.6
	6	7	6	4	0	2	4	2	3	4	4	36	10	3.6	
	7	0	7	0	5	4	8	5	0	6	0	35	10	3.5	
	8	8	0	11	13	6	7	9	13	5	10	82	10	8.2	
Total	18	15	17	22	12	21	16	18	17	16	172	10	17.2		

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	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	10	0	0.0
	3	0	0	0	0	0	0	0	0	0	0	0	10	0	0.0
	4	0	0	0	0	0	2	0	0	0	0	2	10	2	0.2
	5	2	2	2	2	0	0	2	2	0	2	12	10	12	1.2
	6	0	2	0	4	5	3	0	2	4	0	20	10	20	2.0
	7	11	5	7	0	10	8	5	5	5	11	67	10	6.7	
	8	12	3	11	8	12	0	13	10	0	0	69	10	6.9	
Total	25	12	20	14	27	13	5	22	19	13	170	10	17.0		

Elkhart 6.24

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	6	9	25	19	1

Calculated Chi-Square goodness of fit test statistic = 6.9135

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

Data PASS normality test. Continue analysis.

Elkhart 6.24

File: ceriorep

Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance

Calculated H statistic (max Var/min Var) = 5.60

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).

SUMMARY OF FISHERS EXACT TESTS

GROUP	IDENTIFICATION	NUMBER EXPOSED	NUMBER DEAD	SIG (P=.05)
	CONTROL	10	0	
1	6%	10	0	
2	12%	10	0	
3	25%	10	0	
4	50%	10	0	
5	100%	10	0	

Elkhart 6.24
File: ceriorep

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	control	10	7.000	20.000	15.700
2	6.25%	10	11.000	24.000	18.400
3	12.5%	10	12.000	24.000	18.600
4	25%	10	7.000	21.000	16.000
5	50%	10	12.000	22.000	17.200
6	100%	10	5.000	27.000	17.000

Elkhart 6.24
File: ceriorep

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	18.011	4.244	1.342
2	6.25%	16.044	4.006	1.267
3	12.5%	17.378	4.169	1.318
4	25%	20.889	4.570	1.445
5	50%	8.178	2.860	0.904
6	100%	45.778	6.766	2.140

Elkhart 6.24
File: ceriorep

Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	71.150	14.230	0.676
Within (Error)	54	1136.500	21.046	
Total	59	1207.650		

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

Elkhart 6.24
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	15.700	15.700		
2	6.25%	18.400	18.400	-1.316	
3	12.5%	18.600	18.600	-1.414	
4	25%	16.000	16.000	-0.146	
5	50%	17.200	17.200	-0.731	
6	100%	17.000	17.000	-0.634	

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

Elkhart 6.24
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	4.739	30.2	-2.700
3	12.5%	10	4.739	30.2	-2.900
4	25%	10	4.739	30.2	-0.300
5	50%	10	4.739	30.2	-1.500
6	100%	10	4.739	30.2	-1.300

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates: 6/4/24 - 6/12/24
 Analysts: MMB, MN, AF, MMK

		Day							Remarks
Conc:	25%	1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D. O.	Initial	8.5	8.5	8.5	8.7	8.6	8.6	8.2	
	Final	8.3	8.5	8.4	8.4	8.2	7.7	7.9	
pH	Initial	8.0	7.4	7.6	7.7	7.6	7.6	7.8	
	Final	7.6	8.0	8.1	8.1	8.1	8.1	7.8	
Alkalinity									
Hardness									
Conductivity		390		470		440			
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	8.7	8.6	8.7	8.6	8.6	8.2	
	Final	8.2	8.6	8.6	8.5	8.2	7.7	7.8	
pH	Initial	7.8	7.4	7.5	7.6	7.5	7.5	7.8	
	Final	7.6	8.0	8.2	8.1	8.1	8.1	7.9	
Alkalinity									
Hardness									
Conductivity		490		590		550			
Chlorine									

		Day							Remarks
Conc:	100%	1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D. O.	Initial	9.2	9.7	9.1	8.7	8.8	8.9	8.3	
	Final	8.2	8.7	8.7	8.6	8.3	7.7	7.7	
pH	Initial	7.7	7.4	7.4	7.5	7.4	7.4	7.7	
	Final	7.9	7.9	8.2	8.1	8.1	8.2	8.1	
Alkalinity		90		100		100			
Hardness		225		225		225			
Conductivity		660		830		760			
Chlorine		ND		N.D.		N.D.			
Ammonia		ND		N.D.		0.25			

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates 6/4/24 -6/11/24
 Analysts: MMB, MN, AF, MMK

		No. Surviving Organisms							
Conc:	Rep. #	Day							Remarks
		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	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	
100%	A	10	10	10	10	10	10	10	
	B	10	10	10	9	9	9	9	
	C	10	10	10	10	10	10	10	
	D	10	10	9	7	7	7	7	

Comments: Start Time: 1030

FHM Source: Biomonitor Lab Cultures

Elkhart 6.24
File: fhmsurv Transform: ARC SINE(SQUARE ROOT(Y))

Shapiro Wilks test for normality

D = 0.118

W = 0.485

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 6.24
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 6.24
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%	1.412	18.00	10.00	4.00	
6	100%	1.266	14.00	10.00	4.00	

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

Discharge: Elkhart WWTP Test Date(s): 6/4-11/24 Drying Temp (°C): 100
 Location: Elkhart, IN Weighing Date: 6/12/24 Drying Time (h): 6
 Analyst: MMB, MN, AF, MMK

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	0.92130	0.92520	3.90	10	0.390	
	B	0.91600	0.91990	3.90	10	0.390	
	C	0.91980	0.92420	4.40	10	0.440	
	D	0.92420	0.92870	4.50	10	0.450	
Conc: 6.25%	A	0.92800	0.93130	3.30	10	0.330	
	B	0.92280	0.92570	2.90	10	0.290	
	C	0.92380	0.92810	4.30	10	0.430	
	D	0.92020	0.92480	4.60	10	0.460	
Conc: 12.5%	A	0.92330	0.92750	4.20	10	0.420	
	B	0.91640	0.92160	5.20	10	0.520	
	C	0.91210	0.91660	4.50	10	0.450	
	D	0.92820	0.93240	4.20	10	0.420	
Conc: 25%	A	0.92670	0.93130	4.60	10	0.460	
	B	0.91870	0.92330	4.60	10	0.460	
	C	0.91800	0.92200	4.00	10	0.400	
	D	0.92900	0.93410	5.10	10	0.510	
Conc: 50%	A	0.92500	0.92900	4.00	10	0.400	
	B	0.92130	0.92550	4.20	10	0.420	
	C	0.92360	0.92820	4.60	10	0.460	
	D	0.92100	0.92530	4.30	10	0.430	
Conc: 100%	A	0.92730	0.93180	4.50	10	0.450	
	B	0.92560	0.92970	4.10	9	0.410	
	C	0.91900	0.92350	4.50	10	0.450	
	D	0.92070	0.92510	4.40	7	0.440	

Elkhart 6.24

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	9	6	9	0

Calculated Chi-Square goodness of fit test statistic = 7.8193
Table Chi-Square value (alpha = 0.01) = 13.277

Data PASS normality test. Continue analysis.

Elkhart 6.24

File: fhm_grow

Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance

Calculated H statistic (max Var/min Var) = 18.12
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 6.24
File: fhm_grow

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	control	4	0.390	0.450	0.418
2	6.25%	4	0.290	0.460	0.378
3	12.5%	4	0.420	0.520	0.453
4	25%	4	0.400	0.510	0.457
5	50%	4	0.400	0.460	0.428
6	100%	4	0.410	0.450	0.438

Elkhart 6.24
File: fhm_grow

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	0.001	0.032	0.016
2	6.25%	0.006	0.081	0.040
3	12.5%	0.002	0.047	0.024
4	25%	0.002	0.045	0.023
5	50%	0.001	0.025	0.012
6	100%	0.000	0.019	0.009

Elkhart 6.24
File: fhm_grow

Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	0.017	0.003	1.500
Within (Error)	18	0.038	0.002	
Total	23	0.055		

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

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

Elkhart 6.24
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	0.418	0.418		
2	6.25%	0.378	0.378	1.265	
3	12.5%	0.453	0.453	-1.107	
4	25%	0.457	0.457	-1.265	
5	50%	0.428	0.428	-0.316	
6	100%	0.438	0.438	-0.632	

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

Elkhart 6.24
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	0.076	18.3	0.040
3	12.5%	4	0.076	18.3	-0.035
4	25%	4	0.076	18.3	-0.040
5	50%	4	0.076	18.3	-0.010
6	100%	4	0.076	18.3	-0.020

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates: 6/4/24 - 6/11/24
 Analysts: MMB, MN, AF, MMK

		Day							Remarks
Conc:	25%	1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.9	8.5	8.1	8.1	8.0	8.0	8.4	
	Final	6.9	7.0	6.5	6.5	6.5	5.8	6.7	
pH	Initial	7.9	7.8	7.7	7.7	7.6	7.6	7.6	
	Final	7.5	7.5	7.5	7.6	7.4	7.4	7.5	
Alkalinity									
Hardness									
Conductivity		390		430		450			
Chlorine									

		Day							Remarks
Conc:	50%	1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.1	8.8	8.4	8.2	8.0	8.0	8.5	
	Final	6.9	6.8	6.5	6.3	6.3	5.8	6.8	
pH	Initial	7.8	7.7	7.6	7.6	7.5	7.5	7.5	
	Final	7.6	7.5	7.5	7.6	7.4	7.5	7.6	
Alkalinity									
Hardness									
Conductivity		490		530		550			
Chlorine									

		Day							Remarks
Conc:	100%	1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.8	9.4	8.8	8.5	8.3	8.4	8.6	
	Final	6.8	6.7	6.3	6.1	6.1	5.8	6.8	
pH	Initial	7.6	7.5	7.5	7.5	7.4	7.4	7.5	
	Final	7.8	7.7	7.7	7.7	7.6	7.7	7.7	
Alkalinity		90		100		100			
Hardness		225		225		225			
Conductivity		670		760		770			
Chlorine		ND		ND		ND			
Ammonia		ND		N.A		0.25			

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 **Signing Process Confirmation - CDX Activity ID: _61ce519f-fd03-4eff-8e51-2c4a3658dc77**

Your DMRs are undergoing the Signing Process

IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	06/30/24	07/28/24
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	06/30/24	07/28/24
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	06/30/24	07/28/24
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	06/30/24	07/28/24
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	06/30/24	07/28/24
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	06/30/24	07/28/24
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	06/30/24	07/28/24
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	06/30/24	07/28/24
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT COME/ERWIN	06/30/24	07/28/24
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	06/30/24	07/28/24
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	06/30/24	07/28/24
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	06/30/24	07/28/24
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	06/30/24	07/28/24
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	06/30/24	07/28/24
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	06/30/24	07/28/24
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	06/30/24	07/28/24
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	06/30/24	07/28/24
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	06/30/24	07/28/24
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	06/30/24	07/28/24
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	06/30/24	07/28/24
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	06/30/24	07/28/24
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	06/30/24	07/28/24
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	06/30/24	07/28/24
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	06/30/24	07/28/24
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	06/30/24	07/28/24
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	06/30/24	07/28/24
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	06/30/24	07/28/24
IN0025674	ELKHART WWTP	035	035-AQ	QUARTERLY REPORTING	06/30/24	07/28/24
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	06/30/24	07/28/24
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	06/30/24	07/28/24
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	06/30/24	07/28/24

Permit

Permit ID: IN0025674
Permittee: ELKHART WWTP
Facility: ELKHART WWTP
Permitted Feature: 035 - External Outfall
Major: 229 SOUTH 2ND ST
ELKHART , IN46516
Permittee Address: 1201 S NAPPANEE ST
ELKHART , IN46516
Facility Location: 035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER
Discharge:
DMR Due Date: 07/28/24

Report Dates & Status

Monitoring Period: From 06/01/24 to 06/30/24
Status: NetDMR Validated

Considerations for Form Completion

THE FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE EVERY TWELVE MONTHS. REPORT QUARTERLY PARAMETERS ON 035-AQ 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	Name	Value 1	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
00300	Oxygen, dissolved [DO]									
	1 - Effluent Gross									
	Smpl.	=7.9					19 - mg/L	0	01/01 - Daily	3R - 3GR24H
	Req.	>=4.0 DLYAVMIN					19 - mg/L		01/01 - Daily	3R - 3GR24H
	NODI: -									
00400	pH									
	1 - Effluent Gross									
	Smpl.	=7.0					12 - SU	0	01/01 - Daily	GR - GRAB
	Req.	>=6.0 DAILY MN					12 - SU		01/01 - Daily	GR - GRAB
	NODI: -									
00530	Solids, total suspended									
	1 - Effluent Gross									
	Smpl.	=653.0	26 - lb/d				19 - mg/L	0	01/01 - Daily	24 - COMP24
	Req.	<=7511.0 MO AVG					<=30.0 MO AVG		01/01 - Daily	24 - COMP24
	NODI: -									
00600	Nitrogen, total [as N]									
	1 - Effluent Gross									
	Smpl.	=1964.0	26 - lb/d				19 - mg/L	0	01/30 - Monthly	24 - COMP24
	Req.	Req Mon MO AVG					Req Mon MO AVG		01/30 - Monthly	24 - COMP24
	NODI: -									
00610	Nitrogen, ammonia total [as N]									
	1 - Effluent Gross									
	Smpl.	=26.6	26 - lb/d				19 - mg/L	0	01/01 - Daily	24 - COMP24
	Req.	<=1051.0 MO AVG					<=4.2 MO AVG		01/01 - Daily	24 - COMP24
	NODI: -									
00665	Phosphorus, total [as P]									
	1 - Effluent Gross									
	Smpl.	=108.0	26 - lb/d				19 - mg/L	0	01/01 - Daily	24 - COMP24
	Req.	Req Mon MO AVG					<=1.0 MO AVG		01/01 - Daily	24 - COMP24
	NODI: -									
01079	Silver total recoverable									
	1 - Effluent Gross									
	Smpl.	<0.03	26 - lb/d				19 - mg/L	0	01/07 - Weekly	24 - COMP24
	Req.	<0.0002					<0.0002			

Code	Name	Value 1	Units	Value 1	Value 2	Units	Value 2	Value 3	Units	Ex.	Analysis	Type
Season: 0	Req.	<=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d	<=0.00038 MO AVG	<=0.00077 DAILY MX	19 - mg/L	01/07 - Weekly	24 - COMP24			
NODI: -												
01079	Silver total recoverable											
G - Raw Sewage Influent	Req.											
Season: 0	Req.											
NODI: -												
50050	Flow, in conduit or thru treatment plant											
1 - Effluent Gross	Smpl.	=16.39	03 - MGD									
Season: 0	Req.	Req Mon MO AVG										
NODI: -												
51041	E. coli, colony forming units [CFU]											
1 - Effluent Gross	Smpl.											
Season: 1	Req.											
NODI: -												
71901	Mercury, total recoverable											
1 - Effluent Gross	Smpl.											
Season: 0	Req.											
NODI: -												
71901	Mercury, total recoverable											
G - Raw Sewage Influent	Smpl.											
Season: 0	Req.											
NODI: -												

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
80082	BOD, carbonaceous [5 day, 20 C]	Smpl. =297.0	=348.0	26 - lb/d		=2.0	=2.0	19 - mg/L	0	01/01 - Daily	24 - COMP24
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: -											
81012	Phosphorus, total percent removal				=78.4			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								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_035a_MRO_2024_06.pdf	pdf	1036023.0
IN0025674_CSO_MRO_2024_06.pdf	pdf	1337557.0

Report Last Saved By

ELKHART WWTP

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2024-07-26 09:39 (Time Zone: -04:00)

Report Last Signed By

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2024-07-26 09:39 (Time Zone: -04:00)

Permit

Permit ID: IN0025674
Permittee: ELKHART WWTP
Facility: ELKHART WWTP
Permitted Feature: 035 - External Outfall
Major: 229 SOUTH 2ND ST
ELKHART , IN46516
Permittee Address: 1201 S NAPPANEE ST
ELKHART , IN46516
Facility Location: 035-AQ - QUARTERLY REPORTING
Discharge: 07/28/24
DMR Due Date: 07/28/24

Report Dates & Status

Monitoring Period: From 04/01/24 to 06/30/24

Status: NetDMR Validated

Considerations for Form Completion

REPORT MONTHLY SAMPLING ON THE 001-A 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	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	EX.	Analysis	Type
00717	Cyanide, free [as free]										
	1 - Effluent Gross										
Season: 0											
NODI: -											
00717	Cyanide, free [as free]										
	G - Raw Sewage Influent										
Season: 0											
NODI: -											
01074	Nickel, total recoverable										
	1 - Effluent Gross										
Season: 0											
NODI: -											
01074	Nickel, total recoverable										
	G - Raw Sewage Influent										
Season: 0											
NODI: -											
01094	Zinc, total recoverable										
	1 - Effluent Gross										
Season: 0											
NODI: -											
01094	Zinc, total recoverable										
	G - Raw Sewage Influent										
Season: 0											
NODI: -											
01113	Cadmium, total recoverable										
	1 - Effluent Gross										

Smpl. =0.0132 19 - mg/L 01/90 - Quarterly GR - GRAB

Req. Req Mon DAILY MX 19 - mg/L 01/90 - Quarterly GR - GRAB

NODI: -

Smpl. =0.0142 19 - mg/L 01/90 - Quarterly GR - GRAB

Req. Req Mon DAILY MX 19 - mg/L 01/90 - Quarterly GR - GRAB

NODI: -

Smpl. =0.0055 19 - mg/L 02/90 - Twice Every Quarter COMP24

Req. Req Mon DAILY MX 19 - mg/L 01/90 - Quarterly COMP24

NODI: -

Smpl. =0.0191 19 - mg/L 02/90 - Twice Every Quarter COMP24

Req. Req Mon DAILY MX 19 - mg/L 01/90 - Quarterly COMP24

NODI: -

Smpl. =0.0209 19 - mg/L 02/90 - Twice Every Quarter COMP24

Req. Req Mon DAILY MX 19 - mg/L 01/90 - Quarterly COMP24

NODI: -

Smpl. =0.0539 19 - mg/L 02/90 - Twice Every Quarter COMP24

Req. Req Mon DAILY MX 19 - mg/L 01/90 - Quarterly COMP24

NODI: -

Smpl. <=0.0002 19 - mg/L 02/90 - Twice Every Quarter COMP24

Req. Req Mon DAILY MX 19 - mg/L 01/90 - Quarterly COMP24

NODI: -

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
01119	Copper, total recoverable						=0.0415	19 - mg/L		02/90 - Twice Every Quarter	24 - COMP24
	G - Raw Sewage Influent						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
Season:	0										
Req.											
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

No attachments.

Report Last Saved By

ELKHART WWTP

User: Payton88

Name: Laura Kolo

E-Mail: laura.kolo@coei.org

Date/Time: 2024-07-26 09:15 (Time Zone: -04:00)

Report Last Signed By

User: Payton88

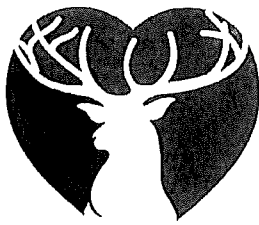
Name: Laura Kolo

E-Mail: laura.kolo@coei.org

Date/Time: 2024-07-26 09:39 (Time Zone: -04:00)

NPDES eReporting Help Desk: NPDESeReporting@epa.gov | 877-227-8965 (9:00am - 8:00pm EST)

Contact Us to ask a question, provide feedback, or report a problem.



City of Elkhart
Public Works and Utilities

Date Sep 10, 2024
 Memo To Board of Public Works
 Memo From Laura Kolo, Utility Services Manager *W*
 Subject Wastewater Utility Monthly Report of Operations
 for the month of July, 2024

REVISED 09/12/24

Wastewater MRO Highlights

Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	4	30
cBOD5 mg/L	2	25
Phosphorus mg/L	0.69	1.0
Ammonia mg/L	0.14	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	21.73	Design - 20
Total Monthly Flow MGD	674	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
07/01/24	1200 S. Main	44	grease
07/14/24	MH -1630	547,800	pumps not programmed
07/19/24	1626 ElReno	1159	grease and roots

revised 9/10/24

Wet Weather Overflows

Number of Events	Total Overflow Volume (MG)
11	23.9775



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

Slate Form 10829 (R4 / 01-20)

Name of Facility Elkhart			Permit Number IN0025674		
Month July	Year 2024	Plant Design Flow 20.00 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 06/30/2027	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	CHEMICALS USED			RAW SEWAGE									
				Total= 7.25 Precipitation - Inches	Bypass At Plant Site("X" if Occurred)	Sanitary Sewer Overflow("X" if Occurred)	Chlorine - Lbs/day	Ferric Chloride Lbs/Day or 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	Mon					X		228	11.925	7.1	108	10,741	244	24,267	3.15	17.20
2	Tue							198	11.983	7.2	105	10,494	116	11,593	3.19	16.90
3	Wed							243	12.164	7.0	102	10,348	216	21,913	4.00	19.60
4	Thu			0.91				236	14.042	7.3	99	11,594	114	13,351	2.98	15.40
5	Fri			0.07				252	12.158	7.0	75	7,605	92	9,329	2.67	13.20
6	Sat							249	11.683	7.1	78	7,600	76	7,405	2.79	15.50
7	Sun							271	11.100	7.2	145	13,423	82	7,591	2.54	15.70
8	Mon							243	11.883	7.2	99	9,811	138	13,676	2.92	18.30
9	Tue			2.19				243	14.683	7.0	118	14,450	174	21,307	3.59	15.70
10	Wed			1.29				250	25.716	7.2	58	12,439	98	21,018	1.82	9.24
11	Thu			0.27				228	19.483	7.2	72	11,699	110	17,874	2.46	13.90
12	Fri			0.01				140	20.341	7.0	79	13,402	90	15,268	2.49	9.93
13	Sat							228	17.258	7.1	63	9,068	56	8,060	2.17	11.90
14	Sun			0.79		X		225	18.859	7.0	82	12,897	124	19,503	1.87	8.55
15	Mon			0.54				225	20.483	7.5	72	12,300	162	27,674	2.91	11.00
16	Tue			0.23				234	20.525	7.1	67	11,469	116	19,857	2.52	11.90
17	Wed							228	20.333	7.1	88	14,923	172	29,167	3.89	13.20
18	Thu							252	18.725	7.1	78	12,181	132	20,614	3.79	12.70
19	Fri					X		231	16.833	7.0	65	9,125	80	11,231	2.78	12.30
20	Sat							225	16.042	7.4	73	9,767	50	6,690	2.41	12.30
21	Sun							205	15.633	7.0	69	8,996	72	9,387	1.97	11.00
22	Mon			0.10				221	17.191	7.3	66	9,463	108	15,484	2.22	12.80
23	Tue			0.06				203	15.817	7.1	101	13,323	162	21,370	2.51	13.10
24	Wed			0.38				200	18.400	7.2	98	15,039	174	26,701	2.66	12.30
25	Thu							200	15.208	7.2	71	9,005	144	18,264	3.38	13.70
26	Fri							144	14.317	7.3	71	8,478	98	11,702	2.83	13.20
27	Sat							200	14.383	7.2	88	10,556	102	12,235	2.48	12.70
28	Sun							167	14.375	7.1	80	9,591	64	7,673	2.16	12.10
29	Mon			0.40				197	16.341		95	12,947	136	18,535	2.76	13.10
30	Tue			0.01				143	14.933	7.2	102	12,703	156	19,428	3.69	15.20
31	Wed							235	14.725	7.2	104	12,772	126	15,474	2.61	15.30
Average				0.52				218	16.050		86	11,233	122	16,246	2.78	13.51
Maximum				2.19				271	25.716	7.5	145	15,039	244	29,167	4.00	19.60
Minimum				0.01				140	11.100	7.0	58	7600	50	6690	1.82	8.55

# of Data	0	14	0	3	0	31	0	31	30	31	31	31	31	31	31	0
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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 Operat	Date (month, day, year)
<i>Laura Kolo</i>	Revised 9/12/24
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)	Date (month, day, year)
<i>Laura Kolo</i>	Revised 9/12/24



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 07/15/23 *uk*

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	(6) Date (mm/dd/yy) and Time Release Began 07/01/24 10:51 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 07/01/24 12:16 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1200 S. Main	(9) Latitude (Deg Min Sec) 41 40 36 N	(9) Longitude (Deg Min Sec) 85 57 50W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 44 Gallons			(11) WWTP Flow During Release 12.1 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 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.) <i>grease</i> <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 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		(17) Additional Description of the Bypass / Overflow Event: call came in at 10:51 am, Crews found line plugged with grease. Plug removed and flows returned to normal at 12:16 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: none	
(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 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 cleared plug of grease within 1.5 hours of being informed of problem					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence will be sending fliers of proper grease disposal to residents in area					

(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): 07/02/24	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 07/02/24 10:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Tuesday, July 2, 2024 10:46 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: Inc rpt attached
Attachments: EXTERNAL: Relayed: Inc rpt attached

Caution: This email originated from outside of the organization. Please take care when clicking links or opening attachments. When in doubt, contact your IT Department



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	(6) Date (mm/dd/yy) and Time Release Began 07/14/24 4:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 07/14/24 5:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) Edgewater Park MH-1630	(9) Latitude (Deg Min Sec) 41 40 45 N	(9) Longitude (Deg Min Sec) 86 00 2 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 547,800 Gallons			(11) WWTP Flow During Release 31 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 checked="" type="checkbox"/> Operator errors <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) Procedural		(17) Additional Description of the Bypass / Overflow Event: following heavy rain on 07/14/24, it was discovered in the late morning of 07/15/24 that MH-00001630 had backed up and overflowed onto the ground. Upon further investigation, a combination of miscommunication between operators at shift change and inexperience of optimizing wet weather flows resulted in an Operator turning off pumps at the head of the WWTP, at LS 44.		(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: none	
(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 crews sent to clean debris surrounding MH-0001630					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Training is being scheduled to help Operators understand the importance of comprehensive pass downs at shift change and also the bigger picture of decisions they make at the WWTP.					

(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>07/16/24</u>	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 07/16/24 appx 10:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Tuesday, July 16, 2024 10:15 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0027564_INC_RPT_2024_07_2
Attachments: EXTERNAL: Relayed: IN0027564_INC_RPT_2024_07_2

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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					
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RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 07/19/24 7:49 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 07/19/24 9:24 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1626 El Reno	(9) Latitude (Deg Min Sec) 41 40 20 N	(9) Longitude (Deg Min Sec) 85 59 53 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 1159 Gallons			(11) WWTP Flow During Release 17.8 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.) <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 <input type="checkbox"/> Inches <i>grease/roots</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) grease and roots		(17) Additional Description of the Bypass / Overflow Event: crews called out at 7:49, obstruction of grease and roots was cleared at 9:24. IDEM spill response notified at 10:37 am on 072024 (Nolan) IDEM Inc # 113475 assigned at 11:11 am on 072024 (David)		(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: none	
(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 crews sent to clear obstruction of grease and roots					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Will send information to neighborhood on proper grease disposal					

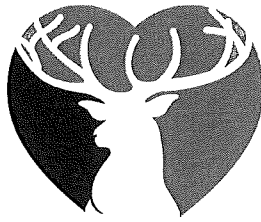
(22)

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): 07/21/24
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 07/21/24 appx 9:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM


Kolo, Laura

From: postmaster@state.in.us
Sent: Sunday, July 21, 2024 9:29 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0025674_INC_RPT_2024_07_3
Attachments: EXTERNAL: Relayed: IN0025674_INC_RPT_2024_07_3

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City of Elkhart
Public Works and Utilities

Date Aug 26, 2024
Memo To Board of Public Works
Memo From Laura Kolo, Utility Services Manager 
Subject Wastewater Utility Monthly Report of Operations
for the month of July, 2024

Wastewater MRO Highlights

Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	4	30
cBOD5 mg/L	2	25
Phosphorus mg/L	0.69	1.0
Ammonia mg/L	0.14	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	21.73	Design - 20
Total Monthly Flow MGD	674	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
None			

Wet Weather Overflows

Number of Events	Total Overflow Volume (MG)
11	23.9775

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 **Signing Process Confirmation - CDX Activity ID: _1fa27173-cb79-4c9a-9535-d5552bd5bc71**

Your DMRs are undergoing the Signing Process

IN0025674	ELKHA	WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	07/31/24	08/28/24
IN0025674	ELKHA	WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, OF ELKHART RIVER	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	008	008-C	CSO- HUG/EAST BLVD	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	009	009-C	CSO- NIBCO PRKWAY - FKA JR. ACHIEVEMENT (Y DR N)	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	011	011-C	CSO- ELKHART/FRANKLIN	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	015	015-C	CSO- MICHIGAN/FULTON	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	020	020-C	CSO- BRIDGE AND HUDSON	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	023	023-C	CSO- FRANKLIN/8TH	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	024	024-C	CSO- INDIANA/FRANKLIN	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	028	028-C	CSO- WASHINGTON AT RIVER	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	031	031-C	CSO- ELIZABETH/LUSHER	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	032	032-C	CSO- EDGEWATER/OKEMA	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	033	033-C	CSO- EVANS/GRACE	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	034	034-C	CSO- LEXINGTON/6TH	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	037	037-C	CSO- FRANKLIN/KRAU	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	039	039-C	CSO- WEST HIGH AT RIVER	07/31/24	08/28/24
IN0025674	ELKHART	WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	07/31/24	08/28/24

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DMR Copy of Submission

Expand Notices

Form Approved OMB No. 2040-0004 expires on 07/31/2026

Permit

Permit ID: IN0025674

Permittee: ELKHART WWTP

Facility: ELKHART WWTP

Permitted Feature: 035 - External Outfall

Report Dates & Status

Monitoring Period: From 07/01/24 to 07/31/24

Status: **NetDMR Validated**

Considerations for Form Completion

THE FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE EVERY TWELVE MONTHS. REPORT QUARTERLY PARAMETERS ON 035-AQ 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: -

Major:

Permittee Address: 429 SOUTH 2ND ST
ELKHART , IN46516

Facility Location: 1201 S NAPPANEE ST
ELKHART , IN46516

Discharge: 035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER

DMR Due Date: 08/28/24

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
Season: 0		Req. <=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d			<=0.00077 DAILY MX	19 - mg/L	01/01 - Weekly	24 - COMP24	
NODI: -	NODI										
01079	Silver total recoverable	Smpl. =21.732		03 - MGD			=0.00076	19 - mg/L	01/07 - Weekly	24 - COMP24	
	G - Raw Sewage Influent										
Season: 0		Req. <=0.0004	Req Mon MO AVG	Req Mon DAILY MX			Req Mon MO AVG	19 - mg/L	02/30 - Twice Per Month	24 - COMP24	
NODI: -	NODI										
50050	Flow, in conduit or thru treatment plant										
1 - Effluent Gross		Req. <=0.0004	Req Mon MO AVG	Req Mon DAILY MX			Req Mon MO AVG	19 - mg/L	01/01 - Daily	TM - TOTALZ	
Season: 0		Req. <=0.0004	Req Mon MO AVG	Req Mon DAILY MX			Req Mon MO AVG	19 - mg/L	01/01 - Daily	TM - TOTALZ	
NODI: -	NODI										
51041	E. coli, colony forming units [CFU]	Smpl. =19.0		03 - MGD			=54.0	3Z - CFU/100mL	01/01 - Daily	GR - GRAB	
1 - Effluent Gross		Req. <=125.0 MO GEO	<=235.0 DAILY MX				<=235.0 DAILY MX	3Z - CFU/100mL	01/01 - Daily	GR - GRAB	
Season: 1		Req. <=125.0 MO GEO	<=235.0 DAILY MX				<=235.0 DAILY MX	3Z - CFU/100mL	01/01 - Daily	GR - GRAB	
NODI: -	NODI										
80082	BOD, carbonaceous [5 day, 20 C]	Smpl. =524.0		26 - lb/d			=3.0	19 - mg/L	01/01 - Daily	24 - COMP24	
1 - Effluent Gross		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	
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	Smpl. =75.0						23 - %	01/30 - Monthly	CA - CALCCTD	
K - Percent Removal		Req. >=75.0 MO AV MIN						23 - %	01/30 - Monthly	CA - CALCCTD	
Season: 0		Req. >=75.0 MO AV MIN						23 - %	01/30 - Monthly	CA - CALCCTD	
NODI: -	NODI										
82220	Flow, total	Smpl. =674.0		80 - Mgal/mo					01/30 - Monthly	RT - RCOTOT	
1 - Effluent Gross		Req. <=674.0 MO AVG							01/30 - Monthly	RT - RCOTOT	

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
Season: 0	Req.		Req Mon MO TOTAL	80 - Mgal/mo						01/2024 - 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_2024_07.pdf	pdf	1157312.0
IN0025674_035a_2024_07.pdf	pdf	1017603.0

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2024-08-26 15:59 (Time Zone: -04:00)

Report Last Signed By

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2024-08-26 16:00 (Time Zone: -04:00)



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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart			Permit Number IN0025674		
Month July	Year 2024	Plant Design Flow 20.00 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 06/30/2027	

