Rod Roberson
Mayor

Laura Kolo
Environmental Resources

Tory Irwin, P.E.
Engineering Services

City of Elkhart
the city with a heart

Public Works &
Utilities Department

Administration, Engineering & Laboratory
574.293.2572

Utility Billing
574.264.4273

1201 S. Nappanee St.
Elkhart, Indiana 46516

July 7, 2023

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

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

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

To Whom It May Concern:

Please find enclosed the City of Elkhart's Six Month Status Report for the period of January 1 – June 30, 2023 as required by the Consent Decree. If you have any questions, please contact me at (574) 293-2572.

Sincerely,

Tory Irwin, P.E.
City Engineer

City of Elkhart
Public Works and Utilities

City of Elkhart
Public Works and Utilities

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

January 1 – June 30, 2023

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

Clean river Healthy neighborhoods
ELKHART ▪ MISHAWAKA ▪ SOUTH BEND

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Consent Decree Deadline Compliance

Section VII Paragraph 25(a)

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

The following includes a summary of the City of Elkhart's (the "City's") compliance with applicable Consent Decree deadlines and terms from January 1 – June 30, 2023 (the "Reporting Period").

There were no Consent Decree deadlines during the Reporting Period.

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

General Description of Work Completed and Projected Work to be Completed

Section VII Paragraph 25(a)

2. A general description of the work completed within the six-month period, and a projection of work to be performed pursuant to this Consent Decree during the next six-month period

    a. During the Reporting Period the following work was completed:

        - Design of the Upper St. Joseph River CSO Control continued
        - A portion of the Oakland Avenue Control had funds allocated, a bid was accepted and awarded, and the City issued a notice to proceed to the contractor who will perform the work was issued May 11, 2023
        - Additional portions of the Oakland Avenue Control design continued
        - Construction on the additional wastewater treatment plant upgrades continued

    b. Within the next six-month period:

        - Design for a portion of the Upper St. Joseph River CSO Control will be completed
        - Design of other portions Upper St. Joseph River CSO Control will continue
        - A portion of the Upper St. Joseph River CSO Control will have funds allocated, a bid will be accepted and awarded, and the City issued a notice to proceed to the contractor who will perform the work
        - Design of portions of the Oakland Avenue Control will continue
        - Construction on a portion of the Oakland Avenue Control will commence
        - Construction on the additional wastewater treatment plant upgrades will continue

Information Generated Pursuant to the Requirements of Appendix A

Section VII Paragraph 25(a)

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

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

Included information:

- Copies of River Monitoring Data collected during the Reporting Period*

*On the sampling event dated 06/15/23, a walking bridge used to collect samples at High Dive Park was being demolished by the City of Elkhart Parks Department. The individual that was sampling chose to sample at an alternative location given the lack of access. A map of the sampling points is included in Appendix 2. The City of Elkhart Parks Department has indicated that a pier will replace the demolished bridge. The pier will provide adequate sampling access in the future. Until the pier is constructed, samples will be collected by wading into the water. The water is shallow and has coarse, secure substrate. Wading does not appear to increase sediment in the water.

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

Section VII Paragraph 25(a)

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

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

Certification Statement

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

Tory S. Irwin, P.E.
City Engineer

7/7/23
Date

Appendix 1

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

CSO Measure	CSO Numbe	Control Measure Elements	Description	Design Criteria	Performance Criteria	Critical Milestones	Design Date	Bid Date	Date of Full Operation
Christiana Creek CSO Control						**Required Dates**	Nov-15-2010	Nov-15-2011	Nov-15-2014
						Compliance Date	**May-8-2008**	**Mar-10-2010**	**Apr-27-2011**
1	14	High Dive Park - 1.0 MG Facility for Storage & Pumping and Redirection of CSO 14 Basin Flow from NE Elkhart to the North Interceptor System	Construction of a 1 MG off-line storage tank to reduce overflows at CSO 14 and construct a LS to redirect flow to the North Interceptor System	Provide storage capacity of 1 MG and lift station designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the Christiana Creek Watershed, achieve no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2010 Bid date – Nov 15, 2011 Date of Full Operation - Nov 15, 2014			
							Progress Dates for Elements of Control Measure		
CSO 14			High Dive Park 1 MG Storage			Actual Dates	Aug-5-2008	Mar-10-2010	Apr-27-2011
CSO 14			High Dive Park Pump Station			Actual Dates	Aug-5-2008	Mar-10-2010	Apr-27-2011
CSO 14			Force Main: High Dive Park			Actual Dates	Aug-5-2008	Mar-10-2010	Apr-27-2011
Upper Elkhart River CSO Control						**Required Dates**	Nov-15-2013	Nov-15-2014	Nov-15-2018
						Compliance Date	**Apr-7-2009**	**Oct-22-2009**	**Mar-22-2016**
2	4, 30, 31 & 33	EEC - 80,000 gal. Storage & Pump at CSO 31 and various levels of separations at CSO's 4, 30 & 33	Construction of a 80,000 gallon off-line storage tank to reduce overflows at CSO 31 and separation and rehabilitation of sewers to reduce stormwater flow and minimize CSO's 4, 30 & 33	Provide storage capacity of 80,000 gal. and sanitary and storm sewers designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the system upgrades, no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2013 Bid Date - Nov 15, 2014 Date of Full Operation - Nov 15, 2018			
							Progress Dates for Elements of Control Measure		
CSO 4			Separation - Partial			Actual Dates	Apr-7-2009	Oct-22-2009	Apr-27-2011
CSO 30			Separation			Actual Dates	Apr-7-2009	Oct-22-2009	Apr-27-2011
CSO			EEC 80,000-Gal. Storage &			Actual Dates	Dec-16-2014	May-19-2015	Mar-22-2016
CSO			Separation - Partial			Actual Dates	Jul-5-2011	Jun-6-2013	May-14-2014
WWTP Upgrades*						**Required Dates**	Nov-15-2015	Nov-15-2017	Nov-15-2024
						Compliance Date	**Mar-19-2013**	Jul-15-2014	
3	WWTP	WWTP system improvements provide a peak capacity of 60 MGD through secondary or CMDF treatment and disinfection	Modifications to the influent pumping, preliminary treatment, improvements to primary influent channels, diffuser replacement, aeration blower replacement, RAS system replacement, and cloth media disk filtration installation with a capacity of 30MGD.	System improvement designed per Ten State Standards CMDF Filter Area: 5,164.8SF Max. Hydraulic Loading: 4.4gpm/SF Max. Solids Loading: 15.8lbs/d/SF Average TSS Removal: >85%	Provide peak capacity of 60 MGD - a minimum of 30 MGD through secondary, and up to 30 MGD through CDMF treatment, and 60 MGD disinfection. WWTP Outfall shall meet NPDES permit effluent limits.	Design Date- Nov 15, 2015 Bid Date- Nov 15, 2017 Date of Full Operation - Nov 15, 2024			
							Progress Dates for Elements of Control Measure		
WWTP			Preliminary and Additional Disinfection for 60 MGD			Actual Dates	Mar-19-2013	Jul-15-2014	Mar-11-2016
WWTP			Cloth Media Disks and Piping			Actual Dates	Aug-21-2018	Sep-22-2021	
WWTP			Aeration Process Improvements			Actual Dates	Aug-21-2018	Sep-22-2021	
WWTP			RAS System Replacement and Pump Capacity Improvements			Actual Dates	Aug-21-2018	Sep-22-2021	
WWTP			Primary Clarification System Improvements			Actual Dates	Aug-21-2018	Sep-22-2021	

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

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

CSO Measure	CSO Numbe	Control Measure Elements	Description [1]	Design Criteria [1]	Performance Criteria 2	Critical Milestones	Design Date	Bid Date	Date of Full Operation
Oakland Avenue Control						**Required Dates**	Nov-15-2021	Nov-15-2023	Nov-15-2028
						Compliance Date	**Oct-20-2020**	**May-11-2023**	
5	24 & 37	CSO 24 - LS 1.1 MG Storage and Pump Force Main from CSO 24 LS to WWTP	Construction of a 1.1 MG off-line storage and pump tank with system additions to allow the redirection of flow to CSO 24 & 37 LS and then to the WWTP to reduce overflows at CSOs 24 & 37	Provide storage capacity of 1.1 MG with lift station and system improvements designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the system upgrades, no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2021 Bid Date - Nov 15, 2023 Date of Full Operation - Nov 15, 2028			
							Progress Dates for Elements of Control Measure		
	CSOs 24 & 37		Force Main from Oakland Ave. LS to WWTP			Actual Dates	Oct-20-2020	May-11-2023	
	CSOs 24 & 37		Interceptor of CSO 37 Overflow (CSO 37.0)			Actual Dates	Oct-20-2020		
	CSOs 24 & 37		Interceptor of CSO 37 Overflow (CSO 37.02)			Actual Dates	Oct-20-2020		
	CSOs 24 & 37		Interceptor of CSO 37 Overflow (CSO 37.03)			Actual Dates	Oct-20-2020		
	CSOs 24 & 37		Interceptor of CSO 37 Overflow + Jackson LS			Actual Dates	Oct-20-2020		
	CSOs 24 & 37		Interceptor of Flow to CSO#24 L-TUFF 1			Actual Dates	Oct-20-2020		
	CSOs 24 & 37		Interceptor of Flow to CSO#24 L-TUFF 1B			Actual Dates	Oct-20-2020		
	CSOs 24 & 37		LS 8 Force Main To Oakland Ave. Storage facility			Actual Dates	Oct-20-2020		
	CSOs 24 & 37		CSO 24 LS 1.1 MG Storage and Pump			Actual Dates	Oct-20-2020		
Upper St Joe River CSO Control						**Required Dates**	Nov-15-2022	Nov-15-2023	Nov-15-2026
						Compliance Date	Aug-2-2022		
6	13, 25, 29 & 39	Basin Separations, Lift Station Improvements, system improvements and CSO eliminations	Separation, flow redirection and rehabilitation of sewers to reduce stormwater flow and minimize or eliminate CSOs	System modifications designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the system upgrades, no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2022 Bid Date - Nov 15, 2023 Date of Full Operation - Nov 15, 2026			
							Progress Dates for Elements of Control Measure		
	CSO 13		Separation - Partial			Actual Dates	Aug-2-2022		
	CSO 25		Effluent Line Upgrade: CSO 25 to Interceptor			Actual Dates			
	CSO 29		Plug Overflow (Jefferson)			Actual Dates			
	CSO 28		Plug Overflow (Washington)			Actual Dates			
	CSO 39		Separation			Actual Dates	Oct-25-2022		
Lower St Joe River CSO Control						**Required Dates**	Nov-15-2023	Nov-15-2024	Dec-31-2029
						Compliance Date	**Feb-1-2007**	**Sep-27-2007**	
7	17, 18, 21 & 23	Basin Separations, Lift Station Improvements, system improvements, CSO eliminations and system redirections	Separation, flow redirection and rehabilitation of sewers to reduce stormwater flow and minimize or eliminate CSOs	System modifications designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the system upgrades, no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2023 Bid Date - Nov 15, 2024 Date of Full Operation - Dec 31, 2029			
							Progress Dates for Elements of Control Measure		
	CSO 18		Plug Overflow (McNaughton Park)			Actual Dates			
	CSO 27		Plug Overflow (Navajo)			Actual Dates			
	CSOs 17 & 18		Redirect Flow to North Interceptor			Actual Dates	Feb-18-2014	May-15-2014	
	CSO 21		Separation			Actual Dates	Feb-1-2007	Sep-27-2007	Jun-24-2008
	CSO 23		Effluent Line Upgrade CSO#23 to LS#4			Actual Dates			
	CSO 23		LS 4 Force Main			Actual Dates			
	CSO 23		LS 4 (8th & Franklin) Improvements			Actual Dates			
	CSO 23		Separation - Partial			Actual Dates			
Riverside Drive Control						**Required Dates**	Nov-15-2024	Nov-15-2025	Dec-31-2029
						Compliance Date	**Apr-1-2007**	**Sep-27-2007**	
8	15	Riverside Dr. - 0.43 MG Storage & Pump with sewer separations and system redirection	Construction of a 0.43 MG off-line storage tank with NW Elkhart sewer system redirection and partial basin separation to reduce overflows at CSO 15	Provide storage capacity of 0.43 MG and system improvements designed per City of Elkhart Standards and Ten State Standards	When incorporated with the other work in CSO 15 basin and downstream improvements, achieve no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2024 Bid Date - Nov 15, 2025 Date of Full Operation - Dec 31, 2029			
							Progress Dates for Elements of Control Measure		
	CSO 15		AACOA Redirection			Actual Dates	Apr-1-2007	Sep-27-2007	Nov-29-2007
	CSO 15		Riverside Dr. 0.43 MG Storage & Pump			Actual Dates			
	CSO 15		Separation - Partial			Actual Dates			

Appendix 2

Copies of all information generated during the Reporting Period

City of Elkhart

River Water Quality Data

1/10/2023

Rain Event ☐

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	210	10.0	7.6												4	4.0	1.0	
	YMCA	166	8.4	8.2												3	3.0	1.0	
St. Joseph River	Ash Rd	34	10.2	8.2												3	3.0	1.0	
	Lexington Ave	57	9.2	8.1												3	3.0	1.0	
	Six Span	23	11.4	8.1												3	3.0	1.0	
Christiana Creek	High Dive	17	11	8.1												4	3	1.0	
	High Dive 2	152	13	8.0												2	3	1.0	

Comments

2/8/2023

Rain Event ☐

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	101	12.0	7.6												3	2.0	1.0	
	YMCA	104	12.2	8.1												4	1.0	1.0	
St. Joseph River	Ash Rd	73	12.6	8.2												3	1.0	1.0	
	Lexington Ave	210	12.4	8.3												4	1.0	1.0	
	Six Span	126	12.4	8.1												3	2.0	1.0	
Christiana Creek	High Dive	25	11	7.9												6	2	1.0	
	High Dive 2	47	13	8.1												3	2	1.0	

Comments

3/16/2023

Rain Event ☐

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	49	11.8													6	3.0	4.0	
	YMCA	47	11.6													6	3.0	4.0	
St. Joseph River	Ash Rd	21	12.0													6	3.0	1.0	
	Lexington Ave	25	12.2													6	3.0	3.0	
	Six Span	28	12.0													5	3.0	1.0	
Christiana Creek	High Dive	23	11													7	3	1.0	
	High Dive 2	17	11													6	3	1.0	

Comments

4/20/2023

Rain Event ☐

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	49	9.4	8.1												13	3.0	1.0	
	YMCA	30	10.4	8.4												13	2.0	2.0	
St. Joseph River	Ash Rd	20	10.0	8.5												14	2.0	4.0	
	Lexington Ave	40	10.0	8.5												14	2.0	1.0	
	Six Span	24	9.8	8.5												13	3.0	1.0	
Christiana Creek	High Dive	66	10	8.3												14	2	1.0	
	High Dive 2	109	10	8.3												13	2	1.0	

Comments

5/4/2023

Rain Event ☑

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

5/4/2023

Rain Event ☑

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	77	10.0	8.3												10	3.0	1.0	
	YMCA	102	10.6	8.3												10	2.0	1.0	
St. Joseph River	Ash Rd	22	10.6	8.5												11	1.0	4.0	
	Lexington Ave	31	10.8	8.6												11	2.0	1.0	
	Six Span	22	10.4	8.5												11	3.0	1.0	2
Christiana Creek	High Dive	31	10	8.4												11	3	1.0	
	High Dive 2	44	11	8.4												10	3	1.0	

Comments

5/17/2023

Rain Event ☐

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	50	7.6													19	1.0	1.0	
	YMCA	75	8.6													17	1.0	1.0	
St. Joseph River	Ash Rd	40	8.6													18	1.0	1.0	
	Lexington Ave	29	9.2													18	1.0	1.0	
	Six Span	36	8.8													18	1.0	1.0	
Christiana Creek	High Dive	77	8													17	1	1.0	
	High Dive 2	172	9													16	1	1.0	

Comments

6/7/2023

Rain Event ☐

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

6/7/2023

Rain Event ☐

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	99	7.6	7.7												18	2.0	1.0	
	YMCA	166	9.4	7.7												19	2.0	1.0	
St. Joseph River	Ash Rd	19	7.0	7.9												21	2.0	1.0	
	Lexington Ave	77	7.6	7.9												20	2.0	1.0	
	Six Span	37	6.6	7.9												20	2.0	1.0	
Christiana Creek	High Dive	411	7	7.7												18	2	1.0	
	High Dive 2	276	8	7.9												18	2	1.0	

Comments

6/15/2023

Rain Event ☑

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	126	8.0	7.6												17	2.0	1.0	
	YMCA	122	8.0	7.9												18	2.0	1.0	
St. Joseph River	Ash Rd	96	8.6	7.9												19	2.0	1.0	
	Lexington Ave	71	9.0	7.8												19	2.0	1.0	2
	Six Span	53	7.2	7.9												18	2.0	1.0	2
Christiana Creek	High Dive	461	8	7.9												18	2	1.0	9
	High Dive 2	461	9	8.1												17	2	1.0	

Comments

*Weather Conditions
1=clear/sunny
2=partly sunny
3=cloudy
4=light rain
5=rain
6=light snow
7=snow
8=windy

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

***Additional appearance notes
1=large floatables present
2=small floatables present
3=brown color observed
4=other color observed
5=strong odor observed
6=slight odor observed
7=large amounts of algae present
8=small amounts algae present
9=other observations

Appendix 3

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

City of Elkhart

Public Works and Utilities

Date	Jan 23, 2023
Memo To	Board of Public Works
Memo From	Laura Kolo, Utility Services Manager
Subject	Wastewater Utility Monthly Report of Operations for the month of December, 2022

Wastewater MRO Highlights

Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	4	30
cBOD5 mg/L	2	25
Phosphorus mg/L	0.78	1.0
Ammonia mg/L	0.17	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	11.48	Design - 20
Total Monthly Flow MGD	356	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
12/28/22	423 James St	0.6	grease
12/29/22	3212 Aberdeen	<5	roots

Wet Weather Overflows

Number of Events	Total Overlfow Volume (MG)
0	0

View All Copies of Submissions | DMR/COR Search Results View DMR Signing Status

Signing Process Confirmation - CDX Activity ID: _fe76f37f-5930-44a0-9e9d-124afac22bac

Your DMRs are undergoing the Signing Process

IN0025674	ELk r WWTP	005	005-C	CSO- ARCH/BAR, NW OF IN ECTION	12/31/22	01/28/23
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	12/31/22	01/28/23
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	12/31/22	01/28/23
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	12/31/22	01/28/23
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	12/31/22	01/28/23
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	12/31/22	01/28/23
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	12/31/22	01/28/23
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	12/31/22	01/28/23
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	12/31/22	01/28/23
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	12/31/22	01/28/23
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	12/31/22	01/28/23
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	12/31/22	01/28/23
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	12/31/22	01/28/23
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	12/31/22	01/28/23
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	12/31/22	01/28/23
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	12/31/22	01/28/23
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	12/31/22	01/28/23
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	12/31/22	01/28/23
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	12/31/22	01/28/23
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	12/31/22	01/28/23
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	12/31/22	01/28/23
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	12/31/22	01/28/23
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	12/31/22	01/28/23
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	12/31/22	01/28/23
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	12/31/22	01/28/23
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	12/31/22	01/28/23
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	12/31/22	01/28/23
IN0025674	ELKHART WWTP	035	035-AQ	QUARTERLY REPORTING	12/31/22	01/28/23
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	12/31/22	01/28/23
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	12/31/22	01/28/23
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	12/31/22	01/28/23