Day of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 7.25 Precipitation - Inches	Bypass At Plant Site("x" if Occurred)	Sanitary Sewer Overflow("x" if Occurred)	CHEMICALS USED			RAW SEWAGE								
							Chlorine - Lbs/day	Ferric Chloride Lbs/Day or 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								228		11.925	7.1	108	10,741	244	24,267	3.15	17.20
2	Tue								198		11.983	7.2	105	10,494	116	11,593	3.19	16.90
3	Wed								243		12.164	7.0	102	10,348	216	21,913	4.00	19.60
4	Thu			0.91					236		14.042	7.3	99	11,594	114	13,351	2.98	15.40
5	Fri			0.07					252		12.158	7.0	75	7,605	92	9,329	2.67	13.20
6	Sat								249		11.683	7.1	78	7,600	76	7,405	2.79	15.50
7	Sun								271		11.100	7.2	145	13,423	82	7,591	2.54	15.70
8	Mon								243		11.883	7.2	99	9,811	138	13,676	2.92	18.30
9	Tue			2.19					243		14.683	7.0	118	14,450	174	21,307	3.59	15.70
10	Wed			1.29					250		25.716	7.2	58	12,439	98	21,018	1.82	9.24
11	Thu			0.27					228		19.483	7.2	72	11,699	110	17,874	2.46	13.90
12	Fri			0.01					140		20.341	7.0	79	13,402	90	15,268	2.49	9.93
13	Sat								228		17.258	7.1	63	9,068	56	8,060	2.17	11.90
14	Sun			0.79					225		18.859	7.0	82	12,897	124	19,503	1.87	8.55
15	Mon			0.54					225		20.483	7.5	72	12,300	162	27,674	2.91	11.00
16	Tue			0.23					234		20.525	7.1	67	11,469	116	19,857	2.52	11.90
17	Wed								228		20.333	7.1	88	14,923	172	29,167	3.89	13.20
18	Thu								252		18.725	7.1	78	12,181	132	20,614	3.79	12.70
19	Fri								231		16.833	7.0	65	9,125	80	11,231	2.78	12.30
20	Sat								225		16.042	7.4	73	9,767	50	6,690	2.41	12.30
21	Sun								205		15.633	7.0	69	8,996	72	9,387	1.97	11.00
22	Mon			0.10					221		17.191	7.3	66	9,463	108	15,484	2.22	12.80
23	Tue			0.06					203		15.817	7.1	101	13,323	162	21,370	2.51	13.10
24	Wed			0.38					200		18.400	7.2	98	15,039	174	26,701	2.66	12.30
25	Thu								200		15.208	7.2	71	9,005	144	18,264	3.38	13.70
26	Fri								144		14.317	7.3	71	8,478	98	11,702	2.83	13.20
27	Sat								200		14.383	7.2	88	10,556	102	12,235	2.48	12.70
28	Sun								167		14.375	7.1	80	9,591	64	7,673	2.16	12.10
29	Mon			0.40					197		16.341	7.1	95	12,947	136	18,535	2.76	13.10
30	Tue			0.01					143		14.933	7.2	102	12,703	156	19,428	3.69	15.20
31	Wed								235		14.725	7.2	104	12,772	126	15,474	2.61	15.30
Average				0.52					218		16.050		86	11,233	122	16,246	2.78	13.51
Maximum				2.19					271		25.716	7.5	145	15,039	244	29,167	4.00	19.60
Minimum				0.01					140		11.100	7.0	58	7600	50	6690	1.82	8.55

# of Data	0	14	0	0	0	31	0	31	30	31	31	31	31	31	31	31	0
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<p>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.</p>	Prepared by or under the direction of (Certified Operat	Date (month, day, year)
	<p>Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)</p> <p><i>Laura Kolo</i></p>	<p>8/26/24</p>

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	July	2024

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	60	60	118	2,428	49	3.9	19	6.487	4,800					10	7.0		8.3	
2	77	60	116	2,240	52	3.5	19	6.487	4,780					10	7.2		8.2	
3	59	57	106	2,548	42	4.8	18	6.487	4,620					8	7.0		8.4	
4	58	49	116	2,256	52	4.4	19	6.487	5,640					6	7.6		8.3	
5	53	58	113	2,272	50	4.6	19	6.487	4,980					12	7.0		8.1	
6	58	43	106	2,336	45	4.6	19	6.487	4,540					17	7.2		8.2	
7	58	47	107	2,376	45	4.8	19	6.487	4,960					17	7.1		8.8	
8	81	63	102	2,244	45	4.4	19	6.487	4,620					23	7.0		8.1	
9	74	97	106	2,116	50	3.6	19	6.487	2,680					54	7.3		8.4	
10	44	53	96	1,964	488	3.8	20	6.487	6,380					16	7.1		7.6	
11	52	62	115	2,208	52	3.3	20	6.487	5,620					11	7.0		7.6	
12	59	55	105	2,152	49	4.0	20	6.487	6,560					22	7.0		7.5	
13	46	37	121	2,352	52	4.2	19	6.487	6,240					17	7.0		7.8	
14	49	40	122	2,532	48	4.3	20	6.487	6,720					39	7.0		7.8	
15	51	88	134	2,504	54	3.9	20	6.487	6,480					37	7.0		7.6	
16	48	53	129	2,384	54	4.0	20	6.487	7,100					44	7.0		7.5	
17	61	92	126	2,316	55	3.8	20	6.483	6,400					26	7.1		7.4	
18	86	62	131	2,520	52	4.1	19	6.487	6,780					21	7.0		7.6	
19	57	49	138	2,684	52	4.3	19	6.487	6,720					23	7.0		8.0	
20	54	35	140	2,700	52	4.6	19	6.487	6,680					11	7.0		8.1	
21	51	37	141	2,896	49	4.5	19	6.487	7,340					15	7.3		8.6	
22	45	47	142	2,784	51	4.6	19	6.487	6,820					22	7.0		8.4	
23	53	48	132	2,672	49	4.0	19	6.487	6,260					10	7.0		8.1	
24	60	60	148	2,432	61	6.7	20	6.487	4,220					12	7.0		8.4	
25	50	60	144	2,476	58	3.5	19	6.487	7,020					28	7.0		8.1	
26	58	58	168	2,920	58	4.1	19	6.487	5,780					21	7.0		8.1	
27	63	15	178	2,992	60	4.5	19	7.785	5,320					39	7.0		8.3	
28	56	40	177	3,112	57	4.5	19	7.785	5,540					26	7.2		8.5	
29	50	55	175	3,200	55	3.6	19	7.785	6,300					36	7.1		8.1	
30	70	91	175	2,984	59	3.6	20	7.298	5,760					17	6.9		7.8	
31	62	61	170	2,860	59	4.00	20	6.487	6,180					24	7.0		8.6	
Avg.	58	56	132	2,531	66	4.2	19	6.639	5,801					22			8.1	
Max	86	97	178	3,200	488	6.7	20	7.785	7,340					54		7.6	8.8	
Min.	44	15	96	1964	42	3.3	18	6.483	2680					6		6.90	7.4	
Daily Max														54				
# of Days above 235														0				
Date	31	31	31	31	31	31	31	31	31	0	0	1	0	31	31	0	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 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	July	2024

		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	Mon	15.319		2		256		4		447		0.03		3.8		1.11	142
2	Tue	15.180		2		253		4		468		0.04		5.1		0.74	94
3	Wed	14.853		2		248		4		446		0.04		5.0		0.71	88
4	Thu	18.608		2		310		7		1,086		0.10		15.5		1.01	157
5	Fri	15.325		2		256		4		447		0.05		6.4		0.71	91
6	Sat	14.213	15.506	2	2.00	237	259	4	4.06	427	537	0.04	0.05	4.7	7	0.75	89
7	Sun	14.103		2		235		4		412		0.05		5.9		0.85	100
8	Mon	14.753		2		246		4		529		0.04		4.9		0.73	90
9	Tue	21.466		3		537		4		716		0.11		19.7		0.75	134
10	Wed	33.853		3		847		6		1,638		0.21		59.3		0.65	184
11	Thu	30.195		2		504		3		831		0.58		146.1		0.47	118
12	Fri	28.505		3		713		5		1,165		0.19		45.2		0.51	121
13	Sat	23.344	23.746	3	2.57	584	524	4	4.21	720	859	0.05	0.18	9.7	42	0.60	117
14	Sun	27.324		3		684		4		1,003		0.04		9.1		0.65	148
15	Mon	30.436		2		508		4		888		0.16		40.6		0.57	145
16	Tue	30.014		2		501		4		901		0.44		110.1		0.65	163
17	Wed	29.329		2		489		4		905		0.29		70.9		0.59	144
18	Thu	26.583		2		443		4		798		0.09		20.0		0.55	122
19	Fri	23.776		2		397		4		833		0.38		75.4		0.58	115
20	Sat	22.189	27.093	3	2.29	555	511	4	3.80	666	856	0.04	0.21	7.4	48	0.60	111
21	Sun	21.452		2		358		4		644		0.03		5.4		0.77	138
22	Mon	23.216		2		387		3		600		0.20		38.7		0.67	130
23	Tue	22.027		2		367		3		606		0.05		9.2		0.59	108
24	Wed	25.085		3		628		4		774		0.71		148.5		0.60	126
25	Thu	21.284		2		355		6		1,030		0.00		0.0		0.52	92
26	Fri	18.315		2		305		4		565		0.05		7.6		0.64	98
27	Sat	18.186	21.366	2	2.14	303	386	3	3.76	470	670	0.04	0.15	6.1	31	0.82	124
28	Sun	17.633		2		294		2		338		0.06		8.8		0.90	132
29	Mon	20.839		2		348		3		469		0.14		24.3		0.83	144
30	Tue	18.321		2		306		3		474		0.07		10.7		0.75	115
31	Wed	17.957	18.086	3	2.14	449	345	4	3.11	554	473	0.67	0.07	9.0	11	0.67	100
Avg		21.732		2		416		4		705		0.16		30.1		0.69	122
Max		33.853	27.093	3	2.57	847	524	7	4.21	1,638	859	0.71	0.21	148.5	48	1.1	184
Min		14.103	15.506	2	2.00	235	259	2	3.11	338	473	0.00	0.05	0.0	7	0.5	88
Data		31	5	31	5	31	5	31	5	31	5	31	5	31	5	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 674
Primary Treatment	32.50	54.2			
Secondary Treatment	96.1	92.8			Percent Capacity (actual flow/design) 109%
Overall Treatment	97.38	96.7	98.8	75.0	
Phosphorus limit would be	70 % removal. (compliance achieved)				

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	July	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary SludgeGal. x 100	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	
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	16.28	247.68	7.3		97	14.148		4.31	2.39	77.94	56.54	126.49		
2	17.27	223.20	7.3		99	17.685		4.53	2.37	75.81	55.43	121.75		
3	38.20	217.44	7.3		98			4.93	2.30	75.21	55.76			
4	45.57	218.88	7.3		98			4.11	2.25	73.66	55.37			
5	21.26	214.56	7.3		98	10.611		5.12	2.33	75.11	56.16	75.24		
6	38.76	213.12	7.5		99	10.611		2.30	2.28	76.51	56.55			
7	13.74	211.68	7.4		98			2.73	2.39	81.64	56.55			
8	15.33	211.68	7.4		99	3.537		2.81	2.42	77.07	57.14	61.06		
9	21.72	221.76	7.4		100	7.074		3.80	2.35	78.74	56.47	113.55		
10	39.34	191.52	7.4		99	3.537		4.68	2.32	66.95	55.62			
11	45.54	187.20	7.4		98	10.611		5.29	2.38	72.85	57.40	131.15		
12	37.71	188.64	7.4		99	7.074		4.60	2.34	73.16	56.41	67.15		
13	16.11	188.64	7.4		99			2.51	2.38	71.74	58.06			
14	22.47	190.08	7.4		100	17.685		3.75	2.43	75.46	57.07			
15	37.61	190.08	7.4		69			4.61	2.31	74.65	55.90	105.51		
16	35.40	187.20	7.4		99	10.611		5.31	2.32	69.94	55.41	131.73		
17	31.57	187.20	7.4		99	3.537		4.75	2.35	70.16	57.14	130.64		
18	46.22	188.64	7.4		98			4.94	2.28	68.46	57.23	74.51		
19	57.70	188.64	7.4		99	3.537		4.70	2.34	68.97	56.98			
20	31.93	174.24	7.3		98	0.000		4.61	2.38	69.03	57.89			
21	20.56	169.92	7.3		100	0.000		4.57	2.30	74.60	57.51			
22	14.98	168.48	7.3		100	0.000		3.90	2.38	78.21	56.08			
23	34.69	168.48	7.3		100	3.537		3.76	2.45	72.00	56.54	113.18		
24	44.21	204.48	7.3		100	17.685		5.03	2.40	68.64	57.02	131.36		
25	42.24	133.92	7.3		90	14.148		4.75	2.39	67.57	57.30	130.84		
26	19.82	168.48	7.3		100			4.49	2.35	67.98	55.36			
27	42.18	168.48	7.2		101	3.537		5.05	2.37	67.75	57.89			
28	25.08	168.48	7.3		100	0.000		4.51	2.45	72.45	55.08			
29	14.89	168.48	7.4		99	3.537		3.67	2.33	77.88	55.87	131.07		
30	40.22	168.48	7.4		99	7.074		5.05	2.23	74.21	57.96	130.71		
31	25.86	168.48	7.3		101			4.74	2.28	66.33	55.62	92.73		
Avg.	30.79	190.27			98	7.382		4.32	2.35	72.93	56.56	109.92		
Max.	57.70	247.68	7.5		101	17.685		5.31	2.45	81.64	58.06	131.73		
Min.	13.74	133.92	7.2		69	0.000		2.30	2.23	66.33	55.08	61.06		
Data	31	31	31	0	31	23	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 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month July	Year 2024
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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					0.0005	0.0002	0.0006	0.0002			0.0050	0.0020	0.1020	0.0109		
3																
4																
5																
6																
7																
8			17.60	2,166				0.0020	0.0020							
9					0.0002	0.0002										
10															85.7000	1.0300
11																
12																
13																
14																
15					0.0008											
16						0.0002										
17	143	34,978														
18																
19																
20																
21																
22					0.0002											
23						0.0002										
24																
25																
26																
27																
28																
29																
30					0.0002	0.0002										
31																
Avg.	143	34,978	17.60	2,166	0.0004	0.0002	0.0006	0.0002	0.0020	0.0020	0.0050	0.0020	0.1020	0.0109	85.7000	1.0300
Max.	143	34,978			0.0008	0.0002	0.0006	0.0002	0.0020	0.0020	0.0050	0.0020	0.1020	0.0109	85.7000	1.0300
Min.	143	34,978	17.60	2166	0.0002	0.0002	0.0006	0.0002	0.0020	0.0020	0.0050	0.0020	0.1020	0.0109	85.7000	1.0300
Data	1	1	1	1	5	5	1	1	1	1	1	1	1	1	1	1

WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	July	2024

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	0.0138	0.0048	0.0043	0.0010	0.1790	0.0186												
3																		
4																		
5																		
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.	0.0138	0.0048	0.0043	0.0010	0.1790	0.0186												
Max	0.0138	0.0048	0.0043	0.0010	0.1790	0.0186												
Min.	0.0138	0.0048	0.0043	0.0010	0.1790	0.0186												
Date	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: July 2024		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	11.93	13.40					15 min													
2	11.98	13.60					15 min													
3	12.16	13.30					15 min													
4	14.04	32.70	2:06 PM	4.55	0.91	2.64	15 min													
5	12.16	13.70	3:11 AM	9.58	0.07	0.24	15 min													
6	11.68	13.00					15 min													
7	11.10	12.80					15 min													
8	11.88	13.30					15 min													
9	14.68	31.60	5:26 PM	6.63	2.19	1.84	15 min							6:43 PM	M	1.17	M	0.6123	M	
10	25.72	40.00	12:01 AM	14.00	1.29	0.80	15 min							12:03 AM	M	2.75	M	1.0857	M	
11	19.48	22.60	9:41 PM	0.58	0.27	0.84	15 min													
12	20.34	30.50	1:21 AM	9.42	0.01	0.04	15 min													
13	17.26	19.20					15 min													
14	18.86	31.00	2:36 AM	10.58	0.79	1.24	15 min													
15	20.48	29.00	2:01 AM	20.42	0.54	0.52	15 min													
16	20.53	24.90	12:21 AM	1.83	0.23	0.52	15 min													
17	20.33	22.20					15 min													
18	18.73	23.40					15 min													
19	16.83	19.10					15 min													
20	16.04	17.70					15 min													
21	15.63	16.80					15 min													
22	17.19	20.30	6:36 PM	0.97	0.10	0.32	15 min													
23	15.82	17.20	2:51 PM	0.17	0.06	0.24	15 min													
24	18.40	36.10	7:31 AM	0.38	0.38	1.52	15 min							7:43 AM	M	0.25	M	0.0381	M	
25	15.21	17.00					15 min													
26	14.32	15.40					15 min													
27	14.38	16.40					15 min													
28	14.38	15.90					15 min													
29	16.34	27.10	1:36 PM	7.33	0.40	0.88	15 min													
30	14.93	16.80	7:06 AM	0.08	0.01	0.04	15 min													
31	14.73	16.60					15 min													
Totals:	497.54			86.52	7.25			0	Days	0.00		0		3	Days	4.17		1.7361		



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: July 2024										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	3:07 PM	M	0.65	M	0.1158	M							3:15 PM	M	0.67	M	0.0289	M						
5																								
6																								
7																								
8																								
9	10:22 PM	M	1.58	M	0.2750	M	11:19 PM	M	0.17	M	0.0066	M	10:30 PM	M	1.42	M	0.0588	M	11:09 PM	M	0.50	M	0.0371	M
10	12:02 AM	M	4.83	M	0.8396	M							12:01 AM	M	4.38	M	0.1842	M	12:25 AM	M	0.50	M	0.0374	M
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24	7:57 AM	M	0.33	M	0.0579	M							8:11 AM	M	0.08	M	0.0011	M	7:45 AM	M	0.17	M	0.0012	M
25																								
26																								
27																								
28																								
29	9:12 PM	M	0.33	M	0.0500	M							9:21 PM	M	0.25	M	0.0049	M						
30																								
31																								
Totals:	5	Da ys	7.72		1.3383		1	Da ys	0.17		0.0066		5	Da ys	6.80		0.2779		3	Da ys	1.17		0.0757	



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: Jul 2024										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																									
2																									
3																									
4	LOSS OF POWER																			3:11 PM	M	0.67	M	0.0572	M
5																									
6																									
7																									
8																									
9	11:02 PM	M	0.33	M	0.0194	M	11:17 PM	M	0.50	M	0.0372	M							7:11 PM	M	1.58	M	0.2565	M	
10	12:02 AM	M	0.92	M	0.0431	M	12:27 AM	M	0.67	M	0.0383	M							12:01 AM	M	3.08	M	0.3842	M	
11																									
12																									
13																									
14																									
15																									
16																									
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24	7:57 AM	M	0.17	M	0.0015	M													7:51 AM	M	0.67	M	0.0458	M	
25																									
26																									
27																									
28																									
29	8:52 PM	M	0.33	M	0.0077	M	9:02 PM	M	0.08	M	0.0004	M							9:01 PM	M	0.42	M	0.0129	M	
30																									
31																									
Totals:	4	Days	1.75		0.0717		3	Days	1.25		0.0759		0	Days	0.00		0.0000		5	Days	6.42		0.7566		



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: July 2024										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							3:19 PM	M	0.33	M	0.0125	M	2:59 PM	M	1.83	M	0.1553	M							
5																									
6																									
7																									
8																									
9	11:25 PM	M	0.33	M	0.0052	M	7:14 PM	M	1.17	M	0.2597	M	6:50 PM	M	1.67	M	0.0459	M	10:59 PM	M	1.08	M	0.0486	M	
10	12:35 AM	M	0.25	M	0.0035	M	12:04 AM	M	2.50	M	0.4694	M	12:04 AM	M	1.92	M	0.0175	M	12:04 AM	M	3.00	M	0.0899	M	
11																									
12																									
13																									
14													3:24 AM	M	3.08	M	0.3111	M							
15													2:59 AM	M	3.17	M	0.2017	M							
16													8:54 AM	M	3.00	M	0.0883	M							
17																									
18																									
19													2:04 PM	M	0.08	M	0.0011	M							
20																									
21																									
22																									
23																									
24													7:54 AM	M	0.75	M	0.0197	M							
25																									
26																									
27																									
28																									
29																									
30																									
31																									
Totals:	2	Days	0.58		0.0087		3	Days	4.00		0.7416		8	Days	15.50		0.8406		2	Days	4.08		0.1385		



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 2024												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	2:55 PM	M	0.58	M	0.0368	M	2:52 PM	M	0.50	M	0.0140	M	3:15 PM	M	0.58	M	0.0212	M	2:46 PM	M	0.58	M	0.1012	M
5																								
6																								
7																								
8																								
9	6:40 PM	M	1.58	M	0.1029	M	6:37 PM	M	2.17	M	0.0571	M	6:50 PM	M	4.75	M	0.5830	M	6:46 PM	M	1.83	M	0.3390	M
10	12:00 AM	M	2.08	M	0.1212	M	12:02 AM	M	1.67	M	0.0528	M	12:00 AM	M	4.08	M	0.5709	M	12:01 AM	M	2.00	M	0.3169	M
11	10:00 PM	M	0.33	M	0.0036	M	9:52 PM	M	0.17	M	0.0016	M							9:51 PM	M	0.25	M	0.0212	M
12																								
13																								
14													3:50 AM	M	0.17	M	0.0007	M						
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24	7:50 AM	M	0.17	M	0.0063	M	7:42 AM	M	0.33	M	0.0114	M							7:41 AM	M	0.33	M	0.0803	M
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	5	Da ys	4.74		0.2708		5	Da ys	4.84		0.1369		4	Da ys	9.58		1.1758		6	Da ys	5.24		0.8696	



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 2024		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							2:51 PM	M	0.42	M	0.0084	M					2:53 PM	M	0.25	M	0.0081	M	
5																							
6																							
7																							
8																							
9	6:50 PM	M	0.75	M	0.0084	M	6:41 PM	M	1.08	M	0.0757	M					6:48 PM	M	0.50	M	0.0089	M	
10	12:15 AM	M	0.67	M	0.0079	M	12:31 AM	M	0.58	M	0.0032	M					12:38 AM	M	0.17	M	0.0020	M	
11	9:10 PM	M	2.42	M	0.0531	M																	
12	12:00 AM	M	4.17	M	0.0425	M																	
13																							
14																							
15																							
16	1:45 PM	M	0.25	M	0.0010	M																	
17	11:00 AM	M	2.42	M	0.0164	M																	
18	3:45 AM	M	0.08	M	0.0002	M																	
19																							
20																							
21																							
22																							
23																							
24							7:41 AM	M	0.17	M	0.0035	M											
25																							
26																							
27																							
28																							
29																							
30																							
31																							
Totals:	7	Da ys	10.76		0.1295		4	Da ys	2.25		0.0908		0	Da ys	0.00		0.0000		3	Da ys	0.92		0.0190



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 2024										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							2:54 PM	M	0.08	M	0.0047	M	2:55 PM	M	0.67	M	0.1759	M						
5																								
6																								
7																								
8																								
9	8:11 PM	M	3.83	M	1.0646	M	6:50 PM	M	2.08	M	0.2391	M	8:00 PM	M	1.25	M	0.4314	M						
10	12:01 AM	M	12.25	M	2.0197	M	12:04 AM	M	4.58	M	0.7738	M	12:00 AM	M	1.83	M	0.5696	M						
11																								
12																								
13																								
14							4:40 AM	M	1.25	M	0.2106	M												
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24							7:44 AM	M	0.08	M	0.0010	M												
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	2	Da ys	16.08		3.0843		5	Da ys	8.07		1.2292		3	Da ys	3.75		1.1769		0	Da ys	0.00		0.0000	



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: July 2024										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	3:07 PM	M	1.17	M	0.2746	M	2:46 PM	M	0.50	M	0.0142	M	2:50 PM	M	1.58	M	0.0775	M						
5																								
6																								
7																								
8																								
9	6:42 PM	M	5.33	M	3.0150	M	6:41 PM	M	2.75	M	0.0708	M	6:45 PM	M	5.23	M	0.4365	M						
10	12:02 AM	M	4.50	M	4.0645	M	12:01 AM	M	1.92	M	0.0546	M	12:00 AM	M	13.92	M	0.7594	M						
11							9:46 PM	M	0.25	M	0.0066	M	10:05 PM	M	0.50	M	0.0152	M						
12																								
13																								
14	3:32 AM	M	1.92	M	0.6504	M							3:40 AM	M	2.33	M	0.1009	M						
15	3:27 AM	M	0.83	M	0.0363	M							3:40 AM	M	1.42	M	0.0233	M						
16													11:30 AM	M	0.32	M	0.0030	M						
17																								
18																								
19																								
20																								
21																								
22	7:47 PM	M	0.17	M	0.0007	M																		
23																								
24	8:07 AM	M	0.75	M	0.0889	M																		
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	7	Days	14.67		8.1304		4	Days	5.42		0.1462		7	Days	25.30		1.4158		0	Days	0.00		0.0000	

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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: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: July 2024	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	
6	
7	
8	
9	precipitation
10	precipitation
11	precipitation
12	precipitation
13	
14	precipitation
15	precipitation
16	precipitation
17	
18	
19	precipitation
20	
21	
22	
23	
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) 08/26/24

Biomonitor

Permittee/Location Elkhart WWTP Elkhart, IN			Permit Number: IN0025674			Outfall Number: 035		
Laboratory Name and Contact: Biomonitor Michael Britton			Report Due Date:			Report Date: July 2024		
WETT Reporting Frequency or Type: (mark one)	Monthly	Quarterly	Semi-annual	Annual	TRE	Post TRE	3/3 (per Reporting Frequency)	
					X		Consecutive Months	

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							
			TU _c	1							
		NOEC Reproduction	%	100							
			TU _c	1							
		IC25 Reproduction	%	100							
			TU _c	1							
		48 hr. LC50	%	>100							
			TU _a	<1							
		Toxicity (acute)	TU _a	<1					1.0	Pass	Laboratory Report and NetDMR (Parameter Code 61425)
		Toxicity (chronic)	TU _c	1					8.0	Pass	Laboratory Report and NetDMR (Parameter Code 61426)

<i>Pimephales promelas</i>	7-day Larval Survival and Growth Definitive Static-Renewal	NOEC Survival	%	100							
			TU _c	1							
		NOEC Growth	%	100							
			TU _c	1							
		IC25 Growth	%	100							
			TU _c	1							
		96 hr. LC50	1 %	>100							
			TU _a	<1							
		Toxicity (acute)	TU _a	1					1.0	Pass	Laboratory Report and NetDMR (Parameter Code 61427)
		Toxicity (chronic)	TU _c	1					8.0	Pass	Laboratory Report and 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

July 2024

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

Project Name: Elkhart Wastewater Treatment Plant

Project Date: July 2024

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: 7/22/24

Michael Britten

Project Director
Date: 7/22/24

Other Participating Personnel:

Mukang'andu Ng'andwe
Arizona Fox
Melody Myers-Kinzie

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 during July 2024. The purpose of the testing was to fulfill the biomonitoring requirement for the NPDES permit.

Three samples were collected July 7-11, 2024. The water flea, *Ceriodaphnia dubia*, and Fathead minnow, *Pimephales promelas*, were used as the test organisms.

A total of six 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	= 100% effluent	TU _c = 1.0

Pimephales promelas test

48-hr LC ₅₀	> 100% effluent	TU _a < 1.0
NOEL for survival	= 100% effluent	TU _c = 1.0
NOEL for growth	= 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 *Ceriodaphnia dubia* but not *Pimephales promelas*.

The chronic toxicity limits in the NPDES permit require a NOEL (No Observable Effect Level) of 12.5% effluent (a TU_c not to exceed 8.0). According to the NPDES permit, there was not a "Demonstration of Toxicity" during this 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:	July 7, 2024	-MGD
	July 9, 2024	-MGD
	July 11, 2024	-MGD

Table III
Source of effluent and dilution water

I. Effluent samples

Sampling point:	Outfall 035	
Collection dates and times:	July 7, 2024	11:00 p.m.
	July 9, 2024	11:00 p.m.
	July 11, 2024	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:	July 9, 2024	10:45 a.m.
Date and time test terminated	July 15, 2024	10:55 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 = 100% effluent

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

Methods used to calculate endpoints:

Fisher's Exact Test for the survival endpoint.

Dunnett's Test for the reproduction endpoint.

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 16-23, 2024
<u>Dilution water used in test:</u>	Moderately hard synthetic water
<u>Results:</u>	48-hr LC ₅₀ = 99 µg/L as Cu NOEL (reproduction) = 20 µg/L as Cu LOEL (reproduction) = 40 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	18.3	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	4	2	2	0	4	4	2	2	3	0		10
	4	7	4	4	0	5	6	0	4	4	6		10
	5	0	0	8	8	0	0	10	0	9	6		10
	6	0	9	9	11	13	12	13	12	0	0		10
6.25%	1	0	0	0	0	0	0	0	0	0	0	19.0	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	4	2	0	0	2	4	0	4	4	0		10
	4	8	2	5	0	5	7	0	5	2	2		10
	5	0	0	9	5	0	0	7	0	7	4		10
	6	12	13	14	9	11	14	13	16	0	0		10
12.5%	1	0	0	0	0	0	0	0	0	0	0	17.6	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	2	2	0	0	0	3	3	0	3	0		10
	4	9	0	0	0	5	7	0	5	3	0		10
	5	0	0	4	8	0	10	11	0	0	8		10
	6	16	12	14	12	11	0	14	10	4	0		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	17.1	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	4	0	0	0	2	2	0	0	0	0		10
	4	7	6	4	0	7	3	0	6	0	0		10
	5	0	0	9	6	0	8	10	0	0	8		10
	6	16	11	15	10	15	0	11	11	0	0		10
50%	1	0	0	0	0	0	0	0	0	0	0	16.7	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	0	0	0	0	4	0	4	0	1		10
	4	7	1	0	0	4	8	0	6	2	6		10
	5	0	0	7	9	0	10	9	0	5	9		10
	6	13	2	14	0	13	0	15	18	0	0		10
100%	1	0	0	0	0	0	0	0	0	0	0	14.9	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	1	2	0	0	6	3	0	0	0	0		10
	4	8	0	0	9	0	5	0	8	0	9		10
	5	0	0	8	0	0	0	0	0	0	11		10
	6	18	5	18	14	8	0	0	16	0	0		10

**Table IX
WATER CHEMISTRY
Ceriodaphnia Survival and Reproduction Test**

Effluent Concentration	D.O. Range mg/L	Temp. Range °C	pH Range S.U.	Alk. Range CaCO₃	Hardness Range CaCO₃	Cond. Range µS
CONTROL	7.3 – 9.1	25	7.8 – 8.4	40-	100-110	300-360
6.25%	7.3 – 9.1	25	7.8 – 8.3			310-360
25%	7.3 – 9.3	25	7.7 – 8.1			410-420
100%	7.4 – 9.7	25	7.5 – 8.4	90-100	225-275	660-730

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>	July 9, 2024	10:30 a.m.
<u>Date and time test terminated</u>	July 16, 2024	10:30 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 Lab 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>	Steel's Many-One Rank Test was required for the survival endpoint because the homogeneity of variance assumptions could not be met. Dunnett's Test for the growth endpoint. No calculations necessary 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 16-23, 2024
<u>Dilution water used in test:</u>	Moderately Hard Synthetic Water
<u>Results:</u>	96-hr LC ₅₀ = 1091 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	<u>% Survival in Each Replicate</u>				<u>Average Dry Weight (µg) in Each Replicate</u>			
	A	B	C	D	A	B	C	D
Control	100	100	100	100	440	390	430	350
6.25%	100	100	100	100	400	430	550	430
12.5%	100	100	100	90	350	460	370	390
25%	90	100	100	90	380	380	400	330
50%	90	100	90	100	330	420	410	390
100%	90	90	100	90	330	380	450	370

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	5.8 – 9.3	25	7.5 – 8.1	40-	100-110	310-320
6.25%	5.7 – 9.3	25	7.5 – 8.0	/	/	320-340
25%	5.9 – 9.6	25	7.6 – 7.8	/	/	400-420
100%	5.6 – 10.1	25	7.5 – 8.1	90-100	225-275	650-740

Biomonitor

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317-297-7713
www.biomonitor.com

SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity

SAMPLE IDENTIFICATION: Elkhart - 3 Fri. July 2024

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 7-11-2024 Start Time 1 am
End Date 7-11-2024 End Time 11 pm

NAME OF PERSON COLLECTING SAMPLE: Operations

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none
Relinquished by: [Signature]

Date: 7-12-2024 Time: 12:06pm

Received by: [Signature]

Date: 7/12/24 Time: 12:06p-

Relinquished by: _____

Date: _____ Time: _____

Received by: _____

Date: _____ Time: _____

TEMP: 9 °C

COMMENTS:

Ceriodaphnia dubia

Reference Toxicant - Copper sulfate/chloride as Cu

Dilution Water - Moderately Hard Reconstituted Water

Date mm/yy	LC ₅₀ 48-hr µg/L	NOEL µg/L (repro.)	LOEL µg/L (repro.)	IC ₂₅ µg/L (repro.)
08/21	87	40	80	23
09/21	92	40	80	49
10/21	73	40	80	52
11/21	113	40	160	59
12/21	75	40	80	48
2/22	105	40	80	54
3/22	75	40	80	51
4/22	113	40	80	57
5/22	95	40	80	30
6/22	113	40	80	41
7/22	75	40	80	33
8/22	86	20	40	30
9/22	80	40	80	32
11/22	70	40	80	40
12/22	77	40	80	48
1/23	75	40	80	48
2/23	86	40	80	52
4/23	80	40	80	37
5/23	80	40	80	39
06/23	113	40	160	59
07/23	75	40	80	55
08/23	80	40	80	15
10/23	113	40	80	58
11/23	86	40	80	50
01/24	99	20	40	30
02/24	86	40	80	48
03/24	80	40	80	48
04/24	80	40	80	51
06/24	87	20	40	32
07/24	99	20	40	20
<u>Average</u>	88	<u>Mode</u> 40	80	43
<u>St. Dev.</u>	14			12
<u>Upper Limit</u>	116	80	160	67
<u>Lower Limit</u>	61	20	40	19