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Permit

Permit ID:	IN0025674	**Major:**	
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 12/01/22 to 12/31/22	**DMR Due Date:**	01/28/23
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	Na		Value 1	Value 2	Units	ue 1	Value 2	Value 3	Units	of Ex.	ysis	Type
00300	**Oxygen, dissolved [DO]**	**Smpl.**				=7.8			19 - mg/L	0	01/01 - Daily	3R - 3GR24H
1 - Effluent Gross												
Season: 0		**Req.**				>=4.0 DLYAVMIN			19 - mg/L		01/01 - Daily	3R - 3GR24H
NODI: -		**NODI**										
00400	**pH**	**Smpl.**				=7.1		=8.5	12 - SU	0	01/01 - Daily	GR - GRAB
1 - Effluent Gross												
Season: 0		**Req.**				>=6.0 DAILY MN		<=9.0 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
NODI: -		**NODI**										
00530	**Solids, total suspended**	**Smpl.**	=426.0	=460.0	26 - lb/d		=5.0	=5.0	19 - mg/L	0	01/01 - Daily	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**	<=7511.0 MO AVG	<=11266.0 MX WK AV	26 - lb/d		<=30.0 MO AVG	<=45.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -		**NODI**										
00600	**Nitrogen, total [as N]**	**Smpl.**	=1314.0		26 - lb/d		=13.2		19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**	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]**	**Smpl.**	=17.0	=98.0	26 - lb/d		=0.19	=0.98	19 - mg/L	0	01/01 - Daily	24 - COMP24
1 - Effluent Gross												
Season: 2		**Req.**	<=1102.0 MO AVG	<=2554.0 DAILY MX	26 - lb/d		<=4.4 MO AVG	<=10.2 DAILY MX	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -		**NODI**										
00665	**Phosphorus, total [as P]**	**Smpl.**	=75.0		26 - lb/d		=0.8		19 - mg/L	0	01/01 - Daily	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**	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**	**Smpl.**	<0.019	<0.02	26 - lb/d		<0.0002	<0.0002	19 - mg/L	0	01/07 - Weekly	24 - COMP24
1 - Effluent Gross												

Code	N		Value 1	Value 2	Units	ue 1	Value 2	Value 3	Units	of Ex.	ysis	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**	**Smpl.**					<=0.0002	=0.0003	19 - mg/L	0	01/07 - Weekly	24 - COMP24
G - Raw Sewage Influent												
Season: 0		**Req.**					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		02/DM - Twice Every Month	24 - COMP24
NODI: -		**NODI**										
50050	**Flow, in conduit or thru treatment plant**	**Smpl.**	=11.68		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]**	**Smpl.**					=8.0	=23.0	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	3Z - CFU/100mL		03/07 - Three Per Week	GR - GRAB
NODI: -		**NODI**										
71901	**Mercury, total recoverable**	**Smpl.**					=1.33	=1.16	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
1 - Effluent Gross												
Season: 0		**Req.**					<=1.6 ANNL AVG	Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
NODI: -		**NODI**										
71901	**Mercury, total recoverable**	**Smpl.**						=23.2	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
G - Raw Sewage Influent												
Season: 0		**Req.**						Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB

Code	Na		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	sis	Type
80082	**BOD, carbonaceous [5 day, 20 C]**	**Smpl.**	=202.0	=226.0	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: -		**NODI**										
81012	**Phosphorus, total percent removal**	**Smpl.**				=80.9			23 - %	0	01/30 - Monthly	CA - CALCTD
K - Percent Removal												
Season: 0		**Req.**				>=75.0 MO AV MN			23 - %		01/30 - Monthly	CA - CALCTD
NODI: -		**NODI**										
82220	**Flow, total**	**Smpl.**		=356.0	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 N

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_2022_12.pdf	pdf	1096503.0
IN0025674_CSO_MRO_2022_12.pdf	pdf	1416085.0
IN0025674_INC_RPT_2022_12_1.pdf	pdf	106538.0
IN0025674_INC_RPT_2022_12_2.pdf	pdf	105046.0

Report Last Saved By

ELKHART WWTP

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2023-01-23 13:59 (Time Zone:-05:00)

Report Last Signed By

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2023-01-23 14:00 (Time Zone:-05:00)

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Permit

Permit ID:	IN0025674	**Ma**	
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-AQ - QUARTERLY REPORTING

Report Dates & Status

Monitoring Period:	From 10/01/22 to 12/31/22	**DMR Due Date:**	01/28/23
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
00717	**Cyanide, free [as free]**	**Smpl.**		=0.2083	26 - lb/d			=0.0022	19 - mg/L	0	01/90 - Quarterly	GR - GRAB
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	GR - GRAB
NODI: -		**NODI**										
00717	**Cyanide, free [as free]**	**Smpl.**						=0.0023	19 - mg/L	0	01/90 - Quarterly	GR - GRAB
G - Raw Sewage Influent												
Season: 0		**Req.**						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	GR - GRAB
NODI: -		**NODI**										
01074	**Nickel, total recoverable**	**Smpl.**		=1.024	26 - lb/d			=0.0112	19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -		**NODI**										
01074	**Nickel, total recoverable**	**Smpl.**						=0.0385	19 - mg/L	0	01/30 - Monthly	24 - COMP24
G - Raw Sewage Influent												
Season: 0		**Req.**						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -		**NODI**										
01094	**Zinc, total recoverable**	**Smpl.**		=3.62	26 - lb/d			=0.0396	19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -		**NODI**										
01094	**Zinc, total recoverable**	**Smpl.**						=0.157	19 - mg/L	0	01/30 - Monthly	24 - COMP24
G - Raw Sewage Influent												
Season: 0		**Req.**						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -		**NODI**										
01113	**Cadmium, total recoverable**	**Smpl.**		=0.157	26 - lb/d			<=0.002	19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												

Code		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Ar is	Type
Season: 0	**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -	**NODI**										
01113 **Cadmium, total recoverable**	**Smpl.**						=0.0135	19 - mg/L	0	01/30 - Monthly	24 - COMP24
G - Raw Sewage Influent											
Season: 0	**Req.**						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -	**NODI**										
01114 **Lead, total recoverable**	**Smpl.**		<0.104	26 - lb/d			<0.001	19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross											
Season: 0	**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -	**NODI**										
01114 **Lead, total recoverable**	**Smpl.**						=0.0064	19 - mg/L	0	01/30 - Monthly	24 - COMP24
G - Raw Sewage Influent											
Season: 0	**Req.**						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -	**NODI**										
01118 **Chromium, total recoverable**	**Smpl.**		<0.207	26 - lb/d			<0.002	19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross											
Season: 0	**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -	**NODI**										
01118 **Chromium, total recoverable**	**Smpl.**						=0.0135	19 - mg/L	0	01/30 - Monthly	24 - COMP24
G - Raw Sewage Influent											
Season: 0	**Req.**						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -	**NODI**										
01119 **Copper, total recoverable**	**Smpl.**		=1.2042	26 - lb/d			=0.0121	19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross											
Season: 0	**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -	**NODI**										

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
01119	**Copper, total recoverable**	**Smpl.**						=0.0965	19 - mg/L	0	01/30 - Monthly	24 - COMP24
G - Raw Sewage Influent												
Season: 0		**Req.**						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -		**NODI**										

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

ELKHART WWTP

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2023-01-23 13:05 (Time Zone:-05:00)

Report Last Signed By

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2023-01-23 14:00 (Time Zone:-05:00)

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MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number
Elkhart	IN0025674

Month	Year	Plant Design Flow	Telephone Number
December	2022	20.00 mgd	574/293-2572

E-mail address: laura.kolo@coei.org 035 A

Certified Operator: Name	Class	Certificate Number	Expiration Date
Laura E. Kolo	IV	15094	06/30/2023

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches (Total= 1.11)	Bypass At Plant Site("X" If Occurred)	Sanitary Sewer Overflow("X" If Occurred)	CHEMICALS USED: Chlorine - Lbs/day	CHEMICALS USED: Ferrous Chloride Lbs/Day or Gal./Day	CHEMICALS USED: Lbs/Day or Gal./Day	RAW SEWAGE: Influent Flow Rate (if metered) MGD	RAW SEWAGE: pH	RAW SEWAGE: CBOD5 - mg/l	RAW SEWAGE: CBOD5 - lbs/day	RAW SEWAGE: Susp. Solids - mg/l	RAW SEWAGE: Susp. Solids - lbs/day	RAW SEWAGE: Phosphorus - mg/l	RAW SEWAGE: Ammonia - mg/l	
1	Thu							300		10.225	7.8	111	9,450	158	13,474	4.12	20.40	
2	Fri							325		10.433	8.0	180	15,669	196	17,054	4.71	21.48	
3	Sat			0.03				298		10.516	8.2	100	8,808	174	15,260	4.25	21.80	
4	Sun							334		10.666	8.1	106	9,453	90	8,006	3.16	19.12	
5	Mon							320		11.550	7.6	101	9,737	152	14,642	4.34	20.52	
6	Tue							327		10.600	8.3	134	11,874	162	14,321	4.64	23.72	
7	Wed							268		11.117	7.7	168	15,548	176	16,318	4.56	20.80	
8	Thu							200		10.167	7.7	172	14,589	144	12,210	4.95	20.96	
9	Fri			0.17				0		11.525	7.7	168	16,133	210	20,185	5.30	22.28	
10	Sat			0.02				319		10.158	8.0	152	12,892	104	8,811	4.09	20.56	
11	Sun			0.01				304		10.033	7.8	98	8,171	92	7,698	2.94	19.56	
12	Mon							289		11.000	7.9	129	11,857	198	18,165	4.77	21.40	
13	Tue							304		11.225	7.7	147	13,750	194	18,162	5.01	22.08	
14	Wed			0.22				319		10.750	7.7	175	15,694	188	16,855	4.56	22.48	
15	Thu			0.24				331		13.458	7.4	137	15,371	158	17,734	4.24	18.36	
16	Fri							300		9.616	7.8	141	11,277	150	12,030	4.40	22.20	
17	Sat							298		9.750	8.4	125	10,173	152	12,360	3.65	21.80	
18	Sun							300		9.100	7.7	108	8,197	98	7,438	3.52	21.12	
19	Mon							304		10.608	7.7	124	10,963	140	12,386	4.22	21.80	
20	Tue			0.03				300		11.033	7.7	121	11,090	158	14,538	4.66	23.96	
21	Wed							373		10.608	7.7	164	14,531	212	18,756	4.22	24.20	
22	Thu			0.02				450		9.967	7.7	146	12,120	144	11,970	4.89	26.68	
23	Fri							258		8.908	7.9	147	10,921	142	10,550	4.05	22.84	
24	Sat							280		9.667	7.7	86	6,970	74	5,966	3.20	19.04	
25	Sun							258		9.067	7.8	81	6,142	74	5,596	2.83	17.48	
26	Mon							260		9.870	7.7	69	5,641	86	7,079	2.79	20.28	
27	Tue			0.02				269		10.420	8.4	121	10,509	102	8,864	4.25	22.28	
28	Wed			0.01		X		301		10.608	7.7	137	12,096	178	15,748	4.82	20.00	
29	Thu					X		269		10.242	7.7	207	17,682	132	11,275	4.40	21.88	
30	Fri			0.33				296		11.950	7.9	180	17,961	144	14,351	4.63	21.32	
31	Sat			0.01				307		10.317	7.7	148	12,693	90	7,744	3.78	17.20	
1		Fill in January's effluent data on page 3 as needed for weekly average calculations.																
2																		
3																		
Average								292		10.489		135	11,870	144	12,760	4.19	21.28	
Maximum								450		13.458	8.4	207	17,961	212	20,185	5.30	26.68	
Minimum				0.01				0		8.908	7.4	69	5,641	74	5,596	2.79	17.20	
# of Data			0	12	0	2	0	31	0	31	31	31	31	31	31	31	31	0

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

Prepared by or under the direction of (Certified Operatc: laura lKo — Date (month, day, year): 1/23/23

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): laura lKo — Date (month, day, year): 1/23/23

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	2022

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - 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	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)
1	80	66	195	2,975	66	3.4	15	7.785	5,940						7.5		9.0	
2	107	68	190	2,630	72	3.6	14	7.785	6,060						7.7		8.7	
3	69	68	203	2,685	76	4.2	15	7.785	5,960						7.7		8.8	
4	89	66	202	3,175	64	4.7	14	7.785	5,580						7.4		9.3	
5	70	62	200	3,215	62	3.6	15	7.785	6,180					11	7.4		9.1	
6	95	64	205	2,450	84	3.7	15	7.785	7,620					4	7.5		8.8	
7	138	70	195	2,860	68	1.9	15	7.785	6,660					12	7.6		7.9	
8	114	68	220	3,190	69	3.0	15	7.785	7,360						7.4		7.8	
9	121	70	228	3,180	72	3.2	15	7.785	5,180						7.7		9.3	
10	132	50	218	2,905	75	4.5	14	7.785	6,420						7.7		9.3	
11	82	62	282	2,880	98	4.8	14	7.785	6,360						7.5		9.1	
12	83	66	270	2,795	97	3.2	15	7.785	6,660					6	7.6		9.4	
13	79	78	258	2,905	89	3.2	14	7.785	6,740					5	7.6		8.9	
14	85	54	268	2,530	106	3.0	14	7.785	5,660					3	7.6		8.9	
15	108	86	268	2,840	94	3.5	13	7.785	6,240						7.1		8.6	
16	95	62	281	2,620	107	3.6	13	7.785	6,840						7.3		9.2	
17	112	66	315	2,880	109	4.3	13	7.785	6,620						7.6		8.9	
18	85	56	298	2,915	102	5.1	13	7.785	6,420						7.5		8.9	
19	72	62	288	2,855	101	4.1	14	7.785	7,660					6	7.6		9.1	
20	85	72	288	2,915	99	3.6	14	7.785	5,960					10	7.6		9.5	
21	100	64	285	2,750	104	3.8	14	7.785	6,340					6	7.7		9.0	
22	107	64	288	2,700	106	2.8	14	7.785	5,900						7.3		8.3	
23	109	70	278	3,050	91	3.0	13	7.785	5,900						7.7		9.2	
24	82	58	308	2,595	118	5.0	12	7.785	6,520						7.7		9.5	
25	60	54	378	2,800	135	5.4	12	7.785	6,020						7.4		9.5	
26	50	80	378	2,810	134	5.9	12	7.785	5,940						7.6		10.0	
27	89	66	362	2,630	138	4.2	13	7.785	4,480					7	7.7		9.8	
28	104	98	350	2,825	124	2.9	13	7.785	6,340					14	8.5		9.3	
29	127	92	285	2,850	100	2.6	14	7.785	6,400					23	7.6		9.1	
30	126	82	362	2,950	123	2.5	14	7.785	6,740						7.4		9.0	
31	130	62	358	2,260	159	4.90	13	7.785	6620						7.2		9.6	
Avg.	96	68	274	2,826	98	3.8	14	8	6,301					9			9.1	
Max	138	98	378	3,215	159	5.9	15	8	7,660					23	8.5		10.0	
Min.	50	50	190	2,260	62	1.9	12	8	4,480					3	7.1		7.8	
Daily Max														23				
# 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.):

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	2022

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
Day Of Month	Day of Week	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	12.178		2		230		5		538		0.16		16.3		0.78	79
2	Fri	11.867		2		238		6		554		0.08		7.9		0.67	66
3	Sat	11.215		2		204		4		365		0.07		6.5		0.51	48
4	Sun	11.290		2		196		4		377		0.05		4.7		0.51	48
5	Mon	11.904		2		139		4		357		0.16		15.9		0.58	58
6	Tue	11.933		2		127		4		348		0.09		9.0		0.59	59
7	Wed	12.063		2		188		4		352		0.33		33.2		0.62	62
8	Thu	11.357		2		169		3		313		0.08		7.6		0.77	73
9	Fri	11.929		2		180		4		408		0.07		7.0		1.29	128
10	Sat	10.867	11.620	2	1.70	153	165	4	3.76	390	364	0.06	0.12	5.4	11.8	1.10	100
11	Sun	10.842		2		222		4		335		0.07		6.3		0.81	73
12	Mon	11.703		2		213		4		390		0.11		10.7		0.68	66
13	Tue	11.956		2		167		4		349		0.14		14.0		0.68	68
14	Wed	11.450		2		203		5		497		0.27		25.8		0.74	71
15	Thu	16.969		2		328		6		793		0.69		97.6		0.78	110
16	Fri	11.386		2		181		5		446		0.08		7.6		0.74	70
17	Sat	10.462	12.110	3	2.25	266	226	5	4.49	410	460	0.08	0.21	7.0	24.1	0.76	66
18	Sun	10.441		2		162		4		313		0.05		4.4		0.70	61
19	Mon	11.270		3		246		4		367		0.08		7.5		0.81	76
20	Tue	11.547		2		171		6		530		0.25		24.1		0.81	78
21	Wed	11.105		2		148		4		370		0.16		14.8		0.69	64
22	Thu	10.797		3		249		6		522		0.28		25.2		0.62	56
23	Fri	10.356		3		271		5		449		0.11		9.5		0.99	86
24	Sat	10.757	10.896	2	2.31	215	209	5	4.77	484	434	0.09	0.15	8.1	13.4	0.82	74
25	Sun	10.112		2		172		4		329		0.08		6.7		0.75	63
26	Mon	10.569		2		202		5		476		0.07		6.2		0.80	71
27	Tue	11.107		2		94		4		361		0.15		13.9		0.81	75
28	Wed	11.893		2		186		5		486		0.52		51.6		1.05	104
29	Thu	11.548		2		224		6		578		0.49		47.2		0.83	80
30	Fri	12.490		2		219		4		396		0.23		24.0		0.88	92
31	Sat	10.601	11.189	2	2.01	214	187	4	4.50	318	421	0.98	0.24	10.6	22.9	0.98	87
1		10.10		2		83.38		7				0.08		6.74		0.86	72
2				2				8				0.06				0.76	
3		19.48		2		396.43		7				0.17		27.62		0.62	101
Avg		11.683		2		202		5		426		0.19		17.3		0.80	75
Max		19.481	12.110	3	2	396	226	8	5	793	460	0.98	0.24	97.6	24.1	1.3	128
Min		10.098	10.896	2	2	83	165	3	4	313	364	0.05	0.12	4.4	11.8	0.5	48
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) 356
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment	28.64	52.9			
	NA	NA			Percent Capacity (actual flow/design) 58%
Secondary Treatment	97.8	92.9			
Overall Treatment	98.43	96.7	99.1	80.9	
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	December	2022

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
	Primary SludgeGal. x 100	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	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		
1	33.86	216.00	7.1		79			3.39	2.31	75.35	63.45	96.76		
2	32.56	216.00	7.1		80			3.82	2.35	74.12	62.99			
3	29.99	216.00	7.3		81	24.759		3.27	2.31	70.59	63.77			
4	32.26	216.00	7.0		81			4.75	2.31	74.34	62.75			
5	24.67	216.00	7.1		81	24.759		4.38	0.56	76.25	64.52	101.44		
6	32.09	204.48	7.0		81	3.537		3.99	2.27	74.53	62.90	72.13		
7	45.89	201.60	7.0		80			4.34	2.29	71.58	63.14	96.91		
8	60.01	201.60	7.0		81	21.222		2.13	1.32	71.76	61.18	97.52		
9	33.06	201.60	7.0		83			3.25	2.14	73.68	64.13			
10	19.02	201.60	7.1		83	14.148		4.91	2.16	71.23	62.39			
11	22.01	201.60	7.1		82	10.611		5.11	2.14	74.81	62.96			
12	19.24	201.60	7.2		82			4.81	2.16	74.86	63.28	101.38		
13	29.05	201.60	7.1		82			5.02	2.22	71.94	63.68	104.30		
14	30.52	201.60	7.2		82			5.32	2.05	73.08	62.71	93.08		
15	30.05	201.60	7.2		81	17.685		5.79	2.03	72.80	63.13	101.35		
16	20.03	201.60	7.1		83	3.537		6.87	2.06	79.62	63.04	71.90		
17	23.01	201.60	7.2		84			5.74	1.99	75.35	62.50			
18	20.40	201.60	7.2		82			5.08	2.04	78.54	63.51			
19	17.51	201.60	7.2		85			3.97	2.04	80.97	62.67	81.50		
20	24.21	201.60	7.2		82			3.80	2.08	80.71	62.62	100.81		
21	29.10	201.60	7.2		83			4.37	2.14	79.51	62.39	102.52		
22	19.99	201.60	7.2		82	21.222		4.15	2.23	78.99	62.98	102.48		
23	28.01	201.60	7.1		83			5.25	2.37	76.00	61.74			
24	10.00	201.60	7.2		85	14.148		5.90	2.45	80.66	59.68			
25	7.50	201.60	7.2		84	3.537		5.09	2.28	82.92	61.74			
26	8.50	201.60	7.2		84			5.11	2.28	82.83	60.87			
27	21.02	201.60	7.2		82	7.074		7.48	2.27	90.88	61.67	100.63		
28	21.34	201.60	7.2		80	7.074		7.21	2.35	90.78	61.30	100.84		
29	33.56	201.60	7.1		80	3.537		6.96	2.38	86.65	61.89	101.06		
30	24.04	201.60	7.2		80			6.21	2.29	84.38	62.15	71.89		
31	5.00	201.60	7.2		80			4.49	2.28	82.80	61.34			
Avg.	25.40	204.02			82	12.632		4.90	2.13	77.82	62.55	94.36		
Max.	60.01	216.00	7.3		85	24.759		7.48	2.45	90.88	64.52	104.30		
Min.	5.00	201.60	7.0		79	3.537		2.13	0.56	70.59	59.68	71.89		
Data	31	31	31	0	31	14	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	December	2022