Plimephales promelas

Reference Toxicant - Potassium chloride

Dilution Water - Moderately Hard Reconstituted Water

Date mm/yy	LC ₅₀ 96-hr mg/L	NOEL mg/L (grwth)	LOEL mg/L (grwth)	IC ₂₅ mg/L (grwth)
11/21	1129	1000	2000	939
12/21	1129	500	1000	810
02/22	812	500	1000	612
03/22	946	500	1000	707
04/22	917	500	1000	703
05/22	1110	1000	2000	1223
06/22	856	500	1000	710
07/22	1130	500	1000	736
08/22	1093	500	1000	925
09/22	1278	1000	2000	950
11/22	1035	500	1000	684
12/22	1053	1000	2000	805
01/23	795	500	1000	664
02/23	1091	500	1000	741
04/23	1231	1000	2000	1121
05/23	1189	1000	2000	1110
06/23	951	500	1000	669
07/23	1091	500	1000	1091
09/23	1000	500	1000	702
10/23	1124	500	1000	768
11/23	1253	500	1000	849
01/24	1128	500	1000	699
02/24	952	1000	2000	798
03/24	1189	500	1000	908
04/24	1189	1000	2000	1037
06/24	1169	500	1000	899
07/24	1091	1000	2000	989
<u>Average</u>	1072	<u>Mode</u> 500	1000	846
<u>St. Dev.</u>	127			163
<u>Upper Limit</u>	1326	1000	2000	1172
<u>Lower Limit</u>	817	250	500	520

Client: Elkhart WWTP

Project # _____

Analysts: MMB, MN, AF

Start Date: 7/9/2024

Start Time: 1045

End Date: 7/15/2024

End Time: 1055

Test Dates

Template # B

Comments:

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

Row 10	Day	1	2	3	4	5	6	7
	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	0	0	0	0	1	0	
	4	2	6	0	9	6	0	
	5	4	6	8	11	9	8	
	6	0	0	0	0	0	0	
	7							

Row 9	Day	1	2	3	4	5	6	7
	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	3	0	0	4	0	3	
	4	4	0	2	2	0	3	
	5	9	0	5	7	0	0	
	6	0	0	0	0	0	4	
	7							

Row 8	Day	1	2	3	4	5	6	7
	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	4	4	0	2	0	0	
	4	5	6	5	4	8	6	
	5	0	0	0	0	0	0	
	6	16	18	10	12	16	11	
	7							

Row 7	Day	1	2	3	4	5	6	7
	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	0	3	2	0	0	0	
	4	0	0	0	0	0	0	
	5	7	11	10	9	10	0	
	6	13	14	13	15	11	0	
	7							

Row 6	Day	1	2	3	4	5	6	7
	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	4	2	3	3	4	4	
	4	8	3	5	7	7	6	
	5	10	8	0	10	0	0	
	6	0	0	0	0	14	12	
	7							

Row 5	Day	1	2	3	4	5	6	7
	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	6	4	2	2	0	0	
	4	0	5	5	7	4	5	
	5	0	0	0	0	0	0	
	6	8	13	11	15	13	11	
	7							

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

Discharger: Elkhart WWTP Analyst: MMB, MN, AF

Location: Elkhart, IN Test Start- Date/Time: 7/9/24 / 1045

Date Sample Collected: 7/7,9,11/24 Test Stop- Date/Time: 7/15/24 / 1055

Conc.	Day	Replicate										No. of Young	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	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	4	2	2	0	4	2	2	3	0	0	23	10	2.3
	4	7	4	4	0	5	6	4	4	6	0	40	10	4.0
	5	0	0	8	8	0	0	10	9	6	0	41	10	4.1
	6	0	9	9	11	13	12	13	0	0	0	79	10	7.9
Total	11	15	23	19	22	25	18	16	12	183	10	18.3		

Conc.	Day	Replicate										No. of Young	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	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	4	2	0	0	2	4	4	4	0	0	20	10	2.0
	4	8	2	5	0	5	7	5	2	2	0	36	10	3.6
	5	0	0	9	5	0	7	0	7	4	0	32	10	3.2
	6	12	13	14	9	11	14	16	0	0	0	102	10	10.2
Total	24	17	28	14	18	25	25	13	6	190	10	19.0		

Conc.	Day	Replicate										No. of Young	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	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	2	2	0	0	0	3	0	3	0	0	13	10	1.3
	4	9	0	0	0	5	7	5	3	0	0	29	10	2.9
	5	0	0	4	8	0	10	0	0	8	0	41	10	4.1
	6	16	12	14	12	11	0	14	10	4	0	93	10	9.3
Total	27	14	18	20	16	20	15	10	8	176	10	17.6		

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	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	4	0	0	0	2	2	0	0	0	0	8	10	10	0.8
	4	7	6	4	0	7	3	0	6	0	0	33	10	10	3.3
	5	0	0	9	6	0	8	10	0	0	0	41	10	10	4.1
	6	16	11	15	10	15	0	11	11	0	0	89	10	10	8.9
Total	27	17	28	16	24	13	21	17	0	8	171	10	10	17.1	

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	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	0	0	0	0	0	4	0	4	0	1	9	10	10	0.9
	4	7	1	0	0	4	8	0	6	2	6	34	10	10	3.4
	5	0	0	7	9	0	10	9	0	5	9	49	10	10	4.9
	6	13	2	14	0	13	0	15	18	0	0	75	10	10	7.5
Total	20	3	21	9	17	22	24	28	7	16	167	10	10	16.7	

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	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	1	2	0	0	6	3	0	0	0	0	12	10	10	1.2
	4	8	0	0	9	0	5	0	8	0	9	39	10	10	3.9
	5	0	0	8	0	0	0	0	0	0	11	19	10	10	1.9
	6	18	5	18	14	8	0	0	16	0	0	79	10	10	7.9
Total	27	7	26	23	14	8	0	24	0	20	149	10	10	14.9	

Elkhart 7.24
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	14	21	20	1

Calculated Chi-Square goodness of fit test statistic = 4.5165
Table Chi-Square value (alpha = 0.01) = 13.277

Data PASS normality test. Continue analysis.

Elkhart 7.24
File: ceriorep

Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance

Calculated H statistic (max Var/min Var) = 4.89
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).

SUMMARY OF FISHERS EXACT TESTS

GROUP	IDENTIFICATION	NUMBER EXPOSED	NUMBER DEAD	SIG (P=.05)
	CONTROL	10	0	
1	6%	10	0	
2	12%	10	0	
3	25%	10	0	
4	50%	10	0	
5	100%	10	0	

Elkhart 7.24
File: ceriorep

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	control	10	11.000	25.000	18.300
2	6.25%	10	6.000	28.000	19.000
3	12.5%	10	8.000	28.000	17.600
4	25%	10	0.000	28.000	17.100
5	50%	10	3.000	28.000	16.700
6	100%	10	0.000	27.000	14.900

Elkhart 7.24
File: ceriorep

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	22.678	4.762	1.506
2	6.25%	46.000	6.782	2.145
3	12.5%	42.267	6.501	2.056
4	25%	74.767	8.647	2.734
5	50%	64.456	8.028	2.539
6	100%	110.989	10.535	3.331

Elkhart 7.24
File: ceriorep

Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	101.333	20.267	0.337
Within (Error)	54	3250.400	60.193	
Total	59	3351.733		

Critical F value = 2.45 (0.05,5,40)

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

Elkhart 7.24
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	18.300	18.300		
2	6.25%	19.000	19.000	-0.202	
3	12.5%	17.600	17.600	0.202	
4	25%	17.100	17.100	0.346	
5	50%	16.700	16.700	0.461	
6	100%	14.900	14.900	0.980	

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

Elkhart 7.24
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	8.015	43.8	-0.700
3	12.5%	10	8.015	43.8	0.700
4	25%	10	8.015	43.8	1.200
5	50%	10	8.015	43.8	1.600
6	100%	10	8.015	43.8	3.400

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates: 7/9/24 - 7/15/24
 Analysts: 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	9.3	8.0	8.1	8.1	8.0	8.1		
	Final	7.7	7.5	7.3	7.8	8.0	8.0		
pH	Initial	8.1	7.8	7.8	8.0	7.7	7.7		
	Final	8.0	8.1	8.1	8.1	8.1	8.0		
Alkalinity									
Hardness									
Conductivity		420		420		410			
Chlorine									

		Day							Remarks
Conc: 50%		1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.4	8.2	8.1	8.1	8.0	8.0		
	Final	7.7	7.5	7.3	7.9	8.0	8.0		
pH	Initial	8.0	7.8	7.8	8.0	7.6	7.6		
	Final	8.1	8.2	8.1	8.2	8.2	8.1		
Alkalinity									
Hardness									
Conductivity		490		520		490			
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	8.8	8.5	8.5	8.3	8.4		
	Final	7.6	7.5	7.4	8.1	8.2	8.0		
pH	Initial	7.9	7.9	7.8	8.0	7.6	7.5		
	Final	8.3	8.4	8.3	8.2	8.2	8.2		
Alkalinity		100		90		90			
Hardness		225		275		275			
Conductivity		680		730		660			
Chlorine		N.D.		ND		0.2			
Ammonia		N.D.		ND		1.0			

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates 7/9/24 -7/16/24
 Analysts: 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	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	10	
50%	A	10	10	10	10	10	9	9	
	B	10	10	10	10	10	10	10	
	C	10	10	10	10	9	9	9	
	D	10	10	10	10	10	10	10	
100%	A	10	10	10	10	10	9	9	
	B	10	10	10	9	9	9	9	
	C	10	10	10	10	10	10	10	
	D	10	10	10	9	9	9	9	

Comments: Start Time: 1030

FHM Source: Biomonitor Lab Cultures

Elkhart 7.24
File: fhmsurv Transform: ARC SINE(SQUARE ROOT(Y))

Shapiro Wilks test for normality

D = 0.093

W = 0.949

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

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

Data PASS normality test at P=0.01 level. Continue analysis.

Elkhart 7.24
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 7.24
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%	1.371	16.00	10.00	4.00	
4	25%	1.331	14.00	10.00	4.00	
5	50%	1.331	14.00	10.00	4.00	
6	100%	1.290	12.00	10.00	4.00	

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

Discharge: Elkhart WWTP Test Date(s): 7/9-16/24 Drying Temp (°C): 100
 Location: Elkhart, IN Weighing Date: 7/17/24 Drying Time (h): 6
 Analyst: MMB, MN, AF, MMK

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	0.92340	0.92780	4.40	10	0.440	
	B	0.92520	0.92910	3.90	10	0.390	
	C	0.93080	0.93510	4.30	10	0.430	
	D	0.92330	0.92680	3.50	10	0.350	
Conc: 6.25%	A	0.92700	0.93100	4.00	10	0.400	
	B	0.93210	0.93640	4.30	10	0.430	
	C	0.92110	0.92660	5.50	10	0.550	
	D	0.91720	0.92150	4.30	10	0.430	
Conc: 12.5%	A	0.93070	0.93420	3.50	10	0.350	
	B	0.92740	0.93200	4.60	10	0.460	
	C	0.92210	0.92580	3.70	10	0.370	
	D	0.92380	0.92770	3.90	9	0.390	
Conc: 25%	A	0.92410	0.92790	3.80	9	0.380	
	B	0.92740	0.93120	3.80	10	0.380	
	C	0.93440	0.93840	4.00	10	0.400	
	D	0.92590	0.92920	3.30	9	0.330	
Conc: 50%	A	0.92710	0.93040	3.30	9	0.330	
	B	0.92440	0.92860	4.20	10	0.420	
	C	0.92450	0.92860	4.10	9	0.410	
	D	0.93210	0.93600	3.90	10	0.390	
Conc: 100%	A	0.92530	0.92860	3.30	9	0.330	
	B	0.91650	0.92030	3.80	9	0.380	
	C	0.91110	0.91560	4.50	10	0.450	
	D	0.92770	0.93140	3.70	9	0.370	

Elkhart 7.24
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	6	10	8	0

Calculated Chi-Square goodness of fit test statistic = 4.1251
Table Chi-Square value (alpha = 0.01) = 13.277

Data PASS normality test. Continue analysis.

Elkhart 7.24
File: fhm_grow Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance

Calculated H statistic (max Var/min Var) = 4.96
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 7.24
File: fhm_grow

Transform.: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	control	4	0.350	0.440	0.403
2	6.25%	4	0.400	0.550	0.453
3	12.5%	4	0.350	0.460	0.392
4	25%	4	0.330	0.400	0.372
5	50%	4	0.330	0.420	0.387
6	100%	4	0.330	0.450	0.383

Elkhart 7.24
File: fhm_grow

Transform.: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	0.002	0.041	0.021
2	6.25%	0.004	0.067	0.033
3	12.5%	0.002	0.048	0.024
4	25%	0.001	0.030	0.015
5	50%	0.002	0.040	0.020
6	100%	0.002	0.050	0.025

Elkhart 7.24
File: fhm_grow

Transform.: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	0.016	0.003	1.500
Within (Error)	18	0.040	0.002	
Total	23	0.056		

Critical F value = 2.77 (0.05,5,18)
Since $F < \text{Critical } F$ FAIL TO REJECT H_0 :All groups equal

Elkhart 7.24
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	0.403	0.403		
2	6.25%	0.453	0.453	-1.581	
3	12.5%	0.392	0.392	0.316	
4	25%	0.372	0.372	0.949	
5	50%	0.387	0.387	0.474	
6	100%	0.383	0.383	0.632	

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

Elkhart 7.24
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	0.076	18.9	-0.050
3	12.5%	4	0.076	18.9	0.010
4	25%	4	0.076	18.9	0.030
5	50%	4	0.076	18.9	0.015
6	100%	4	0.076	18.9	0.020

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates: 7/9/24 - 7/16/24
 Analysts: MMB, MN, AF

		Day							Remarks
		1	2	3	4	5	6	7	
Conc:	25%								
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.6	8.0	8.3	7.9	7.8	7.6	7.9	
	Final	6.7	6.9	6.0	5.9	6.0	6.3	6.7	
pH	Initial	7.8	7.8	7.7	7.7	7.7	7.7	7.7	
	Final	7.8	7.8	7.7	7.6	7.6	7.8	7.6	
Alkalinity									
Hardness									
Conductivity		420		420		400			
Chlorine									

		Day							Remarks
		1	2	3	4	5	6	7	
Conc:	50%								
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.8	8.1	8.4	8.1	7.7	7.6	8.0	
	Final	6.7	6.9	5.9	5.9	6.0	6.2	6.6	
pH	Initial	7.8	7.8	7.7	7.7	7.5	7.6	7.6	
	Final	7.9	7.9	7.8	7.6	7.6	7.9	7.6	
Alkalinity									
Hardness									
Conductivity		530		550		490			
Chlorine									

		Day							Remarks
		1	2	3	4	5	6	7	
Conc:	100%								
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	10.1	8.7	8.9	8.1	8.2	8.1	8.2	
	Final	6.7	6.9	5.6	6.2	5.8	5.9	6.5	
pH	Initial	7.8	7.8	7.6	7.6	7.5	7.5	7.5	
	Final	8.1	8.1	7.9	8.8	7.8	7.9	7.7	
Alkalinity		100		90		90			
Hardness		225		275		275			
Conductivity		720		740		650			
Chlorine		N.A.		NO		0.2			
Ammonia		N.D.		NO		1.0			

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Permittee/Location Elkhart WWTP Elkhart, IN			Permit Number: IN0025674			Outfall Number: 035	
Laboratory Name and Contact: Biomonitor Michael Britton			Report Due Date:			Report Date: July 2024	
WETT Reporting Frequency or Type: (mark one)	Monthly	Quarterly	Semi-annual	Annual	TRE	Post TRE	3/3 (per Reporting Frequency) Consecutive Months
					X		

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			
			TU _c	1			
		NOEC Reproduction	%	100			
			TU _c	1			
		IC25 Reproduction	%	100			
			TU _c	1			
	48 hr. LC50	%	>100				
		TU _a	<1				
	Toxicity (acute)	TU _a	<1	1.0	Pass	Laboratory Report <u>and</u> NetDMR (Parameter Code 61425)	
	Toxicity (chronic)	TU _c	1	8.0	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			
			TU _c	1			
		NOEC Growth	%	100			
			TU _c	1			
		IC25 Growth	%	100			
			TU _c	1			
	96 hr. LC50	1 %	>100				
		TU _a	<1				
	Toxicity (acute)	TU _a	1	1.0	Pass	Laboratory Report <u>and</u> NetDMR (Parameter Code 61427)	
	Toxicity (chronic)	TU _c	1	8.0	Pass	Laboratory Report <u>and</u> NetDMR (Parameter Code 61428)	

Biomonitor

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*Whole Effluent
Toxicity Test*

ELKHART
WASTEWATER TREATMENT PLANT

IN0025674

Elkhart, Indiana

July 2024

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

Project Name: Elkhart Wastewater Treatment Plant

Project Date: July 2024

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: 7/22/24

Michael Britton

Project Director
Date: 7/22/24

Other Participating Personnel:

Mukang'andu Ng'andwe
Arizona Fox
Melody Myers-Kinzie

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 during July 2024. The purpose of the testing was to fulfill the biomonitoring requirement for the NPDES permit.

Three samples were collected July 7-11, 2024. The water flea, *Ceriodaphnia dubia*, and Fathead minnow, *Pimephales promelas*, were used as the test organisms.

A total of six 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	= 100% effluent	TU _c = 1.0

Pimephales promelas test

48-hr LC ₅₀	> 100% effluent	TU _a < 1.0
NOEL for survival	= 100% effluent	TU _c = 1.0
NOEL for growth	= 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 *Ceriodaphnia dubia* but not *Pimephales promelas*.

The chronic toxicity limits in the NPDES permit require a NOEL (No Observable Effect Level) of 12.5% effluent (a TU_c not to exceed 8.0). According to the NPDES permit, there was not a "Demonstration of Toxicity" during this 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:	July 7, 2024 -MGD July 9, 2024 -MGD July 11, 2024 -MGD

Table III
Source of effluent and dilution water

I. Effluent samples

Sampling point:	Outfall 035	
Collection dates and times:	July 7, 2024	11:00 p.m.
	July 9, 2024	11:00 p.m.
	July 11, 2024	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:	July 9, 2024	10:45 a.m.
Date and time test terminated	July 15, 2024	10:55 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 = 100% effluent

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

Methods used to calculate endpoints:

Fisher's Exact Test for the survival endpoint.

Dunnett's Test for the reproduction endpoint.

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 16-23, 2024
<u>Dilution water used in test:</u>	Moderately hard synthetic water
<u>Results:</u>	48-hr LC ₅₀ = 99 µg/L as Cu NOEL (reproduction) = 20 µg/L as Cu LOEL (reproduction) = 40 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	18.3	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	4	2	2	0	4	4	2	2	3	0		10
	4	7	4	4	0	5	6	0	4	4	6		10
	5	0	0	8	8	0	0	10	0	9	6		10
	6	0	9	9	11	13	12	13	12	0	0		10
6.25%	1	0	0	0	0	0	0	0	0	0	0	19.0	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	4	2	0	0	2	4	0	4	4	0		10
	4	8	2	5	0	5	7	0	5	2	2		10
	5	0	0	9	5	0	0	7	0	7	4		10
	6	12	13	14	9	11	14	13	16	0	0		10
12.5%	1	0	0	0	0	0	0	0	0	0	0	17.6	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	2	2	0	0	0	3	3	0	3	0		10
	4	9	0	0	0	5	7	0	5	3	0		10
	5	0	0	4	8	0	10	11	0	0	8		10
	6	16	12	14	12	11	0	14	10	4	0		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	17.1	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	4	0	0	0	2	2	0	0	0	0		10
	4	7	6	4	0	7	3	0	6	0	0		10
	5	0	0	9	6	0	8	10	0	0	8		10
	6	16	11	15	10	15	0	11	11	0	0		10
50%	1	0	0	0	0	0	0	0	0	0	0	16.7	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	0	0	0	0	4	0	4	0	1		10
	4	7	1	0	0	4	8	0	6	2	6		10
	5	0	0	7	9	0	10	9	0	5	9		10
	6	13	2	14	0	13	0	15	18	0	0		10
100%	1	0	0	0	0	0	0	0	0	0	0	14.9	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	1	2	0	0	6	3	0	0	0	0		10
	4	8	0	0	9	0	5	0	8	0	9		10
	5	0	0	8	0	0	0	0	0	0	11		10
	6	18	5	18	14	8	0	0	16	0	0		10

Table IX
WATER CHEMISTRY
Ceriodaphnia Survival and Reproduction Test

Effluent Concentration	D.O. Range mg/L	Temp. Range °C	pH Range S.U.	Alk. Range CaCO₃	Hardness Range CaCO₃	Cond. Range µS
CONTROL	7.3 – 9.1	25	7.8 – 8.4	40-	100-110	300-360
6.25%	7.3 – 9.1	25	7.8 – 8.3	/	/	310-360
25%	7.3 – 9.3	25	7.7 – 8.1	/	/	410-420
100%	7.4 – 9.7	25	7.5 – 8.4	90-100	225-275	660-730

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>	July 9, 2024	10:30 a.m.
<u>Date and time test terminated</u>	July 16, 2024	10:30 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 Lab 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>	Steel's Many-One Rank Test was required for the survival endpoint because the homogeneity of variance assumptions could not be met. Dunnett's Test for the growth endpoint. No calculations necessary 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 16-23, 2024
<u>Dilution water used in test:</u>	Moderately Hard Synthetic Water
<u>Results:</u>	96-hr LC ₅₀ = 1091 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	<u>% Survival in Each Replicate</u>				<u>Average Dry Weight (μg) in Each Replicate</u>			
	A	B	C	D	A	B	C	D
Control	100	100	100	100	440	390	430	350
6.25%	100	100	100	100	400	430	550	430
12.5%	100	100	100	90	350	460	370	390
25%	90	100	100	90	380	380	400	330
50%	90	100	90	100	330	420	410	390
100%	90	90	100	90	330	380	450	370

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	5.8 – 9.3	25	7.5 – 8.1	40-	100-110	310-320
6.25%	5.7 – 9.3	25	7.5 – 8.0	/	/	320-340
25%	5.9 – 9.6	25	7.6 – 7.8	/	/	400-420
100%	5.6 – 10.1	25	7.5 – 8.1	90-100	225-275	650-740

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SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity

SAMPLE IDENTIFICATION: Elkhart - 2 Wed. July 2024

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 7-9-24 Start Time 1am
End Date 7-9-24 End Time 11pm

NAME OF PERSON COLLECTING SAMPLE: Sec Operations

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: Barry Abell
Date: 7-10-24 Time: 11:50am

Received by: [Signature]
Date: 7/10/24 Time: 11:50am

Relinquished by: _____
Date: _____ Time: _____

Received by: _____
Date: _____ Time: _____

TEMP 8.8 °C

COMMENTS:

Biomonitor

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SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity

SAMPLE IDENTIFICATION: Elkhart - 3 Fri. July 2024

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 7-11-2024 Start Time 1 am
End Date 7-11-2024 End Time 11 pm

NAME OF PERSON COLLECTING SAMPLE: Operations

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: [Signature]
Date: 7-12-2024 Time: 12:06pm

Received by: [Signature]
Date: 7/12/24 Time: 12:06p-

Relinquished by: _____
Date: _____ Time: _____

Received by: _____
Date: _____ Time: _____

TEMP: 9 °C

COMMENTS:

Ceriodaphnia dubia

Reference Toxicant - Copper sulfate/chloride as Cu

Dilution Water - Moderately Hard Reconstituted Water

Date mm/yy	LC ₅₀ 48-hr µg/L	NOEL µg/L (repro.)	LOEL µg/L (repro.)	IC ₂₅ µg/L (repro.)	
08/21	87	40	80	23	
09/21	92	40	80	49	
10/21	73	40	80	52	
11/21	113	40	160	59	
12/21	75	40	80	48	
2/22	105	40	80	54	
3/22	75	40	80	51	
4/22	113	40	80	57	
5/22	95	40	80	30	
6/22	113	40	80	41	
7/22	75	40	80	33	
8/22	86	20	40	30	
9/22	80	40	80	32	
11/22	70	40	80	40	
12/22	77	40	80	48	
1/23	75	40	80	48	
2/23	85	40	80	52	
4/23	80	40	80	37	
5/23	80	40	80	39	
06/23	113	40	160	59	
07/23	75	40	80	55	
09/23	80	40	80	15	
10/23	113	40	80	58	
11/23	86	40	80	50	
01/24	99	20	40	30	
02/24	86	40	80	48	
03/24	80	40	80	48	
04/24	80	40	80	51	
06/24	87	20	40	32	
07/24	99	20	40	20	
<u>Average</u>	88	<u>Mode</u>	40	80	43
<u>St. Dev.</u>	14				12
<u>Upper Limit</u>	116		80	160	67
<u>Lower Limit</u>	61		20	40	19

Pimephales promelas

Reference Toxicant - Potassium chloride

Dilution Water - Moderately Hard Reconstituted Water

Date mm/yy	LC ₅₀ 96-hr mg/L	NOEL mg/L (grwth)	LOEL mg/L (grwth)	IC ₂₅ mg/L (grwth)	
11/21	1129	1000	2000	939	
12/21	1129	500	1000	810	
02/22	812	500	1000	612	
03/22	946	500	1000	707	
04/22	917	500	1000	703	
05/22	1110	1000	2000	1223	
06/22	856	500	1000	710	
07/22	1130	500	1000	736	
08/22	1093	500	1000	925	
09/22	1278	1000	2000	950	
11/22	1035	500	1000	684	
12/22	1053	1000	2000	805	
01/23	795	500	1000	664	
02/23	1091	500	1000	741	
04/23	1231	1000	2000	1121	
05/23	1189	1000	2000	1110	
06/23	951	500	1000	669	
07/23	1091	500	1000	1091	
09/23	1000	500	1000	702	
10/23	1124	500	1000	768	
11/23	1253	500	1000	849	
01/24	1128	500	1000	699	
02/24	952	1000	2000	798	
03/24	1189	500	1000	908	
04/24	1189	1000	2000	1037	
06/24	1169	500	1000	899	
07/24	1091	1000	2000	989	
<u>Average</u>	1072	<u>Mode</u>	500	1000	846
<u>St. Dev.</u>	127				163
<u>Upper Limit</u>	1326		1000	2000	1172
<u>Lower Limit</u>	817		250	500	520

Client: Elkhart WWTP

Project # _____

Analysts: MMB, MN, AF

Start Date: 7/9/2024

Start Time: 1045

End Date: 7/15/2024

End Time: 1055

Test Dates

Template # B

Comments:

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

Row 10	Day	1	2	3	4	5	6	7
	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	0	0	0	0	1	0	
	4	2	6	0	9	6	0	
	5	4	6	8	11	9	8	
	6	0	0	0	0	0	0	
	7							

Row 9	Day	1	2	3	4	5	6	7
	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	3	0	0	4	0	3	
	4	4	0	2	2	0	3	
	5	9	0	5	7	0	0	
	6	0	0	0	0	0	4	
	7							

Row 8	Day	1	2	3	4	5	6	7
	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	4	4	0	2	0	0	
	4	5	6	5	4	8	6	
	5	0	0	0	0	0	0	
	6	16	18	10	12	16	11	
	7							

Row 7	Day	1	2	3	4	5	6	7
	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	0	3	2	0	0	0	
	4	0	0	0	0	0	0	
	5	7	11	10	9	10	0	
	6	13	14	13	15	11	0	
	7							

Row 6	Day	1	2	3	4	5	6	7
	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	4	2	3	3	4	4	
	4	8	3	5	7	7	6	
	5	10	8	0	10	0	0	
	6	0	0	0	0	14	12	
	7							

Row 5	Day	1	2	3	4	5	6	7
	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	6	4	2	2	0	0	
	4	0	5	5	7	4	5	
	5	0	0	0	0	0	0	
	6	8	13	11	15	13	11	
	7							

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

Discharger: Elkhart WWTP Analyst: MMIB, MN, AF
 Location: Elkhart, IN Test Start- Date/Time: 7/9/24 / 1045
 Date Sample Collected: 7/7,9,11/24 Test Stop- Date/Time: 7/15/24 / 1055

Conc.	Day	Replicate										No. of Young	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	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	4	2	2	0	4	2	2	3	0	23	10	2.3	
	4	7	4	4	0	5	6	4	4	6	40	10	4.0	
	5	0	0	8	8	0	0	10	0	9	41	10	4.1	
	6	0	9	9	11	13	12	13	12	0	79	10	7.9	
Total	11	15	23	19	22	22	25	18	16	183	10	18.3		

Conc.	Day	Replicate										No. of Young	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	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	4	2	0	0	2	4	0	4	4	20	10	2.0	
	4	8	2	5	0	5	7	0	5	2	36	10	3.6	
	5	0	0	9	5	0	0	7	0	7	32	10	3.2	
	6	12	13	14	9	11	14	13	16	0	102	10	10.2	
Total	24	17	28	14	18	25	20	25	13	190	10	19.0		

Conc.	Day	Replicate										No. of Young	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	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	2	2	0	0	0	3	3	0	3	13	10	1.3	
	4	9	0	0	0	5	7	0	5	3	29	10	2.9	
	5	0	0	4	8	0	10	11	0	0	41	10	4.1	
	6	16	12	14	12	11	0	14	10	4	93	10	9.3	
Total	27	14	18	20	16	20	28	15	10	176	10	17.6		

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	4	0	0	0	2	2	0	0	0	0	8	10	0.8
	4	7	6	4	0	7	3	0	6	0	0	33	10	3.3
	5	0	0	9	6	0	8	10	0	0	8	41	10	4.1
	6	16	11	15	10	15	0	11	11	0	0	89	10	8.9
	Total	27	17	28	16	24	13	21	17	0	8	171	10	17.1

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	0	0	0	0	0	4	0	4	0	1	9	10	0.9
	4	7	1	0	0	4	8	0	6	2	6	34	10	3.4
	5	0	0	7	9	0	10	9	0	5	9	49	10	4.9
	6	13	2	14	0	13	0	15	18	0	0	75	10	7.5
	Total	20	3	21	9	17	22	24	28	7	16	167	10	16.7

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	1	2	0	0	6	3	0	0	0	0	12	10	1.2
	4	8	0	0	9	0	5	0	8	0	9	39	10	3.9
	5	0	0	8	0	0	0	0	0	0	11	19	10	1.9
	6	18	5	18	14	8	0	0	16	0	0	79	10	7.9
	Total	27	7	26	23	14	8	0	24	0	20	149	10	14.9

Elkhart 7.24
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	14	21	20	1

Calculated Chi-Square goodness of fit test statistic = 4.5165
Table Chi-Square value (alpha = 0.01) = 13.277

Data PASS normality test. Continue analysis.

Elkhart 7.24
File: ceriorep

Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance

Calculated H statistic (max Var/min Var) = 4.89
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).

SUMMARY OF FISHERS EXACT TESTS

GROUP	IDENTIFICATION	NUMBER EXPOSED	NUMBER DEAD	SIG (P=.05)
	CONTROL	10	0	
1	6%	10	0	
2	12%	10	0	
3	25%	10	0	
4	50%	10	0	
5	100%	10	0	

Elkhart 7.24
File: ceriorep

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	control	10	11.000	25.000	18.300
2	6.25%	10	6.000	28.000	19.000
3	12.5%	10	8.000	28.000	17.600
4	25%	10	0.000	28.000	17.100
5	50%	10	3.000	28.000	16.700
6	100%	10	0.000	27.000	14.900

Elkhart 7.24
File: ceriorep

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	22.678	4.762	1.506
2	6.25%	46.000	6.782	2.145
3	12.5%	42.267	6.501	2.056
4	25%	74.767	8.647	2.734
5	50%	64.456	8.028	2.539
6	100%	110.989	10.535	3.331

Elkhart 7.24
File: ceriorep

Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	101.333	20.267	0.337
Within (Error)	54	3250.400	60.193	
Total	59	3351.733		

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

Elkhart 7.24
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	18.300	18.300		
2	6.25%	19.000	19.000	-0.202	
3	12.5%	17.600	17.600	0.202	
4	25%	17.100	17.100	0.346	
5	50%	16.700	16.700	0.461	
6	100%	14.900	14.900	0.980	

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

Elkhart 7.24
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	8.015	43.8	-0.700
3	12.5%	10	8.015	43.8	0.700
4	25%	10	8.015	43.8	1.200
5	50%	10	8.015	43.8	1.600
6	100%	10	8.015	43.8	3.400

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates: 7/9/24 -7/15/24
 Analysts: 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	9.3	8.0	8.1	8.1	8.0	8.1		
	Final	7.7	7.5	7.3	7.8	8.0	8.0		
pH	Initial	8.1	7.8	7.8	8.0	7.7	7.7		
	Final	8.0	8.1	8.1	8.1	8.1	8.0		
Alkalinity									
Hardness									
Conductivity		420		420		410			
Chlorine									

		Day							Remarks
Conc: 50%		1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.4	8.7	8.1	8.1	8.0	8.0		
	Final	7.7	7.5	7.3	7.9	8.0	8.0		
pH	Initial	8.0	7.8	7.8	8.0	7.6	7.6		
	Final	8.1	8.2	8.1	8.2	8.2	8.1		
Alkalinity									
Hardness									
Conductivity		490		520		490			
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	8.8	8.5	8.5	8.3	8.4		
	Final	7.6	7.5	7.4	8.1	8.2	8.0		
pH	Initial	7.9	7.9	7.8	8.0	7.6	7.5		
	Final	8.3	8.4	8.3	8.2	8.2	8.2		
Alkalinity		100		90		90			
Hardness		225		275		275			
Conductivity		680		730		660			
Chlorine		N.D.		ND		0.2			
Ammonia		N.D.		ND		1.0			

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates 7/9/24-7/16/24
 Analysts: 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	9	
25%	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	
50%	A	10	10	10	10	10	9	9	
	B	10	10	10	10	10	10	10	
	C	10	10	10	10	9	9	9	
	D	10	10	10	10	10	10	10	
100%	A	10	10	10	10	10	9	9	
	B	10	10	10	9	9	9	9	
	C	10	10	10	10	10	10	10	
	D	10	10	10	9	9	9	9	

Comments: Start Time: 1030

FHM Source: Biomonitor Lab Cultures

Elkhart 7.24
File: fhmsurv Transform: ARC SINE(SQUARE ROOT(Y))

Shapiro Wilks test for normality

D = 0.093

W = 0.949

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

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

Data PASS normality test at P=0.01 level. Continue analysis.

Elkhart 7.24
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.

Elkhardt 7.24
File: fnmsurv

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%	1.371	16.00	10.00	4.00	
4	25%	1.331	14.00	10.00	4.00	
5	50%	1.331	14.00	10.00	4.00	
6	100%	1.290	12.00	10.00	4.00	

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

Discharge: Elkhart WWTP
 Location: Elkhart, IN
 Analyst: MMB, MN, AF, MMK

Test Date(s): 7/9-16/24
 Weighing Date: 7/17/24

Drying Temp (°C): 100
 Drying Time (h): 6

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	0.92340	0.92780	4.40	10	0.440	
	B	0.92520	0.92910	3.90	10	0.390	
	C	0.93080	0.93510	4.30	10	0.430	
	D	0.92330	0.92680	3.50	10	0.350	
Conc: 6.25%	A	0.92700	0.93100	4.00	10	0.400	
	B	0.93210	0.93640	4.30	10	0.430	
	C	0.92110	0.92660	5.50	10	0.550	
	D	0.91720	0.92150	4.30	10	0.430	
Conc: 12.5%	A	0.93070	0.93420	3.50	10	0.350	
	B	0.92740	0.93200	4.60	10	0.460	
	C	0.92210	0.92580	3.70	10	0.370	
	D	0.92380	0.92770	3.90	9	0.390	
Conc: 25%	A	0.92410	0.92790	3.80	9	0.380	
	B	0.92740	0.93120	3.80	10	0.380	
	C	0.93440	0.93840	4.00	10	0.400	
	D	0.92590	0.92920	3.30	9	0.330	
Conc: 50%	A	0.92710	0.93040	3.30	9	0.330	
	B	0.92440	0.92860	4.20	10	0.420	
	C	0.92450	0.92860	4.10	9	0.410	
	D	0.93210	0.93600	3.90	10	0.390	
Conc: 100%	A	0.92530	0.92860	3.30	9	0.330	
	B	0.91650	0.92030	3.80	9	0.380	
	C	0.91110	0.91560	4.50	10	0.450	
	D	0.92770	0.93140	3.70	9	0.370	

Elkhart 7.24
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	6	10	8	0

Calculated Chi-Square goodness of fit test statistic = 4.1251

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

Data PASS normality test. Continue analysis.

Elkhart 7.24
File: fhm_grow

Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance

Calculated H statistic (max Var/min Var) = 4.96

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 7.24
File: fhm_grow

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	control	4	0.350	0.440	0.403
2	6.25%	4	0.400	0.550	0.453
3	12.5%	4	0.350	0.460	0.392
4	25%	4	0.330	0.400	0.372
5	50%	4	0.330	0.420	0.387
6	100%	4	0.330	0.450	0.383

Elkhart 7.24
File: fhm_grow

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	0.002	0.041	0.021
2	6.25%	0.004	0.067	0.033
3	12.5%	0.002	0.048	0.024
4	25%	0.001	0.030	0.015
5	50%	0.002	0.040	0.020
6	100%	0.002	0.050	0.025

Elkhart 7.24
File: fhm_grow

Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	0.016	0.003	1.500
Within (Error)	18	0.040	0.002	
Total	23	0.056		

Critical F value = 2.77 (0.05,5,18)
Since $F < \text{Critical } F$ FAIL TO REJECT H_0 :All groups equal

Elkhart 7.24
 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	0.403	0.403		
2	6.25%	0.453	0.453	-1.581	
3	12.5%	0.392	0.392	0.316	
4	25%	0.372	0.372	0.949	
5	50%	0.387	0.387	0.474	
6	100%	0.383	0.383	0.632	

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

Elkhart 7.24
 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	0.076	18.9	-0.050
3	12.5%	4	0.076	18.9	0.010
4	25%	4	0.076	18.9	0.030
5	50%	4	0.076	18.9	0.015
6	100%	4	0.076	18.9	0.020

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates: 7/9/24 -7/16/24
 Analysts: MMB, MN, AF

		Day							Remarks
		1	2	3	4	5	6	7	
Conc:	25%								
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.6	8.0	8.3	7.9	7.8	7.6	7.9	
	Final	6.7	6.9	6.0	5.9	6.0	6.3	6.7	
pH	Initial	7.8	7.8	7.7	7.7	7.7	7.7	7.7	
	Final	7.8	7.8	7.7	7.6	7.6	7.8	7.6	
Alkalinity									
Hardness									
Conductivity		420		420		400			
Chlorine									

		Day							Remarks
		1	2	3	4	5	6	7	
Conc:	50%								
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.8	8.1	8.4	8.1	7.7	7.6	8.0	
	Final	6.7	6.9	5.9	5.9	6.0	6.2	6.6	
pH	Initial	7.8	7.8	7.7	7.7	7.5	7.6	7.6	
	Final	7.9	7.9	7.8	7.6	7.6	7.9	7.6	
Alkalinity									
Hardness									
Conductivity		530		550		490			
Chlorine									

		Day							Remarks
		1	2	3	4	5	6	7	
Conc:	100%								
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	10.1	8.7	8.9	8.1	8.2	8.1	8.2	
	Final	6.7	6.9	5.6	6.2	5.8	5.9	6.5	
pH	Initial	7.8	7.8	7.6	7.6	7.5	7.5	7.5	
	Final	8.1	8.1	7.7	8.8	7.8	7.9	7.7	
Alkalinity		100		90		90			
Hardness		225		275		275			
Conductivity		720		740		650			
Chlorine		N.D.		NO		0.2			
Ammonia		N.D.		NO		1.0			

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

 **Signing Process Confirmation - CDX Activity ID: _9fe71d9c-aa87-4762-9484-6d10c2402026**

Your DMRs are undergoing the Signing Process

IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	08/31/24	09/28/24
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	08/31/24	09/28/24
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	08/31/24	09/28/24
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	08/31/24	09/28/24
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	08/31/24	09/28/24
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	08/31/24	09/28/24
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	08/31/24	09/28/24
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	08/31/24	09/28/24
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	08/31/24	09/28/24
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	08/31/24	09/28/24
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	08/31/24	09/28/24
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	08/31/24	09/28/24
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	08/31/24	09/28/24
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	08/31/24	09/28/24
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	08/31/24	09/28/24
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	08/31/24	09/28/24
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	08/31/24	09/28/24
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	08/31/24	09/28/24
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	08/31/24	09/28/24
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	08/31/24	09/28/24
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	08/31/24	09/28/24
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	08/31/24	09/28/24
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	08/31/24	09/28/24
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	08/31/24	09/28/24
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	08/31/24	09/28/24
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	08/31/24	09/28/24
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	08/31/24	09/28/24
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	08/31/24	09/28/24
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	08/31/24	09/28/24
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	08/31/24	09/28/24

Permit

Permit ID: IN0025674 **Major:** 035 - External Outfall
Permittee: ELKHART WWTP **Permittee Address:** 229 SOUTH 2ND 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 08/01/24 to 08/31/24

Status: NetDMR Validated

DMR Due Date: 09/28/24

Considerations for Form Completion

THE FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE EVERY TWELVE MONTHS. 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	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
00300	Oxygen, dissolved [DO]										
	1 - Effluent Gross										
	Season: 0										
	NODI: -										
00400	pH										
	1 - Effluent Gross										
	Season: 0										
	NODI: -										
00530	Solids, total suspended										
	1 - Effluent Gross										
	Season: 0										
	NODI: -										
00600	Nitrogen, total [as N]										
	1 - Effluent Gross										
	Season: 0										
	NODI: -										
00610	Nitrogen, ammonia total [as N]										
	1 - Effluent Gross										
	Season: 1										
	NODI: -										
00665	Phosphorus, total [as P]										
	1 - Effluent Gross										
	Season: 0										
	NODI: -										
01079	Silver total recoverable										
	1 - Effluent Gross										

00300 Oxygen, dissolved [DO] Smpl. 19 - mg/L 0 01/01 - Daily 3R - 3GR24H

1 - Effluent Gross =7.4

Season: 0 >=4.0 DLYAVMIN 19 - mg/L 01/01 - Daily 3R - 3GR24H

NODI: -

00400 pH Smpl. =6.8 12 - SU 0 01/01 - Daily GR - GRAB

1 - Effluent Gross =8.0

Season: 0 >=6.0 DAILY MN 12 - SU 01/01 - Daily GR - GRAB

NODI: -

00530 Solids, total suspended Smpl. =1174.0 26 - lb/d 01/01 - Daily 24 - COMP24

1 - Effluent Gross =2562.0

Season: 0 <=7511.0 MO AVG <=11266.0 MX WK <=30.0 MO AVG <=45.0 MX WK AV 19 - mg/L 01/01 - Daily 24 - COMP24

NODI: -

00600 Nitrogen, total [as N] Smpl. =2299.0 26 - lb/d 01/30 - Monthly 24 - COMP24

1 - Effluent Gross =16.4

Season: 0 Req. Req Mon MO AVG 19 - mg/L 01/30 - Monthly 24 - COMP24

NODI: -

00610 Nitrogen, ammonia total [as N] Smpl. =8.4 26 - lb/d 01/01 - Daily 24 - COMP24

1 - Effluent Gross =28.5

Season: 1 Req. <=1051.0 MO AVG <=2478.0 DAILY MX <=4.2 MO AVG <=9.9 DAILY MX 19 - mg/L 01/01 - Daily 24 - COMP24

NODI: -

00665 Phosphorus, total [as P] Smpl. =106.0 26 - lb/d 01/01 - Daily 24 - COMP24

1 - Effluent Gross =0.84

Season: 0 Req. Req Mon MO AVG <=1.0 MO AVG 19 - mg/L 01/01 - Daily 24 - COMP24

NODI: -

01079 Silver total recoverable Smpl. <0.027 26 - lb/d 01/07 - Weekly 24 - COMP24

1 - Effluent Gross <0.0002

Season: 0 <0.0002 19 - mg/L 01/07 - Weekly 24 - COMP24

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
80082	BOD, carbonaceous [5 day, 20 C]	Smpl. =341.0	=432.0	26 - lb/d		=3.0	=4.0	19 - mg/L	0	01/01 - Daily	24 - COMP24
	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									
X 81012	Phosphorus, total percent removal				=73.2			23 - %	1	01/30 - Monthly	CA - CALCTD
	K - Percent Removal										
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		Smpl. =479.0	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

Code	Parameter Name	Monitoring Location	Field	Type	Description	Acknowledge
81012	Phosphorus, total percent removal	K - Percent Removal	Quality or Concentration Sample Value 1	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	

Comments

Mercury results are from July - sampled in accordance with NPDES Permit requirements

Attachments

Name	Type	Size
IN0025674_INC_RPT_2024_08.pdf	pdf	116188.0
IN0025674_CSO_MRO_2024_08.pdf	pdf	955495.0
IN0025674_035a_2024_08.pdf	pdf	1022246.0

Report Last Saved By**ELKHART WWTP**

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2024-09-26 13:11 (Time Zone: -04:00)

Report Last Signed By

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2024-09-26 13:12 (Time Zone: -04:00)



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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart			Permit Number IN0025674		
Month August	Year 2024	Plant Design Flow 20.00 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 06/30/2027	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total=	Bypass At Plant Site ("X" if Occurred)	Sanitary Sewer Overflow ("X" if Occurred)	CHEMICALS USED			RAW SEWAGE						
				2.45			Chlorine - Lbs/day	Ferric Chloride Lbs/Day or 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	Thu							250	14.200	7.0	99	11,724	132	15,632	3.20	15.70
2	Fri			0.69				249	14.550	7.0	113	13,712	132	16,018	2.81	15.50
3	Sat			0.01				225	11.533	7.0	68	6,541	110	10,580	2.67	16.50
4	Sun							243	15.166	7.3	67	8,474	82	10,372	1.84	11.80
5	Mon			0.09				246	13.500	7.1	95	10,696	144	16,213	2.58	15.30
6	Tue			0.02				243	13.125	6.9	102	11,165	132	14,449	3.16	17.30
7	Wed							250	13.258	7.0	86	9,509	92	10,173	2.85	16.60
8	Thu							250	11.833	7.0	102	10,066	94	9,277	3.22	17.00
9	Fri							225	13.066	7.0	102	11,115	160	17,435	3.45	15.50
10	Sat							290	12.642	7.0	86	9,067	98	10,333	2.85	14.50
11	Sun							237	12.300	7.0	76	7,796	80	8,207	2.24	14.00
12	Mon							225	12.958	7.0	87	9,402	132	14,265	2.73	16.50
13	Tue							228	12.308	6.9	90	9,238	148	15,192	3.42	17.60
14	Wed							200	12.533	6.9	104	10,871	138	14,424	3.48	18.90
15	Thu			0.05				228	12.650	6.9	122	12,871	152	16,036	3.66	17.80
16	Fri			0.19				197	12.950	7.0	115	12,420	158	17,064	3.56	17.60
17	Sat			0.12				243	12.533	7.1	96	10,034	68	7,108	2.83	16.60
18	Sun			0.07				502	12.125	7.1	89	9,000	144	14,562	2.30	14.20
19	Mon					X		119	13.366	6.8	118	13,154	184	20,511	3.25	15.50
20	Tue							365	12.020	7.1	119	11,929	142	14,235	3.51	20.90
21	Wed							275	11.775	7.0	135	13,257	294	28,872	4.48	20.60
22	Thu							275	11.900	7.7	92	9,131	136	13,497	3.60	21.70
23	Fri							319	10.742	7.2	93	8,332	144	12,901	3.63	24.50
24	Sat							319	11.200	7.0	117	10,929	108	10,088	3.29	22.80
25	Sun							334	10.575	7.0	122	10,760	110	9,702	2.93	18.80
26	Mon							319	12.116	7.1	120	12,126	200	20,209	2.98	19.00
27	Tue			0.99				471	13.083	6.7	122	13,312	156	17,022	3.24	20.60
28	Wed			0.21				326	14.675	6.9	96	11,749	138	16,890	3.08	18.00
29	Thu							323	11.467	7.0	86	8,225	94	8,990	3.26	21.30
30	Fri			0.01				300	11.716	7.0	117	11,432	150	14,657	3.50	17.60
31	Sat							300	10.150	7.0	82	6,941	78	6,603	3.19	15.90
Average				0.22				277	12.517		101	10,483	133	13,920	3.12	17.62
Maximum				0.99				502	15.166	7.7	135	13,712	294	28,872	4.48	24.50
Minimum				0.01				119	10.150	6.7	67	6,541	68	6,603	1.84	11.80

# of Data	0	11	0	1	0	31	0	31	31	31	31	31	31	31	31	0
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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 Operatc <i>Laura Kolo</i>	Date (month, day, year) 9/26/24
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) 9/26/24

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month August	Year 2024
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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	63	52	170	2,808	61	4.5	20	6.487	6,320					20	7.0		8.2	
2	70	76	170	2,600	65	4.0	20	6.487	6,080					22	7.0		8.1	
3	55	51	180	2,852	63	3.8	21	6.487	6,300					14	7.0		7.9	
4	54	39	170	3,220	53	4.2	20	6.487	6,900					11	7.1		8.3	
5	59	55	174	2,888	60	4.2	20	6.487	5,560					16	7.2		8.0	
6	72	51	169	2,700	63	3.9	20	6.487	5,940					18	7.1		8.1	
7	62	45	163	2,416	68	4.7	20	6.487	7,360					13	6.8		8.2	
8	73	43	160	2,312	69	4.0	20	6.487	5,140					19	6.8		8.0	
9	65	56	207	3,104	67	4.0	20	6.487	7,160					17	7.0		8.0	
10	50	45	207	3,228	64	4.2	20	6.487	6,700					17	6.9		9.0	
11	60	47	210	3,156	67	4.2	20	6.487	7,000					28	7.7		8.3	
12	62	53	194	3,268	59	4.4	20	6.487	6,960					13	7.0		8.4	
13	60	49	198	2,800	71	3.7	20	6.487	6,980					30	8.0		8.0	
14	75	52	192	3,008	64	3.4	20	6.487	6,220					30	7.0		7.9	
15	82	68	193	3,028	64	4.5	20	6.487	6,600					37	7.0		8.0	
16	83	90	198	3,008	66	4.1	20	6.478	6,760					47	7.7		7.8	
17	71	54	203	2,880	70	4.0	20	6.487	6,400					88	7.0		8.0	
18	68	50	207	3,064	68	4.3	20	6.487	7,020					91	7.4		8.0	
19	86	54	182	3,160	58	3.1	20	6.487	6,360					63	7.6		7.7	
20	78	57	193	3,020	64	2.7	20	6.487	5,020					99	7.6		7.9	
21	86	86	188	2,720	69	4.0	20	6.487	6,300					185	7.5		8.1	
22	70	53	182	2,768	66	4.1	20	6.487	6,220					101	7.5		8.1	
23	66	54	179	2,948	61	4.2	20	6.487	6,460					36	7.6		8.0	
24	76	50	175	2,628	67	4.4	20	6.487	5,700					58	7.5		7.7	
25	88	62	179	2,768	65	4.0	21	6.487	5,980					115	7.6		7.6	
26	62	63	180	2,688	67	4.3	21	6.487	6,080					33	7.6		8.1	
27	73	64	171	2,484	69	3.7	21	6.487	5,600					15	7.9		7.9	
28	74	60	150	2,604	58	3.6	22	6.487	6,420					14	7.0		7.4	
29	69	72	178	2,736	65	3.4	21	6.487	5,700					14	7.0		7.8	
30	82	66	182	2,852	64	4.0	21	6.487	6,080					23	7.0		7.9	
31	64	63	187	2,836	66	4.40	21	6.487	6,280					8	7.0		7.9	
Avg.	70	57	184	2,857	64	4.0	20	6.487	6,310					42			8.0	
Max	88	90	210	3,268	71	4.7	22	6.487	7,360					185		8.0	9.0	
Min.	50	39	150	2,312	53	2.7	20	6.478	5,020					8	6.80		7.4	
Daily Max														185				
# of Days above 235														0				
Data	31	31	31	31	31	31	31	31	31	0	0	1	0	31	31	0	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 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	August	2024

		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	Thu	17.311		2		289		3		448		0.04		5.8		0.59	85
2	Fri	19.810		2		330		4		694		0.10		16.5		0.65	107
3	Sat	14.742		2		246		3		332		0.03		3.7		0.71	87
4	Sun	17.347		2		289		2		318		0.05		7.2		0.68	98
5	Mon	16.809		2		280		3		407		0.06		8.4		0.56	79
6	Tue	16.530		2		276		3		469		0.05		6.9		0.74	102
7	Wed	16.439		2		274		3		452		0.04		5.5		0.70	96
8	Thu	15.885		2		265		5		623		0.17		22.5		0.73	97
9	Fri	16.280		2		272		4		557		0.04		5.4		0.70	95
10	Sat	15.203	16.356	2	2.00	254	273	4	3.46	456	469	0.04	0.06	5.1	9	0.83	105
11	Sun	15.155		2		253		4		468		0.04		5.1		0.85	107
12	Mon	16.108		2		269		5		685		0.03		4.0		0.80	107
13	Tue	15.779		2		263		7		947		0.05		6.6		0.78	103
14	Wed	15.688		3		393		8		994		0.03		3.9		0.75	98
15	Thu	15.212		2		254		10		1,319		0.05		6.3		0.72	91
16	Fri	15.977		3		400		11		1,439		0.04		5.3		0.82	109
17	Sat	14.598	15.502	3	2.43	365	314	12	8.11	1,461	1,045	0.03	0.04	3.7	5	0.76	93
18	Sun	14.377		2		240		13		1,535		0.06		7.2		0.87	104
19	Mon	15.189		3		380		19		2,432		0.08		10.1		1.00	127
20	Tue	14.968		5		624		25		3,096		0.08		10.0		1.12	140
21	Wed	15.021		3		376		18		2,255		0.07		8.8		1.20	150
22	Thu	14.539		4		485		22		2,619		0.10		12.1		1.32	160
23	Fri	14.200		4		474		28		3,316		0.05		5.9		1.33	158
24	Sat	13.405	14.528	4	3.57	447	432	24	21.20	2,683	2,562	0.03	0.07	3.4	8	1.35	151
25	Sun	13.349		4		445		18		2,004		0.06		6.7		1.32	147
26	Mon	14.611		3		366		11		1,389		0.08		9.7		0.94	115
27	Tue	18.110		3		453		7		1,118		0.12		18.1		0.74	112
28	Wed	16.288		3		408		5		734		0.21		28.5		0.53	72
29	Thu	13.793		3		345		4		426		0.05		5.8		0.49	56
30	Fri	13.549		3		339		3		373		0.03		3.4		0.57	64
31	Sat	12.469	14.596	2	3.00	208	366	3	7.49	333	911	0.76	0.09	7.3	11	0.76	79
Avg		15.443		3		341		9		1,174		0.09		8.4		0.84	106
Max		19.810	16.356	5	3.57	624	432	28	21.20	3,316	2,562	0.76	0.09	28.5	11	1.4	160
Min		12.469	14.528	2	2.00	208	273	2	3.46	318	469	0.03	0.04	3.4	5	0.5	56
Data		31	4	31	4	31	4	31	4	31	4	31	4	31	4	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons)
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	479
Primary Treatment	30.79	56.9			Percent Capacity (actual flow/design) 77%
Secondary Treatment	96.2	83.7			
Overall Treatment	97.34	93.0	99.5	73.2	
Phosphorus limit would be 75 % removal. (compliance not achieved)					

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	August	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 100	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		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	36.38	168.48	7.3		100			4.76	2.23	69.00	57.72	92.99		
2	39.20	168.48	7.4		101			3.30	2.28	72.65	57.72			
3	31.89	168.48	7.3		100			4.61	2.33	72.13	56.46			
4	29.38	168.48	7.2		101			4.39	2.30	76.87	57.86			
5	23.75	168.48	7.2		100	28.296		3.95	2.24	79.05	57.33	82.64		
6	15.98	168.48	7.2		102	14.148		5.29	2.17	71.90	56.76	83.41		
7	25.58	168.48	7.3		102	3.537		4.02	2.19	79.10	56.62	52.41		
8	33.34	168.48	7.3		101	7.074		3.38	2.06	76.50	55.97	83.10		
9	30.84	168.48	7.2		101			5.33	2.17	71.27	55.56			
10	26.78	168.48	7.2		99			6.36	2.11	69.58	56.16			
11	17.92	168.48	7.2		101	21.000		5.03	2.08	78.72	58.33			
12	31.32	167.04	7.2		101	10.611		3.94	2.11	79.86	57.04	82.02		
13	38.74	168.48	7.2		101	7.074		2.97	2.07	77.67	56.86	123.80		
14	33.88	168.48	7.3		101			4.80	2.06	67.14	57.23	123.39		
15	38.00	167.04	7.3		101			3.65	2.07	70.59	57.38	17.66		
16	39.43	168.48	7.2		101	3.537		4.03	2.07	74.35	56.56			
17	32.47	168.48	7.2		101	7.074		3.88	2.07	74.80	56.93			
18	21.85	168.48	7.3		100			3.66	2.10	77.73	53.73			
19	29.55	168.48	7.3		101			3.86	2.08	81.01	56.74	123.94		
20	28.04	168.48	7.3		99	7.074		4.18	2.08	77.95	57.14	124.08		
21	36.38	168.48	7.2		100			3.84	2.03	76.68	57.81	82.27		
22	38.94	162.72	7.3		101	7.074		4.03	2.04	69.12	57.33	122.99		
23	42.44	168.48	7.3		100			3.70	2.05	74.59	58.02			
24	39.47	168.48	7.3		100			3.22	2.07	71.65	56.20			
25	39.44	168.48	7.2		101	17.685		3.38	2.07	77.74	57.60			
26	20.72	168.48	7.2		101			4.32	2.14	79.06	59.18	115.69		
27	19.69	136.80	7.2		101	3.537		4.30	2.17	74.38	56.15	82.13		
28	38.90	129.60	7.1		101	3.537		4.44	2.24	71.27	56.05	81.43		
29	40.98	129.60	7.1		101			4.48	2.23	68.81	56.29	104.91		
30	38.96	129.60	7.2		101			3.91	2.29	70.48	58.39			
31	48.12	129.60	7.2		101			3.70	2.06	67.21	55.66			
Avg.	32.53	162.16			101	10.090		4.15	2.14	74.16	56.93	92.88		
Max.	48.12	168.48	7.4		102	28.296		6.36	2.33	81.01	59.18	124.08		
Min.	15.98	129.60	7.1		99	3.537		2.97	2.03	67.14	53.73	17.66		
Data	31	31	31	0	31	14	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 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month August	Year 2024
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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			16.40	2,299												
6					0.0006	0.0002										
7																
8																
9																
10	172	21,808														
11																
12																
13					0.0006	0.0002										
14																
15																
16																
17																
18																
19																
20					0.0007	0.0002										
21																
22																
23																
24																
25																
26																
27					0.0003	0.0002										
28																
29																
30																
31																
Avg.	172	21,808	16.40	2,299	0.0006	0.0002										
Max.	172	21,808			0.0007	0.0002										
Min.	172	21,808	16.40	2299	0.0003	0.0002										
Data	1	1	1	1	4	4	0	0	0	0	0	0	0	0	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	August	2024

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																		
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31																		
Avg.																		
Max																		
Min.																		
Data	0	0	0	0	0	0	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: August 2024			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	14.20	15.20					15 min													
2	14.55	31.20	2:41 AM	17.25	0.69	2.08	15 min							4:18 PM	M	0.33	M	0.0303	M	
3	11.53	13.90	1:04 AM	6.95	0.01	0.04	15 min							NO DATA - OFFLINE						
4	15.17	15.50					15 min													
5	13.50	15.10	9:56 AM	1.05	0.09	0.16	15 min													
6	13.13	14.90	4:26 AM	10.80	0.02	0.04	15 min													
7	13.26	15.30					15 min													
8	11.83	14.20					15 min													
9	13.07	14.10					15 min													
10	12.64	13.60					15 min													
11	12.30	13.80					15 min													
12	12.96	14.20					15 min													
13	12.31	14.20					15 min													
14	12.53	13.60					15 min													
15	12.65	13.80	10:46 AM	9.33	0.05	0.04	15 min													
16	12.95	15.10	5:51 AM	18.22	0.19	0.24	15 min													
17	12.53	14.40	3:31 AM	12.75	0.12	0.44	15 min													
18	12.13	13.60	10:51 AM	4.80	0.07	0.12	15 min													
19	13.37	13.20					15 min													
20	12.02	13.40					15 min													
21	11.78	15.00					15 min													
22	11.90	14.50					15 min													
23	10.74	12.90					15 min													
24	11.20	12.40					15 min													
25	10.58	12.60					15 min													
26	12.12	13.30					15 min													
27	13.08	23.20	5:01 PM	7.05	0.99	1.44	15 min													
28	14.68	33.10	12:01 AM	7.38	0.21	0.16	15 min													
29	11.47	12.40					15 min													
30	11.72	13.70	6:34 PM	0.08	0.01	0.04	15 min													
31	10.15	11.60					15 min													
Totals:	388.02			95.66	2.45			0	Days	0.00		0		1	Days	0.33		0.0303		



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: August 2024										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	4:22 PM	M	4.83	M	0.8314	M	4:15 PM	M	0.17	M	0.0033	M	4:25 PM	M	4.50	M	0.1907	M	4:15 PM	M	0.25	M	0.0224	M	
3	12:00 AM	M	11.50	M	1.9933	M							12:00 AM	M	11.58	M	0.4991	M							
4																									
5																									
6																									
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28																									
29																									
30																									
31																									
Totals:	2	Da ys	16.33		2.8247		1	Da ys	0.17		0.0033		2	Da ys	16.08		0.6898		1	Da ys	0.25		0.0224		



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 2024										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																									
2	4:22 PM	M	0.42	M	0.0112	M	4:17 PM	M	0.42	M	0.0603	M													
3																									
4																									
5																									
6																									
7																									
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26																									
27																									
28																				11:11 PM	M	0.08	M	0.0005	M
29																									
30																									
31																									
Totals:	1	Da ys	0.42		0.0112		1	Da ys	0.42		0.0603		0	Da ys	0.00		0.0000		1	Da ys	0.08		0.0005		



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 2024										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	4:15 PM	M	1.67	M	0.2674	M																		
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
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22																								
23																								
24																								
25																								
26																								
27													10:44 PM	M	1.25	M	0.1105	M						
28													12:04 AM	M	0.25	M	0.0029	M						
29																								
30																								
31																								
Totals:	1	Da ys	1.67		0.2674		0	Da ys	0.00		0.0000		2	Da ys	1.50		0.1134		0	Da ys	0.00		0.0000	



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 5 of 9		Permit Number: IN0025574												
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: August 2024					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							4:17 PM	M	0.33	M	0.0126	M	4:50 PM	M	0.25	M	0.0007	M	4:16 PM	M	0.25	M	0.0438	M
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
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20																								
21																								
22																								
23																								
24																								
25																								
26																								
27	10:45 PM	M	0.75	M	0.0498	M	5:27 PM	M	0.50	M	0.0280	M	10:45 PM	M	1.17	M	0.1244	M	5:26 PM	M	0.33	M	0.0236	M
28																								
29																								
30																								
31																								
Totals:	1	Days	0.75		0.0498		2	Days	0.83		0.0406		2	Days	1.42		0.1251		2	Days	0.58		0.0674	



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 2024										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																								
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26																								
27							10:35 PM	M	0.33	M	0.0184	M												
28																								
29																								
30																								
31																								
Totals:	0	Days	0.00		0.0000		1	Days	0.33		0.0184		0	Days	0.00		0.0000		0	Days	0.00		0.0000	



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 2024										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	4:26 PM	M	0.42	M	0.0394	M							4:20 PM	M	1.42	M	0.9216	M						
3																								
4																								
5																								
6																								
7																								
8																								
9																								
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23																								
24																								
25																								
26																								
27	10:49 PM	M	0.33	M	0.0256	M	10:34 PM	M	0.33	M	0.0094	M												
28																								
29																								
30																								
31																								
Totals:	2	Days	0.75		0.0650		1	Days	0.33		0.0094		1	Days	1.42		0.9216		0	Days	0.00		0.0000	



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 2024										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	4:32 PM	M	0.92	M	0.4070	M																		
3																								
4																								
5																								
6																								
7																								
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27	10:47 PM	M	1.25	M	0.8252	M							10:42 PM	M	1.00	M	0.0109	M						
28	12:02 AM	M	0.17	M	0.0105	M																		
29																								
30																								
31																								
Totals:	3	Da ys	2.34		1.2427		0	Da ys	0.00		0.0000		1	Da ys	1.00		0.0109		0	Da ys	0.00		0.0000	



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 2024	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	precipitation
3	precipitation
4	
5	
6	
7	
8	
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10	
11	
12	
13	
14	
15	
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22	
23	
24	
25	
26	
27	precipitation
28	precipitation
29	
30	
31	

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>	09/23/24



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 (<i>Organization</i>) Elkhart Public Works		(2) Mailing Address (<i>reporting organization</i>) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (<i>mm/dd/yy</i>) and Time Release Began 08/19/24 8:58 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (<i>mm/dd/yy</i>) and Time Release Stopped 08/19/24 10:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (<i>streets address or Manhole, Lift Station, Force Main etc.</i>) 933 Fieldhouse	(9) Latitude (<i>Deg Min Sec</i>) 41 39 57 N	(9) Longitude (<i>Deg Min Sec</i>) 85 58 54 W
(10) Amount of Flow Released (<i>Always provide a volume.</i>) <i>Check one:</i> <input type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons			(11) WWTP Flow During Release 12.1 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (<i>Select one.</i>) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (<i>at wastewater plant</i>) <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 (<i>Select one or more.</i>) <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) (<i>Select one or more.</i>) <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: (<i>in the box below</i>) grease and rags		(17) Additional Description of the Bypass / Overflow Event: crews called out at 9:00 am. Found sewer main partially plugged with grease and rags		(18) Description of the Area Impacted (<i>Check all that apply.</i>) <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: none	
(19) Additional organizations notified by facility, if necessary (<i>Select one or more.</i>) <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 (<i>Select one or more of the following, then add a written description.</i>) <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 crews sent to clear obstruction of grease and rags					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Will send information to neighborhood on proper grease disposal					

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.*)

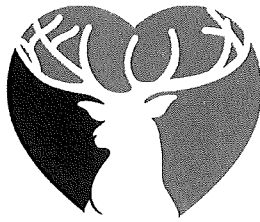
SIGNATURE: Laura Kolo DATE (*month, day, year*): 08/20/24

Individual Making Report (<i>printed</i>) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (<i>month, day, year</i>) / Time IDEM Notified 08/20/24 appx 6:45	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
---	------------------------------------	---	---	---

Kolo, Laura

From: postmaster@state.in.us
Sent: Tuesday, August 20, 2024 6:37 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0025674_INC_RPT_08_1
Attachments: EXTERNAL: Relayed: IN0025674_INC_RPT_08_1

Caution: This email originated from outside of the organization. Please take care when clicking links or opening attachments. When in doubt, contact your IT Department



City of Elkhart
Public Works and Utilities

Date Oct 24, 2024
Memo To Board of Public Works
Memo From Laura Kolo, Utility Services Manager *UK*
Subject Wastewater Utility Monthly Report of Operations
for the month of September, 2024

Wastewater MRO Highlights

Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	11	30
cBOD5 mg/L	3	25
Phosphorus mg/L	0.92	1.0
Ammonia mg/L	0.13	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	13.45	Design - 20
Total Monthly Flow MGD	403	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
9-8-24	1518 Johnson	240	grease/rags

Wet Weather Overflows

Number of Events	Total Overflow Volume (MG)
2	1.2051

Code	Name	Value 1	Units	Value 1	Value 2	Value 3	Units	Value 2	Value 3	Ex.	Analysis	Type
Season: 0	Req.	<=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d	<=0.00038 MO AVG	<=0.00077 DAILY MX	19 - mg/L			0	01/07 - Weekly	24 - COMP24
NODI: -	NODI											
01079	Silver total recoverable											
G - Raw Sewage Influent	Smpl.									0	02/30 - Twice Per Month	24 - COMP24
Season: 0	Req.				Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L				02/30 - Twice Per Month	24 - COMP24
NODI: -	NODI											
50050	Flow, in conduit or thru treatment plant											
1 - Effluent Gross	Smpl.	=13.448	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.											
Season: 1	Req.											
NODI: -	NODI											
80082	BOD, carbonaceous [5 day, 20 C]											
1 - Effluent Gross	Smpl.	=376.0	26 - lb/d									
Season: 0	Req.	<=6259.0 MO AVG	<=10014.0 MX WK AV	26 - lb/d	=472.0	=4.0	19 - mg/L			0	01/01 - Daily	24 - COMP24
NODI: -	NODI											
81012	Phosphorus, total percent removal											
K - Percent Removal	Smpl.											
Season: 0	Req.											
NODI: -	NODI											
82220	Flow, total											
1 - Effluent Gross	Smpl.	=403.0	80 - Mgal/mo							0	01/30 - Monthly	RT - RCOTOT

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
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_CS0_MRO_2024_09.pdf	pdf	1219640.0
IN0025674_035a_2024_09.pdf	pdf	1010450.0
IN0025674_INC_RPT_2024_09.pdf	pdf	108945.0

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2024-10-24 15:38 (Time Zone: -04:00)

Report Last Signed By

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2024-10-24 15:43 (Time Zone: -04:00)

 View Certification |  Download COR

DMR Copy of Submission

[Expand Notices](#)

Permit

Permit ID: IN0025674 **Major:** 229 SOUTH 2ND ST
ELKHART, IN46516
Permittee: ELKHART WWTP **Permittee Address:** ELKHART, IN46516
Facility: ELKHART WWTP **Facility Location:** 1201 S NAPPANEE ST
ELKHART, IN46516
Permitted Feature: 035 - External Outfall **Discharge:** 035-AQ - QUARTERLY REPORTING
Report Dates & Status **DMR Due Date:** 10/28/24
Monitoring Period: From 07/01/24 to 09/30/24

Status: **NetDMR Validated**

Considerations for Form Completion

REPORT MONTHLY SAMPLING ON THE 001-A 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	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
01119	Copper, total recoverable						=0.102	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
	G - Raw Sewage Influent										
	Season: 0						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
	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

No attachments.