Substitute for State Form 30530

	Final Effluent															
	Chloride		Total Nitrogen													
Day Of Month	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day	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
1																
2																
3																
4																
5																
6			13.20	1,314	0.0002	0.0002	0.0009	0.0002			0.0135	0.0020	0.0555	0.0121		
7																
8																
9																
10																
11																
12																
13					0.0003	0.0002										
14																
15																
16																
17																
18																
19																
20					0.0002	0.0002										
21																
22																
23																
24																
25																
26																
27					0.0002	0.0002										
28																
29																
30																
31																
1																
2																
3																
Avg.			13	1,314	0.0002	0.0002	0.0009	0.0002			0.0135	0.0020	0.0555	0.0121		
Max.					0.0003	0.0002	0.0009	0.0002			0.0135	0.0020	0.0555	0.0121		
Min.			13.20	1313.68	0.0002	0.0002	0.0009	0.0002			0.0135	0.0020	0.0555	0.0121		
Data	0	0	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	December	2022

Substitute for State Form 30530

Day Of Month	Ni - Influent mg/L	Ni - Effluent mg/L	Pb - Influent mg/L	Pb - Effluent mg/L	Zn - Influent mg/L	Zn - Effluent mg/L										
1																
2																
3																
4																
5																
6	0.0328	0.0089	0.0013	0.0010	0.0768	0.0217										
7																
8																
9																
10																
11																
12																
13																
14																
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23																
24																
25																
26																
27																
28																
29																
30																
31																
1																
2																
3																
Avg.	0.0328	0.0089	0.0013	0.0010	0.0768	0.0217										
Max	0.0328	0.0089	0.0013	0.0010	0.0768	0.0217										
Min.	0.0328	0.0089	0.0013	0.0010	0.0768	0.0217										
Data	1	1	1	1	1	1	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:	December 2022	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	10.23	12.30					15 min												
2	10.43	13.10					15 min												
3	10.52	12.20	12:42 AM	5.70	0.03	0.08	15 min												
4	10.67	13.50					15 min												
5	11.55	13.50					15 min												
6	10.60	12.70					15 min												
7	11.12	15.00					15 min												
8	10.17	13.20					15 min												
9	11.53	18.60	1:02 PM	7.48	0.17	0.08	15 min												
10	10.16	12.00	8:37 PM	2.25	0.02	0.04	15 min												
11	10.03	12.20	5:59 AM	8.30	0.01	0.04	15 min												
12	11.00	12.60					15 min												
13	11.23	15.00					15 min												
14	10.75	12.30	6:17 AM	17.78	0.22	0.32	15 min												
15	13.46	26.20	12:02 AM	4.75	0.24	0.28	15 min												
16	9.62	12.00					15 min												
17	9.75	12.10					15 min												
18	9.10	11.60					15 min												
19	10.61	12.20					15 min												
20	11.03	14.10	12:02 PM	4.00	0.03	0.04	15 min												
21	10.61	12.30					15 min												
22	9.97	11.30	12:12 PM	2.08	0.02	0.04	15 min												
23	8.91	12.30					15 min												
24	9.67	11.60					15 min												
25	9.07	12.00					15 min												
26	9.87	12.20					15 min												
27	10.42	12.20	2:12 PM	0.58	0.02	0.04	15 min												
28	10.61	13.70	11:34 AM	1.80	0.01	0.04	15 min												
29	10.24	12.60					15 min												
30	11.95	18.90	12:32 AM	22.58	0.33	0.08	15 min												
31	10.32	13.90	1:17 AM	0.08	0.01	0.04	15 min												
Totals:	325.15			77.38	1.11			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	1/13/23

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 2022	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
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
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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 2022	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 2022	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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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 5 of 9	Permit Number: IN0025574
Facility:	Elkhart Public Works & Utilities	Public Notification Requirements Met?	Y
Monitoring Period:	December 2022	Enter "x" if no CSO discharge occurred for the month:	x
Design Peak Flow (Hourly) (MGD):	44	Design Flow (MGD): 20	Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No. 020						CSO Outfall No. 023						CSO Outfall No. 024						CSO Outfall No. 025					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

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:	December 2022	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: December 2022		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 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 2022	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: December 2022		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	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	1/23/23

BYPASS / OVERFLOW INCIDENT REPORT

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

☐ Follow-up to Bypass report previously sent on: _____

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

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

GENERAL INFORMATION

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

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
n/a	12/28/22 9:13	☑ AM ☐ PM	12/28/22 10:06	☑ AM ☐ PM	423 James St	41 41 10N	85 57 7W

(10) Amount of Flow Released *(Always provide a volume.)*
Check one: ☑ Estimated ☐ Actual 0.6 Gallons

(11) WWTP Flow During Release 8.4 MGD

(12) WWTP Peak Design Flow Rate 44.0 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☐ Dry Weather Combined Sewer Overflow
- ☑ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
none

(15) Reason for Bypass / Overflow *(Select one or more.)*
☐ Construction Related ☐ Power Failure ☐ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☐ Pump Station Failure
- ☐ Treatment Bypassed
- ☑ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ Sewer Clean Out

Describe Other: *(in the box below)*
grease

(17) Additional Description of the Bypass / Overflow Event:
grease accumilated in main line

(18) Description of the Area Impacted *(Check all that apply.)*
- ☑ Affected Private Property
- ☐ Basement Backup
- ☐ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☐ Reached Receiving Water

Name of Receiving Water Impacted:
n/a

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☑ 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.)
☑ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☐ Clean-Up Debris

(21) Resolution: Actions Taken or Planned to Prevent Recurrence
will educate customers in basin of proper grease disposal practices

(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)*: 12/28/22

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura E. Kolo	(574)293-2572	laura.kolo@coei.org	12/28/22 appx 11:40	☑ AM ☐ PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Wednesday, December 28, 2022 11:38 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: Emailing: IN0025674_INC_RPT_2022_12_01
Attachments: EXTERNAL: Relayed: Emailing: IN0025674_INC_RPT_2022_12_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: _____

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

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

GENERAL INFORMATION

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

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
n/a	12/29/22 5:04	☐ AM ☑ PM	12/29/22 7:30	☐ AM ☑ PM	3212 Aberdeen	41 39 12N	85 56 41W

(10) Amount of Flow Released *(Always provide a volume.)*
Check one: ☑ Estimated ☐ Actual <5 Gallons

(11) WWTP Flow During Release: 12.0 MGD

(12) WWTP Peak Design Flow Rate: 44.0 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☐ Dry Weather Combined Sewer Overflow
- ☑ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
none

(15) Reason for Bypass / Overflow *(Select one or more.)* ROOTS
☐ Construction Related ☐ Power Failure ☐ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☐ Pump Station Failure
- ☐ Treatment Bypassed
- ☑ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ Sewer Clean Out

Describe Other: *(in the box below)*
roots

(17) Additional Description of the Bypass / Overflow Event:
roots in main

(18) Description of the Area Impacted *(Check all that apply.)*
- ☑ Affected Private Property
- ☐ Basement Backup
- ☐ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☐ Reached Receiving Water

Name of Receiving Water Impacted:
n/a

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☑ 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.)
☑ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☐ Clean-Up Debris

(21) Resolution: Actions Taken or Planned to Prevent Recurrence
Removed roots and flow returned to normal. More extensive root removal and cleaning scheduled for 12/30/22.

(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)*: 12/30/22

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura E. Kolo	(574)293-2572	laura.kolo@coei.org	12/30/22 appx 12:10	☐ AM ☑ PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Friday, December 30, 2022 12:07 PM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: Emailing: IN0025674_INC_RPT_2022_12_02
Attachments: EXTERNAL: Relayed: Emailing: IN0025674_INC_RPT_2022_12_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

MARKETING AND DISTRIBU[illegible]N ANNUAL REPORT FORM

(Complete and submit this form to [illegible]M by January 31 of each year)

PERMIT NO.: INLA 000680 **FACILITY NAME:** Elkhart Public Works & Utilities **YEAR:** Dec 2022

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

(Lab No. corresponds to lab data entered below)

Class A Pathogen Reduction Method (attach sample results when applicable)
Check appropriate box, give explanation if more than one is applicable

327 IAC 6.1-4-13

X	Alternative 1		Alternative 4
	Alternative 2		Alternative 5
	Alternative 3		Alternative 6

No Distribution

Vector Attraction Reduction Method (attach sample results when applicable)
Check appropriate box, give explanation if more than one is applicable

327 IAC 6.1-15

X	Option 1 38%VSR		Option 5 Aerobic
	Option 2 Anaerobic/Bench		Option 6 Alkali
	Option 3 Aerobic/Bench		Option 7 75% Solids
	Option 4 SOUR		Option 8 90% Solids

Analytical Results:

Enter heavy metals results as dry weights — Enter detection limit when result is nondetectable

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

Enter all nutrient results as percent dry weights

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

Enter PCB results as dry weight

PCB												

NO DISTRIBUTION

Signature: Laura Kow Date: 1/23/23

Kolo, Laura

From: Kolo, Laura
Sent: Monday, January 23, 2023 2:16 PM
To: IDEM LAReports
Subject: INLA000680_2022_12
Attachments: INLA000680_2022_12.pdf

Please find Elkhart's December 2022 M&D Report.

Laura Kolo
Utility Services Manager
1201 S. Nappanee St.
Elkhart, IN 46516
(574) 293-2572
Laura.kolo@coei.org

Signing Process Confirmation - CDX Activity ID: _8564d848-0471-4973-9138-49e637a67418

Your DMRs are undergoing the Signing Process

IN0025674	ELKHART WWTP	035	035-TS	SEMIANNUAL BIOMONITORING	04/30/23	05/28/23
IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	01/31/23	02/28/23
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	01/31/23	02/28/23
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	01/31/23	02/28/23
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	01/31/23	02/28/23
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	01/31/23	02/28/23
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	01/31/23	02/28/23
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	01/31/23	02/28/23
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	01/31/23	02/28/23
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	01/31/23	02/28/23
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	01/31/23	02/28/23
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	01/31/23	02/28/23
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	01/31/23	02/28/23
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	01/31/23	02/28/23
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	01/31/23	02/28/23
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	01/31/23	02/28/23
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	01/31/23	02/28/23
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	01/31/23	02/28/23
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	01/31/23	02/28/23
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	01/31/23	02/28/23
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	01/31/23	02/28/23
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	01/31/23	02/28/23
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	01/31/23	02/28/23
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	01/31/23	02/28/23
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	01/31/23	02/28/23
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	01/31/23	02/28/23
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	01/31/23	02/28/23
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	01/31/23	02/28/23
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	01/31/23	02/28/23
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	01/31/23	02/28/23
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	01/31/23	02/28/23

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DMR Copy of Submission

Permit

Permit ID:	IN0025674	**Major:**	
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 01/01/23 to 01/31/23	**DMR Due Date:**	02/28/23
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	of Ex.	Analysis	Type
00300	**Oxygen, dissolved [DO]**	**Smpl.**				=8.1			19 - mg/L	0	01/01 - Daily	3R - 3GR24H
1 - Effluent Gross												
Season: 0		**Req.**				>=4.0 DLYAVMIN			19 - mg/L		01/01 - Daily	3R - 3GR24H
NODI: -		**NODI**										
00400	**pH**	**Smpl.**				=7.0		=7.9	12 - SU	0	01/01 - Daily	GR - GRAB
1 - Effluent Gross												
Season: 0		**Req.**				>=6.0 DAILY MN		<=9.0 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
NODI: -		**NODI**										
00530	**Solids, total suspended**	**Smpl.**	=1050.0	=1340.0	26 - lb/d		=10.0	=14.0	19 - mg/L	0	01/01 - Daily	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**	<=7511.0 MO AVG	<=11266.0 MX WK AV	26 - lb/d		<=30.0 MO AVG	<=45.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -		**NODI**										
00600	**Nitrogen, total [as N]**	**Smpl.**	=3753.0		26 - lb/d		=23.1		19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**	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]**	**Smpl.**	=61.0	=345.0	26 - lb/d		=0.58	=2.4	19 - mg/L	0	01/01 - Daily	24 - COMP24
1 - Effluent Gross												
Season: 2		**Req.**	<=1102.0 MO AVG	<=2554.0 DAILY MX	26 - lb/d		<=4.4 MO AVG	<=10.2 DAILY MX	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -		**NODI**										
00665	**Phosphorus, total [as P]**	**Smpl.**	=77.0		26 - lb/d		=0.77		19 - mg/L	0	01/01 - Daily	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**	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**	**Smpl.**	<0.023	<0.032	26 - lb/d		<0.0002	<0.0002	19 - mg/L	0	01/07 - Weekly	24 - COMP24
1 - Effluent Gross												

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		<=0.00038 MO AVG	<=0.00077 DAILY MX	19 - mg/L		01/07 - Weekly	24 - COMP24
NODI: -		**NODI**										
01079	**Silver total recoverable**	**Smpl.**					<=0.002	=0.0045	19 - mg/L	0	02/DM - Twice Every Month	24 - COMP24
G - Raw Sewage Influent												
Season: 0		**Req.**					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		02/DM - Twice Every Month	24 - COMP24
NODI: -		**NODI**										
50050	**Flow, in conduit or thru treatment plant**	**Smpl.**	=12.03		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]**	**Smpl.**					=15.0	=55.0	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	3Z - CFU/100mL		03/07 - Three Per Week	GR - GRAB
NODI: -		**NODI**										
80082	**BOD, carbonaceous [5 day, 20 C]**	**Smpl.**	=330.0	=407.0	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**										
81012	**Phosphorus, total percent removal**	**Smpl.**				=82.8			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**	**Smpl.**		=373.0	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

Attachments

Name	Type	Size
IN0025674_CSO_MRO_2021_01.pdf	pdf	1397319.0
IN0025674_INC_RPT_2023_01_1.pdf	pdf	106625.0
IN0025674_INC_RPT_2023_01_2.pdf	pdf	104928.0
IN0025674_INC_RPT_2023_01_3.pdf	pdf	106905.0
IN0025674_INC_RPT_2023_01_4.pdf	pdf	130953.0
IN0025674_035a_MRO_2023_01.pdf	pdf	910403.0

Report Last Saved By

ELKHART WWTP

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2023-02-27 15:48 (Time Zone:-05:00)

Report Last Signed By

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2023-02-27 15:49 (Time Zone:-05:00)

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Permit

Permit ID:	IN0025674	**Major:**	
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-TS - SEMIANNUAL BIOMONITORING

Report Dates & Status

Monitoring Period:	From 11/01/22 to 04/30/23	**DMR Due Date:**	05/28/23
Status:	**NetDMR Validated**		

Considerations for Form Completion

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

Principal Executive Officer

First Name:	Laura	**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
61425	**Toxicity [acute], Ceriodaphnia dubia**	**Smpl.**						<1.0	2F - tox acute	0	02/YR - Twice Per Year	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**						<=1.0 MAXIMUM	2F - tox acute		02/YR - Twice Per Year	24 - COMP24
NODI: -		**NODI**										
61426	**Toxicity [chronic], Ceriodaphnia dubia**	**Smpl.**						=4.0	2G - tox chronic	0	02/YR - Twice Per Year	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**						<=8.0 MAXIMUM	2G - tox chronic		02/YR - Twice Per Year	24 - COMP24
NODI: -		**NODI**										
X 61427	**Toxicity [acute], Pimephales promelas [Fathead Minnow]**	**Smpl.**						=100.0	2F - tox acute	1	02/YR - Twice Per Year	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**						<=1.0 MAXIMUM	2F - tox acute		02/YR - Twice Per Year	24 - COMP24
NODI: -		**NODI**										
X 61428	**Toxicity [chronic], Pimephales promelas [Fathead Minnow]**	**Smpl.**						=59.0	2G - tox chronic	1	02/YR - Twice Per Year	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**						<=8.0 MAXIMUM	2G - tox chronic		02/YR - Twice Per Year	24 - COMP24
NODI: -		**NODI**										

Submission Note

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

Edit Check Errors

Parameter Code	Parameter Name	Monitoring Location	Field	Type	Description	Acknowledge
61428	Toxicity [chronic], Pimephales promelas [Fathead Minnow]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	
61427	Toxicity [acute], Pimephales promelas [Fathead Minnow]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	

Comments

Attachments

Name	Type	Size
IN0025674_035TS_2023_01_1.pdf	pdf	47151.0

Report Last Saved By

ELKHART WWTP

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2023-02-27 15:47 (Time Zone:-05:00)

Report Last Signed By

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2023-02-27 15:49 (Time Zone:-05:00)

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MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number
Elkhart	IN0025674

Month	Year	Plant Design Flow	Telephone Number
January	2023	20.00 mgd	574/293-2572

E-mail address: laura.kolo@coei.org 035 A

Certified Operator: Name	Class	Certificate Number	Expiration Date
Laura E. Kolo	IV	15094	06/30/2023

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches (Total= 2.95)	Bypass At Plant Site("x" If Occurred)	Sanitary Sewer Overflow("x" If Occurred)	CHEMICALS USED: Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	RAW SEWAGE: 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			0.21				292		9.342	7.7	144	11,237	80	6,233	3.53	19.44	
2	Mon			0.00				289		9.283	7.9	40	3,097	100	7,742	3.61	22.12	
3	Tue			0.66				300		16.490	7.7	143	19,609	436	59,962	4.40	16.00	
4	Wed			0.00						10.625	7.6	175	15,489	158	14,001	4.72	28.16	
5	Thu			0.03				350		9.591	7.8	176	14,042	234	18,717	4.64	43.00	
6	Fri			0.00				252		10.666	7.5	213	18,947	246	21,883	4.58	27.80	
7	Sat			0.00				284		9.208	7.6	139	10,673	120	9,215	4.15	22.28	
8	Sun			0.00				281		10.058	7.6	98	8,189	74	6,207	3.94	20.56	
9	Mon			0.00				286		10.375	7.7	78	6,775	140	12,114	4.24	20.68	
10	Tue			0.03				286		10.517	7.6	145	12,723	172	15,086	7.44	24.80	
11	Wed			0.00						11.133	7.6	220	20,427	242	22,470	4.15	22.48	
12	Thu			0.00				307		10.208	7.5	136	11,570	190	16,176	5.15	26.24	
13	Fri			0.00						10.750	7.8	141	12,622	102	9,145	5.37	23.12	
14	Sat			0.00				316		9.983	7.7	139	11,565	98	8,159	4.83	21.84	
15	Sun			0.00				298		9.770	7.7	152	12,418	94	7,659	4.16	20.16	
16	Mon			0.00				296		11.375	7.6	164	15,549	170	16,127	4.91	21.32	
17	Tue			0.00				308		11.230	7.7	140	13,086	156	14,611	4.86	23.24	
18	Wed			0.17						10.525	7.6	141	12,386	162	14,220	4.66	25.68	
19	Thu			0.69				347		16.767	7.8	114	15,969	156	21,815	4.11	17.16	
20	Fri			0.02		X		319		9.980	7.8	195	16,237	154	12,818	4.36	21.64	
21	Sat			0.00				310		10.025	7.8	149	12,428	104	8,695	4.35	21.64	
22	Sun			0.00				297		9.841	7.7	176	14,466	92	7,551	3.78	20.40	
23	Mon			0.00				288		10.675	7.5	138	12,279	152	13,532	3.73	21.12	
24	Tue			0.84				313		10.080	7.7	136	11,412	156	13,114	6.55	22.72	
25	Wed			0.00				319		11.183	7.6	138	12,833	180	16,788	4.54	23.00	
26	Thu			0.00				288		10.542	7.7	100	8,750	114	10,023	4.43	21.88	
27	Fri			0.30				322		11.133	7.7	140	12,952	146	13,556	3.92	23.20	
28	Sat			0.00				325		9.816	7.7	111	9,048	80	6,549	2.93	20.92	
29	Sun			0.00				316		10.025	7.7	150	12,548	86	7,190	4.06	20.28	
30	Mon			0.00				322		10.610	7.7	108	9,523	110	9,734	4.08	22.24	
31	Tue			0.00				370		11.030	7.9	149	13,696	144	13,247	4.49	23.16	
Average				0.10				307		10.737		142	12,663	150	14,011	4.47	22.85	
Maximum				0.84				370		16.767	7.9	220	20,427	436	59,962	7.44	43.00	
Minimum				0.00				252		9.208	7.5	40	3097	74	6207	2.93	16.00	
# of Data		0		31	0	4	0	27	0	31	31	31	31	31	31	31	31	0

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

Prepared by or under the direction of (Certified Operatc: laura Kolo — Date (month, day, year): 2/27/23

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): laura Kolo — Date (month, day, year): 2/27/23

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	2023

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - 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	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)
1	88	54	355	3,230	110	4.6	13	7.785	6,400						7.3		8.9	
2	83	62	382	2,740	140	4.9	13	7.785	5,920						7.5		9.5	
3	106	248	382	2,645	144	4.7	13	7.785	7,300					2	7.2		9.0	
4	136	78	352	2,715	130	2.5	13	7.785	9,360					10	7.3		8.8	
5	135	65	385	3,035	127	2.3	13	7.785	6,640					16	7.9		9.1	
6	152	66	358	3,335	107	2.3	13	7.785	6,900						7.0		9.3	
7	114	76	390	3,040	128	4.0	13	7.785	6,580						7.3		9.1	
8	76	68	382	2,915	131	4.7	13	7.785	6,440						7.5		9.3	
9	68	80	425	2,860	149	2.8	13	7.785	6,920					8	7.6		8.1	
10	106	82	344	2,990	115	3.0	13	7.785	6,620					21	7.6		9.1	
11	163	84	338	2,855	118	2.3	14	7.785	6,360					5	7.2		9.2	
12	86	82	340	2,955	115	2.6	13	7.785	6,200						7.5		8.8	
13	102	66	348	2,470	141	2.7	13	7.785	6,420						7.4		8.7	
14	131	62	384	2,685	143	2.7	13	7.785	5,600						7.3		9.6	
15	139	56	365	2,770	132	4.7	13	7.785	6,080						7.4		9.8	
16	105	53	380	2,545	149	3.7	13	7.785	6,440						7.6		9.7	
17	87	74	350	2,560	137	3.7	13	7.785	6,340					24	7.4		9.1	
18	104	64	345	2,630	131	2.6	13	7.785	5,680					55	7.3		9.3	
19	78	68	310	2,395	129	2.8	13	7.785	7,320					7	7.4		8.8	
20	131	80	320	2,475	129	3.7	12	7.785	6,220						7.2		9.5	
21	110	62	330	2,550	129	4.2	13	7.785	5,940						7.2		9.8	
22	148	56	342	2,550	134	4.1	13	7.785	4,900						7.5		9.6	
23	91	54	350	2,255	155	3.9	13	7.785	5,520					33	7.6		9.6	
24	123	62	325	2,400	135	4.0	12	7.785	5,640					22	7.2		9.5	
25	108	76	345	2,155	160	3.7	12	7.785	5,120					26	7.6		9.0	
26	90	70	279	1,945	143	4.0	12	7.785	5,000						7.3		9.6	
27	93	60	230	1,995	115	3.4	12	7.768	5,120						7.2		9.7	
28	99	58	224	1,780	126	3.3	12	7.785	4,240						7.4		9.5	
29	135	58	230	1,808	127	4.7	12	7.785	4,080						7.6		9.4	
30	80	54	218	1,804	121	4.0	12	7.785	4,600					24	7.6		9.7	
31	94	76	236	1,920	123	3.70	12	7.785	4,680					30	7.5		9.7	
Avg.	108	73	334	2,549	131	3.6	13	7.784	6,019					20			9.3	
Max	163	248	425	3,335	160	4.9	14	7.785	9,360					55		7.9	9.8	
Min.	68	53	218	1780	107	2.3	12	7.768	4080					2		7.00	8.1	
Daily Max														55				
# 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	Permit Number	Month	Year
Elkhart	IN0025674	January	2023

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
Day Of Month	Day of Week	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	10.098		2		83		1		118		0.08		6.7		0.86	72
2	Mon	10.450		2		171		2		183		0.06		5.2		0.76	66
3	Tue	19.481		2		396		6		910		0.17		27.6		0.62	101
4	Wed	11.877		2		51		4		357		0.96		95.1		0.45	45
5	Thu	11.544		3		323		5		501		2.21		212.8		0.46	44
6	Fri	11.327		3		302		6		605		0.82		77.5		0.44	42
7	Sat	10.794	12.224	3	2.26	301	233	10	4.90	900	510	0.10	0.63	9.0	62	0.50	45
8	Sun	10.889		3		270		8		727		0.12		10.9		0.64	58
9	Mon	11.597		3		245		8		754		0.19		18.4		0.67	65
10	Tue	11.561		2		209		8		733		0.15		14.5		0.69	67
11	Wed	11.936		2		139		7		677		0.42		41.8		0.62	62
12	Thu	11.682		2		230		9		867		0.44		42.9		0.59	57
13	Fri	11.270		3		297		13		1,184		0.12		11.3		0.97	91
14	Sat	11.060	11.428	3	2.49	263	236	10	8.79	904	835	0.16	0.23	14.8	22	1.01	93
15	Sun	11.014		3		232		9		845		0.08		7.3		0.83	76
16	Mon	12.727		3		345		9		913		0.13		13.8		0.74	79
17	Tue	11.811		3		283		11		1,044		0.30		29.6		0.74	73
18	Wed	12.677		3		294		14		1,480		0.77		81.4		0.94	99
19	Thu	20.868		5		943		12		2,158		1.98		344.6		0.98	171
20	Fri	11.984		4		416		14		1,439		0.81		81.0		0.90	90
21	Sat	9.450	12.933	4	3.61	335	407	19	12.60	1,497	1,340	0.23	0.61	18.1	82	1.14	90
22	Sun	11.244		6		536		16		1,547		0.20		18.8		1.10	103
23	Mon	11.800		3		259		7		650		0.18		17.7		0.73	72
24	Tue	11.988		3		331		11		1,120		1.00		100.0		0.70	70
25	Wed	12.154		3		286		12		1,267		1.16		117.6		0.93	94
26	Thu	11.819		4		418		16		1,577		2.38		234.6		0.85	84
27	Fri	11.490		4		423		14		1,380		1.37		131.3		0.86	82
28	Sat	11.172	11.667	6	4.14	545	400	19	13.71	1,752	1,327	0.20	0.93	18.6	91	0.78	73
29	Sun	11.242		5		477		16		1,538		0.17		15.9		0.77	72
30	Mon	11.691		4		419		11		1,092		0.22		21.5		0.82	80
31	Tue	12.123		4		406		18		1,820		0.76		44.5		0.76	77
Avg		12.026		3		330		10		1,050		0.58		60.8		0.77	77
Max		20.868	12.933	6	4.14	943	407	19	13.71	2,158	1,340	2.38	0.93	344.6	91	1.1	171
Min		9.450	11.428	2	2.26	51	233	1	4.90	118	510	0.06	0.23	5.2	22	0.4	42
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) 373
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment	23.40	51.5			
	NA	NA			Percent Capacity (actual flow/design) 60%
Secondary Treatment	97.0	85.6			
Overall Treatment	97.68	93.0	97.5	82.8	
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	January	2023

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
	Primary SludgeGal. x 100	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	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		
1	20.88	201.60	7.2		80			4.08	2.20	82.89	61.94			
2	12.77	201.60	7.2		80			3.90	2.22	84.52	62.60			
3	21.68	201.60	7.3		80	21.222		5.32	2.32	85.13	61.90			
4	21.00	201.60	7.5		80			3.72	2.21	75.47	62.76	100.90		
5	31.15	201.60	7.2		80	14.148		5.13	2.18	75.85	62.93	104.34		
6	28.95	214.56	7.1		80	3.537		5.19	2.16	73.72	64.20	75.59		
7	30.84	216.00	7.2		81	31.883		4.49	2.07	69.20	61.36			
8	30.00	216.00	7.1		81	38.907		5.28	2.01	74.30	62.32			
9	27.50	216.00	7.1		81			5.21	2.04	76.53	63.18	101.31		
10	25.50	216.00	7.3		81	7.074		5.48	2.08	75.71	61.95	43.44		
11	29.93	216.00	7.2		81			3.49	2.01	71.55	62.33	97.19		
12	29.88	231.84	7.2		82			6.20	1.99	68.82	64.00	100.69		
13	30.37	244.80	7.1		82			5.38	1.99	68.28	63.68			
14	26.00	230.40	7.1		82	10.611		4.16	2.00	71.63	63.26			
15	15.60	244.80	7.1		82			5.04	2.09	73.02	63.21			
16	9.68	244.80	7.1		81			5.25	2.09	76.41	62.62			
17	10.92	244.80	7.2		81	14.148			2.26		63.90	86.75		
18	30.09	244.80	7.1		80			4.43	2.22	77.82	63.49	100.99		
19	45.00	244.80	7.1		80	3.537		4.68	2.19	73.25	62.79	89.57		
20	22.75	279.36	7.1		80	21.222		3.41	2.18	74.57	62.25	72.53		
21	29.64	288.00	7.1		80	24.759		4.04	2.15	73.66	62.96			
22	44.09	288.00	7.1		79	42.444		3.71	2.07	74.16	61.97			
23	32.74	288.00	7.1		78	42.444		2.93	2.05	77.29	63.68			
24	19.73	288.00	7.0		79			3.18	2.06	77.61	63.35	83.98		
25	38.30	288.00	7.1		80			2.25	2.04	75.98	61.34	93.26		
26	45.01	264.96	7.1		78	17.685		3.50	2.04	76.98	63.69	101.13		
27	40.01	259.20	7.0		79			3.17	2.02	75.63	63.83	72.19		
28	30.04	259.20	7.0		81	45.981		4.12	2.00	77.53	61.36			
29	38.01	259.20	7.0		78	38.907		4.46	2.03	77.95	62.13			
30	34.11	259.20	7.0		76			4.09	2.01	80.04	61.45	100.74		
31	88.38	259.20	7.0		80			3.02	1.98	79.49	63.07	100.80		
Avg.	30.34	242.38			80	23.657		4.28	2.10	75.83	62.76	89.73		
Max.	88.38	288.00	7.5		82	45.981		6.20	2.32	85.13	64.20	104.34		
Min.	9.68	201.60	7.0		76	3.537		2.25	1.98	68.28	61.34	43.44		
Data	31	31	31	0	31	16	0	30	31	30	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	Permit Number	Month	Year
Elkhart	IN0025674	January	2023

Substitute for State Form 30530

	Final Effluent															
	Chloride		Total Nitrogen													
Day Of Month	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day	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
1																
2																
3			23.10	3,753	0.0004	0.0002	0.0005	0.0002			0.0206	0.0002	0.1010	0.0065		
4																
5																
6																
7																
8																
9																
10					0.0015	0.0002			0.0064	0.0050					117.0000	2.9300
11																
12																
13																
14																
15																
16																
17					0.0045	0.0002										
18																
19																
20																
21																
22																
23																
24					0.0002	0.0002										
25																
26																
27																
28																
29																
30																
31	220	22,243														
Avg.	220	22,243	23.10	3,753	0.0017	0.0002	0.0005	0.0002	0.0064	0.0050	0.0206	0.0002	0.1010	0.0065	17.0000	2.9300
Max.	220	22,243			0.0045	0.0002	0.0005	0.0002	0.0064	0.0050	0.0206	0.0002	0.1010	0.0065	17.0000	2.9300
Min.	220	22,243	23.10	3753	0.0002	0.0002	0.0005	0.0002	0.0064	0.0050	0.0206	0.0002	0.1010	0.0065	17.0000	2.9300
Data	1	1	1	1	4	4	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	2023

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	0.0408	0.0082	0.0108	0.0010	0.2480	0.0222										
4																
5																
6																
7																
8																
9																
10																
11																
12																
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27																
28																
29																
30																
31																
Avg.	0.0408	0.0082	0.0108	0.0010	0.2480	0.0222										
Max	0.0408	0.0082	0.0108	0.0010	0.2480	0.0222										
Min.	0.0408	0.0082	0.0108	0.0010	0.2480	0.0222										
Data	1	1	1	1	1	1	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 60546 (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 2023		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	9.34	11.00	5:54 AM	13.17	0.07	0.12	15 min												
2	9.28	12.20	3:12 AM	12.92	0.01	0.04	15 min												
3	16.49	28.00	2:59 AM	20.88	0.57	0.48	15 min												
4	10.63	11.40					15 min												
5	9.59	12.20	8:47 AM	6.98	0.05	0.04	15 min												
6	10.67	12.00	11:37 AM	1.82	0.02	0.04	15 min												
7	9.21	12.20					15 min												
8	10.06	12.00					15 min												
9	10.38	12.20					15 min												
10	10.52	12.20	7:57 AM	5.28	0.05	0.08	15 min												
11	11.13	13.30					15 min												
12	10.21	11.10					15 min												
13	10.75	13.10					15 min												
14	9.77	12.00					15 min												
15	9.98	12.00					15 min												
16	11.38	18.20	12:47 PM	10.67	0.15	0.12	15 min												
17	11.23	12.10					15 min												
18	10.53	12.40	8:52 PM	3.20	0.20	0.24	15 min												
19	16.77	39.80	12:01 AM	23.92	0.42	0.28	15 min												
20	9.98	12.20	12:07 AM	15.25	0.14	0.04	15 min												
21	10.03	11.70					15 min												
22	9.84	12.00	11:29 AM	5.70	0.06	0.04	15 min												
23	10.68	13.30	6:04 AM	10.30	0.01	0.04	15 min												
24	10.08	12.80	12:12 PM	3.00	0.02	0.04	15 min												
25	11.18	15.00	11:54 AM	7.30	0.15	0.08	15 min												
26	10.54	13.50	10:49 AM	4.13	0.10	0.04	15 min												
27	11.13	13.10	8:29 PM	0.75	0.02	0.04	15 min												
28	9.82	12.00	4:02 PM	0.08	0.01	0.04	15 min												
29	10.03	12.20	11:34 AM	0.42	0.03	0.08	15 min												
30	10.61	12.60					15 min												
31	11.03	13.10	2:44 PM	0.08	0.01	0.04	15 min												
Totals:	332.84			145.85	2.09			0	Days	0.00		0.0000		0	Days	0.00		0.0000	

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	02/27/23

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:	January 2023	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
1																								
2																								
3																								
4																								
5																								
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29																								
30																								
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 3 of 9	Permit Number: IN0025574
Facility:	Elkhart Public Works & Utilities	Public Notification Requirements Met?	Y
Monitoring Period:	January 2023	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
1																								
2																								
3																								
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25																								
26																								
27																								
28																								
29																								
30																								
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 4 of 9	Permit Number: IN0025574
Facility:	Elkhart Public Works & Utilities	Public Notification Requirements Met?	Y
Monitoring Period:	January 2023	Enter "x" if no CSO discharge occurred for the month:	
Design Peak Flow (Hourly) (MGD):	44	Design Flow (MGD): 20	Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No. 016						CSO Outfall No. 017						CSO Outfall No. 018						CSO Outfall No. 019					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Elkhart	Page 5 of 9	Permit Number: IN0025574
Facility:	Elkhart Public Works & Utilities	Public Notification Requirements Met?	Y
Monitoring Period:	January 2023	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)

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:	January 2023	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:	January 2023	Enter "x" if no CSO discharge occurred for the month:	
Design Peak Flow (Hourly) (MGD):	44	Design Flow (MGD): 20	Measured/Metered (M) or Estimated (E) must be specified

	CSO Outfall No. 031						CSO Outfall No. 032						CSO Outfall No. 033						CSO Outfall No. 034					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Days	0.00		0.0000		1	Days	0.42		0.0196		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 2023	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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Totals:	0	Days	0.00		0.0000		2	Days	2.33		0.0756		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: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y	
Monitoring Period: January Year: 2023		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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14	CSO 20 - Dry weather overflow due to power outage
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19	wet weather
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Laura E. Kolo, Utilities Services Manager	574-293-2572

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

Signature of Principal Executive Officer or Authorized Agent	Date (mm/dd/yy)
Laura Kolo	02/27/23

BYPASS / OVERFLOW INCIDENT REPORT

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

☐ Follow-up to Bypass report previously sent on: _____

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

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

GENERAL INFORMATION

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

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
035	1/26/23 2:20	☐ AM ☑ PM	1/26/23 9:00	☐ AM ☑ PM	WWTP - aeration tank #1	41 40 48N	85 60 4W

(10) Amount of Flow Released *(Always provide a volume.)*
Check one: ☑ Estimated ☐ Actual 12,000 Gallons

(11) WWTP Flow During Release: 12.2 MGD

(12) WWTP Peak Design Flow Rate: 44.0 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☐ Dry Weather Combined Sewer Overflow
- ☑ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
none

(15) Reason for Bypass / Overflow *(Select one or more.)*
☑ Construction Related ☐ Power Failure ☐ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☐ Pump Station Failure
- ☐ Treatment Bypassed
- ☑ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ Sewer Clean Out

Describe Other: *(in the box below)*
construction related

(17) Additional Description of the Bypass / Overflow Event:
Contractor used concrete saw to demo air header. Plant is currently under wet weather expansion as part of LTCP. As part of the expansion, aeration tank #1 was off line so the air system and diffusers could be replaced. In demoing the old air system, it was not realized at the time, but a cut into the air header system was made too deep. As a result, when the aeration tank was filled to return it to service, water from the aeration tank, which at this time was primarily primary effluent, entered into the Y wall. The volume of water overwhelmed the drain and water made its way through a crack between the y wall and side of the aeration tank.

(18) Description of the Area Impacted *(Check all that apply.)*
- ☐ Affected Private Property
- ☐ Basement Backup
- ☐ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☑ Reached Receiving Water

Name of Receiving Water Impacted:
unknown amount reached St Joseph River

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☑ 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.)
☐ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☑ Other ☐ Lime ☐ Clean-Up Debris
Most of water soaked into the ground but an unknown volume did enter a near-by storm drain and made its allowing the repairs to be made. At the time of the report being generated, a contractor is on site making the repairs. The Y wall will be filled with clean water to check for leaks before refilling the aeration tank.

(21) Resolution: Actions Taken or Planned to Prevent Recurrence
Will be dicsusing what additional and appropriate steps to test work on remaining aeration tanks will be taken before returning remaining aeration tanks to serivce.

(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)*: 1/27/23

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura E. Kolo	(574)293-2572	laura.kolo@coei.org	1/27/23 appx 111:20	☑ AM ☐ PM

Kolo, Laura

From: Kolo, Laura
Sent: Friday, January 27, 2023 11:19 AM
To: wwreports@idem.in.gov
Subject: IN0025674_INC_RPT_2023_01_04
Attachments: IN0025674_INC_RPT_2023_01_04.pdf

Please find incident report attached.

Laura Kolo
Utility Services Manager
1201 S. Nappanee St.
Elkhart, IN 46516
(574) 293-2572
Laura.kolo@coei.org

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.*

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GENERAL INFORMATION

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

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
n/a	1/14/23 5:20	☐ AM ☑ PM	1/14/23 5:35	☐ AM ☑ PM	CSO 20	41 40 37N	85 59 25W

(10) Amount of Flow Released *(Always provide a volume.)*
Check one: ☐ Estimated ☑ Actual 5358 Gallons

(11) WWTP Flow During Release: 11.6 MGD

(12) WWTP Peak Design Flow Rate: 44.0 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☐ Dry Weather Combined Sewer Overflow
- ☑ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
none

(15) Reason for Bypass / Overflow *(Select one or more.)*
☐ Construction Related ☑ Power Failure ☐ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☐ Pump Station Failure
- ☐ Treatment Bypassed
- ☑ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ Sewer Clean Out

Describe Other: *(in the box below)*
power outage

(17) Additional Description of the Bypass / Overflow Event:
power outage at downstream lift station

(18) Description of the Area Impacted *(Check all that apply.)*
- ☐ Affected Private Property
- ☐ Basement Backup
- ☐ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☑ Reached Receiving Water

Name of Receiving Water Impacted:
St Joseph River

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☑ 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.)
☐ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☑ Other ☐ Lime ☐ Clean-Up Debris
crews called with generator to temporarily provide power to lift station

(21) Resolution: Actions Taken or Planned to Prevent Recurrence
AEP restored power

(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)*: 1/17/23

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura E. Kolo	(574)293-2572	laura.kolo@coei.org	1/17/23 appx 10:50	☑ AM ☐ PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Tuesday, January 17, 2023 10:54 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0025674_INC_RPT_2020_03
Attachments: EXTERNAL: Relayed: IN0025674_INC_RPT_2020_03

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.*

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GENERAL INFORMATION

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

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
n/a	1/10/23 4:05	☐ AM ☑ PM	1/10/23 4:55	☐ AM ☑ PM	123 Joyce Ct	41 41 36N	85 56 7W

(10) Amount of Flow Released *(Always provide a volume.)*
Check one: ☑ Estimated ☐ Actual 5 Gallons

(11) WWTP Flow During Release: 11.6 MGD

(12) WWTP Peak Design Flow Rate: 44.0 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☐ Dry Weather Combined Sewer Overflow
- ☑ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
none

(15) Reason for Bypass / Overflow *(Select one or more.)*
☐ Construction Related ☐ Power Failure ☐ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☐ Pump Station Failure
- ☐ Treatment Bypassed
- ☑ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ Sewer Clean Out

Describe Other: *(in the box below)*
rags

(17) Additional Description of the Bypass / Overflow Event:
rags in main, < 5 gal backed-up into tub

(18) Description of the Area Impacted *(Check all that apply.)*
- ☑ Affected Private Property
- ☐ Basement Backup
- ☐ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☐ Reached Receiving Water

Name of Receiving Water Impacted:
n/a

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☑ 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.)
☑ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☐ Clean-Up Debris
removed blckage of rags

(21) Resolution: Actions Taken or Planned to Prevent Recurrence
Removed obstruction of rags and flow returned to normal.