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2024-10-24 15:20 (Time Zone: -04:00)

Report Last Signed By

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2024-10-24 15:43 (Time Zone: -04:00)

Feature	#	End Date	Unscheduled	Date	Received Date
IN0025674 ELKHART WWTP	005-C	09/30/24	Scheduled	10/28/24	10/24/24
CSO- ARCH/BAR, NW OF INTERSECTION					Signed & Submitted
IN0025674 ELKHART WWTP	008-C	09/30/24	Scheduled	10/28/24	10/24/24
CSO- HUG/EAST BLVD					Signed & Submitted
IN0025674 ELKHART WWTP	007-C	09/30/24	Scheduled	10/28/24	10/24/24
CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER					Signed & Submitted
IN0025674 ELKHART WWTP	006-C	09/30/24	Scheduled	10/28/24	10/24/24
CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER					Signed & Submitted
IN0025674 ELKHART WWTP	015-C	09/30/24	Scheduled	10/28/24	10/24/24
CSO- MICHIGAN/FULTON					Signed & Submitted
IN0025674 ELKHART WWTP	014-C	09/30/24	Scheduled	10/28/24	10/24/24
CSO- DAM AT CONE/ERWIN					Signed & Submitted
IN0025674 ELKHART WWTP	011-C	09/30/24	Scheduled	10/28/24	10/24/24
CSO- ELKHART/FRANKLIN					Signed & Submitted
IN0025674 ELKHART WWTP	017-C	09/30/24	Scheduled	10/28/24	10/24/24
CSO- W. BOULEVARD/MCNAUGHTON					Signed & Submitted
IN0025674 ELKHART WWTP	009-C	09/30/24	Scheduled	10/28/24	10/24/24
CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)					Signed & Submitted
IN0025674 ELKHART WWTP	016-C	09/30/24	Scheduled	10/28/24	10/24/24
CSO- DAN @ GOSHEN/SUPERIOR					Signed & Submitted
IN0025674 ELKHART WWTP	013-C	09/30/24	Scheduled	10/28/24	10/24/24
CSO- JOHNSON/BEARDSLEY					Signed & Submitted
IN0025674 ELKHART WWTP	027-C	09/30/24	Scheduled	10/28/24	10/24/24
CSO- EDGEWATER/NAVAJO					Signed & Submitted
IN0025674 ELKHART WWTP	025-C	09/30/24	Scheduled	10/28/24	10/24/24
CSO- POTTAWATOMI/SECOND					Signed & Submitted
IN0025674 ELKHART WWTP	024-C	09/30/24	Scheduled	10/28/24	10/24/24
CSO- INDIANA/FRANKLIN					Signed & Submitted
IN0025674 ELKHART WWTP	035-AQ	09/30/24	Scheduled	10/28/24	10/24/24
QUARTERLY REPORTING					Signed & Submitted
IN0025674 ELKHART WWTP	026-C	09/30/24	Scheduled	10/28/24	10/24/24
CSO- MAIN/POTTAWATOMI					Signed & Submitted
IN0025674 ELKHART WWTP	019-C	09/30/24	Scheduled	10/28/24	10/24/24
CSO-MICHIGAN @ RVR, S. OF LEX.					Signed & Submitted
IN0025674 ELKHART WWTP	033-C	09/30/24	Scheduled	10/28/24	10/24/24
CSO- EVANS/GRACE					Signed & Submitted
IN0025674 ELKHART WWTP	023-C	09/30/24	Scheduled	10/28/24	10/24/24
CSO- FRANKLIN/8TH					Signed & Submitted
IN0025674 ELKHART WWTP	029-C	09/30/24	Scheduled	10/28/24	10/24/24
CSO- JEFFERSON AT THE RIVER					Signed & Submitted
IN0025674 ELKHART WWTP	012-C	09/30/24	Scheduled	10/28/24	10/24/24
CSO- CASSOPOLIS/BEARDSLEY					Signed & Submitted

	Feature	#		End Date	Unscheduled	Date	Received Date
IN0025674	ELKHART WWTP	032-C	CSO- EDGEWATER/OKEMA	09/30/24	Scheduled	10/28/24	Signed & Submitted 10/24/24
IN0025674	ELKHART WWTP	028-C	CSO- WASHINGTON AT RIVER	09/30/24	Scheduled	10/28/24	Signed & Submitted 10/24/24
IN0025674	ELKHART WWTP	034-C	CSO- LEXINGTON/6TH	09/30/24	Scheduled	10/28/24	Signed & Submitted 10/24/24
IN0025674	ELKHART WWTP	040-C	CSO- MCNAUGHTON PARK SOUTH	09/30/24	Scheduled	10/28/24	Signed & Submitted 10/24/24
IN0025674	ELKHART WWTP	039-C	CSO- WEST HIGH AT RIVER	09/30/24	Scheduled	10/28/24	Signed & Submitted 10/24/24
IN0025674	ELKHART WWTP	037-C	CSO- FRANKLIN/KRAU	09/30/24	Scheduled	10/28/24	Signed & Submitted 10/24/24
IN0025674	ELKHART WWTP	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	09/30/24	Scheduled	10/28/24	Signed & Submitted 10/24/24
IN0025674	ELKHART WWTP	018-C	CSO- MCNAUGHTON PARK WEST	09/30/24	Scheduled	10/28/24	Signed & Submitted 10/24/24
IN0025674	ELKHART WWTP	031-C	CSO- ELIZABETH/LUSHER	09/30/24	Scheduled	10/28/24	Signed & Submitted 10/24/24
IN0025674	ELKHART WWTP	020-C	CSO- BRIDGE AND HUDSON	09/30/24	Scheduled	10/28/24	Signed & Submitted 10/24/24

NPDES eReporting Help Desk: NPDESReporting@epa.gov | 877-227-8965 (9:00am - 8:00pm EST)
 Contact Us to ask a question, provide feedback, or report a problem.

Permit

Permit ID: IN0025674 **Major:** 229 SOUTH 2ND ST
ELKHART, IN46516
Permittee: ELKHART WWTP **Permittee Address:**
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 09/01/24 to 09/30/24 **DMR Due Date:** 10/28/24

Status: NetDMR Validated

Considerations for Form Completion

THE FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE EVERY TWELVE MONTHS. 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: -



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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart			Permit Number IN0025674		
Month September	Year 2024	Plant Design Flow 20.00 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 06/30/2027	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 2.59 Precipitation - Inches	Bypass At Plant Site("x" if Occurred)	Sanitary Sewer Overflow("x" if Occurred)	CHEMICALS USED			RAW SEWAGE								
							Chlorine - Lbs/day	Ferric Chloride Lbs/Day or 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	Sun								372		10.158	7.4	112	9,488	96	8,133	3.28	18.60
2	Mon								354		9.941	6.8	88	7,296	74	6,135	2.88	17.10
3	Tue								346		10.517	7.4	102	8,947	168	14,736	3.40	18.10
4	Wed								334		10.766	7.0	123	11,044	226	20,292	3.82	22.50
5	Thu								342		11.233	7.0	108	10,118	126	11,804	3.30	20.30
6	Fri								243		11.708	6.7	120	11,717	116	11,327	3.86	21.80
7	Sat								204		11.175		97	9,040	132	12,302	3.50	20.30
8	Sun					X			289		10.575	7.1	115	10,142	106	9,349	3.85	17.10
9	Mon								250		11.208	7.4	119	11,123	166	15,517	3.97	20.00
10	Tue								276		10.641	7.0	114	10,117	174	15,442	3.91	24.60
11	Wed								250		10.733	7.0	84	7,519	112	10,025	3.50	21.20
12	Thu								289		10.792	7.0	192	17,281	184	16,561	4.72	21.30
13	Fri								258		11.358	7.7	129	12,220	152	14,398	3.88	24.50
14	Sat								277		10.633	7.0	105	9,311	106	9,400	3.49	23.40
15	Sun										10.608	7.2	107	9,466	106	9,378	3.35	18.10
16	Mon								261		10.841	6.9	133	12,025	212	19,168	3.64	20.10
17	Tue								137		10.908	7.3	82	7,460	158	14,374	4.32	24.80
18	Wed								210		10.600	7.0	141	12,465	152	13,437	4.16	23.70
19	Thu								182		10.750	7.0	131	11,745	150	13,448	4.00	15.10
20	Fri			0.38					337		12.325	7.0	153	15,727	252	25,903	4.04	22.00
21	Sat			0.02					231		9.350	7.3	95	7,408	112	8,734	3.24	21.50
22	Sun			1.18					231		16.550	7.2	89	12,284	136	18,772	2.82	11.10
23	Mon			0.03					219		10.908	7.1	86	7,824	132	12,008	3.23	17.20
24	Tue			0.65					243		13.433	7.0	103	11,539	172	19,269	3.14	20.20
25	Wed			0.02					267		11.567	7.0	125	12,059	172	16,593	3.80	22.90
26	Thu			0.01					243		11.025	6.9	106	9,747	136	12,505	3.74	23.70
27	Fri								356		11.233	7.3	142	13,303	164	15,364	4.24	32.20
28	Sat			0.29					364		12.008	7.1	97	9,714	130	13,019	4.12	22.80
29	Sun			0.01					364		10.908	7.1	89	8,097	112	10,189	3.47	18.50
30	Mon								350		11.691	7.1	91	8,873	148	14,430	4.32	20.10
31																		
Average				0.29					279		11.205		113	10,503	146	13,734	3.70	20.83
Maximum				1.18					372		16.550	7.7	192	17,281	252	25,903	4.72	32.20
Minimum				0.01					137		9.350	6.7	82	7,296	74	6,135	2.82	11.10

# of Data	0	9	0	1	0	29	0	30	29	30	30	30	30	30	30	30	0
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<p>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.</p>	<p>Prepared by or under the direction of (Certified Operat</p> <p><i>Laura Kolo</i></p>	<p>Date (month, day, year)</p> <p>10/24/24</p>
	<p>Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)</p> <p><i>Laura Kolo</i></p>	<p>Date (month, day, year)</p> <p>10/24/24</p>

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	September	2024

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	68	62	186	2,932	63	4.3	21	6.487	6,260					8	7.6		8.2	
2	63	61	184	3,288	56	4.7	20	6.487	6,120					5	7.6		8.6	
3	85	67	183	2,876	64	4.2	20	6.487	6,220					11	7.7		8.5	
4	78	67	194	2,896	67	3.6	21	6.487	5,740					7	7.6		8.2	
5	81	83	199	2,952	67	4.2	20	6.487	6,120					21	7.6		8.0	
6	84	60	202	2,740	74	4.3	20	6.487	6,140					18	7.0		8.0	
7	76	60	203	2,884	71	4.6	20	6.487	5,900					25	7.0		8.3	
8	79	56	204	2,860	71	4.8	20	6.487	5,980					13	7.0		7.9	
9	92	64	188	2,812	67	4.8	20	6.487	5,960					23	7.7		7.9	
10	90	68	198	2,684	74	4.1	20	6.487	5,680					29	7.7		7.7	
11	83	56	202	2,828	71	4.4	20	6.478	5,780					18	7.7		7.8	
12	99	83	201	2,820	71	3.6	21	6.487	4,880					19	7.0		7.9	
13	95	74	197	2,788	71	4.2	21	6.487	4,600					46	7.7		8.0	
14	77	74	198	2,720	73	4.9	21	6.487	4,640					150	7.7		7.7	
15	70	58	198	2,780	71	4.6	21	6.487	4,520					26	7.8		7.9	
16	81	63	194	2,756	70	4.3	21	6.487	4,620					8	7.8		7.9	
17	90	64	189	2,756	69	3.5	21	6.487	4,480					18	7.8		7.9	
18	89	52	192	2,696	71	3.7	21	6.487	4,280					13	7.8		7.7	
19	86	61	192	2,720	70	3.9		6.487	4,460					10	7.7		8.1	
20	76	94	194	2,692	72	4.5	21	6.487	5,140					5	7.6		8.1	
21	58	76	197	2,876	68	4.4	20	6.487	4,000					4	7.0		8.1	
22	60	84	197	2,716	73	3.0	20	6.487	4,560					5	7.0		7.7	
23	54	65	186	2,888	64	4.2	21	6.487	4,740					8	7.7		7.8	
24	76	80	198	2,772	71	3.9	20	6.487	5,220					10	7.5		7.8	
25	76	45	192	2,672	72	3.8	21	5.222	4,580					3	7.7		8.6	
26	69	59	190	2,596	73	3.8	21	6.492	4,320					10	7.0		8.0	
27	80	60	170	2,352	72	3.9	20	7.785	4,660					11	7.7		7.9	
28	78	54	162	2,444	66	4.3	20	7.785	4,620					6	7.0		8.1	
29	64	56	172	2,816	61	4.1	20	7.785	4,860					7	7.7		8.2	
30	89	59	186	2,632	71	3.8	20	7.785	4,740					24	7.5		8.1	
31																		
Avg.	78	66	192	2,775	69	4.1	20	6.618	5,127					19			8.0	
Max	99	94	204	3,288	74	4.9	21	7.785	6,260					150		7.8	8.6	
Min.	54	45	162	2352	56	3.0	20	5.222	4000					3	7.00	7.7		
Daily Max														150				
# of Days above 235														0				
Date	30	30	30	30	30	30	29	30	30	0	0	1	0	30	30	0	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 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month September	Year 2024
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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	12.166		2		203		4		355		0.04		4.1		0.79	80
2	Mon	12.380		3		310		4		423		0.07		7.2		0.68	70
3	Tue	13.536		3		339		6		689		0.05		5.6		0.63	71
4	Wed	13.663		3		342		8		912		0.06		6.8		0.66	75
5	Thu	13.187		3		330		10		1,144		0.04		4.4		0.68	75
6	Fri	12.862		3		322		12		1,309		0.09		9.7		0.84	90
7	Sat	12.286	12.869	4	3.00	410	322	15	8.53	1,578	916	0.09	0.06	9.2	7	1.02	105
8	Sun	12.354		4		412		17		1,772		0.09		9.3		1.05	108
9	Mon	13.205		3		330		18		2,026		0.10		11.0		1.09	120
10	Tue	12.811		4		427		22		2,393		0.12		12.8		1.15	123
11	Wed	12.870		4		429		27		2,877		0.12		12.9		1.18	127
12	Thu	12.904		4		430		28		3,013		0.07		7.5		1.25	135
13	Fri	12.243		5		511		27		2,757		0.13		13.3		1.31	134
14	Sat	11.758	12.592	4	4.00	392	419	20	22.80	1,942	2,397	0.13	0.11	12.7	11	1.08	106
15	Sun	11.729		3		293		17		1,634		0.12		11.7		1.09	107
16	Mon	12.622		3		316		8		800		0.09		9.5		0.89	94
17	Tue	12.607		3		315		5		505		0.09		9.5		0.74	78
18	Wed	12.910		3		323		4		398		0.08		8.6		0.90	97
19	Thu	12.660		3		317		4		370		0.09		9.5		1.04	110
20	Fri	15.438		3		386		5		592		0.16		20.6		0.89	115
21	Sat	11.551	12.788	3	3.00	289	320	4	6.34	337	662	0.07	0.10	6.7	11	0.79	76
22	Sun	22.318		2		372		4		819		0.24		44.7		0.79	147
23	Mon	13.445		3		336		4		415		0.07		7.8		0.60	67
24	Tue	18.277		5		762		8		1,250		0.42		64.0		0.78	119
25	Wed	13.834		6		692		9		1,085		0.82		94.6		0.84	97
26	Thu	13.593		3		340		7		816		0.10		11.3		0.75	85
27	Fri	13.538		4		452		10		1,129		0.10		11.3		0.76	86
28	Sat	13.899	15.558	3	3.71	348	472	11	7.76	1,321	976	0.09	0.26	10.4	35	0.90	104
29	Sun	12.996		2		217		10		1,041		0.09		9.8		1.17	127
30	Mon	13.785		3		345		11		1,265		0.11		12.6		1.18	136
31																	
Avg		13.448		3		376		11		1,232		0.13		15.6		0.92	102
Max		22.318	15.558	6	4.00	762	472	28	22.80	3,013	2,397	0.82	0.26	94.6	35	1.3	147
Min		11.551	12.592	2	3.00	203	320	4	6.34	337	662	0.04	0.06	4.1	7	0.6	67
Data		30	4	30	4	30	4	30	4	30	4	30	4	30	4	30	30

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons) 403
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment	30.55	55.2			
	NA	NA			Percent Capacity (actual flow/design) 67%
Secondary Treatment	95.7	82.7			
Overall Treatment	97.01	92.3	99.4	75.2	
Phosphorus limit would be	75 % removal. (compliance achieved)				

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	September	2024

Day of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 100	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		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	35.53	129.60	7.4		103	7.074		3.48	2.15	69.41	55.56			
2	36.01	129.60	7.4		100			3.57	2.20	71.49	55.56			
3	41.26	129.60	7.3		101			3.42	2.11	68.56	57.58	82.05		
4	47.57	129.60	7.4		102	17.685		3.36	2.13	72.17	56.35	82.45		
5	42.60	149.76	7.4		102			3.34	2.15	70.53	54.62	87.10		
6	40.91	168.48	7.4		102			2.85	2.04	69.39	56.25			
7	43.02	168.48	7.3		100			2.75	2.31	66.47	58.94			
8	37.74	168.48	7.3		100			2.89	2.14	69.12	56.74			
9	34.80	168.48	7.4		100	7.074		3.08	2.17	72.57	57.24			
10	43.45	168.48	7.4		101	10.611		3.40	1.92	68.02	56.10	80.96		
11	49.28	168.48	7.4		101	7.074		3.21	1.99	68.88	55.88	83.67		
12	45.66	188.64	7.3		99			2.60	2.00	69.01	58.11	122.74		
13	49.81	194.40	7.2		99			3.49	2.04	71.07	57.72			
14	48.21	194.40	7.3		95			3.43	2.09	73.28	57.96			
15	39.96	194.40	7.3		96	10.611		3.24	2.18	73.94	57.66			
16	41.85	194.40	7.2		96	10.611		2.97	2.24	72.38	57.89	81.18		
17	42.35	194.40	7.2		95	10.611		2.97	2.28	71.29	57.62	122.88		
18	41.82	194.40	7.2		95	17.685		1.99	2.26	69.37	56.29	122.25		
19	40.33	194.40	7.2		95	10.611		1.93	2.33	72.48	56.65	113.40		
20	35.24	194.40	7.2		95	7.074		2.68	2.24	70.86	56.82	61.00		
21	42.37	194.40	7.2		95	0.000		3.93	2.29	70.70	56.08			
22	34.76	194.40	7.2		93	84.888		3.66	2.30	72.92	58.90			
23	35.93	194.40	7.2		94	21.222		4.11	2.23	70.81	58.28			
24	43.18	217.44	7.2		94	10.611		4.78	2.22	73.70	57.93	96.65		
25	33.87	223.20	7.2		93	10.611		3.48	2.16	74.32	58.78	103.27		
26	33.68	210.24	7.2		94			2.75	2.23	72.94	58.68	121.58		
27	37.80	223.20	7.2		95	7.074		3.07	2.26	72.11	56.73	69.28		
28	25.35	223.20	7.2		95	7.074		2.31	2.24	71.62	56.96			
29	36.24	227.52	7.2		96			2.90	2.21	77.53	57.25			
30	17.14	226.08	7.2		94	10.611		3.09	2.14	76.61	56.03	118.32		
31														
Avg.	39.26	185.23			97	14.148		3.16	2.18	71.45	57.11	96.80		
Max.	49.81	227.52	7.4		103	84.888		4.78	2.33	77.53	58.94	122.88		
Min.	17.14	129.60	7.2		93	0.000		1.93	1.92	66.47	54.62	61.00		
Data	30	30	30	0	30	19	0	30	30	30	30	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 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	September	2024

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	182	20,546	19.50	2,201	0.0002	0.0002									19.7000	0.8100
4																
5																
6																
7																
8																
9						0.0002										
10					0.0003											
11																
12																
13																
14																
15																
16																
17					0.0002	0.0002										
18																
19																
20																
21																
22																
23																
24					0.0004	0.0002										
25																
26																
27																
28																
29																
30					0.0002	0.0002										
31																
Avg.	182	20,546	19.50	2,201	0.0003	0.0002									19.7000	0.8100
Max.	182	20,546			0.0004	0.0002									19.7000	0.8100
Min.	182	20,546	19.50	2201	0.0002	0.0002									19.7000	0.8100
Data	1	1	1	1	5	5	0	0	0	0	0	0	0	0	1	1

WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	September	2024

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												
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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 1 of 9				Permit Number: IN0025574												
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																
Monitoring Period: September 2024				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	10.16	11.60					15 min													
2	9.94	12.10					15 min													
3	10.52	12.60					15 min													
4	10.77	13.00					15 min													
5	11.23	12.70					15 min													
6	11.71	12.80					15 min													
7	11.18	12.80					15 min													
8	10.58	12.70					15 min													
9	11.21	13.80					15 min													
10	10.64	11.90					15 min													
11	10.73	12.40					15 min													
12	10.79	12.00					15 min													
13	11.36	9.40					15 min													
14	10.63	12.70					15 min													
15	10.61	11.90					15 min													
16	10.84	12.50					15 min													
17	10.91	12.20					15 min													
18	10.60	13.90					15 min													
19	10.75	12.70					15 min													
20	12.33	32.40	2:31 PM	0.58	0.38	0.80	15 min													
21	9.35	10.70	12:56 AM	7.25	0.02	0.04	15 min													
22	16.55	34.50	12:16 PM	8.25	1.18	1.00	15 min													
23	10.91	12.80	2:39 AM	21.42	0.03	0.08	15 min													
24	13.43	19.60	12:01 AM	23.80	0.65	0.40	15 min													
25	11.57	16.90	12:49 AM	8.78	0.02	0.04	15 min													
26	11.03	12.80	4:31 AM	0.08	0.01	0.04	15 min													
27	11.23	12.50					15 min													
28	12.01	16.10	2:31 AM	20.72	0.29	0.24	15 min													
29	10.91	12.50	9:16 AM	0.08	0.01	0.04	15 min													
30	11.69	13.30					15 min													
Totals:	336.14			90.96	2.59			0	Days	0.00		0		0	Days	0.00		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 2 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: September 2024										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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22	12:55 PM	M	2.15	M	0.3449	M							1:10 PM	M	1.58	M	0.0565	M						
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Totals:	1	Da ys	2.15		0.3449		0	Da ys	0.00		0.0000		1	Da ys	1.58		0.0565		0	Da ys	0.00		0.0000	



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 3 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? : Y															
Monitoring Period: September 2024										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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22	2:52 PM	M	0.17	M	0.0019	M																			
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OFF LINE



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 4 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: September 2024										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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22	1:40 PM	M	0.67	M	0.0086	M							1:19 PM	M	2.67	M	0.1252	M							
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Totals:	1	Da ys	0.67		0.0086		0	Da ys	0.00		0.0000		1	Da ys	2.67		0.1252		0	Da ys	0.00		0.0000		



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: IN0025674											
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: September 2024										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						
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22	12:50 PM	M	0.17	M	0.0069	M	12:42 PM	M	0.25	M	0.0065	M	1:10 PM	M	0.92	M	0.0196	M	12:36 PM	M	0.58	M	0.0307	M
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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: September 2024										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: September 2024										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					
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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 8 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: September 2024										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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22	12:57 PM	M	1.75	M	0.5122	M							1:37 PM	M	1.50	M	0.0188	M						
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SENSORS
REMOVED



**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 2024	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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22	precipitation
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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) 10/24/24



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	(6) Date (mm/dd/yy) and Time Release Began 09/08/24 8:33 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 09/08/24 10:19 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1518 Johnson	(9) Latitude (Deg Min Sec) 41 42 13 N	(9) Longitude (Deg Min Sec) 85 57 56 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 240 Gallons			(11) WWTP Flow During Release 12.0 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 checked="" type="checkbox"/> Prohibited Combined Sewer Overflow <input 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 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) grease and rags		(17) Additional Description of the Bypass / Overflow Event: crews called out at 8:33 am. Found sewer main partially plugged with grease and rags. Obstruction removed and flow returned to normal at 10:33 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: none	
(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 crews sent to clear obstruction of grease and rags					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Send information to neighborhood on proper grease disposal					

(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): 09/09/24

Individual Making Report (printed)

Laura Kolo

Telephone Number

(574) 293-2572

Contact Email

laura.kolo@coei.org

Date (month, day, year) / Time IDEM Notified

09/09/24 appx 8:25

AM

PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Monday, September 9, 2024 8:24 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0025674_INC_RPT_2024_09_1
Attachments: EXTERNAL: Relayed: IN0025674_INC_RPT_2024_09_1

Caution: This email originated from outside of the organization. Please take care when clicking links or opening attachments. When in doubt, contact your IT Department

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

DMR Copy of Submission

Expand Notices

Permit

Permit ID: IN0025674 **Major:** 035 - External Outfall
Permittee: ELKHART WWTP **Permittee Address:** 229 SOUTH 2ND 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 10/01/24 to 10/31/24 **DMR Due Date:** 11/28/24

Status: NetDMR Validated

Considerations for Form Completion

THE FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE EVERY TWELVE MONTHS. 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	Name	Value 1	Units	Value 1	Value 2	Value 2	Value 3	Units	Ex.	Analysis	Type
00300	Oxygen, dissolved [DO]										
	1 - Effluent Gross			=7.7				19 - mg/L	0	01/01 - Daily	3R - 3GR24H
Season: 0	Req.			>=4.0 DLYAVMIN						01/01 - Daily	3R - 3GR24H
	NODI: -										
00400	pH										
	1 - Effluent Gross			=7.0				12 - SU	0	01/01 - Daily	GR - GRAB
Season: 0	Req.			>=6.0 DAILY MN				12 - SU		01/01 - Daily	GR - GRAB
	NODI: -										
00530	Solids, total suspended										
	1 - Effluent Gross			=1731.0				19 - mg/L	0	01/01 - Daily	24 - COMP24
Season: 0	Req.			<=7511.0 MO AVG				<=30.0 MO AVG		01/01 - Daily	24 - COMP24
	NODI: -										
00600	Nitrogen, total [as N]										
	1 - Effluent Gross			=2241.0				19 - mg/L	0	01/30 - Monthly	24 - COMP24
Season: 0	Req.			Req Mon MO AVG				19 - mg/L		01/30 - Monthly	24 - COMP24
	NODI: -										
00610	Nitrogen, ammonia total [as N]										
	1 - Effluent Gross			=40.6				19 - mg/L	0	01/01 - Daily	24 - COMP24
Season: 1	Req.			<=1051.0 MO AVG				<=4.2 MO AVG		01/01 - Daily	24 - COMP24
	NODI: -										
00665	Phosphorus, total [as P]										
	1 - Effluent Gross			=75.0				19 - mg/L	0	01/01 - Daily	24 - COMP24
Season: 0	Req.			Req Mon MO AVG				19 - mg/L		01/01 - Daily	24 - COMP24
	NODI: -										
01079	Silver total recoverable										
	1 - Effluent Gross			<0.017				19 - mg/L	0	01/07 - Weekly	24 - COMP24

Code	Name	Value 1	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
Season: 0	Req.	<=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d	<=0.00038 MO AVG	<=0.00077 DAILY MX	19 - mg/L	0	01/07 - Weekly	24 - COMP24
NODI: -										
01079	Silver total recoverable									
G - Raw Sewage Influent	Req.									
Season: 0	Req.									
NODI: -										
50050	Flow, in conduit or thru treatment plant									
1 - Effluent Gross	Req.									
Season: 0	Req.									
NODI: -										
51041	E. coli, colony forming units [CFU]									
1 - Effluent Gross	Req.									
Season: 1	Req.									
NODI: -										
71901	Mercury, total recoverable									
1 - Effluent Gross	Req.									
Season: 0	Req.									
NODI: -										
71901	Mercury, total recoverable									
G - Raw Sewage Influent	Req.									
Season: 0	Req.									
NODI: -										

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
80082	BOD, carbonaceous [5 day, 20 C]	Smpl. =248.0	=347.0	26 - lb/d	=3.0	=3.4		19 - mg/L	0	01/01 - Daily	24 - COMP24
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	Smpl. =78.5						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: -	NODI										
82220	Flow, total	Smpl. =330.0		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: -	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

10/14/24 E Coil was 548 MPN. Excluding up to 10% above 235, the next highest value, which is also the second highest value for the month, is 46 MPN. All values minus the 10/14/24 result of 548 MPN was less than 235 MPN. Mercury sampled 9/3/24 as required by NDPES Permit.