(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)*: 1/11/23

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura E. Kolo	(574)293-2572	laura.kolo@coei.org	1/11/23 appx 7:55	☑ AM ☐ PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Wednesday, January 11, 2023 8:01 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN25674_INC_RPT_2023_01_02
Attachments: EXTERNAL: Relayed: IN25674_INC_RPT_2023_01_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: _____

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

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

GENERAL INFORMATION

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

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
n/a	1/3/23 8:45	☑ AM ☐ PM	1/3/23 12:50	☐ AM ☑ PM	2045 Prarie Street	41 40 1N	85 57 56W

(10) Amount of Flow Released *(Always provide a volume.)*
Check one: ☑ Estimated ☐ Actual 748 Gallons

(11) WWTP Flow During Release 21.5 MGD

(12) WWTP Peak Design Flow Rate 44.0 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☐ Dry Weather Combined Sewer Overflow
- ☑ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
none

(15) Reason for Bypass / Overflow *(Select one or more.)*
☐ Construction Related ☐ Power Failure ☐ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☐ Pump Station Failure
- ☐ Treatment Bypassed
- ☑ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ Sewer Clean Out

Describe Other: *(in the box below)*
grease

(17) Additional Description of the Bypass / Overflow Event:
grease in main

(18) Description of the Area Impacted *(Check all that apply.)*
- ☐ Affected Private Property
- ☑ Basement Backup
- ☐ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☐ Reached Receiving Water

Name of Receiving Water Impacted:
n/a

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☑ 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.)
☑ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☐ Clean-Up Debris

(21) Resolution: Actions Taken or Planned to Prevent Recurrence
Removed obstruction of grease and flow returned to normal. More extensive cleaning was done the following day.

(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)*: 1/10/23

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura E. Kolo	(574)293-2572	laura.kolo@coei.org	1/10/23 appx 11:15	☑ AM ☐ PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Tuesday, January 10, 2023 11:09 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0025674_INC_RPT_2023_01
Attachments: EXTERNAL: Relayed: IN0025674_INC_RPT_2023_01

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Kolo, Laura

From: Pettis, Charlotte
Sent: Tuesday, January 3, 2023 2:36 PM
To: Kolo, Laura
Subject: 2045 Prairie

Importance: High

Shawn Moist is the owner. This address was put in Lucity this morning for sewage coming out of his basement when it rains. Michael called, he said there was a plug in our area. I just wanted to let you know.

= 20' x 20' x .25'
= 100
x 7.48
= 748 gal

21.5 MGD

1/3 8:45 am st
12:50 pm end
grease

41 40 01 N
85 57 56 W

Biomonitor

Permittee/Location Elkhart WWTP Elkhart, IN	**Permit Number:** IN0025674	**Outfall Number:** 035
Laboratory Name and Contact: Biomonitor Melody Myers-Kinzie	**Report** Due Date:	**Report Date:** February 2023

WETT Reporting Frequency or Type: **(mark one)**	Monthly	Quarterly	Semi-annual **X**	Annual	TRE	Post TRE	First (per Reporting Frequency)

Test Organism	**Test**	**Endpoint [1]**	**Units**	**Result**	**Compliance Value in TUs**	**Pass/Fail**	Reporting
Ceriodaphnia dubia	7-day Survival and Reproduction Definitive Static-Renewal	NOEC Survival	%	25	NA		Laboratory Report
			TU_c	4			
		NOEC Reproduction	%	25			
			TU_c	4			
		IC25 Reproduction	%	25			
			TU_c	4			
		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	4.0	8.0	**Pass**	Laboratory Report and NetDMR (Parameter Code 61426)

Pimephales promelas	7-day Larval Survival and Growth Definitive Static-Renewal	NOEC Survival	%	<6.25	NA		Laboratory Report
			TU_c	>16			
		NOEC Growth	%	<6.25			
			TU_c	>16			
		IC25 Growth	%	1.7			
			TU_c	59			
		96 hr. LC50	1 %	100			
			TU_a	<1			
		Toxicity (acute)	TU_a	100	1.0	**Fail**	Laboratory Report and NetDMR (Parameter Code 61427)
		Toxicity (chronic)	TU_c	59	8.0	**Fail**	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

February 2023

GLP (Good Laboratory Practices)
COMPLIANCE STATEMENT

Project Name: Elkhart Wastewater Treatment Plant

Project Date: January - February 2023

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: 2/10/23

Mandy Myers Rogers

Project Director
Date: 2/10/23

Other Participating Personnel:

Michael Britton
Mukang'andu Ng'andwe
Arizona Fox

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

Section 1
Executive Summary

Biomonitor conducted whole effluent toxicity testing for the Elkhart, IN Wastewater Treatment Plant during January/February 2023. The purpose of the testing was to fulfill the biomonitoring requirement for the NPDES permit.

Three samples were collected January 29 – February 2, 2023. The water flea, *Ceriodaphnia dubia*, and Fathead minnow, *Pimephales promelas,* were used as the test organisms.

A total of eight 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	=	25% effluent	TU_c	=	4.0
NOEL for reproduction	=	25% effluent	TU_c	=	4.0
IC_{25} for reproduction	=	25% effluent	TU_c	=	4.0

Pimephales promelas test

48-hr LC_{50}	=	1% effluent	TU_a	=	100
NOEL for survival	=	<6.25% effluent	TU_c	=	>16
NOEL for growth	=	<6.25% effluent	TU_c	=	>16
IC_{25} for growth	=	1.7% effluent	TU_c	=	59

The acute toxicity limits in the NPDES permit require the 48 and/or 96-hr LC_{50} 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 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 29, 2023	-MGD
		January 31, 2023	-MGD
		February 2, 2023	-MGD

Table III
Source of effluent and dilution water

I. Effluent samples

Sampling point:	Outfall 035	
Collection dates and times:	January 29, 2023	11:00 p.m.
	January 31, 2023	11:00 p.m.
	February 2, 2023	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:	*Ceriodaphnia* 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:	No Deviations	
Date and time test initiated:	January 31, 2023	9:00 a.m.
Date and time test terminated	February 7, 2023	10:00 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**

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

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

Raw Data:	See Table 8
LC_{50} or NOEL obtained:	48-hr LC_{50} = greater than 100% effluent NOEL for survival = 25% effluent NOEL for reproduction = 25% effluent IC_{25} for reproduction = 25% effluent Control survival was 100% after seven days. Control reproduction averaged greater than 15 per surviving female.
Methods used to calculate endpoints:	Fisher's Exact Test for the survival endpoint. Steel's Many-One Rank Test was required for the reproduction endpoint because the homogeneity of variance assumption could not be met. ICPIN for the IC_{25} reproduction endpoint. No calculations necessary for the acute endpoint.

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

Reference Toxicant used and source:	Copper chloride, reagent grade, from Carolina Biological
Date and time of most recent test:	January 10-18, 2023
Dilution water used in test:	Moderately hard synthetic water
Results:	48-hr LC_{50} = 75 µg/L as Cu NOEL (reproduction) = 40 µg/L as Cu LOEL (reproduction) = 80 µg/L as Cu
Comparison to recommended range:	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	17.8	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	3	3	4	0	0	0	0	0	3	0		10
	4	0	0	0	3	2	2	4	4	0	2		10
	5	5	6	7	6	5	0	7	6	4	6		10
	6	6	9	8	0	0	7	0	14	10	0		10
	7	0	0	0	4	9	9	15	0	0	5		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	3	4	3	3	0	0	0	0	3	3		10
	4	0	0	6	0	2	3	4	4	0	0		10
	5	8	6	0	5	6	5	8	8	7	6		10
	6	11	5	9	5	0	0	0	6	8	6		10
	7	0	0	8	0	10	10	9	0	0	0		10
12.5%	1	0	0	0	0	0	0	0	0	0	0	17.3	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	2	4	4	0	0	0	0	4	0		10
	4	0	0	0	0	4	3	5	5	0	3		10
	5	4	7	5	4	6	6	8	8	5	4		10
	6	0	9	6	2	0	0	0	7	8	0		10
	7	2	0	8	0	10	11	11	0	0	8		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	13.8	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	2	1	3	0	0	0	0	0	4	4		10
	4	0	0	0	1	3	3	3	2	0	0		10
	5	0	4	5	5	0	6	0	6	5	7		10
	6	0	2	4	0	5	0	6	0	4	5		10
	7	7	0	-	5	9	9	8	10	0	0		9
50%	1	0	0	0	0	0	0	0	0	0	0	1.1	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	1-	4	3	-	-	-	0	-	3	-		4
	4	-	-	-	-	-	-	-	-	-	-		0
	5	-	-	-	-	-	-	-	-	-	-		0
	6	-	-	-	-	-	-	-	-	-	-		0
	7	-	-	-	-	-	-	-	-	-	-		0
100%	1	0	0	0	0	0	0	0	0	0	0	0	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	-	-	-	-	-	-	-	0	-	0		2
	4	-	-	-	-	-	-	-	-	-	-		0
	5	-	-	-	-	-	-	-	-	-	-		0
	6	-	-	-	-	-	-	-	-	-	-		0
	7	-	-	-	-	-	-	-	-	-	-		0

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 $CaCO_3$	Hardness Range $CaCO_3$	Cond. Range µS
CONTROL	7.8 – 8.7	25	7.5 – 7.9	40-	100-	320-340
6.25%	7.8 – 8.6	25	7.5 – 8.0			370-
25%	7.7 – 8.6	25	7.4 – 8.0			510-
100%	7.7 – 8.9	25	7.4 – 8.1	110-150	200-290	1000-1050

FATHEAD MINNOW LARVAL SURVIVAL AND GROWTH TEST

Table X
METHODOLOGY
Fathead Minnow Larval Survival and Growth Test

Toxicity test method used:	7-day fathead minnow larval survival and growth test	
Endpoints of test:	96-hr LC_{50} and no observable effect level (NOEL) for survival and growth. TU_c for survival and growth.	
Reference method:	EPA-821-R-02-013	
Deviations from method:	No Deviations	
Date and time test initiated:	January 31, 2023	10:15 a.m.
Date and time test terminated	February 4, 2023	10:15 a.m.
Type of test chambers:	Polyethylene	300 ml
Volume of solution used per chamber:	250 ml	
Number of organisms per chamber:	ten	
Number of replicate chambers per treatment:	four	
Test temperature range:	25°C (no deviations)	

Table XI
ORGANISMS USED
Fathead Minnow Survival and Growth Test

Scientific name:	*Pimephales promelas*
Age:	<24 hours
Life stage:	larvae
Mean length and weight:	Not applicable
Source	Biomonitor Lab Cultures
Diseases and treatment	Not applicable

Table XII
RESULTS
Fathead Minnow Larval Survival and Growth Test

Raw Data:	See Table 14
LC_{50} or NOEL obtained:	96-hr LC_{50} = >1% effluent NOEL for survival = <6.25% effluent NOEL for growth = <6.25% effluent IC_{25} for growth = 1.7% 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 and growth endpoints because the homogeneity of variance assumptions could not be met. ICPIN for the IC_{25} growth endpoint. Trimmed Spearman-Karber for the acute endpoint.

Table XIII
QUALITY ASSURANCE
Fathead Minnow Larval Survival and Growth Test

Reference Toxicant used and source:	Potassium chloride, reagent grade, from Sigma-Aldrich
Date and time of most recent test:	January 10-17, 2023
Dilution water used in test:	Moderately Hard Synthetic Water
Results:	96-hr LC_{50} = 795 mg /L as KCl
	NOEL (growth) = 500 mg/L as KCl
	LOEL (growth) = 1000 mg/L as KCl
Comparison to recommended range:	Within the laboratory control range for both acute and chronic endpoints (see attachment)

Table XIV
TEST DATA
Fathead Minnow Larval Survival and Growth Test

Effluent Concentration	% Survival in Each Replicate				Average Dry Weight (µg) in Each Replicate			
	A	B	C	D	A	B	C	D
Control	90	90	100	100	260	240	230	280
6.25%	30	20	10	0	100	30	10	0
12.5%	0	0	10	0	0	0	0	0
25%	0	0	0	0	0	0	0	0
50%	0	0	0	0	0	0	0	0
100%	0	0	0	0	0	0	0	0

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 $CaCO_3$	Hardness Range $CaCO_3$	Cond. Range µS
CONTROL	6.9 – 8.7	25	7.4 – 7.7	40-	100-	340-350
6.25%	6.6 – 8.8	25	7.4 – 7.7			370-390
25%	6.7 – 8.8	25	7.4 – 7.6			500-540
100%	6.6 – 9.9	25	7.3 – 7.8	110-150	200-290	1000-1050

Biomonitor

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

SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity Test

SAMPLE IDENTIFICATION: Elkhart - 1 Monday Jan. 2023

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 1/29/2023 Start Time 1am

End Date 1/29/2023 End Time 11 pm

NAME OF PERSON COLLECTING SAMPLE: _____

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: Pam Well

Date: 1/30/2023 Time: 11:4 am

Received by: [illegible]

Date: 1/30/23 Time: 11:4 a

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 Test

SAMPLE IDENTIFICATION: Elkhart - 2 Wednesday Feb. 2023

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 1-31-2023 Start Time 1am

End Date 1-31-2023 End Time 11 pm

NAME OF PERSON COLLECTING SAMPLE: Ops

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: [illegible]

Date: 02/01/2023 Time: 11:28 am

Received by: [illegible]

Date: 2/1/23 Time: 11:28 a

Relinquished by: _____

Date: _____ Time: _____

Received by: _____

Date: _____ Time: _____

TEMP: 2.5 °C

COMMENTS:

Biomonitor

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

SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity Test

SAMPLE IDENTIFICATION: Elkhart - 3 Friday Feb. 2023

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 02-02-2023 Start Time 1 am

End Date 02-02-2023 End Time 11 pm

NAME OF PERSON COLLECTING SAMPLE: Ops

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: [signature]

Date: 2/3/2023 Time: 11:30 am

Received by: [signature]

Date: 2/3/23 Time: 11:30 a

Relinquished by: _____

Date: _____ Time: _____

Received by: _____

Date: _____ Time: _____

TEMP: 2 °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.)
08/20	65	40	80	34
09/20	65	40	80	52
11/20	75	40	80	39
01/21	104	40	80	24
02/21	65	40	80	46
03/21	86	40	80	51
04/21	65	10	20	15
06/21	106	40	80	44
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	80	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
Average	85	Mode 40	80	43
St. Dev.	16			13
Upper Limit	117	80	160	68
Lower Limit	53	20	40	18

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)
03/21	840	500	1000	664
03/21	798	500	1000	571
06/21	917	500	1000	604
06/21	671	500	1000	621
07/21	1072	500	1000	672
08/21	1234	1000	2000	1207
09/21	997	500	1000	747
10/21	1129	500	1000	1017
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
Average	997	Mode 500	1000	789
St. Dev.	162			194
Upper Limit	1321	1000	2000	1177
Lower Limit	673	250	500	402

Client: Elkhart WWTP

Project #

Analysts: MMK, MMB, MN, AF

Test Dates

Start Date: 1/31/2023

Start Time: 0900

End Date: 2/7/2023

End Time: 1000

Template # B

Comments:

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

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

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

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

Row 7						
Day						
1	0	0	0	0	0	0
2	0	0	0	0	0	0
3	0	0	0	0	0	/
4	4	5	4	–	3	/
5	8	8	7	–	0	/
6	0	0	0	–	6	/
7	9	11	15	–	8	/

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

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

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

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

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

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

Discharger:	Elkhart WWTP	Analyst:	MMB, MMK, MN, AF
Location:	Elkhart, IN	Test Start- Date/Time:	1/31/23 / 0900
Date Sample Collected:	1/29, 1/31, 2/2	Test Stop- Date/Time:	2/7/23 / 1000

		Replicate										No. of	No. of	Young per
Conc.	Day	1	2	3	4	5	6	7	8	9	10	Young	Adults	Adult
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	3	3	4	0	0	0	0	0	3	0	13	10	1.3
	4	0	0	0	3	2	2	4	4	0	2	17	10	1.7
	5	5	6	7	6	5	0	7	6	4	6	52	10	5.2
	6	6	9	8	0	0	7	0	14	10	0	54	10	5.4
	7	0	0	0	4	9	9	15	0	0	5	42	10	4.2
	Total	14	18	19	13	16	18	26	24	17	13	178	10	17.8

		Replicate										No. of	No. of	Young per
Conc.	Day	1	2	3	4	5	6	7	8	9	10	Young	Adults	Adult
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	3	4	3	3	0	0	0	0	3	3	19	10	1.9
	4	0	0	6	0	2	3	4	4	0	0	19	10	1.9
	5	8	6	0	5	6	5	8	8	7	6	59	10	5.9
	6	11	5	9	5	0	0	0	6	8	6	50	10	5.0
	7	0	0	8	0	10	10	9	0	0	0	37	10	3.7
	Total	22	15	26	13	18	18	21	18	18	15	184	10	18.4

		Replicate										No. of	No. of	Young per
Conc.	Day	1	2	3	4	5	6	7	8	9	10	Young	Adults	Adult
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	0	2	4	4	0	0	0	0	4	0	14	10	1.4
	4	0	0	0	0	4	3	5	5	0	3	20	10	2.0
	5	4	7	5	4	6	6	8	8	5	4	57	10	5.7
	6	0	9	6	2	0	0	0	7	8	0	32	10	3.2
	7	2	0	8	0	10	11	11	0	0	8	50	10	5.0
	Total	6	18	23	10	20	20	24	20	17	15	173	10	17.3

Conc.	Day	Replicate 1	2	3	4	5	6	7	8	9	10	No. of Young	No. of Adults	Young per Adult
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	2	1	3	0	0	0	0	0	4	4	**14**	**10**	**1.4**
	4	0	0	0	1	3	3	3	2	0	0	**12**	**10**	**1.2**
	5	0	4	5	5	0	6	0	6	5	7	**38**	**10**	**3.8**
	6	0	2	4	0	5	0	6	0	4	5	**26**	**10**	**2.6**
	7	7	0	0 /	5	9	9	8	10	0	0	**48**	**9**	**4.8**
	Total	**9**	**7**	**12**	**11**	**17**	**18**	**17**	**18**	**13**	**16**	**138**	**9**	**13.8**

Conc.	Day	Replicate 1	2	3	4	5	6	7	8	9	10	No. of Young	No. of Adults	Young per Adult
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	1 /	4	3	0 /	0 /	0 /	0	0 /	3	0 /	**11**	**4**	**1.1**
	4	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	**0**	**0**	**0.0**
	5	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	**0**	**0**	**0.0**
	6	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	**0**	**0**	**0.0**
	7	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	**0**	**0**	**0.0**
	Total	**1**	**4**	**3**	**0**	**0**	**0**	**0**	**0**	**3**	**0**	**11**	**0**	**1.1**

Conc.	Day	Replicate 1	2	3	4	5	6	7	8	9	10	No. of Young	No. of Adults	Young per Adult
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 /	0 /	0 /	0 /	0 /	0 /	0	0 /	0	**0**	**2**	**0.0**
	4	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	**0**	**0**	**0.0**
	5	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	**0**	**0**	**0.0**
	6	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	**0**	**0**	**0.0**
	7	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	**0**	**0**	**0.0**
	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0.0**

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	1	
4	50%	10	10	*
5	100%	10	10	*

FISHERS EXACT TEST

IDENTIFICATION	NUMBER OF ALIVE	NUMBER OF DEAD	TOTAL ANIMALS
CONTROL	10	0	10
6%	10	0	10
TOTAL	20	0	20

CRITICAL FISHERS VALUE (10,10,10) (p=0.05) IS 6. b VALUE IS 10.
Since b is greater than 6 there is no significant difference between CONTROL and TREATMENT at the 0.05 level.

FISHERS EXACT TEST

IDENTIFICATION	NUMBER OF ALIVE	NUMBER OF DEAD	TOTAL ANIMALS
CONTROL	10	0	10
12%	10	0	10
TOTAL	20	0	20

CRITICAL FISHERS VALUE (10,10,10) (p=0.05) IS 6. b VALUE IS 10.
Since b is greater than 6 there is no significant difference between CONTROL and TREATMENT at the 0.05 level.

FISHERS EXACT TEST

IDENTIFICATION	NUMBER OF ALIVE	NUMBER OF DEAD	TOTAL ANIMALS
CONTROL	10	0	10
25%	9	1	10

TOTAL	19	1	20

CRITICAL FISHERS VALUE (10,10,10) (p=0.05) IS 6. b VALUE IS 9.
Since b is greater than 6 there is no significant difference between CONTROL and TREATMENT at the 0.05 level.

FISHERS EXACT TEST

IDENTIFICATION	NUMBER OF ALIVE	NUMBER OF DEAD	TOTAL ANIMALS
CONTROL	10	0	10
50%	0	10	10
TOTAL	10	10	20

CRITICAL FISHERS VALUE (10,10,10) (p=0.05) IS 6. b VALUE IS 0.
Since b is less than or equal to 6 there is a significant difference between CONTROL and TREATMENT at the 0.05 level.

FISHERS EXACT TEST

IDENTIFICATION	NUMBER OF ALIVE	NUMBER OF DEAD	TOTAL ANIMALS
CONTROL	10	0	10
100%	0	10	10
TOTAL	10	10	20

CRITICAL FISHERS VALUE (10,10,10) (p=0.05) IS 6. b VALUE IS 0.
Since b is less than or equal to 6 there is a significant difference between CONTROL and TREATMENT at the 0.05 level.

Elkhart 2.23
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	2	15	28	12	3

Calculated Chi-Square goodness of fit test statistic = 2.8530
Table Chi-Square value (alpha = 0.01) = 13.277

Data PASS normality test. Continue analysis.

Elkhart 2.23
File: ceriorep Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance
Bartletts 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 2.23
File: ceriorep Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	control	10	13.000	26.000	17.800
2	6.25	10	13.000	26.000	18.400
3	12.5	10	6.000	24.000	17.300
4	25	10	7.000	18.000	13.800
5	50	10	0.000	4.000	1.100
6	100	10	0.000	0.000	0.000

Elkhart 2.23
File: ceriorep Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	19.067	4.367	1.381
2	6.25	14.489	3.806	1.204
3	12.5	31.789	5.638	1.783
4	25	15.733	3.967	1.254
5	50	2.544	1.595	0.504
6	100	0.000	0.000	0.000

Elkhart 2.23
File: ceriorep Transform: NO TRANSFORMATION

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

GROUP	IDENTIFICATION	TRANSFORMED MEAN	RANK SUM	CRIT. VALUE	df	SIG
1	control	17.800				
2	6.25	18.400	111.50	75.00	10.00	
3	12.5	17.300	109.00	75.00	10.00	
4	25	13.800	80.50	75.00	10.00	
5	50	1.100	55.00	75.00	10.00	*
6	100	0.000	55.00	75.00	10.00	*

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

*** Inhibition Concentration Percentage Estimate ***
Toxicant/Effluent: Elkhart WWTP
Test Start Date: 1/31/23 Test Ending Date: 2/7/23
Test Species: *Ceriodaphnia dubia*
Test Duration: 7 days
DATA FILE:

Conc. ID	Number Replicates	Concentration %	Response Means	Std. Dev.	Pooled Response Means
1	10	0.000	17.800	4.367	18.100
2	10	6.000	18.400	3.806	18.100
3	10	12.000	17.300	5.638	17.300
4	10	25.000	13.800	3.967	13.800
5	10	50.000	1.100	1.595	1.100
6	10	100.000	0.000	0.000	0.000

The Linear Interpolation Estimate: **25.4429** Entered P Value: 25

Number of Resamplings: 80 80 Resamples Generated
The Bootstrap Estimates Mean: 24.1318 Standard Deviation: 3.3797
Original Confidence Limits: Lower: 16.7396 Upper: 28.9286
Resampling time in Seconds: 0.00 Random_Seed: -70475608

Discharger:	Elkhart WWTP	Test Dates:	1/31/23 - 2/7/23
Location:	Elkhart, IN	Analysts:	MMK, MMB, MN, AF

Conc: Control		Day 1	2	3	4	5	6	7	Remarks
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.7	7.9	8.2	8.2	8.3	8.3	8.3	Template B
	Final	7.8	7.9	8.1	8.1	8.2	8.5	8.1	
pH	Initial	7.5	7.9	7.7	7.7	7.6	7.5	7.7	
	Final	7.8	7.9	7.7	7.9	7.9	7.8	7.6	
Alkalinity		40		40		40			
Hardness		100		100		100			
Conductivity		330		320		340			
Chlorine									

Conc: 6.25%		Day 1	2	3	4	5	6	7	Remarks
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.6	8.0	8.2	8.2	8.3	8.3	8.3	
	Final	7.8	8.0	8.1	8.3	8.3	8.3	8.1	
pH	Initial	7.5	7.8	7.7	7.7	7.6	7.5	7.7	
	Final	7.8	8.0	7.7	8.0	8.0	7.8	7.6	
Alkalinity									
Hardness									
Conductivity		370		370		370			
Chlorine									

Conc: 12.5%		Day 1	2	3	4	5	6	7	Remarks
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.5	8.1	8.2	8.2	8.2	8.4	8.2	
	Final	7.8	8.1	8.1	8.3	8.4	8.3	8.2	
pH	Initial	7.5	7.8	7.7	7.6	7.6	7.5	7.7	
	Final	7.8	8.0	7.7	8.0	8.0	7.8	7.7	
Alkalinity									
Hardness									
Conductivity		420		410		410			
Chlorine									

Discharger:	Elkhart WWTP	Test Dates:	1/31/23 - 2/7/23
Location:	Elkhart, IN	Analysts:	MMK, MMB, MN, AF

Conc: 25%		Day 1	2	3	4	5	6	7	Remarks
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.5	8.3	8.2	8.2	8.2	8.6	8.3	
	Final	7.7	8.4	8.1	8.3	8.4	8.0	8.3	
pH	Initial	7.5	7.7	7.6	7.6	7.5	7.4	7.6	
	Final	7.9	8.0	7.7	8.0	8.0	7.8	7.7	
Alkalinity									
Hardness									
Conductivity		510		510		510			
Chlorine									

Conc: 50%		Day 1	2	3	4	5	6	7	Remarks
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.5	8.5	8.3	8.4	8.3			
	Final	7.7	8.4	8.1	8.3	8.4			
pH	Initial	7.5	7.6	7.5	7.5	7.4			
	Final	7.9	8.0	7.9	8.0	8.0			
Alkalinity									
Hardness									
Conductivity		680		700		686			
Chlorine									

Conc: 100%		Day 1	2	3	4	5	6	7	Remarks
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.9	8.8	8.9	8.9	8.8			
	Final	7.7	8.5	8.1	8.4	8.4			
pH	Initial	7.4	7.5	7.4	7.4	7.4			
	Final	8.0	7.9	8.1	8.0	7.7			
Alkalinity		110		110		150			
Hardness		290		200		275			
Conductivity		1000		1010		1050			
Chlorine		0.1		0.1		0.1			
Ammonia		N.D.		N.D		0.5			

Discharger:	Elkhart WWTP	Test Dates	1/31/23 - 2/4/23
Location:	Elkhart, IN	Analysts:	MMK, MMB, MN, AF

No. Surviving Organisms									
		Day							
Conc:	Rep. #	1	2	3	4	5	6	7	Remarks
Control	A	10	10	10	10	9	9	9	
	B	10	10	10	10	10	10	9	
	C	10	10	10	10	10	10	10	
	D	10	10	10	10	10	10	10	
6.25%	A	10	10	7	6	5	4	3	
	B	10	10	7	6	5	4	2	
	C	10	10	5	3	2	1	1	
	D	10	10	6	4	3	2	0	
12.5%	A	10	10	3	1	1	0	0	
	B	10	10	7	4	2	0	0	
	C	10	9	7	2	1	1	1	
	D	10	10	6	3	0	0	0	
25%	A	10	10	3	2	1	0	0	
	B	10	8	4	2	1	0	0	
	C	10	6	3	3	0	0	0	
	D	10	7	5	1	0	0	0	
50%	A	7	6	2	0	0	0	0	
	B	7	3	2	0	0	0	0	
	C	7	4	2	0	0	0	0	
	D	7	5	2	0	0	0	0	
100%	A	6	3	0	0	0	0	0	
	B	4	3	0	0	0	0	0	
	C	6	3	0	0	0	0	0	
	D	7	4	0	0	0	0	0	

Comments: Start Time: 1015

FHM Source: Lab Cultures

Summary Sheet

Output

Statistical Data		Conc.	Mean (Transformed)	Mean	Stdev	CV	Dunnett test
Statistics are based on the transformed data used for endpoint calculations	Data are normally distributed.	0	1.412016112	1	0	0.000	
		6	0.759128298	0.475	0.152736	0.201	Y
		12	0.512439277	0.25	0.1559264	0.304	Y
	Data have homogeneous variance.	25	0.457171378	0.2	0.1055481	0.231	Y
		50	0	0			Y
Unsmoothed data were used in statistical tests.		100	0	0			Y
	Data have an equal number of replicates.		NA				

Test Acceptability Criteria

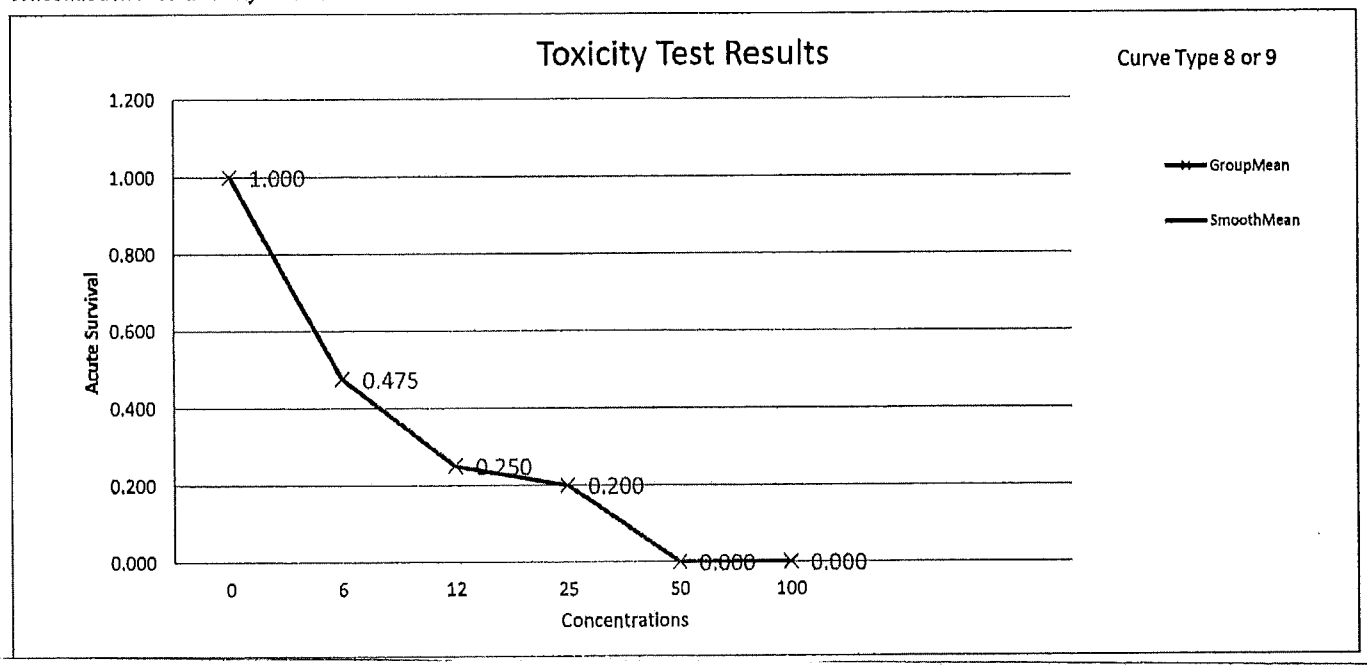
	Criterion	Test Value	Pass/Fail		Criterion	Test Value	Pass/Fail
	>=0.9	1	Pass	PMSD	NA	NA	NA
Control mean response	NA	1	NA		NA	NA	NA
Control CV	NA	0	NA	MSD	NA	NA	NA
TAC Flags	No flags						