Attachments

Name	Type	Size
IN0025674_CSO_MRO_2024_10.pdf	pdf	1587796.0
IN0025674_035a_2024_10.pdf	pdf	1032068.0

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2024-11-18 09:18 (Time Zone: -05:00)

Report Last Signed By

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2024-11-18 09:19 (Time Zone: -05:00)

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

 **Signing Process Confirmation - CDX Activity ID: _88693417-cbf2-481d-9047-59fe40e8c34a**

Your DMRs are undergoing the Signing Process

IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	10/31/24	11/28/24
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	10/31/24	11/28/24
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	10/31/24	11/28/24
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	10/31/24	11/28/24
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	10/31/24	11/28/24
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	10/31/24	11/28/24
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	10/31/24	11/28/24
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	10/31/24	11/28/24
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	10/31/24	11/28/24
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	10/31/24	11/28/24
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	10/31/24	11/28/24
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	10/31/24	11/28/24
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	10/31/24	11/28/24
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	10/31/24	11/28/24
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	10/31/24	11/28/24
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	10/31/24	11/28/24
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	10/31/24	11/28/24
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	10/31/24	11/28/24
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	10/31/24	11/28/24
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	10/31/24	11/28/24
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	10/31/24	11/28/24
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	10/31/24	11/28/24
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	10/31/24	11/28/24
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	10/31/24	11/28/24
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	10/31/24	11/28/24
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	10/31/24	11/28/24
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	10/31/24	11/28/24
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	10/31/24	11/28/24
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	10/31/24	11/28/24
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	10/31/24	11/28/24



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

Slate Form 10829 (R4 / 01-20)

Name of Facility Elkhart			Permit Number IN0025674		
Month October	Year 2024	Plant Design Flow 20.00 mgd	Telephone Number 574/293-2572		
E-mail address: <u>laura.kolo@coei.org</u>				035	A
Certified Operator: Name Laura E. Kolo		Class IV	Certificate Number 15094	Expiration Date 06/30/2027	

Day of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 1.01 Precipitation - Inches	Bypass At Plant Site("X" If Occurred)	Sanitary Sewer Overflow("x" If Occurred)	CHEMICALS USED			RAW SEWAGE						
							Chlorine - Lbs/day	Ferric Chloride Lbs/Day or 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							268	10.800	7.4	111	9,998	140	12,610	4.40	23.10
2	Wed							410	10.192	7.3	87	7,395	200	17,000	3.91	33.10
3	Thu							328	10.775	7.0	94	8,447	102	9,166	4.36	31.10
4	Fri							410	11.008	7.0	152	13,955	158	14,505	4.44	24.10
5	Sat							137	10.033	7.0	116	9,706	192	16,066	4.24	22.50
6	Sun							258	10.150	7.0	116	9,820	102	8,634	3.23	17.90
7	Mon							274	11.227	7.2	111	10,393	138	12,921	3.48	18.00
8	Tue							319	10.725	7.9	145	12,970	186	16,637	3.87	20.10
9	Wed							288	10.200	7.2	118	10,038	162	13,781	3.97	20.20
10	Thu							288	10.025	7.3	158	13,210	184	15,384	4.40	21.70
11	Fri							275	9.800	7.6	132	10,789	144	11,769	4.20	21.70
12	Sat			0.14				268	9.000	7.5	108	8,106	80	6,005	3.56	20.10
13	Sun			0.26				237	10.508	6.9	160	14,022	186	16,300	4.04	20.40
14	Mon			0.19				219	11.408	7.2	83	7,897	132	12,559	3.43	18.70
15	Tue							216	11.120	7.3	88	8,161	128	11,871	3.65	21.10
16	Wed							288	11.725	7.1	94	9,192	100	9,779	3.52	19.90
17	Thu							137	11.742	6.7	124	12,143	102	9,989	3.24	18.00
18	Fri							228	11.425	7.1	119	11,339	140	13,340	4.92	20.40
19	Sat							231	11.000	6.5	98	8,991	130	11,926	3.27	18.20
20	Sun							258	11.158	7.3	85	7,910	94	8,747	3.40	16.10
21	Mon							313	11.108		107	9,913	140	12,970	3.27	17.70
22	Tue							318	11.191	7.3	119	11,107	150	14,000	4.08	18.90
23	Wed							233	11.216	7.4	91	8,512	114	10,664	4.12	19.20
24	Thu							303	11.275		126	11,848	150	14,105	4.16	29.00
25	Fri			0.26				317	11.633	7.1	128	12,418	182	17,657	3.90	21.40
26	Sat			0.01				275	10.508	7.4	93	8,150	120	10,516	3.36	18.00
27	Sun							274	10.325	7.3	108	9,300	70	6,028	3.50	18.30
28	Mon							245	11.342	7.5	94	8,892	148	14,000	3.65	18.10
29	Tue							276	11.667	7.1	123	11,968	176	17,125	4.24	20.70
30	Wed							185	11.591	7.0	103	9,957	128	12,374	3.77	21.60
31	Thu			0.15				277	11.866	7.0	133	13,162	170	16,824	4.04	21.30
Average				0.17				269	10.895		114	10,313	140	12,750	3.86	20.99
Maximum				0.26				410	11.866	7.9	160	14,022	200	17,657	4.92	33.10
Minimum				0.01				137	9.000	6.5	83	7395	70	6005	3.23	16.10

# of Data	0	6	0	0	0	31	0	31	29	31	31	31	31	31	31	0
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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 Operat <i>Laura Kolo</i>	Date (month, day, year) 11/18/24
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) 11/18/24

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	October	2024

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	83	48	168	2,340	72	4.0	20	7.785	4,260					7	7.7		8.1	
2	67	45	156	2,332	67	3.5	20	7.758	3,980					31	7.0		7.7	
3	75	52	153	2,424	63	1.7	20	7.785	2,640					34	7.6		8.5	
4	108	51	173	2,688	64	4.6		7.785	2,940					16	7.7		8.2	
5	63	49	178	2,532	70	4.9	20	7.785	2,760					17	7.0		8.3	
6	73	53	180	2,676	67	4.6	20	7.785	2,600					19	7.0		8.0	
7	77	52	184	2,496	74	5.0	20	7.785	2,680					46	7.9		7.9	
8	90	60	180	2,504	72	4.3	19	7.785	2,820					12	7.8		8.0	
9	90	68	158	2,468	64	3.9	19	7.785	2,980					29	7.0		8.0	
10	93	56	162	2,348	69	4.3	20	7.484	3,260					12	7.0		8.1	
11	98	58	156	2,672	58	4.8	20	7.785	3,660					11	7.8		8.8	
12	90	60	159	2,292	70	4.6	19	7.785	3,060					12	7.8		8.3	
13	105	72	166	2,380	70	4.7	19	7.779	3,100					24	7.8		8.3	
14	71	58	167	2,400	70	4.3	19	7.785	3,580					548	7.7		8.4	
15	70	92	163	2,368	69	3.4	19	7.785	3,280					13	7.8		8.3	
16	73	53	151	2,284	66	4.0	18	7.785	2,920					17	7.8		8.3	
17	92	60	154	2,196	70	4.1	18	10.961	3,100					11	7.0		8.4	
18	66	54	150	2,092	72	5.1	18	14.272	2,820					13	7.8		8.7	
19	73	75	155	2,212	70	5.1	18	14.272	2,860					16	7.8		8.6	
20	64	47	160	2,336	68	5.3	18	14.272	3,200					21	7.8		8.8	
21	66	59	154	2,152	72	4.6	18	14.186	3,660					16	7.8		8.2	
22	79	57	160	2,236	72	4.8	18	14.186	4,300					21	7.7		8.5	
23	73	65	140	2,360	59	4.4	18	14.272	4,200					10	7.7		9.0	
24	82	61	140	2,196	64	2.8	18	14.272	4,180					6	7.8		8.4	
25	83	60	143	2,108	68	4.5	18	14.272	4,580					23	7.7		8.4	
26	78	62	142	2,132	67	5.0	18	14.272	4,020					11	7.8		8.7	
27	76	50	138	2,180	63	5.2	18	14.272	4,260					17	7.0		8.9	
28	68	71	144	2,028	71	4.6	18	14.272	4,040					12	7.9		8.7	
29	85	55	128	2,180	59	3.3	19	14.272	4,020					23	7.8		8.4	
30	87	60	132	2,172	61	3.5	18	14.272	4,100					13	7.7		8.4	
31	78	61	124	2,004	62	3.20	19	14.272	4,020					14	7.7		8.3	
Avg.	80	59	155	2,316	67	4.3	19	10.801	3,480					35			8.4	
Max	108	92	184	2,688	74	5.3	20	14.272	4,580					548		7.9	9.0	
Min.	63	45	124	2,004	58	1.7	18	7.484	2600					6		7.00	7.7	
Daily Max														548				
# of Days above 235														1				
Data	31	31	31	31	31	31	30	31	31	0	0	1	0	31	31	0	31	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):
Raw pH not recorded on October 21 or October 24.

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	October	2024

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	Tue	13.921		3		348		13		1,486		0.11		12.8		1.45	168
2	Wed	14.171		4		473		27		3,215		0.12		14.2		1.40	165
3	Thu	13.162		4		439		24		2,678		0.37		40.6		1.24	136
4	Fri	11.100		4		370		17		1,555		0.14		13.0		0.82	76
5	Sat	9.423	12.651	3	3.29	236	347	11	16.14	880	1,731	0.12	0.15	9.4	16	0.93	73
6	Sun	9.268		4		309		10		804		0.10		7.7		0.94	73
7	Mon	11.015		5		459		13		1,213		0.12		11.0		1.06	97
8	Tue	9.988		4		333		18		1,499		0.12		10.0		0.96	80
9	Wed	9.997		3		250		14		1,167		0.12		10.0		0.85	71
10	Thu	9.356		3		234		9		687		0.12		9.4		0.76	59
11	Fri	8.818		3		221		5		397		0.11		8.1		0.65	48
12	Sat	8.365	9.544	2	3.43	140	278	5	10.71	363	876	0.10	0.11	7.0	9	0.70	49
13	Sun	9.292		2		155		4		325		0.09		7.0		0.92	71
14	Mon	10.361		2		173		4		380		0.08		6.9		0.81	70
15	Tue	11.535		2		192		6		558		0.11		10.6		0.76	73
16	Wed	12.146		2		203		7		709		0.12		12.2		0.73	74
17	Thu	11.846		2		198		6		613		0.06		5.9		0.73	72
18	Fri	11.502		2		192		7		633		0.10		9.6		0.87	83
19	Sat	10.605	11.041	2	2.00	177	184	7	5.83	584	543	0.08	0.09	7.1	8	0.70	62
20	Sun	10.301		2		172		5		447		0.10		8.6		0.62	53
21	Mon	10.602		2		177		6		566		0.07		6.2		0.63	56
22	Tue	10.588		2		177		6		547		0.08		7.1		0.67	59
23	Wed	10.356		2		173		7		570		0.09		7.8		0.85	73
24	Thu	10.691		3		267		8		713		0.22		19.6		0.77	69
25	Fri	11.146		2		186		6		548		0.09		8.4		0.62	58
26	Sat	9.804	10.498	3	2.29	245	200	6	6.27	458	550	0.09	0.11	7.4	9	0.58	47
27	Sun	9.445		3		236		6		488		0.09		7.1		0.76	60
28	Mon	10.232		2		171		6		546		0.09		7.7		0.73	62
29	Tue	10.325		2		172		6		517		0.12		10.3		0.71	61
30	Wed	10.052		3		252		6		537		0.12		10.1		0.71	60
31	Thu	10.611	9.975	4	2.71	354	249	9	6.61	832	553	0.75	0.14	31.9	12	0.75	66
Avg		10.646		3		248		9		855		0.14		11.1		0.83	75
Max		14.171	12.651	5	3.43	473	347	27	16.14	3,215	1,731	0.75	0.15	40.6	16	1.5	168
Min		8.365	9.544	2	2.00	140	184	4	5.83	325	543	0.06	0.09	5.9	8	0.6	47
Data		31	5	31	5	31	5	31	5	31	5	31	5	31	5	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons) 330
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment	29.74	58.0			Percent Capacity (actual flow/design) 53%
Secondary Treatment	96.5	84.4			
Overall Treatment	97.56	93.5	99.4	78.5	
Phosphorus limit would be 75 % removal. (compliance achieved)					

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	October	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 100	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	
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	36.25	224.64	7.2		94	7.074		4.16	2.22	78.49	57.14	121.62		
2	35.22	223.20	7.2		96	10.611		3.41	2.06	75.70	56.62	108.20		
3	24.94	220.32	7.2		97			0.80	1.96	70.97	56.67	122.73		
4	37.04	231.84	7.3		98	7.074		3.42	1.95	65.97	58.33	69.98		
5	37.45	249.12	7.3		98			3.44	1.98	70.27	57.52			
6	44.12	250.56	7.4		99			3.60	1.90	73.31	56.10			
7	28.66	239.04	7.3		102			3.57	1.91	78.34	56.91			
8	33.11	254.88	7.3		102			3.62	1.89	76.75	57.36	138.34		
9	29.62	250.56	7.3		101	17.685		4.17	1.92	76.01	56.74	122.39		
10	34.15	259.20	7.2		101	14.148		3.51	1.90	74.47	55.86	122.56		
11	39.73	252.00	7.2		100			3.69	1.91	74.10	58.47	69.99		
12	38.90	253.44	7.3		102			3.24	1.78	73.14	57.52			
13	38.65	252.00	7.3		103			3.38	1.97	73.66	56.85			
14	25.93	254.88	7.2		101			3.81	1.96	79.48	55.40	121.18		
15	29.24	252.00	7.2		99	21.222		4.61	1.92	73.75	56.35	121.77		
16	26.47	280.80	7.2		102	14.148		4.08	1.91	76.60	57.03	122.98		
17	34.42	288.00	7.2		102			3.86	1.90	74.30	56.25	123.38		
18	34.49	288.00	7.3		103	7.074		3.67	2.03	73.90	56.93	70.25		
19	32.72	288.00	7.2		103	14.148		3.59	1.88	73.65	56.52			
20	30.80	288.00	7.2		101			3.43	1.87	75.00	56.74			
21	21.34	288.00	7.2		104	28.296		5.17	1.88	70.81	57.14			
22	27.00	292.32	7.2		104	3.537		3.91	1.85	77.19	57.04	122.95		
23	28.54	289.44	7.3		104	21.222		5.26	1.88	71.05	58.33	122.47		
24	29.01	286.56	7.3		104	21.222		5.15	1.80	75.34	58.16	122.48		
25	28.43	285.12	7.3		104	21.222		3.66	1.86	75.28	57.14	70.14		
26	36.28	283.68	7.2		103			4.00	1.83	75.69	56.78			
27	29.26	280.80	7.3		103			5.40	1.89	76.51	59.32			
28	27.42	282.24	7.4		100			4.30	1.89	79.42	56.83			
29	28.34	285.12	7.3		104	28.296		3.73	1.84	77.51	59.62	123.43		
30	27.15	285.12	7.3		105			4.90	1.87	77.55	54.95	122.84		
31	26.43	283.68	7.3		104	14.148		4.38	1.90	77.02	57.76	122.96		
Avg.	31.65	265.89			101	15.695		3.90	1.91	74.88	57.11	112.13		
Max.	44.12	292.32	7.4		105	28.296		5.40	2.22	79.48	59.62	138.34		
Min.	21.34	220.32	7.2		94	3.537		0.80	1.78	65.97	54.95	69.98		
Data	31	31	31	0	31	16	0	31	31	31	31	20	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 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	October	2024

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			19.30	2,241					0.0020	0.0020							
2																	
3																	
4																	
5																	
6																	
7					0.0002		0.0007				0.0051		0.0700				
8						0.0002		0.0002				0.0020		0.0150			
9																	
10																	
11																	
12																	
13																	
14																	
15					0.0002	0.0002											
16																	
17																	
18																	
19																	
20																	
21																	
22					0.0002	0.0002											
23																	
24																	
25																	
26																	
27																	
28	189	16,128															
29					0.0002	0.0002											
30																	
31																	
Avg.	189	16,128	19.30	2,241	0.0002	0.0002	0.0007	0.0002	0.0020	0.0020	0.0051	0.0020	0.0700	0.0150			
Max.	189	16,128			0.0002	0.0002	0.0007	0.0002	0.0020	0.0020	0.0051	0.0020	0.0700	0.0150			
Min.	189	16,128	19.30	2241	0.0002	0.0002	0.0007	0.0002	0.0020	0.0020	0.0051	0.0020	0.0700	0.0150			
Data	1	1	1	1	4	4	1	1	1	1	1	1	1	1	0	0	

WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	October	2024

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	0.0245		0.0015		0.0802													
8		0.0079		0.0010		0.0151												
9																		
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31																		
Avg.	0.0245	0.0079	0.0015	0.0010	0.0802	0.0151												
Max	0.0245	0.0079	0.0015	0.0010	0.0802	0.0151												
Min.	0.0245	0.0079	0.0015	0.0010	0.0802	0.0151												
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: October 2024			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. 006				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	10.800	12.600					15 min													
2	10.192	12.300					15 min													
3	10.775	12.200					15 min													
4	11.008	12.100					15 min													
5	10.033	12.100					15 min													
6	10.150	11.900					15 min													
7	11.227	13.800					15 min													
8	10.725	12.100					15 min													
9	10.200	11.700					15 min													
10	10.025	11.200					15 min													
11	9.800	11.400					15 min													
12	9.000	11.000	6:51 PM	5.00	0.14	0.20	15 min													
13	10.508	13.000	3:16 PM	6.88	0.26	0.68	15 min													
14	11.408	13.200	12:11 AM	19.97	0.19	0.16	15 min													
15	11.120	13.700					15 min													
16	11.725	13.000					15 min													
17	11.742	13.300					15 min													
18	11.425	12.900					15 min													
19	11.000	12.300					15 min													
20	11.158	12.800					15 min													
21	11.108	12.800					15 min													
22	11.191	12.500					15 min													
23	11.216	12.600					15 min													
24	11.275	12.200					15 min													
25	11.633	16.400	3:39 AM	5.62	0.26	0.24	15 min													
26	10.508	12.500	6:26 AM	0.30	0.01	0.04	15 min													
27	10.325	12.000					15 min													
28	11.342	12.700					15 min													
29	11.667	12.600					15 min													
30	11.591	13.500					15 min													
31	11.866	14.500	8:11 AM	4.17	0.15	0.24	15 min													
Totals:	337.74			41.94	1.01			0	Days	0.00		0		0	Days	0.00		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 2 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: October 2024					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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Totals:	0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		



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															
Monitoring Period: October 2024		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. 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	
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Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		



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 2024										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. 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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Totals:	0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		



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 2024										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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Totals:	0	Da	0.00		0.0000		0	Da	0.00		0.0000		0	Da	0.00		0.0000		0	Da	0.00		0.0000		



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 2024										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					
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31																							
Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000



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 2024										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)

Slate Form 50646 (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 2024										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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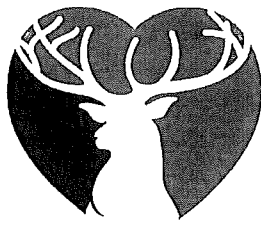


National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R4 / 9-15)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart	Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: October 2024	Enter "x" if no CSO discharge occurred for the month: X	
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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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) 11/18/24



City of Elkhart
Public Works and Utilities

Date Dec 23, 2024
Memo To Board of Public Works
Memo From Laura Kolo, Utility Services Manager *LK*
Subject Wastewater Utility Monthly Report of Operations
for the month of November, 2024

Wastewater MRO Highlights

Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	7	30
cBOD5 mg/L	3	25
Phosphorus mg/L	0.62	1.0
Ammonia mg/L	0.10	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	10.33	Design - 20
Total Monthly Flow MGD	310	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
None			

Wet Weather Overflows

Number of Events	Total Overflow Volume (MG)
5	0.3453



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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart		Permit Number IN0025674	
Month November	Year 2024	Plant Design Flow 20.00 mgd	Telephone Number 574/293-2572
E-mail address: laura.kolo@coei.org		035	A
Certified Operator: Name Laura E. Kolo		Class IV	Expiration Date 06/30/2027

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 2.37 Precipitation - Inches	Bypass At Plant Site("x" if Occurred)	Sanitary Sewer Overflow("x" if Occurred)	CHEMICALS USED			RAW SEWAGE								
							Chlorine - Lbs/day	Ferric Chloride Lbs/Day or 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	Fri								275		10.742	7.2	112	10,034	138	12,363	4.52	20.70
2	Sat								243		10.425	7.0	95	8,260	146	12,694	3.70	17.30
3	Sun			0.03					240		10.191	7.0	270	22,948	92	7,819	3.19	17.90
4	Mon			0.61					243		14.116	7.1	78	9,183	196	23,075	4.80	14.50
5	Tue			0.22					240		12.183	6.7	104	10,567	168	17,070	4.48	19.20
6	Wed								243		10.866	7.0	119	10,784	118	10,693	5.56	23.40
7	Thu								246		10.400	7.0	126	10,929	132	11,449	5.80	22.40
8	Fri			0.01					202		10.633	7.0	140	12,415	110	9,755	4.40	21.20
9	Sat								243		10.567	7.4	126	11,104	110	9,694	3.83	20.00
10	Sun			0.36					195		12.766	6.9	138	14,693	142	15,119	3.45	15.00
11	Mon								160		10.550	6.9	91	8,007	118	10,382	3.50	20.10
12	Tue								246		10.858	7.1	137	12,406	154	13,946	4.96	21.80
13	Wed			0.19					243		11.083	7.0	138	12,756	142	13,125	4.24	22.50
14	Thu			0.12					243		11.758	7.1	117	11,473	146	14,317	3.98	20.80
15	Fri			0.02					240		10.867	7.6	110	9,969	198	17,945	3.80	20.60
16	Sat								274		10.366	7.4	114	9,856	116	10,028	3.05	20.50
17	Sun								198		10.375	7.4	114	9,864	98	8,480	3.25	19.20
18	Mon			0.26					234		11.775	7.1	112	10,999	126	12,374	3.89	19.00
19	Tue			0.24					212		12.167	7.5	92	9,335	168	17,047	3.54	19.80
20	Wed			0.13					319		11.241	7.0	124	11,625	186	17,437	3.90	22.40
21	Thu			0.03					303		10.550	6.9	122	10,734	146	12,846	4.00	25.30
22	Fri			0.09					273		10.641	7.1	130	11,537	154	13,667	3.88	23.40
23	Sat			0.04					258		10.833	7.3	115	10,390	94	8,493	3.92	20.40
24	Sun								250		10.142	7.5	125	10,573	122	10,319	3.74	18.50
25	Mon			0.02					249		11.108	7.1	158	14,637	120	11,117	3.54	21.40
26	Tue								237		11.025	7.7	131	12,045	160	14,712	5.28	24.20
27	Wed								304		10.725	7.0	114	10,197	138	12,344	4.48	22.30
28	Thu								230		10.583	7.6	116	10,238	90	7,944	3.82	16.50
29	Fri								189		9.867	7.5	70	5,760	62	5,102	3.03	20.30
30	Sat								235		9.742	7.6	99	8,044	86	6,987	2.77	19.70
31																		
Average				0.16					242		10.972		121	11,045	133	12,278	4.01	20.34
Maximum				0.61					319		14.116	7.7	270	22,948	198	23,075	5.80	25.30
Minimum				0.01					160		9.742	6.7	70	5760	62	5102	2.77	14.50

# of Data	0	15	0	0	0	30	0	30	30	30	30	30	30	30	0
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<p>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.</p>	Prepared by or under the direction of (Certified Operatc <i>Laura Kolo</i>	Date (month, day, year) 12/23/24
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) 12/23/24

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month November	Year 2024
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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	84	82	124	1,924	64	4.9	18	14.272	3,740						7.7		8.5	
2	62	58	133	2,080	64	5.3	18	14.272	3,240						7.0		8.7	
3	177	56	116	2,224	52	3.7	17	14.272	3,960						7.7		8.8	
4	69	70	127	2,084	61	4.6	17	14.272	4,000						7.0		8.3	
5	74	78	123	2,400	51	4.1	18	14.272	4,460						7.7		8.3	
6	72	48	132	1,948	68	3.3	18	14.272	3,980					17	7.7		8.3	
7	84	58	136	2,004	68	3.3	18	14.272	3,880					26	7.7		8.3	
8	89	63	139	2,064	67	4.4	18	14.272	3,920					21	7.7		8.4	
9	90	67	124	2,088	59	4.7	17	14.272	3,620						7.0		8.9	
10	88	85	103	4,292	24	4.4	17	14.272	3,820						7.7		8.7	
11	75	57	128	1,848	69	4.6	17	14.254	3,340						7.6		8.4	
12	90	60	112	1,792	63	3.3	17	14.272	3,700						7.7		8.7	
13	78	60	128	1,772	72	3.1	17	10.803	2,020						7.0		8.7	
14	103	61	120	1,940	62	3.4	17	7.785	3,820						7.0		8.6	
15	78	94	125	1,908	65	4.6	17	7.785	3,900						7.8		8.7	
16	81	70	117	2,176	54	5.0	17	7.785	3,780						7.8		8.7	
17	82	76	122	2,036	60	5.2	17	7.785	4,160						7.7		8.8	
18	73	66	120	1,920	63	4.1	17	7.785	3,720					50	7.5		8.5	
19	73	80	118	1,940	61	3.7	17	7.785	3,820					10	7.4		8.3	
20	81	66	118	1,888	63	3.1	17	7.785	4,260					15	7.5		8.3	
21	84	87	118	1,904	62	3.8	16	7.785	3,760						7.7		8.5	
22	115	82	120	1,936	62	4.4	16	7.785	3,860						7.0		8.7	
23	106	65	115	1,836	63	4.6	16	7.785	3,780						7.6		8.6	
24	88	57	108	2,092	52	5.6	16	7.785	4,540						7.6		8.2	
25	106	73	110	1,884	58	3.3	17	7.785	3,940						7.6		8.3	
26	93	52	113	1,856	61	3.6	16	7.785	3,840						7.6		8.8	
27	67	65	115	1,828	63	3.8	16	7.785	3,840						7.6		8.7	
28	91	56	116	1,880	62	4.8	16	7.785	3,660						7.6		8.6	
29	77	45	119	1,876	64	6.0	15	7.785	3,540						7.5		9.1	
30	74	52	113	1,872	60	6.4	15	7.785	3,180						7.0		9.3	
31																		
Avg.	87	66	120	2,043	61	4.3	17	10.480	3,769					19			8.6	
Max	177	94	139	4,292	72	6.4	18	14.272	4,540					50		7.8	9.3	
Min.	62	45	103	1772	24	3.1	15	7.785	2020					5		7.00	8.2	
Daily Max														50				
# of Days above 235														0				
Data	30	30	30	30	30	30	30	30	30	0	0	1	0	12	30	0	30	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):
Raw pH not recorded on October 21 or October 24.

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month November	Year 2024
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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	9.791		2		163		5		416		0.11		9.0		0.60	49
2	Sat	9.372		3		234		7		532		0.08		6.3		0.63	49
3	Sun	9.177		4		306		6		459		0.09		6.9		0.58	44
4	Mon	14.366		3		359		9		1,054		0.19		22.8		0.50	60
5	Tue	11.477		2		191		6		536		0.09		8.6		0.50	48
6	Wed	10.023		2		167		5		435		0.12		10.0		0.55	46
7	Thu	9.943		2		166		7		547		0.12		10.0		0.72	60
8	Fri	9.775		2		163		6		489		0.08		6.5		0.75	61
9	Sat	9.487	10.607	3	2.57	237	227	6	6.37	506	575	0.08	0.11	6.3	10	0.74	59
10	Sun	12.338		3		309		6		659		0.08		8.2		0.79	81
11	Mon	9.962		4		332		6		457		0.11		9.1		0.64	53
12	Tue	10.332		3		259		6		551		0.12		10.3		0.57	49
13	Wed	10.487		3		262		6		525		0.10		8.7		0.64	56
14	Thu	10.684		2		178		8		748		0.09		8.0		0.70	62
15	Fri	9.860		2		164		7		551		0.09		7.4		0.59	49
16	Sat	9.586	10.464	3	2.86	240	249	6	6.53	504	571	0.09	0.10	7.2	8	0.44	35
17	Sun	9.550		2		159		5		430		0.08		6.4		0.48	38
18	Mon	11.452		2		191		7		649		0.09		8.6		0.60	57
19	Tue	12.673		3		317		9		930		0.10		10.6		0.57	60
20	Wed	10.743		3		269		7		618		0.13		11.6		0.59	53
21	Thu	10.176		4		339		10		849		0.12		10.2		0.49	42
22	Fri	10.313		4		344		9		774		0.10		8.6		0.47	40
23	Sat	9.591	10.643	4	3.14	320	277	9	8.01	736	712	0.11	0.10	8.8	9	0.53	42
24	Sun	9.384		3		235		8		610		0.10		7.8		0.66	52
25	Mon	10.125		3		253		9		726		0.12		10.1		0.64	54
26	Tue	10.205		3		255		8		698		0.11		9.4		0.57	49
27	Wed	10.441		2		174		6		557		0.11		9.6		0.66	57
28	Thu	9.723		2		162		7		600		0.09		7.3		0.77	62
29	Fri	9.255		3		232		7		571		0.09		6.9		0.73	56
30	Sat	9.596	9.818	4	2.86	320	233	7	7.54	560	618	0.08	0.10	6.4	8	0.79	63
31																	
Avg		10.330		3		243		7		609		0.10		8.9		0.62	53
Max		14.366	10.643	4	3.14	359	277	10	8.01	1,054	712	0.19	0.11	22.8	10	0.8	81
Min		9.177	9.818	2	2.57	159	227	5	6.37	416	571	0.08	0.10	6.3	8	0.4	35
Data		30	4	30	4	30	4	30	4	30	4	30	4	30	4	30	30

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons) 310
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment	28.40	50.0			
	NA	NA			
Secondary Treatment	96.7	89.4			Percent Capacity (actual flow/design) 52%
Overall Treatment	97.66	94.7	99.5	84.6	
Phosphorus limit would be	80 % removal. (compliance achieved)				

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	November	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 100	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		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	30.55	282.24	7.3		104	35.370		4.81	1.96	77.54	55.17	70.37		
2	38.92	282.24	7.3		99			3.82	1.96	74.79	56.93			
3	21.66	283.68	7.2		103	66.500		4.09	2.01	76.54	56.20			
4	26.67	283.68	7.2		101	0.000		4.40	2.03	77.50	57.69			
5	34.19	282.24	7.3		103			4.13	1.92	77.90	57.14			
6	27.53	275.04	7.2		103	0.000		6.60	2.07	77.50	57.97	122.93		
7	40.29	280.80	7.3		102	0.000		3.54	1.97	74.22	58.27	123.27		
8	30.57	288.00	7.4		103			4.38	1.91	75.09	56.64	69.47		
9	33.12	288.00	7.3		102			3.70	1.99	74.92	57.43			
10	26.07	288.00	7.2		103	35.000		5.45	2.04	78.42	56.41			
11	31.42	288.00	7.1		100	28.296		4.63	1.98	79.23	58.42			
12	25.90	288.00	7.2		102	7.074		3.12	1.88	79.14	59.13	122.45		
13	26.90	288.00	7.1		100			1.89	1.80	74.85	57.85	122.06		
14	27.92	288.00	7.2		101	10.611		2.49	1.86	76.28	57.14	123.91		
15	32.80	288.00	7.1		103	0.000		3.92	1.82	74.09	56.45	70.17		
16	41.16	266.40	7.2		102	31.500		2.33	1.79	71.84	56.90			
17	37.90	259.20	7.2		99	14.148		3.26	1.74	73.87	55.14			
18	32.32	259.20	7.3		99			3.42	1.76	79.46	56.90	122.49		
19	32.70	259.20	7.3		101	10.611		3.97	1.73	74.91	58.16	121.08		
20	29.55	259.20	7.3		102			4.12	1.72	73.48	57.69	105.26		
21	36.94	259.20	7.2		101			4.06	1.73	74.42	56.67	122.87		
22	40.08	259.20	7.2		101	3.537		3.84	1.78	72.73	57.14	69.80		
23	34.51	259.20	7.3		101			3.86	1.82	72.77	57.04			
24	34.82	259.20	7.2		99	0.000		3.81	1.75	73.13	56.04			
25	35.00	259.20	7.2		98			4.20	1.81	81.38	57.28	121.92		
26	34.23	259.20	7.2		101			3.22	1.79	75.70	58.76	122.47		
27	28.06	259.20	7.3		99	17.685		2.21	1.83	74.36	58.21	122.87		
28	35.16	259.20	7.2		100			3.74	1.53	76.68	61.54			
29	34.36	259.20	7.2		100	7.074		4.25	1.76	78.93	60.23			
30	18.02	259.20	7.2		99	7.074		4.91	1.82	81.50	57.26			
31														
Avg.	31.98	272.30			101	15.249		3.87	1.85	76.11	57.46	108.34		
Max.	41.16	288.00	7.4		104	66.500		6.60	2.07	81.50	61.54	123.91		
Min.	18.02	259.20	7.1		98	0.000		1.89	1.53	71.84	55.14	69.47		
Data	30	30	30	0	30	18	0	30	30	30	30	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 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	November	2024

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					0.0003										32.6000	1.0700
5			17.90	1,713		0.0002										
6																
7																
8																
9																
10																
11																
12																
13					0.0003	0.0002										
14																
15																
16																
17																
18					0.0004											
19						0.0002										
20																
21																
22																
23																
24																
25																
26					0.0002	0.0002										
27																
28																
29																
30	166	13,285														
31																
Avg.	166	13,285	17.90	1,713	0.0003	0.0002									32.6000	1.0700
Max.	166	13,285			0.0004	0.0002									32.6000	1.0700
Min.	166	13,285	17.90	1713	0.0002	0.0002									32.6000	1.0700
Data	1	1	1	1	4	4	0	0	0	0	0	0	0	0	1	1

WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	November	2024

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																				
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Avg.																				
Max.																				
Min.																				
Date	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

DMR Copy of Submission

Expand Notices

Showing COR 13 of 30 ◀ 9 10 11 12 **13** 14 15 16 ▶▶

Code	Name	Value 1	Units	Value 2	Value 3	Value 1	Units	Value 2	Value 3	Units	Ex.	Analysis	Type
81012	Phosphorus, total percent removal											01/30 - Monthly	CA - Calculated
	K - Percent Removal					=84.6				23 - %	0	01/30 - Monthly	CA - Calculated
	Season: 0					>=75.0 MO AV MN				23 - %		01/30 - Monthly	CA - Calculated
	NODI: -												
82220	Flow, total											01/30 - Monthly	RT - Recorder Total
	1 - Effluent Gross					=310.0	80 - Mgal/mo				0	01/30 - Monthly	RT - Recorder Total
	Season: 0					Req Mon MO TOTAL	80 - Mgal/mo					01/30 - Monthly	RT - Recorder Total
	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_2024_11.pdf	pdf	1006560.0
IN0025674_CSO_MRO_2024_11.pdf	pdf	1510327.0

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2024-12-23 08:26 (Time Zone:-05:00)

Report Last Signed By

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2024-12-23 08:26 (Time Zone:-05:00)



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 2024				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	10.74	12.30					15 min													
2	10.43	12.60					15 min													
3	10.19	12.40	4:56 PM	0.42	0.03	0.08	15 min													
4	14.12	24.00	2:01 AM	21.58	0.61	0.24	15 min													
5	12.18	16.00	12:19 AM	21.95	0.22	0.24	15 min													
6	10.87	12.10					15 min													
7	10.40	12.10					15 min													
8	10.63	11.90	5:06 AM	0.08	0.01	0.04	15 min													
9	10.57	12.70					15 min													
10	12.77	26.30	1:46 AM	5.17	0.36	0.48	15 min													
11	10.55	12.90					15 min													
12	10.86	12.60					15 min													
13	11.08	14.20	7:51 PM	3.67	0.19	0.12	15 min													
14	11.76	14.50	12:16 AM	20.83	0.12	0.12	15 min													
15	10.87	12.10	3:21 AM	9.88	0.02	0.04	15 min													
16	10.37	11.70					15 min													
17	10.38	12.10					15 min													
18	11.78	15.10	1:01 PM	6.08	0.26	0.16	15 min													
19	12.17	18.20	1:46 AM	9.55	0.24	0.24	15 min													
20	11.24	14.80	9:36 AM	9.58	0.13	0.12	15 min													
21	10.55	11.90	2:26 PM	9.63	0.03	0.04	15 min													
22	10.64	11.90	8:26 AM	15.50	0.09	0.04	15 min													
23	10.83	12.80	1:16 AM	5.08	0.04	0.04	15 min													
24	10.14	11.60					15 min													
25	11.11	12.50	5:29 PM	4.20	0.02	0.04	15 min													
26	11.03	11.90					15 min													
27	10.73	12.40					15 min													
28	10.58	12.90					15 min													
29	9.87	11.20					15 min													
30	9.74	11.10					15 min													
Totals:	329.15			143.20	2.37			0	Days	0.00		0		0	Days	0.00		0		
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)								
Laura Kolo												12/23/24								



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 2024										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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Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000	



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 3 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? : Y															
Monitoring Period: November 2024										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. 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 2024										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					
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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 2024										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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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 2024										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)

Slate Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025674										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? <input checked="" type="checkbox"/> Y															
Monitoring Period: November 2024										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 60546 (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? <input checked="" type="checkbox"/> Y														
Monitoring Period: November 2024										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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10	4:32 AM	M	0.92	M	0.0807	M							4:57 AM	M	0.62	M	0.0085	M						
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23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	1	Da	0.92		0.0807		0	Da	0.00		0.0000		2	Da	2.97		0.0317		0	Da	0.00		0.0000	



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: November 2024	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	
6	
7	
8	
9	
10	precipitation
11	
12	
13	
14	
15	
16	
17	
18	
19	precipitation
20	
21	
22	
23	
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 Kolo</i>	Date (mm/dd/yy) 12/23/24

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Signing Process Confirmation - CDX Activity ID: _306fd73a-0262-4903-9760-e6d819b6a776

Your DMRs are undergoing the Signing Process

IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	11/30/24	12/28/24
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	11/30/24	12/28/24
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	11/30/24	12/28/24
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	11/30/24	12/28/24
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	11/30/24	12/28/24
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	11/30/24	12/28/24
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	11/30/24	12/28/24
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	11/30/24	12/28/24
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	11/30/24	12/28/24
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	11/30/24	12/28/24
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	11/30/24	12/28/24
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	11/30/24	12/28/24
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	11/30/24	12/28/24
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	11/30/24	12/28/24
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	11/30/24	12/28/24
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	11/30/24	12/28/24
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	11/30/24	12/28/24
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	11/30/24	12/28/24
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	11/30/24	12/28/24
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	11/30/24	12/28/24
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	11/30/24	12/28/24
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	11/30/24	12/28/24
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	11/30/24	12/28/24
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	11/30/24	12/28/24
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	11/30/24	12/28/24
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	11/30/24	12/28/24
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	11/30/24	12/28/24
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	11/30/24	12/28/24
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	11/30/24	12/28/24
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	11/30/24	12/28/24

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[Signing Process Confirmation - CDX Activity ID: **_b7df8951-a89d-474a-b3f0-2eae8c6b0f0c**](#)

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-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	12/31/24	01/28/25

NPDES eReporting Help Desk: NPDESeReporting@epa.gov | 877-227-8965 (9:00am - 8:00pm EST)

Contact us to ask a question, provide feedback, or report a problem.