Hypothesis test Dunnett's Test
Point estimate test Trimmed Spearman-Karber

NOEC	LOEC	LC50	95% Confidence Intervals
<6	6	1.00	

TST	Calculated t-value	Table t-value	Relative % Effect at IWC
NA	NA	NA	

Note - For statistical tests, "NS" indicates that the concentration is not statistically different from the control, while "Y" indicates that the concentration is statistically different from the control.



```
Elkhart 2.23
File: fhmsurv        Transform: ARC SINE(SQUARE ROOT(Y))

Shapiro Wilks test for normality
--------------------------------------------------------------------------------

D =     0.146

W =     0.878

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 2.23
File: fhmsurv        Transform: ARC SINE(SQUARE ROOT(Y))

Hartley test for homogeneity of variance
Bartletts 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 2.23
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	1.331				
2	6.25%	0.381	10.00	10.00	4.00	*
3	12.5%	0.200	10.00	10.00	4.00	*
4	25%	0.159	10.00	10.00	4.00	*
5	50%	0.159	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, MMK, MN, AF

Test Date(s) : 1/31/23 - 2/7/23
Weighing Date: 2/8/23

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	0.91530	0.91790	2.60	9	0.260	
	B	0.91590	0.91830	2.40	9	0.240	
	C	0.91740	0.91970	2.30	10	0.230	
	D	0.92760	0.93040	2.80	10	0.280	
Conc : 6.25%	A	0.92520	0.92620	1.00	3	0.100	
	B	0.92960	0.92990	0.30	2	0.030	
	C	0.92220	0.92230	0.10	1	0.010	
	D			0.00	0	0.000	
Conc : 12.5%	A			0.00	0	0.000	
	B			0.00	0	0.000	
	C	0.91490	0.91490	0.00	1	0.000	
	D			0.00	0	0.000	
Conc : 25%	A			0.00	0	0.000	
	B			0.00	0	0.000	
	C			0.00	0	0.000	
	D			0.00	0	0.000	
Conc : 50%	A			0.00	0	0.000	
	B			0.00	0	0.000	
	C			0.00	0	0.000	
	D			0.00	0	0.000	
Conc : 100%	A			0.00	0	0.000	
	B			0.00	0	0.000	
	C			0.00	0	0.000	
	D			0.00	0	0.000	

Elkhart 2.23
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	4	18	2	0

Calculated Chi-Square goodness of fit test statistic = 14.7838
Table Chi-Square value (alpha = 0.01) = 13.277

Data FAIL normality test. Try another transformation.

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

Elkhart 2.23
File: fhm_grow Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance
Bartletts 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 2.23
File: fhm_grow Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	control	4	0.230	0.280	0.253
2	6.25%	4	0.000	0.100	0.035
3	12.5%	4	0.000	0.000	0.000
4	25%	4	0.000	0.000	0.000
5	50%	4	0.000	0.000	0.000
6	100%	4	0.000	0.000	0.000

Elkhart 2.23
File: fhm_grow Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	0.000	0.022	0.011
2	6.25%	0.002	0.045	0.023
3	12.5%	0.000	0.000	0.000
4	25%	0.000	0.000	0.000
5	50%	0.000	0.000	0.000
6	100%	0.000	0.000	0.000

Elkhart 2.23
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	0.253				
2	6.25%	0.035	10.00	10.00	4.00	*
3	12.5%	0.000	10.00	10.00	4.00	*
4	25%	0.000	10.00	10.00	4.00	*
5	50%	0.000	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: 1.31.23 Test Ending Date: 2.7.23
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	0.253	0.022	0.253
2	4	6.000	0.035	0.045	0.035
3	4	12.000	0.000	0.000	0.000
4	4	25.000	0.000	0.000	0.000
5	4	50.000	0.000	0.000	0.000
6	4	100.000	0.000	0.000	0.000

The Linear Interpolation Estimate: **1.7414** Entered P Value: 25

Number of Resamplings: 80 80 Resamples Generated
The Bootstrap Estimates Mean: 1.7840 Standard Deviation: 0.1787
Original Confidence Limits: Lower: 1.5645 Upper: 2.2071
Expanded Confidence Limits: Lower: 1.4584 Upper: 2.4866
Resampling time in Seconds: 0.00 Random_Seed: 111378834

Discharger:	Elkhart WWTP	Test Dates:	1/31/23 - 2/4/23
Location:	Elkhart, IN	Analysts:	MMK, MMB, MN, AF

Conc: Control		Day 1	2	3	4	5	6	7	Remarks
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.0	8.3	8.0	8.7	8.4	8.5	8.4	
	Final	7.0	7.3	7.0	7.1	7.1	7.2	6.9	
pH	Initial	7.5	7.7	7.6	7.7	7.6	7.5	7.7	
	Final	7.5	7.4	7.7	7.6	7.4	7.6	7.4	
Alkalinity		40		40		40			
Hardness		100		100		100			
Conductivity		340		350		350			
Chlorine									

Conc: 6.25%		Day 1	2	3	4	5	6	7	Remarks
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.1	8.3	8.1	8.8	8.5	8.3	8.3	
	Final	6.6	7.2	7.0	7.1	7.1	7.0	6.8	
pH	Initial	7.5	7.6	7.6	7.7	7.6	7.5	7.6	
	Final	7.5	7.4	7.6	7.6	7.4	7.5	7.4	
Alkalinity									
Hardness									
Conductivity		370		380		390			
Chlorine									

Conc: 12.5%		Day 1	2	3	4	5	6	7	Remarks
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.4	8.3	8.2	8.7	8.5	8.3	8.2	
	Final	6.7	7.1	7.0	7.2	7.1	6.9	6.8	
pH	Initial	7.5	7.6	7.6	7.6	7.6	7.5	7.6	
	Final	7.5	7.4	7.6	7.5	7.4	7.5	7.4	
Alkalinity									
Hardness									
Conductivity		410		430		440			
Chlorine									

Discharger:	Elkhart WWTP	Test Dates:	1/31/23 - 2/4/23
Location:	Elkhart, IN	Analysts:	MMK, MMB, MN, AF

Conc: 25%		Day 1	2	3	4	5	6	7	Remarks
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.8	8.3	8.2	8.5	8.5	8.5		
	Final	6.8	7.0	7.0	7.2	6.7	6.7		
pH	Initial	7.5	7.6	7.5	7.6	7.5	7.4		
	Final	7.6	7.5	7.5	7.5	7.4	7.5		
Alkalinity									
Hardness									
Conductivity		500		530		540			
Chlorine									

Conc: 50%		Day 1	2	3	4	5	6	7	Remarks
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.2	8.5	8.2	8.5				
	Final	6.8	6.9	7.0	7.1				
pH	Initial	7.4	7.5	7.5	7.5				
	Final	7.7	7.6	7.5	7.5				
Alkalinity									
Hardness									
Conductivity		680		700					
Chlorine									

Conc: 100%		Day 1	2	3	4	5	6	7	Remarks
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.9	9.2	8.3					
	Final	6.8	6.6	6.9					
pH	Initial	7.4	7.5	7.3					
	Final	7.8	7.7	7.6					
Alkalinity		110		110		150			
Hardness		290		200		275			
Conductivity		1030		1000		1050			
Chlorine		0.1		0.1 ~~0.06~~		0.1			
Ammonia		N.D.		N.D.		0.5			

MARKETING AND DISTRIBUTION ANNUAL REPORT FORM

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

PERMIT NO.: INLA 000680 **FACILITY NAME:** Elkhart Public Works & Utilities **YEAR:** ~~F~~ January 2023

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

(Lab No. corresponds to lab data entered below)

Class A Pathogen Reduction Method (attach sample results when applicable)
Check appropriate box, give explanation if more than one is applicable

327 IAC 6.1-4-13

X	Alternative 1		Alternative 4
	Alternative 2		Alternative 5
	Alternative 3		Alternative 6

No Distribution

Vector Attraction Reduction Method (attach sample results when applicable)
Check appropriate box, give explanation if more than one is applicable

327 IAC 6.1-15

X	Option 1 38%VSR		Option 5 Aerobic
	Option 2 Anaerobic/Bench		Option 6 Alkali
	Option 3 Aerobic/Bench		Option 7 75% Solids
	Option 4 SOUR		Option 8 90% Solids

Analytical Results:

Enter heavy metals results as dry weights — Enter detection limit when result is nondetectable

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

Enter all nutrient results as percent dry weights

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

Enter PCB results as dry weight

PCB												

NO DISTRIBUTION

Signature: Laura Kiso Date: 2-27-23

City of Elkhart
Public Works and Utilities

Date	Mar 27, 2023
Memo To	Board of Public Works
Memo From	Laura Kolo, Utility Services Manager
Subject	Wastewater Utility Monthly Report of Operations for the month of February, 2023

Wastewater MRO Highlights

Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	20	30
cBOD5 mg/L	6	25
Phosphorus mg/L	1.05	1.0
Ammonia mg/L	4.28	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	13.81	Design - 20
Total Monthly Flow MGD	387	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
2/7/23	1438 Willowdale	unknown	grease
2/13/23	1201 S. Nappanee	22,500	construction related
2/15/23	315 Plum	50	roots
2/21/23	820 Kilbourne	10	roots
2/27/23	1201 S. Nappanee	1000	construction related

Wet Weather Overflows

Number of Events	Total Overlfow Volume (MG)
3	7.5128

Total Phosphorus % removal violation; limit is 75% min, removal was 74.5%
Ammonia daily max violation; limit is 10.4 mg/L, Feb was 10.6 mg/L
Biomonitoring Re-Take for Pimephales promelas (Fathead Minnow) failed
-TRE Plan will be submitted to IDEM as required by NPDES Permit

Signing Process Confirmation - CDX Activity ID: _25fb5f44-8443-4f0f-9de5-1dca9f3ed221

Your DMRs are undergoing the Signing Process

IN0025674	ELKH WWTP	035	035-TX	SEMIANNUAL BIOMONITORIN RETAKE	05/31/23	06/28/23
IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	02/28/23	03/28/23
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	02/28/23	03/28/23
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	02/28/23	03/28/23
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	02/28/23	03/28/23
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	02/28/23	03/28/23
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	02/28/23	03/28/23
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	02/28/23	03/28/23
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	02/28/23	03/28/23
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	02/28/23	03/28/23
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	02/28/23	03/28/23
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	02/28/23	03/28/23
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	02/28/23	03/28/23
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	02/28/23	03/28/23
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	02/28/23	03/28/23
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	02/28/23	03/28/23
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	02/28/23	03/28/23
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	02/28/23	03/28/23
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	02/28/23	03/28/23
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	02/28/23	03/28/23
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	02/28/23	03/28/23
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	02/28/23	03/28/23
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	02/28/23	03/28/23
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	02/28/23	03/28/23
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	02/28/23	03/28/23
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	02/28/23	03/28/23
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	02/28/23	03/28/23
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	02/28/23	03/28/23
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	02/28/23	03/28/23
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	02/28/23	03/28/23
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	02/28/23	03/28/23

View Certification | Download COR

DMR Copy of Submission

Permit

Permit ID:	IN0025674	**Major:**	
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 02/01/23 to 02/28/23	**DMR Due Date:**	03/28/23
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	Na		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	A sis	Type
00300	**Oxygen, dissolved [DO]**	**Smpl.**				=6.2			19 - mg/L	0	01/01 - Daily	3R - 3GR24H
1 - Effluent Gross												
Season: 0		**Req.**				>=4.0 DLYAVMIN			19 - mg/L		01/01 - Daily	3R - 3GR24H
NODI: -		**NODI**										
00400	**pH**	**Smpl.**				=7.3		=7.8	12 - SU	0	01/01 - Daily	GR - GRAB
1 - Effluent Gross												
Season: 0		**Req.**				>=6.0 DAILY MN		<=9.0 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
NODI: -		**NODI**										
00530	**Solids, total suspended**	**Smpl.**	=2296.0	=2920.0	26 - lb/d		=20.0	=31.0	19 - mg/L	0	01/01 - Daily	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**	<=7511.0 MO AVG	<=11266.0 MX WK AV	26 - lb/d		<=30.0 MO AVG	<=45.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -		**NODI**										
00600	**Nitrogen, total [as N]**	**Smpl.**	=3122.0		26 - lb/d		=31.8		19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**	Req Mon MO AVG		26 - lb/d		Req Mon MO AVG		19 - mg/L		01/30 - Monthly	24 - COMP24
NODI: -		**NODI**										
X 00610	**Nitrogen, ammonia total [as N]**	**Smpl.**	=526.0	=1951.0	26 - lb/d		=4.3	=10.8	19 - mg/L	1	01/01 - Daily	24 - COMP24
1 - Effluent Gross												
Season: 2		**Req.**	<=1102.0 MO AVG	<=2554.0 DAILY MX	26 - lb/d		<=4.4 MO AVG	<=10.2 DAILY MX	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -		**NODI**										
00665	**Phosphorus, total [as P]**	**Smpl.**	=120.0		26 - lb/d		=1.0		19 - mg/L	0	01/01 - Daily	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**	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**	**Smpl.**	<0.02	<0.021	26 - lb/d		<0.0002	<0.0002	19 - mg/L	0	01/07 - Weekly	24 - COMP24
1 - Effluent Gross												

Code	Na		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	A sis	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**	**Smpl.**					<0.0002	<0.00032	19 - mg/L	0	02/DM - Twice Every Month	24 - COMP24
G - Raw Sewage Influent												
Season: 0		**Req.**					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		02/DM - Twice Every Month	24 - COMP24
NODI: -		**NODI**										
50050	**Flow, in conduit or thru treatment plant**	**Smpl.**	=13.812		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]**	**Smpl.**					=36.0	=548.0	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	3Z - CFU/100mL		03/07 - Three Per Week	GR - GRAB
NODI: -		**NODI**										
71901	**Mercury, total recoverable**	**Smpl.**					=1.58	=2.93	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
1 - Effluent Gross												
Season: 0		**Req.**					<=1.6 ANNL AVG	Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
NODI: -		**NODI**										
71901	**Mercury, total recoverable**	**Smpl.**						=117.0	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
G - Raw Sewage Influent												
Season: 0		**Req.**						Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB

Code	Nai		Value 1	Value 2	Units	V 1	Value 2	Value 3	Units	of Ex.	A sis	Type
80082	**BOD, carbonaceous [5 day, 20 C]**	**Smpl.**	=695.0	=967.0	26 - lb/d		=6.0	=8.0	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**	**Smpl.**				=74.5			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**	**Smpl.**		=387.0	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 Nc

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

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
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.	
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	

Comments

Mercury was sampled January 10, 2023 per NPDES Permit

Attachments

Name	Type	Size
IN0025674_CSO_MRO_2023_02.pdf	pdf	1722463.0
IN0025674_035a_MRO_2023_02.pdf	pdf	406984.0
IN0025674_INC_RPT_2023_02_1.pdf	pdf	82914.0
IN0025674_INC_RPT_2023_02_2.pdf	pdf	87904.0
IN0025674_INC_RPT_2023_02_3.pdf	pdf	81675.0
IN0025674_INC_RPT_2023_02_4.pdf	pdf	95105.0
IN0025674_INC_RPT_2023_02_5.pdf	pdf	83989.0

Report Last Saved By

ELKHART WWTP

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2023-03-27 10:02 (Time Zone:-04:00)

Report Last Signed By

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2023-03-27 10:07 (Time Zone:-04:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility			Permit Number	
Elkhart			IN0025674	
Month	Year	Plant Design Flow	Telephone Number	
February	2023	20.00 mgd	574/293-2572	
E-mail address: laura.kolo@coei.org			035	A
Certified Operator: Name		Class	Certificate Number	Expiration Date
Laura E. Kolo		IV	15094	06/30/2023

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 4.11 Precipitation - Inches	Bypass At Plant Site("x" If Occurred)	Sanitary Sewer Overflow("x" If Occurred)	CHEMICALS USED Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	RAW SEWAGE Influent Flow Rate (If metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l	
1	Wed			0.00				350		10.567	7.6	131	11,562	146	12,867	4.65	23.16	
2	Thu			0.00				325		10.492	7.8	123	10,769	124	10,850	4.50	23.36	
3	Fri			0.00				328		10.690	8.0	160	14,242	106	9,450	4.62	24.88	
4	Sat			0.00				340		8.825	7.8	106	7,785	90	6,624	4.18	21.04	
5	Sun			0.00						10.467	7.9	121	10,547	92	8,031	3.82	24.28	
6	Mon			0.00						10.658	7.8	127	11,273	130	11,555	4.27	29.28	
7	Tue			0.32		x				10.983	8.0	135	12,331	166	15,205	5.19	32.40	
8	Wed			0.00						11.025	7.5	124	11,448	174	15,999	5.04	25.72	
9	Thu			0.90				300		18.367	7.8	111	17,064	254	38,908	3.35	16.12	
10	Fri			0.00				300		11.341	7.9	120	11,393	96	9,080	4.15	21.56	
11	Sat			0.00				319		10.642	8.0	118	10,475	84	7,455	3.17	17.36	
12	Sun			0.00				298		9.192	7.8	123	9,449	61	4,676	3.03	18.60	
13	Mon			0.00		x		250		10.675	7.7	107	9,569	110	9,793	3.42	19.28	
14	Tue			0.00				300		10.941	7.6	168	15,350	182	16,607	4.69	23.48	
15	Wed			0.00		x		334		10.717	7.5	132	11,798	136	12,156	3.88	25.24	
16	Thu			0.00				364		11.550	7.9	136	13,149	180	17,339	4.40	24.96	
17	Fri			0.00				380		10.681	7.8	150	13,322	106	9,442	4.08	23.00	
18	Sat			0.00				380		10.675	7.8	105	9,314	100	8,903	3.89	20.16	
19	Sun			0.00				388		9.658	7.8	116	9,342	78	6,283	2.89	19.32	
20	Mon			0.00				400		10.717	7.8	112	10,017	160	14,301	4.45	22.76	
21	Tue			0.08		x				10.700	7.9	139	12,435	116	10,352	5.02	24.08	
22	Wed			1.41				360		22.058	7.7	107	19,730	180	33,113	3.32	16.84	
23	Thu			0.00				274		13.650	8.0	182	20,713	98	11,156	3.39	19.76	
24	Fri			0.00				361		12.200	7.8	123	12,479	126	12,820	3.82	18.96	
25	Sat			0.00				319		12.100	7.8	119	12,057	122	12,312	3.94	17.52	
26	Sun			0.00				376		11.933	7.6	99	9,887	92	9,156	2.74	17.92	
27	Mon			1.40		x		304		23.416	7.4	69	13,422	154	30,075	2.32	10.64	
28	Tue			0.00				352		15.508	7.9	102	13,150	106	13,710	3.40	17.96	
29																		
30																		
31																		
Average				0.15				335		12.158		124	12,288	127	13,508	3.92	21.42	
Maximum				1.41				400		23.416	8.0	182	20,713	254	38,908	5.19	32.40	
Minimum				0.00				250		8.825	7.4	69	7785	61	4676	2.32	10.64	
# of Data			0	28	0	8	0	23	0	28	28	28	28	28	28	28	28	0

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

Prepared by or under the direction of (Certified Operatc	Date (month, day, year)
Laura Kolo	3/27/23
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)	Date (month, day, year)
Laura Kolo	3/27/23

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	2023

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - 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	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)
1	104	80	266	1,916	139	3.7	12	7.785	4,640			.		6	7.6		9.4	
2	104	67	238	1,828	130	3.3	12	7.785	4,200						7.6		9.5	
3	114	72	246	1,916	128	3.7	12	7.785	4,520						7.5		10.1	
4	156	56	236	1,972	120	3.6	12	7.785	3,980						7.6		9.8	
5	155	60	242	1,848	131	4.6	12	7.785	3,460						7.6		10.2	
6	90	50		1,716		4.2	12	7.785	3,260					21	7.5		9.8	
7	84	78	171	1,325	129	4.4	12	7.785	3,240					30	7.6		9.3	
8	97	88	165	1,370	120	4.8	12	7.785	4,060					50	7.6		9.7	
9	96	128	172	1,550	111	4.4	12	7.785	4,120						7.3		8.1	
10	107	76	187	1,685	111	4.6	11	7.785	4,320						7.6		10.5	
11	102	41	181	1,605	113	3.2	12	7.785	4,200						7.5		9.5	
12	109	55	185	1,835	101	2.9	12	7.785	4,800						7.6		8.6	
13	89	58	198	1,885	105	2.9	12	7.785	3,880					6	7.6		8.5	
14	119	146	275	1,900	145			7.785	4,560					41	7.6		6.2	
15	85	50	276	1,975	140	4.2	12	7.785	5,300					28	7.7		8.3	
16	92	82	291	2,070	141	3.8	12	7.785	4,840						7.6		8.8	
17	137	70	286	2,035	141	3.6	12	7.785	5,200						7.6		9.1	
18	79	72	308	2,030	152	3.7	12	7.785	4,800						7.6		7.9	
19	96	54	302	2,025	149	4.0	12	7.785	3,760						7.6		8.7	
20	88	70		1,985		4.3	12	7.785	4,480						7.8		9.2	
21	93	56	295	1,775	166	3.8	12	7.785	4,560					45	7.6		9.1	
22	81	108	310	2,150	144	4.0	12	7.785	4,720					102	7.6		8.7	
23	107	58	219	1,770	124	4.4	11	7.785	6,420					35	7.4		9.7	
24	98	56	263	2,065	127	3.9	11	7.785	5,780						7.6		9.0	
25	126	74	252	2,290	110	3.6	11	7.785	5,680						7.6		8.5	
26	75	84	252	2,420	104	4.5	12	7.785	5,940						7.6		9.1	
27	53	86	270	2,110	128	6.7	10	7.785	6,440					548	7.6		8.9	
28	80	58	312	2,180	143	3.8	11	7.785	7,100					43	7.5		8.9	
29																		
30																		
31																		
Avg.	101	73	246	1,901	129	4.0	12	7.785	4,724					80			9.0	
Max	156	146	312	2,420	166	6.7	12	7.785	7,100					548		7.8	10.5	
Min.	53	41	165	1325	101	2.9	10	7.785	3240					6		7.30	6.2	
Daily Max														548				
# of Days above 235														1				
Data	28	28	26	28	26	27	27	28	28	0	0	1	0	12	28	0	28	0

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

- High final effluent TSS due to filamentous organisms
- High final effluent PO4 - ran out of ferrous chloride in early February.
- Both situations are improving - working with FeCl supplier.

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	2023

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
Day Of Month	Day of Week	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	11.876		5		538		29		2,853		0.75		74.3		0.90	89
2	Thu	12.113		6		654		20		2,020		1.36		137.4		0.97	98
3	Fri	10.539		6		549		30		2,637		0.72		63.3		1.24	109
4	Sat	9.715	11.328	7	5.51	566	516	29	21.96	2,374	2,048	0.29	0.56	23.5	54	1.59	129
5	Sun	10.439		7		605		29		2,551		0.28		24.4		2.06	179
6	Mon	11.389		9		855		31		2,973		1.73		164.3		1.77	168
7	Tue	11.771		8		825		30		2,945		9.16		899.2		1.95	191
8	Wed	11.975		10		991		24		2,397		10.78		1,076.6		1.76	176
9	Thu	25.268		10		2,090		25		5,332		9.26		1,951.4		1.60	337
10	Fri	13.237		7		808		24		2,650		6.19		683.4		1.06	117
11	Sat	11.659	13.677	6	8.23	596	967	16	25.76	1,595	2,920	3.91	5.90	380.2	740	1.14	111
12	Sun	11.069		3		297		7		637		1.67		154.2		0.80	74
13	Mon	11.716		4		412		9		899		1.16		113.3		0.65	64
14	Tue	12.875		4		439		12		1,289		5.23		561.6		0.67	72
15	Wed	12.626		3		349		12		1,221		9.33		982.5		0.63	66
16	Thu	13.305		3		365		15		1,664		10.60		1,176.2		0.83	92
17	Fri	11.600		4		421		24		2,361		9.10		880.4		0.84	81
18	Sat	11.370	12.080	4	3.81	400	383	22	14.44	2,086	1,451	4.79	5.98	454.2	617	0.90	85
19	Sun	11.181		5		435		17		1,613		1.73		161.3		0.85	79
20	Mon	11.160		5		454		19		1,740		0.48		44.7		0.79	74
21	Tue	11.208		6		558		14		1,309		2.33		217.8		1.00	93
22	Wed	25.638		7		1,443		26		5,559		5.23		1,118.3		1.32	282
23	Thu	16.425		6		789		18		2,466		6.21		850.7		0.81	111
24	Fri	14.861		6		749		21		2,640		5.04		624.7		0.81	100
25	Sat	12.446	14.703	5	5.54	487	702	16	18.76	1,661	2,427	2.95	3.42	306.2	475	0.67	70
26	Sun	12.034		5		463		13		1,305		0.48		48.2		0.61	61
27	Mon	29.598		6		1,595		13		3,209		2.06		508.5		0.62	153
28	Tue	17.637		5		727		16		2,295		7.09		1,042.9		0.64	94
29																	
30																	
31																	
Avg		13.812		6		695		20		2,296		4.28		525.8		1.0	120
Max		29.598	14.703	10	8.23	2,090	967	31	25.76	5,559	2,920	10.78	5.98	1,951.4	740	2.1	337
Min		9.715	11.328	3	3.81	297	383	7	14.44	637	1,451	0.28	0.56	23.5	54	0.6	61
Data		28	4	28	4	28	4	28	4	28	4	28	4	28	4	28	28

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons) 387
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment	18.73	43.0			
	NA	NA			Percent Capacity (actual flow/design) 69%
Secondary Treatment	94.2	72.4			
Overall Treatment	95.32	84.3	80.0	74.5	
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	February	2023

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
Day Of Month	Primary SludgeGal. x 100	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	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		
1	25.12	259.20	7.0		80	31.833		4.18	1.92	77.07	63.39	100.52		
2	27.20	259.20	7.1		76	10.611		4.24	1.94	77.76	62.69	100.12		
3	33.63	275.04	7.0		74	3.537		3.72	1.91	78.14	63.95	71.99		
4	17.54	288.00	7.1		78	49.518		5.13	1.89	78.15	61.90			
5	33.03	288.00	7.1		78	14.148		2.44	1.80	81.45	61.06			
6	39.93	288.00	7.0		77	21.222		3.84	1.85	83.63	61.90			
7	49.93	288.00	7.1		76	10.611		3.43	1.81	78.29	64.15	101.17		
8	47.13	288.00	7.0		81	0.000		3.59	2.77	58.69	52.83	84.82		
9	23.86	288.00	7.1		81	0.000		4.15	1.80	73.93	64.36	100.87		
10	29.45	288.00	7.1		82	7.074		4.82	1.71	73.98	63.06	71.63		
11	25.12	216.00	7.2		85	56.592			1.62		62.20			
12	40.91	311.04	7.2		85	10.611		4.86	1.61	77.18	61.31			
13	45.12	216.00	7.2		86	3.537		4.46	1.60	80.66	63.79			
14	40.25	216.00	7.1		87	7.074		2.65	1.54	76.10	61.96	100.89		
15	38.09	216.00	7.1		88	14.148		4.35	1.51	76.64	60.00	100.57		
16	43.36	233.28	7.2		88	10.611		4.22	1.57	74.37	62.42	100.84		
17	29.52	243.36	7.2		90	3.537		4.32	1.56	77.25	61.69	100.55		
18	23.05	216.00	7.2		90	60.129		3.63	1.59	77.65	61.18			
19	28.83	216.00	7.2		90	35.370		4.45	1.57	80.67	63.49			
20	23.63	216.00	7.2		90	0.000		2.50	1.50	82.42	63.22			
21	17.45	216.00	7.2		89	35.370		4.98	1.53	83.38	60.78	101.32		
22	20.88	216.00	7.2		91	0.000		5.01	1.60	78.68	59.88	86.54		
23	34.19	216.00	7.2		91	7.074		5.01	1.65	72.62	55.26	100.60		
24	31.04	216.00	7.2		90	3.537		6.53	1.66	76.44	51.59	72.07		
25	30.01	216.00	7.2		90	60.129		2.16	1.52	74.30	56.47			