*Received packet 1 + 2
w/ mpeg + no screenshot
1/27/25 (pm)*

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DMR Copy of Submission

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Showing COR 1 of 3 [1](#) [2](#) [3](#)

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

revised sheets 1 and 2 of MRO are attached

Attachments

Name	Type	Size
IN0025674_INC_RPT_2024_12_1.pdf	pdf	160106.0
IN0025674_035a_MRO_2024_12.pdf	pdf	1218298.0
IN0025674_INC_RPT_2024_12_2.pdf	pdf	124041.0
IN0025674_CSO_MRO_2024_12.pdf	pdf	1702837.0
IN0025674_035a_MRO_2024_12_rev.pdf	pdf	505255.0

Report Last Saved By

ELKHART WWTP

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-01-27 12:24 (Time Zone: -05:00)

Report Last Signed By

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-01-27 12:24 (Time Zone: -05:00)

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

DMR Copy of Submission

Expand Notices

Showing COR 1 of 2 ◀ 1 ▶▶

Permit

Permit ID: IN0025674 **Major:** 229 SOUTH 2ND ST
ELKHART, IN46516
Permittee: ELKHART WWTP **Permittee Address:**
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 **DMR Due Date:** 01/28/25
Monitoring Period: From 12/01/24 to 12/31/24
Status: NetDMR Validated

Considerations for Form Completion

THE FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE EVERY TWELVE MONTHS. 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	Name	Value 1	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
00300	Oxygen, dissolved [DO]									
	1 - Effluent Gross									
	Smpl.	=8.6						0	01/01 - Daily	3R - 3 Grabs/24 hours
Season: 0	Req.	>=4.0 DLYAVMIN								
	NODI: -									
00400	pH									
	1 - Effluent Gross									
	Smpl.	=7.0						0	01/01 - Daily	GR - Grab
Season: 0	Req.	>=6.0 DAILY MN								
	NODI: -									
00530	Solids, total suspended									
	1 - Effluent Gross									
	Smpl.	=587.0	=722.0					0	01/01 - Daily	24 - 24 Hour Composite
Season: 0	Req.	<=7511.0 MO AVG	<=11266.0 MX WK AV							
	NODI: -									
00600	Nitrogen, total [as N]									
	1 - Effluent Gross									
	Smpl.	=1825.0	=20.6					0	01/30 - Monthly	24 - 24 Hour Composite
Season: 0	Req.	Req Mon MO AVG	Req Mon MO AVG							
	NODI: -									
00610	Nitrogen, ammonia total [as N]									
	1 - Effluent Gross									
	Smpl.	=11.6	=80.0					0	01/01 - Daily	24 - 24 Hour Composite
Season: 2	Req.	<=1102.0 MO AVG	<=2554.0 DAILY MX							
	NODI: -									
00665	Phosphorus, total [as P]									
	1 - Effluent Gross									
	Smpl.	=59.0	=0.7					0	01/01 - Daily	24 - 24 Hour Composite
Season: 0	Req.	Req Mon MO AVG	<=1.0 MO AVG							

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

Mercury sampled November 4, 2024. Reported on November 2024 MRO.

Attachments

Name	Type	Size
IN0025674_INC_RPT_2024_12_1.pdf	pdf	160106.0
IN0025674_035a_MRO_2024_12.pdf	pdf	1218298.0
IN0025674_INC_RPT_2024_12_2.pdf	pdf	124041.0
IN0025674_CSO_MRO_2024_12.pdf	pdf	1702837.0

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2025-01-27 10:56 (Time Zone: -05:00)

Report Last Signed By

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2025-01-27 10:57 (Time Zone: -05:00)

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Signing Process Confirmation - CDX Activity ID: _c983eb31-e83f-40ec-b7ec-6efbf4b2b80

Your DMRs are undergoing the Signing Process

IN0025674	ELKHART WWTP 005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	12/31/24	01/28/25
IN0025674	ELKHART WWTP 006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	12/31/24	01/28/25
IN0025674	ELKHART WWTP 007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	12/31/24	01/28/25
IN0025674	ELKHART WWTP 008	008-C	CSO- HUG/EAST BLVD	12/31/24	01/28/25
IN0025674	ELKHART WWTP 009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	12/31/24	01/28/25
IN0025674	ELKHART WWTP 011	011-C	CSO- ELKHART/FRANKLIN	12/31/24	01/28/25
IN0025674	ELKHART WWTP 012	012-C	CSO- CASSOPOLIS/BEARDSLEY	12/31/24	01/28/25
IN0025674	ELKHART WWTP 013	013-C	CSO- JOHNSON/BEARDSLEY	12/31/24	01/28/25
IN0025674	ELKHART WWTP 014	014-C	CSO- DAM AT CONE/ERWIN	12/31/24	01/28/25
IN0025674	ELKHART WWTP 015	015-C	CSO- MICHIGAN/FULTON	12/31/24	01/28/25
IN0025674	ELKHART WWTP 016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	12/31/24	01/28/25
IN0025674	ELKHART WWTP 017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	12/31/24	01/28/25
IN0025674	ELKHART WWTP 018	018-C	CSO- MCNAUGHTON PARK WEST	12/31/24	01/28/25
IN0025674	ELKHART WWTP 019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	12/31/24	01/28/25
IN0025674	ELKHART WWTP 020	020-C	CSO- BRIDGE AND HUDSON	12/31/24	01/28/25
IN0025674	ELKHART WWTP 023	023-C	CSO- FRANKLIN/8TH	12/31/24	01/28/25
IN0025674	ELKHART WWTP 024	024-C	CSO- INDIANA/FRANKLIN	12/31/24	01/28/25
IN0025674	ELKHART WWTP 025	025-C	CSO- POTTAWATOMI/SECOND	12/31/24	01/28/25
IN0025674	ELKHART WWTP 026	026-C	CSO- MAIN/POTTAWATOMI	12/31/24	01/28/25
IN0025674	ELKHART WWTP 027	027-C	CSO- EDGEWATER/NAVAJO	12/31/24	01/28/25
IN0025674	ELKHART WWTP 028	028-C	CSO- WASHINGTON AT RIVER	12/31/24	01/28/25
IN0025674	ELKHART WWTP 029	029-C	CSO- JEFFERSON AT THE RIVER	12/31/24	01/28/25
IN0025674	ELKHART WWTP 031	031-C	CSO- ELIZABETH/LUSHER	12/31/24	01/28/25
IN0025674	ELKHART WWTP 032	032-C	CSO- EDGEWATER/OKEMA	12/31/24	01/28/25
IN0025674	ELKHART WWTP 033	033-C	CSO- EVANS/GRACE	12/31/24	01/28/25
IN0025674	ELKHART WWTP 034	034-C	CSO- LEXINGTON/6TH	12/31/24	01/28/25
IN0025674	ELKHART WWTP 035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	12/31/24	01/28/25
IN0025674	ELKHART WWTP 035	035-AQ	QUARTERLY REPORTING	12/31/24	01/28/25
IN0025674	ELKHART WWTP 037	037-C	CSO- FRANKLIN/KRAU	12/31/24	01/28/25
IN0025674	ELKHART WWTP 039	039-C	CSO- WEST HIGH AT RIVER	12/31/24	01/28/25
IN0025674	ELKHART WWTP 040	040-C	CSO- MCNAUGHTON PARK SOUTH	12/31/24	01/28/25

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Showing COR 14 of 31 ◀ 10 11 12 13 14 15 16 17 ▶

Form Approved OMB No. 2040-0004 expires on 07/31/2026

*Original
OSCAR - 2024-12-17
CN + Notar of Mt. Hood
1/27/25
of include attachments*

Permit

Permit ID: IN0025674 **Major:** 229 SOUTH 2ND ST
ELKHART, IN46516
Permittee: ELKHART WWTP **Permittee Address:** 1201 S NAPPANEE ST
ELKHART, IN46516
Facility: ELKHART WWTP **Facility Location:** 035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER
Permitted Feature: 035 - External Outfall **Discharge:**

Report Dates & Status

Monitoring Period: From 12/01/24 to 12/31/24 **DMR Due Date:** 01/28/25
Status: **NetDMR Validated**

Considerations for Form Completion

THE FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE EVERY TWELVE MONTHS. 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: -

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

Mercury sampled November 4, 2024. Reported on November 2024 MRO.

Attachments

No attachments.

Report Last Saved By

ELKHART WWTP

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-01-27 10:31 (Time Zone: -05:00)

Report Last Signed By

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-01-27 10:32 (Time Zone: -05:00)



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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart			Permit Number IN0025674		
Month December	Year 2024	Plant Design Flow 20.00 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 06/30/2024	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	CHEMICALS USED			RAW SEWAGE									
				Total= 2.77	Precipitation - Inches	Bypass At Plant Site("x" If Occurred)	Sanitary Sewer Overflow("x" If Occurred)	Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or 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
1	Sun							230	10.000	7.0	111	9,257	78	6,505	2.89	18.10
2	Mon							243	10.566		119	10,486	124	10,927	3.34	21.20
3	Tue			0.01				243	10.492	7.5	114	9,975	126	11,025	4.12	21.80
4	Wed							221	10.658	7.3	142	12,622	196	17,422	4.24	23.50
5	Thu							222	10.341	0.0	112	9,659	112	9,659	3.53	21.30
6	Fri			0.10				219	10.366	7.2	116	10,028	112	9,683	3.74	21.20
7	Sat			0.01				228	10.317	7.6	117	10,067	118	10,153	3.71	21.60
8	Sun							232	9.742	7.3	117	9,506	84	6,825	2.80	17.10
9	Mon			0.10				216	10.733	7.0	111	9,936	164	14,680	3.64	17.70
10	Tue							210	10.725	7.1	129	11,539	164	14,669	4.52	19.10
11	Wed							202	10.608	7.3	110	9,732	138	12,209	4.04	22.20
12	Thu							202	10.625	7.4	128	11,342	156	13,824	3.93	39.40
13	Fri							202	10.100	7.4	121	10,192	122	10,277	3.75	22.90
14	Sat			0.16				225	9.892	7.3	118	9,735	104	8,580	3.44	22.10
15	Sun			0.33				228	12.750	7.4	148	15,738	162	17,226	2.86	15.60
16	Mon			0.11				259	10.858	7.0	118	10,686	130	11,772	4.12	21.00
17	Tue					X		230	10.091	7.5	178	14,980	176	14,812	4.08	24.10
18	Wed							231	10.175	7.7	109	9,250	134	11,371	4.00	23.00
19	Thu							231	10.491	7.5	106	9,274	178	15,574	3.77	22.20
20	Fri			0.08				202	10.108	7.7	107	9,020	162	13,657	4.08	22.10
21	Sat			0.02				202	9.150	7.0	111	8,471	78	5,952	3.53	19.40
22	Sun							53	9.258	7.6	126	9,729	108	8,339	3.23	18.40
23	Mon			0.04				302	9.591	7.3	133	10,639	112	8,959	3.72	21.10
24	Tue			0.01				288	9.966	7.3	110	9,143	86	7,148	3.99	22.10
25	Wed			0.01		X		202	9.258	7.5	81	6,254	87	6,717	2.80	19.00
26	Thu			0.03				202	10.691	7.6	111	9,897	94	8,381	3.35	20.60
27	Fri			0.18				374	10.300	7.3	164	14,088	128	10,995	4.20	23.00
28	Sat			0.04				230	10.358	7.5	129	11,144	92	7,947	3.60	20.00
29	Sun			1.32				187	19.075	7.3	107	17,022	110	17,499	2.80	10.00
30	Mon			0.02				202	10.808	7.3	106	9,555	134	12,079	3.02	19.40
31	Tue			0.20				173	10.575	7.3	118	10,407	112	9,878	3.52	22.10

1 Fill in January's effluent data on page 3 as needed for weekly
2 average calculations.
3

Average						222		10.602		120	10,625	125	11,121	3.62	21.04
Maximum						374		19.075	7.7	178	17,022	196	17,499	4.52	39.40
Minimum			0.01			53		9.150	0.0	81	6,254	78	5,952	2.80	10.00

# of Data	0	18	0	0	0	31	0	31	30	31	31	31	31	31	31	0
-----------	---	----	---	---	---	----	---	----	----	----	----	----	----	----	----	---

<p>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.</p>	<p>Prepared by or under the direction of (Certified Operator)</p> <p><i>Laura Kolo</i></p>	<p>Date (month, day, year)</p> <p>1/27/25</p>
	<p>Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)</p> <p><i>Laura Kolo</i></p>	<p>Date (month, day, year)</p> <p>1/27/25</p>

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	December	2024

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	72	44	106	1,800	59	6.0	14	7.785	3,500						7.8		9.4	
2	81	71	100	1,852	54	4.4	15	7.807	3,400					28	7.0		9.2	
3	81	56	101	1,280	79	3.8	15	7.785	3,200					28	7.8		8.7	
4	98	44	108	1,828	59	3.7	15	7.785	3,700					18	7.5		8.8	
5	87	52	105	1,844	57	4.4	14	7.938	3,640						7.0		9.3	
6	86	62	108	1,932	56	5.5	14	7.785	3,800						7.6		9.5	
7	82	67	106	1,948	54	5.3	14	7.785	3,640						7.0		9.7	
8	87	51	104	2,040	51	4.5	13	7.785	3,880						7.0		9.0	
9	52	72	104	2,052	51	4.1	15	7.785	3,980					29	7.7		8.6	
10	87	68	107	1,904	56	4.1	15	7.785	3,860					20	7.6		8.9	
11	80	52	110	1,840	60	4.4	15	7.785	3,880					16	7.7		9.1	
12	99	61	113	1,968	57	3.6	14	7.785	3,900						7.7		8.9	
13	89	64	108	2,108	51	5.4	14	13.386	3,700						7.6		9.3	
14	86	60	107	4,544	24	5.6	14	7.785	4,380						7.6		9.2	
15	88	72	107	2,264	47	5.6	13	7.785	4,400						7.4		9.5	
16	76	68	107	2,084	51	4.9	14	7.785	4,360					25	7.5		9.3	
17	106	84	121	2,056	59	4.2	15	13.486	4,140					69	7.5		9.4	
18	80	56	120	2,112	57	3.9	14	13.346	4,540					70	7.5		9.2	
19	67	61	120	2,084	57	4.2	15	13.206	4,320						7.5		9.3	
20	72	78	126	5,204	24	6.3	15	12.918	4,280						7.4		9.3	
21	89	57	122	2,536	48	6.3	14	12.881	4,260						7.5		9.9	
22	82	61	118	2,668	44	6.1	14	7.785	4,520						7.6		9.6	
23	81	62	129	2,452	53	6.4	13	12.968	4,280					19	7.7		10.0	
24	80	51	122	2,188	56	5.7	14	12.886	4,160						7.6		9.5	
25	63	59	119	2,520	47	6.4	15	12.718	4,160						7.6		9.6	
26	90	90	113	2,728	41	5.4	14	13.996	4,600					19	7.5		9.8	
27	89	55	117	2,384	49	3.9	14	14.262	4,060					5	7.6		9.4	
28	86	70	121	2,340	52	5.6	14	13.558	4,420						7.5		9.1	
29	72	108	120	2,104	57	6.2	12	13.486	4,940						7.4		9.3	
30	72	60	118	2,552	46	6.2	12	13.780	5,380					3	7.6		10.2	
31	71	62	120	4,624	26	4.80	13	13.393	4,920					32	7.6		9.6	
Avg.	82	64	113	2,382	51	5.1	14	10	4,135					27			9.3	
Max.	106	108	129	5,204	79	6.4	15	14	5,380					70	7.8		10.2	
Min.	52	44	100	1,280	24	3.6	12	8	3,200					3	7.0		8.6	
Daily Max														70				
# of Days above 235														0				
Data	31	31	31	31	31	31	31	31	31	0	0	1	0	14	31	0	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 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month December	Year 2024
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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	9.943		3		249		6		464		0.09		7.5		0.75	62
2	Mon	10.622		3		266		8		691		0.29		25.7		0.75	66
3	Tue	10.122		3		253		10		844		0.21		17.7		0.73	62
4	Wed	10.580		4		353		10		918		0.17		15.0		0.80	71
5	Thu	10.021		4		334		10		819		0.12		10.0		0.66	55
6	Fri	10.076		3		252		8		706		0.11		9.2		0.62	52
7	Sat	9.933	10.185	4	3.43	331	291	7	8.49	613	722	0.10	0.16	8.3	13.3	0.64	53
8	Sun	9.605		3		240		7		529		0.09		7.2		0.54	43
9	Mon	10.495		4		350		7		630		0.09		7.9		1.07	94
10	Tue	10.030		4		335		7		552		0.09		7.5		0.56	47
11	Wed	10.282		3		257		7		617		0.09		7.7		0.64	55
12	Thu	10.902		3		273		8		764		0.88		80.0		0.74	67
13	Fri	10.473		3		262		8		681		0.24		21.0		0.67	59
14	Sat	10.467	10.322	3	3.29	262	283	7	7.20	576	621	0.06	0.22	5.2	19.5	0.71	62
15	Sun	13.284		3		332		8		842		0.06		6.6		0.57	63
16	Mon	10.613		3		266		5		460		0.08		7.1		0.59	52
17	Tue	9.905		4		330		7		545		0.09		7.4		0.65	54
18	Wed	10.176		3		255		8		645		0.09		7.6		0.53	45
19	Thu	9.725		3		243		7		584		0.10		8.1		0.48	39
20	Fri	9.518		2		159		7		540		0.08		6.4		0.44	35
21	Sat	8.695	10.274	3	3.00	218	258	7	6.90	529	592	0.09	0.08	6.5	7.1	0.55	40
22	Sun	8.693		3		217		5		362		0.07		5.1		0.73	53
23	Mon	9.358		3		234		5		414		0.08		6.2		0.77	60
24	Tue	8.923		3		223		7		513		0.08		6.0		0.71	53
25	Wed	8.639		3		216		5		389		0.08		5.8		0.73	53
26	Thu	9.924		3		248		5		439		0.07		5.8		0.74	61
27	Fri	9.723		3		243		5		430		0.11		8.9		0.78	63
28	Sat	9.272	9.219	3	3.00	232	231	4	5.36	333	411	0.08	0.08	6.2	6.3	0.66	51
29	Sun	22.158		3		554		6		1,183		0.19		35.1		0.79	146
30	Mon	9.749		3		244		6		480		0.09		7.3		0.56	46
31	Tue	10.308		3		258		5		438		0.74		6.0		0.74	64
1		9.20		2				8		375.89		0.06		4.60		0.82	63
2		10.21		3				7				0.07				1.00	
3		10.03		3		250.90		8		468.35		0.06		5.02		0.82	69
Avg		10.343		3		273		7		587		0.15		11.6		0.70	59
Max		22.158	10.322	4	3	554	291	10	8	1,183	722	0.88	0.22	80.0	19.5	1.1	146
Min		8.639	9.219	2	3	159	231	4	5	333	411	0.06	0.08	4.6	6.3	0.4	35
Data		31	4	31	4	31	4	31	4	31	4	31	4	31	4	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons) 322
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment	32.09	49.0			Percent Capacity (actual flow/design) 52%
Secondary Treatment	96.2	89.2			
Overall Treatment	97.41	94.5	99.3	80.7	
Phosphorus limit would be	75 % removal. (compliance achieved)				

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	December	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 100	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		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	17.73	233.28	7.2		94			6.29	1.91	80.06	57.34			
2	21.15	231.84	7.3		96			3.83	1.35	82.49	71.79	123.35		
3	27.66	234.72	7.2		96	14.148		3.57	1.74	80.45	57.27	122.23		
4	28.66	233.28	7.1		99			3.61	1.68	76.46	56.98	120.73		
5	31.38	227.52	7.1		98	0.000		4.56	1.70	76.33	55.08	122.52		
6	32.01	233.28	7.2		99			4.37	1.72	76.26	59.00			
7	28.21	233.28	7.2		98	35.370		3.51	1.61	77.13	60.98			
8	32.04	216.00	7.2		98			3.43	1.70	76.59	58.26			
9	26.99	260.64	7.2		99			5.17	1.71	76.91	56.80	85.02		
10	27.06	233.28	7.3		99			3.19	1.46	74.54	57.63	121.47		
11	26.37	233.28	7.2		97			4.94	1.65	72.25	59.00	78.09		
12	37.05	233.28	7.2		98	7.074		5.73	1.66	77.80	57.55	121.29		
13	31.05	233.28	7.2		97	0.000		8.01	1.79	77.35	58.27			
14	40.49	275.04	7.3		96	0.000		3.68	1.95	76.10	56.91			
15	25.48	227.52	7.3		98	0.000		3.59	1.68	78.21	58.25			
16	29.56	262.08	7.3		97			7.83	1.81	80.37	59.26	85.91		
17	30.34	233.28	7.3		99	14.148		4.80	1.84	78.23	57.50	120.99		
18	36.15	233.28	7.2		95			3.88	1.88	77.31	56.77	121.22		
19	28.05	224.64	7.2		98			5.52	1.84	74.55	58.97	113.08		
20	34.66	233.28	7.3		98			3.58	1.89	69.64	59.06			
21	38.75	233.28	7.4		97			3.78	1.86	72.15	55.36			
22	37.54	233.28	7.3		94			5.30	1.85	74.34	56.76			
23	26.70	233.28	7.3		94	17.685		4.01	1.83	78.85	57.36	120.38		
24	27.35	221.76	7.2		97	24.759		4.21	1.90	79.02	56.15			
25	21.74	208.80	7.3		97			4.49	1.86	84.04	59.18			
26	15.25	211.68	7.3		98	7.074		4.57	1.85	77.54	59.43	119.65		
27	18.05	200.16	7.2		97	3.537		4.38	1.68	75.00	61.68	119.78		
28	25.79	208.80	7.2		95	0.000		3.98	1.92	75.95	57.98			
29	21.77	208.80	7.4		99	42.444		3.37	1.83	77.99	56.60			
30	23.24	208.80	7.3		98	21.222		4.77	1.80	73.10	56.82			
31	20.51	208.80	7.3		99			3.91	1.73	77.65	58.82	103.37		
Avg.	28.03	229.15			97	12.497		4.51	1.76	76.92	58.35	112.44		
Max.	40.49	275.04	7.4		99	42.444		8.01	1.95	84.04	71.79	123.35		
Min.	15.25	200.16	7.1		94	0.000		3.19	1.35	69.64	55.08	78.09		
Data	31	31	31	0	31	15	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 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	December	2024

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	158	13,997	20.60	1,825		0.0002										
3					0.0003											
4																
5																
6																
7																
8																
9																
10					0.0003	0.0002										
11																
12																
13																
14																
15																
16																
17					0.0003	0.0002										
18																
19																
20																
21																
22																
23																
24					0.0003	0.0002										
25																
26																
27																
28																
29																
30					0.0002											
31						0.0002										
1																
2																
3																
Avg.	158	13,997	21	1,825	0.0003	0.0002										
Max.					0.0003	0.0002										
Min.	158	13,997	20.60	1824.90	0.0002	0.0002										
Data	1	1	1	1	5	5	0	0	0	0	0	0	0	0	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	December	2024

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																	
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29																	
30																	
31																	
1																	
2																	
3																	
Avg.																	
Max.																	
Min.																	
Data	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



BYPASS / OVERFLOW INCIDENT REPORT

Slate 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	(6) Date (mm/dd/yy) and Time Release Began 12/17/24 6:48 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 12/17/24 8:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1606 Victoria Dr	(9) Latitude (Deg Min Sec) 41 42 20 N	(9) Longitude (Deg Min Sec) 85 56 28 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 1436 Gallons			(11) WWTP Flow During Release 11.5 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 checked="" type="checkbox"/> Prohibited Combined Sewer Overflow <input 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 type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation <input type="checkbox"/> Inches <i>grease</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) grease		(17) Additional Description of the Bypass / Overflow Event: crews called out at 6:48 pm. Found sewer main partially plugged with grease. Obstruction removed and flow returned to normal at 8:30 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: none	
(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 crews sent to clear obstruction of grease					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Send information to upstream basin on proper grease disposal					

(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): 12/18/24

Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 12/18/24 appx 1:30	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
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Kolo, Laura

From: Kolo, Laura
Sent: Wednesday, December 18, 2024 3:51 PM
To: wwreports@idem.in.gov
Subject: Inc Rpt IN0025674_INC_RPT_2024_12_1
Attachments: IN0025674_INC_RPT_2024_12_1.pdf

Resent - 100% sure
"delivery receipt" requested
but never did get
confirmation it was
delivered.

Resending with delivery confirmation.

Laura Kolo
Director of Utilities



1201 South Nappanee St.
Elkhart, IN 46516
(574) 293-2572 ext.2283



"Tomorrow's Elkhart Starting Today"
Public Works – Street & Utility Infrastructure
to Aspire Elkhart.

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From: Kolo, Laura
Sent: Wednesday, December 18, 2024 1:26 PM
To: wwreports@idem.in.gov
Subject: Inc Rpt IN0025674_INC_RPT_2024_12_1

Sent and was 95 ish %
sure was sent with
"delivery receipt" requested
but did not receive
confirmation it was delivered
like usual - typically
is only 5-10 minutes.
So I resent (above)

Please find Inc Rpt IN0025674_INC_RPT_2024_12_1 attached.

Laura Kolo
Director of Utilities



1201 South Nappanee St.
Elkhart, IN 46516
(574) 293-2572 ext.2283



"Tomorrow's Elkhart Starting Today"
Public Works – Street & Utility Infrastructure
to Aspire Elkhart.

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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	(6) Date (mm/dd/yy) and Time Release Began 12/25/24 1:04 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 12/25/24 3:33 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 726 Middlebury	(9) Latitude (Deg Min Sec) 41 40 53 N	(9) Longitude (Deg Min Sec) 85 57 31 W
(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 9.8 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 checked="" type="checkbox"/> Prohibited Combined Sewer Overflow <input 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 type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches grease					
(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		(17) Additional Description of the Bypass / Overflow Event: crews called out at 1:04 pm. Found sewer main partially plugged with grease. Obstruction removed and flow returned to normal at 3:33 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: none	
(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 crews sent to clear obstruction of grease					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Send information to upstream basin on proper grease disposal					

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>12/26/24</u>	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 12/26/24 appx 8:05 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

Kolo, Laura

From: Kolo, Laura
Sent: Thursday, December 26, 2024 8:06 AM
To: 'wwreports@idem.in.gov'
Subject: IN0025674_INC_RPT_2024_12_2
Attachments: IN0025674_INC_RPT_2024_12_2.pdf

Please see attached incident report IN0025674_INC_RPT_2024_12_2.

Laura Kolo
Director of Utilities



1201 South Nappanee St.
Elkhart, IN 46516
(574) 293-2572 ext.2283



"Tomorrow's Elkhart Starting Today"
Public Works – Street & Utility Infrastructure
to Aspire Elkhart.

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

DMR Copy of Submission

Expand Notices

Showing COR 1 of 31 << 1 2 3 4 >>

Permit

Permit ID: IN0025674 **Major:** 229 SOUTH 2ND ST
ELKHART , IN46516
Permittee: ELKHART WWTP **Permittee Address:** ELKHART , IN46516
Facility: ELKHART WWTP **Facility Location:** 1201 S NAPPANEE ST
ELKHART , IN46516
Permitted Feature: 035 - External Outfall **Discharge:** 035-AQ - QUARTERLY REPORTING
Report Dates & Status **DMR Due Date:** 01/28/25
Monitoring Period: From 10/01/24 to 12/31/24

Status: **NetDMR Validated**

Considerations for Form Completion

REPORT MONTHLY SAMPLING ON THE 001-A 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	Name	Value 1	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis
00717	Cyanide, free [as free]		26 - lb/d				19 - mg/L	0	01/90 - Quarterly
	1 - Effluent Gross	<0.2364				<0.002			GR - Grab
Season: 0	Req.	Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly
NODI: -	NODI								GR - Grab
00717	Cyanide, free [as free]						19 - mg/L	0	01/90 - Quarterly
	G - Raw Sewage Influent					<0.002			GR - Grab
Season: 0	Req.	Req Mon DAILY MX	19 - mg/L			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly
NODI: -	NODI								GR - Grab
01074	Nickel, total recoverable		26 - lb/d				19 - mg/L	0	01/90 - Quarterly
	1 - Effluent Gross	=0.0658				=0.0079			24 - 24 Hour Composite
Season: 0	Req.	Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly
NODI: -	NODI								24 - 24 Hour Composite
01074	Nickel, total recoverable						19 - mg/L	0	01/90 - Quarterly
	G - Raw Sewage Influent					=0.0245			24 - 24 Hour Composite
Season: 0	Req.	Req Mon DAILY MX	19 - mg/L			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly
NODI: -	NODI								24 - 24 Hour Composite
01094	Zinc, total recoverable		26 - lb/d				19 - mg/L	0	01/90 - Quarterly
	1 - Effluent Gross	=1.258				=0.0151			24 - 24 Hour Composite
Season: 0	Req.	Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly
NODI: -	NODI								24 - 24 Hour Composite
01094	Zinc, total recoverable						19 - mg/L	0	01/90 - Quarterly
	G - Raw Sewage Influent					=0.0802			24 - 24 Hour Composite
Season: 0	Req.	Req Mon DAILY MX	19 - mg/L			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly
NODI: -	NODI								24 - 24 Hour Composite
01113	Cadmium, total recoverable		26 - lb/d				19 - mg/L	0	01/90 - Quarterly
	1 - Effluent Gross	<0.016				<0.0002			24 - 24 Hour Composite
Season: 0	Req.	Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly
NODI: -	NODI								24 - 24 Hour Composite

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis
Season: 0	Req.	0	Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L	01/90 - Quarterly	24 - 24 Hour Composite
NODI: -										
01113	Cadmium, total recoverable									
G - Raw Sewage Influent										
Season: 0	Req.	0					Req Mon DAILY MX	19 - mg/L	01/90 - Quarterly	24 - 24 Hour Composite
NODI: -										
01114	Lead, total recoverable									
1 - Effluent Gross										
Season: 0	Req.	0	Req Mon DAILY MX	26 - lb/d	<0.083		Req Mon DAILY MX	19 - mg/L	01/90 - Quarterly	24 - 24 Hour Composite
NODI: -										
01114	Lead, total recoverable									
G - Raw Sewage Influent										
Season: 0	Req.	0					Req Mon DAILY MX	19 - mg/L	01/90 - Quarterly	24 - 24 Hour Composite
NODI: -										
01118	Chromium, total recoverable									
1 - Effluent Gross										
Season: 0	Req.	0	Req Mon DAILY MX	26 - lb/d	=0.167		Req Mon DAILY MX	19 - mg/L	01/90 - Quarterly	24 - 24 Hour Composite
NODI: -										
01118	Chromium, total recoverable									
G - Raw Sewage Influent										
Season: 0	Req.	0					Req Mon DAILY MX	19 - mg/L	01/90 - Quarterly	24 - 24 Hour Composite
NODI: -										
01119	Copper, total recoverable									
1 - Effluent Gross										
Season: 0	Req.	0	Req Mon DAILY MX	26 - lb/d	=1.2495		Req Mon DAILY MX	19 - mg/L	01/90 - Quarterly	24 - 24 Hour Composite
NODI: -										
01119	Copper, total recoverable									
1 - Effluent Gross										
Season: 0	Req.	0					Req Mon DAILY MX	19 - mg/L	01/90 - Quarterly	24 - 24 Hour Composite

Code	Name	Value 1	Units	Value 2	Value 3	Units	Ex. Analysis
NODI: -	NODI						
01119	Copper, total recoverable			=0.07		19 - mg/L	01/90 - Quarterly
G - Raw Sewage Influent	Smpl.					19 - mg/L	24 - 24 Hour Composite
Season: 0	Req.			Req Mon DAILY MX		19 - mg/L	01/90 - Quarterly
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

No attachments.

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2025-01-27 10:17 (Time Zone: -05:00)

Report Last Signed By

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2025-01-27 10:32 (Time Zone: -05:00)



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
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Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y
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Monitoring Period: December 2024	Enter "x" if no CSO discharge occurred for the month: X
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Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	Measured/Metered (M) or Estimated (E) must be specified
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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	10.00	11.30					15 min													
2	10.57	14.90					15 min													
3	10.49	11.90	10:31 AM	0.08	0.01	0.04	15 min													
4	10.66	12.80					15 min													
5	10.34	12.80					15 min													
6	10.37	12.00	10:29 AM	9.20	0.10	0.08	15 min													
7	10.32	12.10	1:56 PM	0.47	0.01	0.04	15 min													
8	9.74	11.40					15 min													
9	10.73	12.20	1:06 AM	5.25	0.10	0.16	15 min													
10	10.73	12.10					15 min													
11	10.61	11.80					15 min													
12	10.63	11.80					15 min													
13	10.10	11.80					15 min													
14	9.89	12.20	8:14 PM	3.83	0.16	0.08	15 min													
15	12.75	22.00	12:01 AM	17.08	0.33	0.16	15 min													
16	10.86	12.00	6:16 AM	5.67	0.11	0.20	15 min													
17	10.09	11.50					15 min													
18	10.18	12.70					15 min													
19	10.49	22.00					15 min													
20	10.11	11.80	11:29 AM	4.03	0.08	0.04	15 min													
21	9.15	10.90	11:49 AM	2.20	0.02	0.04	15 min													
22	9.26	10.70					15 min													
23	9.59	11.40	2:56 PM	8.83	0.04	0.04	15 min													
24	9.97	11.20	8:56 AM	0.08	0.01	0.04	15 min													
25	9.26	10.80	8:46 PM	0.08	0.01	0.04	15 min													
26	10.69	11.50	12:56 AM	13.47	0.03	0.04	15 min													
27	10.30	12.50	1:06 PM	10.92	0.18	0.08	15 min													
28	10.36	13.90	12:01 AM	2.67	0.04	0.08	15 min													
29	19.08	30.00	2:26 AM	21.33	1.32	0.20	15 min													
30	10.81	12.00	12:11 AM	1.92	0.02	0.04	15 min													
31	10.58	14.00	9:06 AM	13.97	0.20	0.08	15 min													
Totals:	328.67			121.08	2.77			0	Days	0.00		0		0	Days	0.00		0		

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)
--	-----------------

Laura Kolo

01/27/25



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: December 2024										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: December 2024										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. 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: December 2024										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					
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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
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Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y
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Monitoring Period: December 2024	Enter "x" if no CSO discharge occurred for the month: X
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Design Peak Flow (Hourly) (MGD): 44	Design Flow (MGD): 20	Measured/Metered (M) or Estimated (E) must be specified
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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		
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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 6 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: December 2024										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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31																									
Totals:	0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		



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 7 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: December 2024										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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15							3:25 AM	M	1.58	M	0.1412	M													
16																									
17																									
18																									
19																									
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28																									
29																									
30																									
31																									
Totals:	0	Days	0.00		0.0000		1	Days	1.58		0.1412		0	Days	0.00		0.0000		0	Days	0.00		0.0000		



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: December 2024										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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28																									
29	6:37 PM	M	1.17	M	0.0291	M							5:36 AM	M	3.50	M	0.0511	M							
30																									
31																									
Totals:	1	Da ys	1.17		0.0291		0	Da ys	0.00		0.0000		1	Da ys	3.50		0.0511		0	Da ys	0.00		0.0000		



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: December 2024	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	
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9	
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11	
12	
13	
14	
15	precipitation
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21	
22	
23	
24	
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 	Date (mm/dd/yy) 01/27/25
--	-----------------------------

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

[Signing Process Confirmation - CDX Activity ID: _9c2119dd-5d63-41dd-8572-26555f8f2175](#)

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	02/28/25	03/28/25
IN0025674	ELKHART WWTP	035	035-TS	SEMIANNUAL BIOMONITORING	01/31/25	02/28/25

NPDES eReporting Help Desk: NPDESReporting@epa.gov | 877-227-8965 (9:00am - 8:00pm EST)
Contact us to ask a question, provide feedback, or report a problem.

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DMR Copy of Submission

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Showing COR 1 of 2   **1**  

Biomonitor

Permittee/Location Elkhart WWTP Elkhart, IN			Permit Number: IN0025674			Outfall Number: 035	
Laboratory Name and Contact: Biomonitor Michael Britton			Report <u>Due</u> Date:			Report Date: January 2025	
WETT Reporting Frequency or Type: (mark one)	Monthly	Quarterly	Semi-annual	Annual	TRE	Post TRE	First (per Reporting Frequency)
						X	

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				Laboratory Report			
			TU _c	1							
		NOEC Reproduction	%	100							
			TU _c	1							
		IC25 Reproduction	%	100							
			TU _c	1							
		48 hr. LC50	%	>100							
			TU _a	<1							
		Toxicity (acute)	TU _a	<1					1.0	Pass	Laboratory Report <u>and</u> NetDMR (Parameter Code 61425)
		Toxicity (chronic)	TU _c	1					8.0	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				Laboratory Report			
			TU _c	1							
		NOEC Growth	%	100							
			TU _c	1							
		IC25 Growth	%	100							
			TU _c	1							
		96 hr. LC50	1 %	>100							
			TU _a	<1							
		Toxicity (acute)	TU _a	1					1.0	Pass	Laboratory Report <u>and</u> NetDMR (Parameter Code 61427)
		Toxicity (chronic)	TU _c	1					8.0	Pass	Laboratory Report <u>and</u> NetDMR (Parameter Code 61428)

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_2025_01_.pdf	pdf	53266.0

Report Last Saved By**ELKHART WWTP**

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2025-01-27 11:43 (Time Zone:-05:00)

Report Last Signed By

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2025-01-27 11:45 (Time Zone:-05:00)

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

DMR Copy of Submission

[Expand Notices](#)

Showing COR 2 of 2 [◀](#) [1](#) [▶](#)

Permit

Permit ID: IN0025674
Permittee: ELKHART WWTP
Facility: ELKHART WWTP
Permitted Feature: 035 - External Outfall
Major: 229 SOUTH 2ND ST
ELKHART , IN46516
Permittee Address: 1201 S NAPPANEE ST
ELKHART , IN46516
Facility Location: 035-TX - SEMIANNUAL BIOMONITORING
Discharge: 03/28/25
DMR Due Date: 03/28/25

Report Dates & Status

Monitoring Period: From 09/01/24 to 02/28/25

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

No Data Indicator (NODI)

Form NODI: -

Code	Name	Value 1	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
61425	Toxicity [acute], Ceriodaphnia dubia									
	1 - Effluent Gross									
Season:	0	Req.				<=1.0 MAXIMUM	2F - tox acute		02/YR - Twice Per Year	24 - 24 Hour Composite
NODI:	-	NODI								
61426	Toxicity [chronic], Ceriodaphnia dubia									
	1 - Effluent Gross									
Season:	0	Req.				<=8.0 MAXIMUM	2G - tox chronic		02/YR - Twice Per Year	24 - 24 Hour Composite
NODI:	-	NODI								
61427	Toxicity [acute], Pimephales promelas [Fathead Minnow]									
	1 - Effluent Gross									
Season:	0	Req.				<=1.0 MAXIMUM	2F - tox acute		02/YR - Twice Per Year	24 - 24 Hour Composite
NODI:	-	NODI								
61428	Toxicity [chronic], Pimephales promelas [Fathead Minnow]									
	1 - Effluent Gross									
Season:	0	Req.				<=8.0 MAXIMUM	2G - tox chronic		02/YR - Twice Per Year	24 - 24 Hour Composite

9 - Conditional
Monitoring - Not
Required This
Period

9 - Conditional
Monitoring - Not
Required This
Period

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
NODI: -	NODI						9 - Conditional Monitoring - Not Required This Period				

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

No attachments.


Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2025-01-27 11:44 (Time Zone: -05:00)

Report Last Signed By

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2025-01-27 11:45 (Time Zone: -05:00)

 Outlook


WETT Report Elkhart IN0025674 #1 for 2025

From Kolo, Laura <Laura.Kolo@coei.org>

Date Mon 1/27/2025 11:58 AM

To 'wwreports@idem.IN.gov' <wwreports@idem.in.gov>

Cc Kolo, Laura <Laura.Kolo@coei.org>

 1 attachment (3 MB)

IN0025674_035TS_2025_01.pdf;

Please find Elkhart IN0026574_035TS_2025_01 report.

Please contact me with any questions.

Laura Kolo
laura.kolo@coei.org
(574) 293-2572

Biomonitor

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

*Whole Effluent
Toxicity Test*

ELKHART
WASTEWATER TREATMENT PLANT

IN0025674

Elkhart, Indiana

January 2025

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

Project Name: Elkhart Wastewater Treatment Plant

Project Date: January 2025

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: 1/20/25

Michael Britten

Project Director
Date: 1/20/25

Other Participating Personnel:

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 during January 2025. The purpose of the testing was to fulfill the biomonitoring requirement for the NPDES permit.

Three samples were collected January 5-9, 2025. The water flea, *Ceriodaphnia dubia*, and Fathead minnow, *Pimephales promelas*, were used as the test organisms.

A total of six 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	= 100% effluent	TU _c = 1.0

Pimephales promelas test

48-hr LC ₅₀	> 100% effluent	TU _a < 1.0
NOEL for survival	= 100% effluent	TU _c = 1.0
NOEL for growth	= 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 *Ceriodaphnia dubia* but not *Pimephales promelas*.

The chronic toxicity limits in the NPDES permit require a NOEL (No Observable Effect Level) of 12.5% effluent (a TU_c not to exceed 8.0). According to the NPDES permit, there was not a "Demonstration of Toxicity" during this 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:	January 5, 2025 -MGD January 7, 2025 -MGD January 9, 2025 -MGD

Table III
Source of effluent and dilution water

I. Effluent samples

Sampling point:	Outfall 035	
Collection dates and times:	January 5, 2025	11:00 p.m.
	January 7, 2025	11:00 p.m.
	January 9, 2025	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 eight days because control animals did not produce an average of greater than 15 young per female by until day eight.	
Date and time test initiated:	January 7, 2025	10:35 a.m.
Date and time test terminated	January 15, 2025	2:35 p.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 = 100% effluent

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

Methods used to calculate endpoints:

Fisher's Exact Test for the survival endpoint.

Dunnett's Test for the reproduction endpoint.

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>	January 14-21, 2025
<u>Dilution water used in test:</u>	Moderately hard synthetic water
<u>Results:</u>	48-hr LC ₅₀ = 105 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	16.1	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	0	2	2	2	2	5	2	2	0		10
	4	4	2	4	4	3	4	4	4	4	3		10
	5	6	2	0	0	0	0	0	0	0	4		10
	6	8	0	3	4	0	4	2	4	4	0		10
	7	0	5	6	6	4	5	7	0	5	4		10
	8	7	7	0	0	0	0	0	3	0	8		10
6.25%	1	0	0	0	0	0	0	0	0	0	0	20.4	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	0	2	2	2	2	2	3	0	2		10
	4	4	4	6	6	5	4	6	4	2	7		10
	5	6	6	5	0	0	0	0	0	4	5		10
	6	8	0	0	6	5	5	3	5	0	0		10
	7	0	6	8	8	6	6	8	7	8	5		10
	8	9	0	0	0	0	0	0	0	0	12		10
12.5%	1	0	0	0	0	0	0	0	0	0	0	18.6	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	4	0	2	2	2	4	4	0	0		10
	4	4	2	5	5	4	4	3	4	2	2		10
	5	3	9	5	0	0	0	0	0	4	4		10
	6	0	0	0	5	2	3	5	7	0	0		10
	7	6	8	9	8	6	4	6	8	6	6		10
	8	8	0	0	0	0	0	0	0	0	11		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	20.0	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	2	3	2	2	2	3	4	0	0		10
	4	4	4	4	5	4	2	0	5	3	3		10
	5	5	4	6	0	0	0	5	0	4	4		10
	6	0	0	0	6	5	3	0	6	0	0		10
	7	7	8	10	8	9	7	10	8	4	8		10
	8	12	0	0	0	0	0	0	0	0	9		10
50%	1	0	0	0	0	0	0	0	0	0	0	21.0	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	2	2	2	0	2	4	2	0	0		10
	4	4	4	5	5	4	3	6	4	2	2		10
	5	7	2	0	0	0	0	0	0	6	8		10
	6	0	0	2	6	7	4	5	5	0	0		10
	7	11	9	6	9	8	6	12	5	7	7		10
	8	10	0	0	0	0	0	0	0	0	15		10
100%	1	0	0	0	0	0	0	0	0	0	0	24.9	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	0	2	2	0	0	0	3	0	0		10
	4	4	3	6	9	6	5	6	6	2	0		10
	5	6	0	4	10	7	0	8	0	5	6		10
	6	0	0	0	0	0	6	10	10	0	8		10
	7	10	6	9	10	12	8	0	0	11	10		10
	8	12	11	0	0	0	0	14	0	0	2		10

Table IX
WATER CHEMISTRY
Ceriodaphnia Survival and Reproduction Test

Effluent Concentration	D.O. Range mg/L	Temp. Range °C	pH Range S.U.	Alk. Range CaCO₃	Hardness Range CaCO₃	Cond. Range µS
CONTROL	7.6 – 8.5	25	7.7 – 8.1	40-	90-100	310-380
6.25%	7.6 – 8.5	25	7.7 – 8.1	/	/	320-380
25%	7.6 – 8.6	25	7.8 – 8.1	/	/	380-420
100%	7.5 – 9.7	25	7.7 – 8.2	90-	200-275	690-790

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>	January 7, 2025	10:45 a.m.
<u>Date and time test terminated</u>	January 14, 2025	10:45 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 Lab Cultures
<u>Diseases and treatment</u>	Not applicable

Table XII
RESULTS
Fathead Minnow Larval Survival and Growth Test

Raw Data:

See Table 14

LC₅₀ or NOEL obtained:

96-hr LC₅₀ = >100% effluent

NOEL for survival = 100% effluent (There was a statistically significant difference between the 50% concentration and the control. This was likely due to chance because no other concentration was affected.)

NOEL for growth = 100% effluent

Control survival and growth fell within the acceptable range

Methods used to calculate endpoints:

Steel's Many-One Rank Test was required for the survival endpoint because the homogeneity of variance assumptions could not be met.

Dunnett's Test for the growth endpoint.

No calculations necessary 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>	January 14-21, 2025
<u>Dilution water used in test:</u>	Moderately Hard Synthetic Water
<u>Results:</u>	96-hr LC ₅₀ = 1110 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 (mg) in Each Replicate			
	A	B	C	D	A	B	C	D
Control	100	100	100	100	270	360	290	370
6.25%	100	100	100	90	280	340	300	320
12.5%	100	70	80	100	260	280	260	370
25%	100	100	80	90	380	370	310	320
50%	80	80	50	60	220	320	200	320
100%	100	90	100	30	340	320	450	150

Table XV
WATER CHEMISTRY
Fathead Minnow Larval Survival and Growth Test

Effluent Concentration	D.O. Range mg/L	Temp. Range °C	pH Range S.U.	Alk. Range CaCO₃	Hardness Range CaCO₃	Cond. Range μS
CONTROL	6.6 – 8.8	25	7.4 – 8.0	40-	90-100	310-320
6.25%	6.6 – 8.8	25	7.5 – 8.0	/	/	330-
25%	6.6 – 8.9	25	7.4 – 7.9	/	/	400-430
100%	6.4 – 10.3	25	7.4 – 7.8	90-	200-275	760-810

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

SAMPLE IDENTIFICATION: Elkhart - 2

~~Monday~~
Wed.

Jan. 2025

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED:

Start Date

1-7-25

Start Time

Midnight

End Date

1-7-25

End Time

11 pm

NAME OF PERSON COLLECTING SAMPLE:

Secondary

SAMPLE VOLUME:

8 Liters

NUMBER OF CONTAINERS:

Two, HDPE

SAMPLE STORAGE:

Refrigerated/iced

PRESERVATIVES:

none

Relinquished by:

Zyla Z...

Date: 1-8-2025

Time:

1:04 pm

Received by:

AS

Date: 1-8-25

Time:

1:04 p

Relinquished by:

Date:

Time:

Received by:

Date:

Time:

TEMP: 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

SAMPLE IDENTIFICATION: Elkhart - 3 Friday Jan. 2025

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 1.9.2025 Start Time 12:00 am (midnight)
End Date 1.9.2025 End Time 11:00 pm

NAME OF PERSON COLLECTING SAMPLE: Secondary

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: Barry Allell

Date: 1-10-25

Time: 1:05 pm

Received by: AT

Date: 1-10-25

Time: 1:05 p

Relinquished by: _____

Date: _____

Time: _____

Received by: _____

Date: _____

Time: _____

TEMP: _____ °C

COMMENTS:

Ceriodaphnia dubia

Reference Toxicant - Copper sulfate/chloride as Cu

Dilution Water - Moderately Hard Reconstituted Water

Date	LC ₅₀	NOEL	LOEL	IC ₂₅
mm/yy	48-hr µg/L	µg/L (repro.)	µg/L (repro.)	µg/L (repro.)
08/21	87	40	80	23
09/21	92	40	80	49
10/21	73	40	80	52
11/21	113	40	160	59
12/21	75	40	80	48
2/22	105	40	80	54
3/22	75	40	80	51
4/22	113	40	80	57
5/22	95	40	80	30
6/22	113	40	80	41
7/22	75	40	80	33
8/22	86	20	40	30
9/22	80	40	80	32
11/22	70	40	80	40
12/22	77	40	80	48
1/23	75	40	80	48
2/23	86	40	80	52
4/23	80	40	80	37
5/23	80	40	80	39
06/23	113	40	160	59
07/23	75	40	80	55
09/23	80	40	80	15
10/23	113	40	80	58
11/23	86	40	80	50
01/24	99	20	40	30
02/24	86	40	80	48
03/24	80	40	80	48
04/24	80	40	80	51
06/24	87	20	40	32
07/24	99	20	40	20
09/24	98	40	80	55
10/24	70	40	80	70
11/24	92	40	80	25
01/25	105	40	80	49
<u>Average</u>	89	<u>Mode</u>	40	44
<u>St. Dev.</u>	14			13
<u>Upper Limit</u>	116	80	160	69
<u>Lower Limit</u>	61	20	40	18

Pimephales promelas

Reference Toxicant - Potassium chloride

Dilution Water - Moderately Hard Reconstituted Water

Date	LC ₅₀	NOEL	LOEL	IC ₂₅
mm/yy	96-hr mg/L	mg/L (grwth)	mg/L (grwth)	mg/L (grwth)
11/21	1129	1000	2000	939
12/21	1129	500	1000	810
02/22	812	500	1000	612
03/22	946	500	1000	707
04/22	917	500	1000	703
05/22	1110	1000	2000	1223
06/22	856	500	1000	710
07/22	1130	500	1000	736
08/22	1093	500	1000	925
09/22	1278	1000	2000	950
11/22	1035	500	1000	684
12/22	1053	1000	2000	805
01/23	795	500	1000	664
02/23	1091	500	1000	741
04/23	1231	1000	2000	1121
05/23	1189	1000	2000	1110
06/23	951	500	1000	669
07/23	1091	500	1000	1091
09/23	1000	500	1000	702
10/23	1124	500	1000	768
11/23	1253	500	1000	849
01/24	1128	500	1000	699
02/24	952	1000	2000	798
03/24	1189	500	1000	908
04/24	1189	1000	2000	1037
06/24	1169	500	1000	899
07/24	1091	1000	2000	989
09/24	966	500	1000	788
10/24	1254	1000	2000	1188
11/24	1097	500	1000	720
01/25	1110	1000	2000	829
<u>Average</u>	1076	<u>Mode</u>	500	851
<u>St. Dev.</u>	125			166
<u>Upper Limit</u>	1326	1000	2000	1183
<u>Lower Limit</u>	827	250	500	519

Client: Elkhart WWTP

Project # _____

Analysts: MMB, MN, AF

Start Date: 1/7/2025

Start Time: 1035

End Date: 1/15/2025

End Time: 1435

Template # B

Comments:

Test Dates

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

Row	Day	1	2	3	4	5	6	7
Row 10	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	2	0	0	0	0	0	0
	4	7	3	3	0	2	2	
	5	5	4	4	6	8	4	
	6	0	0	0	8	0	0	
	7	5	4	8	10	7	6	
		12	8	9	2	15	11	
Row 9	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	2	0	0	0	0	0	0
	4	4	3	2	2	2	2	2
	5	0	4	6	4	5	4	
	6	4	0	0	0	0	0	0
	7	5	4	7	8	11	6	
		0	0	0	0	0	0	
Row 8	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	3	2	4	2	3	4	
	4	4	4	4	4	6	5	
	5	0	0	0	0	0	0	0
	6	5	5	7	4	10	6	
	7	7	5	8	0	0	8	
		0	0	0	3	0	0	
Row 7	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	2	4	5	4	3	0	
	4	6	3	4	6	0	6	
	5	0	0	0	0	5	8	
	6	3	5	2	5	0	10	
	7	8	6	7	12	10	0	
		0	0	0	0	0	14	
Row 6	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	2	2	0	2	2	2	
	4	3	2	5	4	4	4	
	5	0	0	0	0	0	0	0
	6	4	3	6	3	5	4	
	7	6	7	8	4	6	5	
		0	0	0	0	0	0	
Row 5	1	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0
	3	0	2	2	2	0	2	
	4	6	2+1	5	4	4	4	
	5	7	0	0	0	0	0	0
	6	0	0	5	5	7	2	
	7	12	4	6	9	8	6	
		0	0	0	0	0	0	

Row 4	Day	1	0	0	0	0	0	0
		2	0	0	0	0	0	0
		3	2	2	2	2	2	2
		4	5	9	6	5	4	5
		5	0	10	0	0	0	0
		6	5	0	6	6	4	6
		7	8	10	8	8	6	9
			0	0	0	0	0	0
Row 3	Day	1	0	0	0	0	0	0
		2	0	0	0	0	0	0
		3	2	2	0	2	3	2
		4	5	6	5	6	4	4
		5	0	5	5	4	6	0
		6	2	0	0	0	0	3
		7	6	8	9	9	10	6
			0	0	0	0	0	0
Row 2	Day	1	0	0	0	0	0	0
		2	0	0	0	0	0	0
		3	2	4	2	0	0	0
		4	4	2	4	4	2	3
		5	4	9	2	6	2	0
		6	0	0	0	0	0	0
		7	8	8	9	6	5	6
			0	0	0	0	7	11
Row 1	Day	1	0	0	0	0	0	0
		2	0	0	0	0	0	0
		3	0	0	0	0	0	0
		4	4	4	4	4	4	4
		5	6	6	5	6	3	7
		6	8	8	0	0	0	0
		7	0	0	7	10	6	11
			7	9	12	12	8	10

Conc.	Day	Replicate										No. of Young Adults	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	0	2	3	2	2	2	3	4	0	0	18	10	1.8
	4	4	4	4	5	4	2	0	5	3	3	34	10	3.4
	5	5	4	6	0	0	0	5	0	4	4	28	10	2.8
	6	0	0	0	6	5	3	0	6	0	0	20	10	2.0
	7	7	8	10	8	9	7	10	8	4	8	79	10	7.9
	8	12	0	0	0	0	0	0	0	0	9	21	10	2.1
	Total	28	18	23	21	20	14	18	11	24	200	10	20.0	

Conc.	Day	Replicate										No. of Young Adults	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	0	2	2	2	0	2	4	2	0	0	14	10	1.4
	4	4	4	5	5	4	3	6	4	2	2	39	10	3.9
	5	7	2	0	0	0	0	0	0	6	8	23	10	2.3
	6	0	0	2	6	7	4	5	5	0	0	29	10	2.9
	7	11	9	6	9	8	6	12	5	7	7	80	10	8.0
	8	10	0	0	0	0	0	0	0	0	15	25	10	2.5
	Total	32	17	15	22	19	27	16	15	32	210	10	21.0	

Conc.	Day	Replicate										No. of Young Adults	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	0	2	2	0	0	0	3	0	0	7	10	0.7
	4	4	3	6	9	6	5	6	6	2	0	47	10	4.7
	5	6	0	4	10	7	0	8	0	5	6	46	10	4.6
	6	0	0	0	0	0	6	10	10	0	8	34	10	3.4
	7	10	6	9	10	12	8	0	0	11	10	76	10	7.6
	8	12	11	0	0	0	0	14	0	0	2	39	10	3.9
	Total	32	20	21	31	25	38	19	18	26	249	10	24.9	

Elkhart 1.25
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	3	17	22	12	6

Calculated Chi-Square goodness of fit test statistic = 2.1319
Table Chi-Square value (alpha = 0.01) = 13.277

Data PASS normality test. Continue analysis.

Elkhart 1.25
File: ceriorep

Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance

Calculated H statistic (max Var/min Var) = 2.79
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 1.25
File: ceriorep

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	control	10	9.000	25.000	16.100
2	6.25%	10	14.000	31.000	20.400
3	12.5%	10	12.000	23.000	18.600
4	25%	10	11.000	28.000	20.000
5	50%	10	15.000	32.000	21.000
6	100%	10	18.000	38.000	24.900

Elkhart 1.25
File: ceriorep

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	17.211	4.149	1.312
2	6.25%	26.711	5.168	1.634
3	12.5%	18.044	4.248	1.343
4	25%	24.889	4.989	1.578
5	50%	48.000	6.928	2.191
6	100%	46.322	6.806	2.152

Elkhart 1.25
File: ceriorep

Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	421.733	84.347	2.793
Within (Error)	54	1630.600	30.196	
Total	59	2052.333		

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

Elkhart 1.25
 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	16.100	16.100		
2	6.25%	20.400	20.400	-1.750	
3	12.5%	18.600	18.600	-1.017	
4	25%	20.000	20.000	-1.587	
5	50%	21.000	21.000	-1.994	
6	100%	24.900	24.900	-3.581	

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

Elkhart 1.25
 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	5.677	35.3	-4.300
3	12.5%	10	5.677	35.3	-2.500
4	25%	10	5.677	35.3	-3.900
5	50%	10	5.677	35.3	-4.900
6	100%	10	5.677	35.3	-8.800

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates: 01/7/25 - 01/16/25
 Analysts: 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	8.1	8.2	8.6	8.3	8.6	8.5	8.5	
	Final	7.6	8.2	7.7	8.4	8.2	8.3	7.7	
pH	Initial	7.9	7.8	7.8	7.9	7.9	7.9	8.1	
	Final	7.9	7.9	7.9	8.0	8.0	8.1	7.9	
Alkalinity									
Hardness									
Conductivity		380		410		420			
Chlorine									

		Day							Remarks
Conc: 50%		1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.3	8.4	8.8	8.4	8.8	8.7	8.9	
	Final	7.6	8.2	7.7	8.3	8.2	8.2	7.7	
pH	Initial	7.8	7.8	7.8	7.8	7.8	7.8	8.1	
	Final	8.0	8.0	7.9	8.0	8.0	8.1	7.9	
Alkalinity									
Hardness									
Conductivity		470		530		560			
Chlorine									

		Day							Remarks
Conc: 100%		1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.7	9.1	9.5	8.7	9.4	9.6	9.7	
	Final	7.5	8.2	7.7	8.3	8.2	8.2	7.6	
pH	Initial	7.8	7.7	7.7	7.8	7.7	7.7	8.0	
	Final	8.1	8.1	8.1	8.1	8.1	8.2	7.8	
Alkalinity		90		90		90			
Hardness		200		275		200			
Conductivity		690		770		790			
Chlorine		N.D.		N.D.		N.D.			
Ammonia		N.D.		N.D.		N.D.			

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates 1/7/25-7/14/25
 Analysts: MMB, MN, AF

		No. Surviving Organisms							
		Day							
Conc:	Rep. #	1	2	3	4	5	6	7	Remarks
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	9	9	9	9	9	
12.5%	A	10	10	10	10	10	10	10	
	B	10	10	10	10	8	8	7	
	C	10	10	10	8	8	8	8	
	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	8	8	8	
	D	10	10	10	10	10	10	9	
50%	A	10	10	10	10	10	9	8	
	B	10	10	10	10	10	9	8	
	C	10	10	10	6	6	5	5	
	D	10	10	10	10	7	7	6	
100%	A	10	10	10	10	10	10	10	
	B	10	9	9	9	9	9	9	
	C	10	10	10	10	10	10	10	
	D	10	10	9	5	4	4	3	

Comments: Start Time: 1045

FHM Source: Biomonitor Lab Cultures

Elkhart 1.25
File: fhmsurv Transform: ARC SINE(SQUARE ROOT(Y))

Shapiro Wilks test for normality

D = 0.774

W = 0.904

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

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

Data PASS normality test at P=0.01 level. Continue analysis.

Elkhart 1.25
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 1.25
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%	1.371	16.00	10.00	4.00	
3	12.5%	1.231	14.00	10.00	4.00	
4	25%	1.295	14.00	10.00	4.00	
5	50%	0.971	10.00	10.00	4.00	*
6	100%	1.163	14.00	10.00	4.00	

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

Discharge: Elkhart WWTP
 Location: Elkhart, IN
 Analyst: MMB, MN, AF

Test Date(s): 1/7-14/25
 Weighing Date: 1/15/25

Drying Temp (°C): 100
 Drying Time (h): 6

Conc :	Rep. No.	Wgt. of boat (g)	Dry wgt: foil and larvae (g)	Total dry wgt of larvae (mg)	No. of larvae	Avg. dry wgt of larvae (g)	Remarks
Control	A	0.91900	0.92170	2.70	10	0.270	
	B	0.91800	0.92160	3.60	10	0.360	
	C	0.90800	0.91090	2.90	10	0.290	
	D	0.91230	0.91600	3.70	10	0.370	
Conc: 6.25%	A	0.91580	0.91860	2.80	10	0.280	
	B	0.90480	0.90820	3.40	10	0.340	
	C	0.90960	0.91260	3.00	10	0.300	
	D	0.90600	0.90920	3.20	9	0.320	
Conc: 12.5%	A	0.90740	0.91000	2.60	10	0.260	
	B	0.90910	0.91190	2.80	7	0.280	
	C	0.91160	0.91420	2.60	8	0.260	
	D	0.90920	0.91290	3.70	10	0.370	
Conc: 25%	A	0.92610	0.92990	3.80	10	0.380	
	B	0.91970	0.92340	3.70	10	0.370	
	C	0.91150	0.91460	3.10	8	0.310	
	D	0.91300	0.91620	3.20	9	0.320	
Conc: 50%	A	0.93200	0.93420	2.20	8	0.220	
	B	0.92180	0.92500	3.20	8	0.320	
	C	0.91490	0.91690	2.00	5	0.200	
	D	0.90440	0.90760	3.20	6	0.320	
Conc: 100%	A	0.92100	0.92440	3.40	10	0.340	
	B	0.92730	0.93050	3.20	9	0.320	
	C	0.91540	0.91990	4.50	10	0.450	
	D	0.90950	0.91100	1.50	3	0.150	

Elkhart 1.25
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	10	5	9	0

Calculated Chi-Square goodness of fit test statistic = 9.8908
Table Chi-Square value (alpha = 0.01) = 13.277

Data PASS normality test. Continue analysis.

Elkhart 1.25
File: fhm_grow Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance

Calculated H statistic (max Var/min Var) = 23.05
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 1.25
File: fhm_grow

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	control	4	0.270	0.370	0.323
2	6.25%	4	0.280	0.340	0.310
3	12.5%	4	0.260	0.370	0.293
4	25%	4	0.310	0.380	0.345
5	50%	4	0.200	0.320	0.265
6	100%	4	0.150	0.450	0.315

Elkhart 1.25
File: fhm_grow

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	0.002	0.050	0.025
2	6.25%	0.001	0.026	0.013
3	12.5%	0.003	0.053	0.026
4	25%	0.001	0.035	0.018
5	50%	0.004	0.064	0.032
6	100%	0.015	0.124	0.062

Elkhart 1.25
File: fhm_grow

Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	0.015	0.003	0.750
Within (Error)	18	0.080	0.004	
Total	23	0.095		

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

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

Elkhart 1.25
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	0.323	0.323		
2	6.25%	0.310	0.310	0.280	
3	12.5%	0.293	0.293	0.671	
4	25%	0.345	0.345	-0.503	
5	50%	0.265	0.265	1.286	
6	100%	0.315	0.315	0.168	

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

Elkhart 1.25
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	0.108	33.4	0.012
3	12.5%	4	0.108	33.4	0.030
4	25%	4	0.108	33.4	-0.022
5	50%	4	0.108	33.4	0.058
6	100%	4	0.108	33.4	0.008

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates: 01/7/25 -01/14/25
 Analysts: 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	8.2	8.1	8.4	8.5	8.9	8.9	8.2	
	Final	6.7	6.6	6.7	7.1	6.8	6.9	7.6	
pH	Initial	7.7	7.7	7.7	7.8	7.9	7.9	7.6	
	Final	7.4	7.6	7.8	7.9	7.9	7.7	7.6	
Alkalinity									
Hardness									
Conductivity		400		430		420			
Chlorine									

		Day							Remarks
Conc: 50%		1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.4	8.2	8.7	8.8	9.1	9.0	8.4	
	Final	6.7	6.6	6.6	7.0	6.8	6.8	7.6	
pH	Initial	7.6	7.7	7.6	7.7	7.8	7.9	7.6	
	Final	7.4	7.5	7.8	7.9	7.9	7.6	7.6	
Alkalinity									
Hardness									
Conductivity		520		550		570			
Chlorine									

		Day							Remarks
Conc: 100%		1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.4	8.9	9.3	9.2	10.3	9.9	9.2	
	Final	6.7	6.6	6.4	6.9	6.8	6.6	7.6	
pH	Initial	7.5	7.5	7.5	7.6	7.7	7.7	7.5	
	Final	7.4	7.4	7.8	7.8	7.9	7.5	7.5	
Alkalinity		90		90		90			
Hardness		200		275		200			
Conductivity		760		810		800			
Chlorine		N.D.		ND		N.D.			
Ammonia		N.D.		ND		N.D.			