26	30.69	216.00	7.3		91	21.222		5.42	1.46	78.29	61.90			
27	30.35	201.60	7.3		92	24.759		4.67	1.70	77.58	58.68	25.38		
28	21.12	201.60	7.3		89	7.074		6.25	1.71	68.71	57.40	100.69		
29														
30														
31														
Avg.	31.44	243.15			85	18.190		4.26	1.71	76.82	60.80	89.44		
Max.	49.93	311.04	7.3		92	60.129		6.53	2.77	83.63	64.36	101.32		
Min.	17.45	201.60	7.0		74	0.000		2.16	1.46	58.69	51.59	25.38		
Data	28	28	28	0	28	28	0	27	28	27	28	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	Permit Number	Month	Year
Elkhart	IN0025674	February	2023

Substitute for State Form 30530

Day Of Month	Final Effluent															
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day	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
1																
2																
3																
4																
5																
6																
7			31.80	3,122	0.0003	0.0002	0.0007	0.0002			0.0212	0.0002	0.0586	0.0127		
8																
9																
10																
11																
12																
13																
14					0.0002	0.0002										
15																
16																
17																
18																
19																
20																
21					0.0003	0.0002										
22																
23																
24																
25																
26	184	18,467														
27																
28																
29																
30																
31																
Avg.	184	18,467	31.80	3,122	0.0003	0.0002	0.0007	0.0002			0.0212	0.0002	0.0586	0.0127		
Max.	184	18,467			0.0003	0.0002	0.0007	0.0002			0.0212	0.0002	0.0586	0.0127		
Min.	184	18,467	31.80	3122	0.0002	0.0002	0.0007	0.0002			0.0212	0.0002	0.0586	0.0127		
Data	1	1	1	1	3	3	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	2023

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	0.0226	0.0089	0.0015	0.0010	0.0825	0.0265										
8																
9																
10																
11																
12																
13																
14																
15																
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21																
22																
23																
24																
25																
26																
27																
28																
29																
30																
31																
Avg.	0.0226	0.0089	0.0015	0.0010	0.0825	0.0265										
Max	0.0226	0.0089	0.0015	0.0010	0.0825	0.0265										
Min.	0.0226	0.0089	0.0015	0.0010	0.0825	0.0265										
Data	1	1	1	1	1	1	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 2023		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	10.57	12.20					15 min												
2	10.49	13.40	1:22 PM	4.17	0.03	0.04	15 min												
3	10.69	10.69					15 min												
4	8.83	12.00	3:27 PM	1.67	0.02	0.04	15 min												
5	10.47	13.70	8:07 AM	5.50	0.05	0.04	15 min												
6	10.66	12.60					15 min												
7	10.98	12.10					15 min												
8	11.03	14.10					15 min												
9	18.37	40.20	12:42 AM	22.12	0.82	0.44	15 min												
10	11.34	13.00					15 min												
11	10.64	12.60					15 min												
12	9.19	11.10					15 min												
13	10.68	12.60					15 min												
14	10.94	13.10					15 min												
15	10.72	13.00	2:37 AM	0.08	0.01	0.04	15 min												
16	11.55	14.50	11:54 AM	8.50	0.18	0.16	15 min												
17	10.68	12.60	12:57 PM	2.08	0.02	0.04	15 min												
18	10.68	12.20					15 min												
19	9.66	12.00					15 min												
20	10.72	12.60					15 min												
21	10.70	12.20					15 min												
22	22.06	44.70	5:44 AM	14.58	1.26	0.44	15 min												
23	13.65	16.00					15 min												
24	12.20	14.00					15 min												
25	12.10	14.40	9:47 AM	1.58	0.04	0.04	15 min												
26	11.93	13.50	8:37 AM	0.08	0.01	0.04	15 min												
27	23.42	46.00	6:04 AM	15.55	1.19	0.76	15 min												
28	15.51	17.80					15 min												
29																			
Totals:	340.43			75.91	3.63			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	03/27/23

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 2023		Enter "x" if no CSO discharge occurred for the month:	
Design Peak Flow (Hourly) (MGD): 44	Design Flow (MGD): 20	Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No. 007						CSO Outfall No. 008						CSO Outfall No. 009						CSO Outfall No. 011					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																								
2																								
3																								
4																								
5																								
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7																								
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17																								
18																								
19																								
20																								
21																								
22	4:41 PM	M	0.33	M	0.0441	M																		
23																								
24																								
25																								
26																								
27	7:41 AM	M	2.75	M	0.4242	M							7:51 AM	M	1.98	M	0.0782	M						
28																								
29																								
Totals:	2	Days	3.08		0.4683		0	Days	0.00		0.0000		1	Days	1.98		0.0782		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:	February 2023		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	7:37 AM	M	0.17	M	0.0012	M													7:40 AM	M	0.42	M	0.0043	M
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22	4:07 PM	M	0.75	M	0.0093	M													4:10 PM	M	1.58	M	0.0630	M
23																								
24																								
25																								
26																								
27	7:12 AM	M	1.92	M	0.0415	M													7:25 AM	M	2.08	M	0.1099	M
28																								
29																								
Totals:	3	Days	2.84		0.0520		0	Days	0.00		0.0000		0	Days	0.00		0.0000		3	Days	4.08		0.1772	

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:	February 2023	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													7:35 AM	M	1.07	M	0.0459	M						
10																								
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17																								
18																								
19																								
20																								
21																								
22													4:10 PM	M	4.57	M	0.3325	M						
23																								
24																								
25																								
26																								
27													7:20 AM	M	5.15	M	0.3779	M						
28																								
29																								
Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		3	Days	10.79		0.7563		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:	February 2023	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	7:20 AM	M	0.33	M	0.0146	M	7:14 AM	M	0.67	M	0.0138	M							7:13 AM	M	0.50	M	0.0154	M
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22	3:55 PM	M	1.00	M	0.0536	M	4:59 PM	M	1.17	M	0.0511	M	4:20 PM	M	2.75	M	0.0592	M	3:43 PM	M	1.33	M	0.0203	M
23																								
24																								
25																								
26																								
27	7:05 AM	M	1.58	M	0.0911	M							7:35 AM	M	3.25	M	0.0900	M	6:38 AM	M	1.25	M	0.0527	M
28																								
29																								
Totals:	3	Days	2.91		0.1593		2	Days	1.84		0.0649		2	Days	6.00		0.1492		3	Days	3.08		0.0884	

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 2023		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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23																								
24																								
25																								
26																								
27							7:38 AM	M	0.33	M	0.0026	M												
28																								
29																								
Totals:	0	Days	0.00		0.0000		1	Days	0.33		0.0026		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:	February 2023	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																								
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6																								
7																								
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9							11:05 AM	M	0.08	M	0.0023	M												
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17																								
18																								
19																								
20																								
21																								
22							5:05 PM	M	4.00	M	0.4013	M												
23																								
24																								
25																								
26																								
27							8:44 AM	M	2.08	M	0.2045	M	2:17 PM	M	0.33	M	0.0201	M						
28																								
29																								
Totals:	0	Days	0.00		0.0000		3	Days	6.16		0.6081		1	Days	0.33		0.0201		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 2023	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	7:32 AM	M	0.83	M	0.0987	M	7:09 AM	M	0.83	M	0.0320	M												
10																								
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13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22	4:07 PM	M	4.83	M	1.9189	M	3:44 PM	M	2.75	M	0.1106	M	5:25 PM	M	2.08	M	0.0280	M						
23																								
24																								
25																								
26																								
27	7:27 AM	M	6.00	M	2.5033	M	6:34 AM	M	3.58	M	0.1451	M	8:50 AM	M	2.75	M	0.0516	M						
28																								
29																								
Totals:	3	Days	11.66		4.5209		3	Days	7.16		0.2877		2	Days	4.83		0.0796		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: February 2023		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	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	precipitation
23	
24	
25	
26	
27	precipitation
28	
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)
	03/27/23

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: 2/8/23

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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
Elkhart Public Works	1201 S. Nappanee Street	Elkhart	IN00025674

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
n/a	2/7/23 2:30	☐ AM ☑ PM	2/7/23 3:45	☐ AM ☑ PM	1438 Willowdale	41 42 8N	85 58 54W

(10) Amount of Flow Released *(Always provide a volume.)*
Check one: ☐ Estimated ☐ Actual unknown Gallons

(11) WWTP Flow During Release: 12.0 MGD

(12) WWTP Peak Design Flow Rate: 44.0 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☐ Dry Weather Combined Sewer Overflow
- ☑ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
none

(15) Reason for Bypass / Overflow *(Select one or more.)* Grease
☑ Construction Related ☐ Power Failure ☐ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches

LK

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☐ Pump Station Failure
- ☐ Treatment Bypassed
- ☑ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ Sewer Clean Out

Describe Other: *(in the box below)*
grease

(17) Additional Description of the Bypass / Overflow Event:
unable to contact resident to get volume information

(18) Description of the Area Impacted *(Check all that apply.)*
- ☐ Affected Private Property
- ☑ Basement Backup
- ☐ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☐ Reached Receiving Water

Name of Receiving Water Impacted:
n/a

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☑ 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.)
☐ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☑ Other ☐ Lime ☐ Clean-Up Debris
lined jetted and blockage broke free. Additional cleaning downstream

(21) Resolution: Actions Taken or Planned to Prevent Recurrence
There are no connections upstream of this customer. Information regarding proper grease disposal will be mailed to residents in this 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: Laura Kolo DATE *(month, day, year)*: 2/8/23

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura E. Kolo	(574)293-2572	laura.kolo@coei.org	2/8/23 appx 2:30 LK	☐ AM ☒ PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Wednesday, February 8, 2023 2:39 PM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: Emailing: IN0025674_INC_RPT_2023_02_01_rev
Attachments: EXTERNAL: Relayed: Emailing: IN0025674_INC_RPT_2023_02_01_rev

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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
Elkhart Public Works	1201 S. Nappanee Street	Elkhart	IN00025674

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
035	2/13/23 appx 10:00	☑ AM ☐ PM	2/13/23 appx 10:45	☑ AM ☐ PM	1201 S. Nappanee	41 40 48N	85 60 4W

(10) Amount of Flow Released *(Always provide a volume.)*
Check one: ☑ Estimated ☐ Actual 22,500 Gallons

(11) WWTP Flow During Release 10.7 MGD

(12) WWTP Peak Design Flow Rate 44.0 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☒ Treatment ~~Bypass~~ *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☐ Dry Weather Combined Sewer Overflow
- ☐ 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.)*
☑ Construction Related ☐ Power Failure ☐ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☐ Pump Station Failure
- ☐ Treatment Bypassed
- ☑ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ Sewer Clean Out

Describe Other: *(in the box below)*
Contractor pumped diluted sewage

(17) Additional Description of the Bypass / Overflow Event:
Primary clarifer #6 was out of serivce. The contractor pumped ground water into primary clarifer #6 for temporary storage of dewatering water. High flows, due to rain event backed up into primary clarifer #6. Contractor later pumped contents of PC #6 into dewatering discharge pipe which leads to St Joe River. 500-750 GPM capaity pump ran against head of another pump into common header for approximatley 45 minutes.

Contractor and Inspector did not inform Elkhart on incident until several days after event occurred.

(18) Description of the Area Impacted *(Check all that apply.)*
- ☐ Affected Private Property
- ☐ Basement Backup
- ☐ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☑ Reached Receiving Water

Name of Receiving Water Impacted:
St Joe River

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☑ 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.)
☐ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☑ Other ☐ Lime ☐ Clean-Up Debris
Contrator told to stop immedialty upon discovery

(21) Resolution: Actions Taken or Planned to Prevent Recurrence
Contractor directed to educate thier employees. Liquid damages are pending.

(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)*: 2/28/23

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura E. Kolo	(574)293-2572	laura.kolo@coei.org	2/28/23 appx 9:30	☑ AM ☐ PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Tuesday, February 28, 2023 9:38 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0025674_INC_RPT_2023_02_4
Attachments: EXTERNAL: Relayed: IN0025674_INC_RPT_2023_02_4

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3

BYPASS / OVERFLOW INCIDENT REPORT

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

☐ Follow-up to Bypass report previously sent on: _____

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

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

GENERAL INFORMATION

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

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
	2/15/23 9:21	☑ AM ☐ PM	2/15/23 11:30	☑ AM ☐ PM	315 Plum	41 41 18N	85 59 17W

(10) Amount of Flow Released *(Always provide a volume.)*
Check one: ☑ Estimated ☐ Actual 50 Gallons

(11) WWTP Flow During Release 11.1 MGD

(12) WWTP Peak Design Flow Rate 44.0 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☐ Dry Weather Combined Sewer Overflow
- ☑ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
none

(15) Reason for Bypass / Overflow *(Select one or more.)*
☑ Construction Related ☐ Power Failure ☐ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☑ House Lateral
- ☐ Pipe Failure
- ☐ Pump Station Failure
- ☐ Treatment Bypassed
- ☑ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ Sewer Clean Out

Describe Other: *(in the box below)*
roots in main

(17) Additional Description of the Bypass / Overflow Event:
Customer is on high end of the sewer. Sewer was cleaned and flow in the main returned to normal but the residents back-up did not subside. The customer was directed to contat a contrator to have thier sewer lateral cleaned.

(18) Description of the Area Impacted *(Check all that apply.)*
- ☐ Affected Private Property
- ☑ Basement Backup
- ☐ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☐ Reached Receiving Water

Name of Receiving Water Impacted:

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☑ 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.)
☑ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☐ Clean-Up Debris
Removed blockage of roots

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

(22)

CERTIFICATION AND SIGNATURE

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

SIGNATURE: laura kolo DATE *(month, day, year)*: 2/15/23

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura E. Kolo	(574)293-2572	laura.kolo@coei.org	2/15/23 appx 4:50	☐ AM ☑ PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Wednesday, February 15, 2023 4:54 PM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: Emailing: IN0025674_INC_RPT_2022_02_02
Attachments: EXTERNAL: Relayed: Emailing: IN0025674_INC_RPT_2022_02_02

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BYPASS / OVERFLOW INCIDENT REPORT

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

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GENERAL INFORMATION

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

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
035	2/21/23 10:30	☑ AM ☐ PM	2/21/23 11:49	☑ AM ☐ PM	820 Kilbourne	41 41 13N	85 59 15W

(10) Amount of Flow Released *(Always provide a volume.)*
Check one: ☑ Estimated ☐ Actual 10 Gallons

(11) WWTP Flow During Release: 11.1 MGD

(12) WWTP Peak Design Flow Rate: 44.0 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☐ Dry Weather Combined Sewer Overflow
- ☑ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
n/a - came up clean-out and onto lawn

(15) Reason for Bypass / Overflow *(Select one or more.)*
☐ Construction Related ☐ Power Failure ☐ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☐ Pump Station Failure
- ☐ Treatment Bypassed
- ☑ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ Sewer Clean Out

Describe Other: *(in the box below)*
obstruction

(17) Additional Description of the Bypass / Overflow Event:
Main line plugeed with trash and some roots.

(18) Description of the Area Impacted *(Check all that apply.)*
- ☑ Affected Private Property
- ☐ Basement Backup
- ☐ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☐ Reached Receiving Water

Name of Receiving Water Impacted:
n/a clean-out and onto lawn

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☑ 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.)
☑ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☐ Clean-Up Debris
removed obstruction and flows returned to normal

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

(22)

CERTIFICATION AND SIGNATURE

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SIGNATURE: Laura Kolo DATE *(month, day, year)*: 2/22/23

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura E. Kolo	(574)293-2572	laura.kolo@coei.org	2/22/23 appx 11:40	☑ AM ☐ PM

Kolo, Laura

From: Kolo, Laura
Sent: Wednesday, February 22, 2023 11:44 AM
To: wwreports@idem.in.gov
Subject: Emailing: IN00265674_INC_RPT_2023_02_03
Attachments: IN00265674_INC_RPT_2023_02_03.pdf

Please find incident report for back-up that occurred on 2/21/23 at 820 Kilbourne due to trash, debris and some roots.

Laura

Your message is ready to be sent with the following file or link attachments:

IN00265674_INC_RPT_2023_02_03

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

Kolo, Laura

From: postmaster@state.in.us
Sent: Wednesday, February 22, 2023 11:45 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: Emailing: IN00265674_INC_RPT_2023_02_03
Attachments: EXTERNAL: Relayed: Emailing: IN00265674_INC_RPT_2023_02_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 previously sent on: _____

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GENERAL INFORMATION

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

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
035	2/27/23 11:30	☑ AM ☐ PM	2/27/23 12:15	☐ AM ☑ PM	1201 S. Nappanee	41 40 48N	85 60 4W

(10) Amount of Flow Released *(Always provide a volume.)*
Check one: ☑ Estimated ☐ Actual 1000 Gallons

(11) WWTP Flow During Release: 31.8 MGD

(12) WWTP Peak Design Flow Rate: 44.0 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☒ Treatment ~~Bypass~~ *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☐ Dry Weather Combined Sewer Overflow
- ☐ 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.)*
☑ Construction Related ☐ Power Failure ☐ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☐ Pump Station Failure
- ☐ Treatment Bypassed
- ☑ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ Sewer Clean Out

Describe Other: *(in the box below)*
Y wall at WWTP Aeration Tank #1

(17) Additional Description of the Bypass / Overflow Event:
Contractor overcut y wall and did not seal cut before compeltein that task. High flows due to heavy rain elevated tank levels to exceed compromised concrete in Y wall.

(18) Description of the Area Impacted *(Check all that apply.)*
- ☐ Affected Private Property
- ☐ Basement Backup
- ☐ Occurred at Treatment Plant
- ☑ Reached Public Land
- ☐ Reached Receiving Water

Name of Receiving Water Impacted:
soaked into gound at WWTP - did not reach river

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☑ 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.)
☐ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☑ Other ☐ Lime ☐ Clean-Up Debris
Elkhart pluggged Y wall drain line. Plug in drain line will not be removed until repairs are complete and pass inpsection

(21) Resolution: Actions Taken or Planned to Prevent Recurrence
Plug in drain line will not be removed until repairs are complete and pass inpsection

(22)

CERTIFICATION AND SIGNATURE

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SIGNATURE: Laura Kolo DATE *(month, day, year)*: 2/28/23

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura E. Kolo	(574)293-2572	laura.kolo@coei.org	2/28/23 appx 9:30	☑ AM ☐ PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Tuesday, February 28, 2023 9:39 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0025674_INC_RPT_2023_02_5
Attachments: EXTERNAL: Relayed: IN0025674_INC_RPT_2023_02_5

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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DMR Copy of Submission

Permit

Permit ID:	IN0025674	**Major:**	
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-TX - SEMIANNUAL BIOMONITORING - RETAKE

Report Dates & Status

Monitoring Period:	From 12/01/22 to 05/31/23	**DMR Due Date:**	06/28/23
Status:	**NetDMR Validated**		

Considerations for Form Completion

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

Principal Executive Officer

First Name:	Laura	**Last Name:**	Kolo
Title:	Utility Services Manager	**Telephone:**	574-293-2575

No Data Indicator (NODI)

Form NODI: -

Biomonitor

Permittee/Location Elkhart WWTP Elkhart, IN	**Permit Number:** IN0025674	**Outfall Number:** 035
Laboratory Name and Contact: Biomonitor Melody Myers-Kinzie	**Report** Due Date:	**Report Date:** February 2023

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
Pimephales promelas	7-day Larval Survival and Growth Definitive Static-Renewal	NOEC Survival	%	6.25	NA		Laboratory Report
			TU_c	16			
		NOEC Growth	%	6.25			
			TU_c	16			
		IC25 Growth	%	10			
			TU_c	10			
		96 hr. LC50	%	78			
			TU_a	1.3			
		Toxicity (acute)	TU_a	1.3	1.0	**Fail**	Laboratory Report and NetDMR (Parameter Code 61427)
		Toxicity (chronic)	TU_c	16	8.0	**Fail**	Laboratory Report and NetDMR (Parameter Code 61428)

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Ar	is	Type
61425	**Toxicity [acute], Ceriodaphnia dubia**	**Smpl.**											
1 - Effluent Gross													
Season: 0		**Req.**						<=1.0 MAXIMUM	2F - tox acute		02/YR - Twice Per Year		24 - COMP24
NODI: -		**NODI**						9 - Conditional Monitoring - Not Required This Period					
61426	**Toxicity [chronic], Ceriodaphnia dubia**	**Smpl.**											
1 - Effluent Gross													
Season: 0		**Req.**						<=8.0 MAXIMUM	2G - tox chronic		02/YR - Twice Per Year		24 - COMP24
NODI: -		**NODI**						9 - Conditional Monitoring - Not Required This Period					
X 61427	**Toxicity [acute], Pimephales promelas [Fathead Minnow]**	**Smpl.**						=1.3	2F - tox acute		02/YR - Twice Per Year		24 - COMP24
1 - Effluent Gross													
Season: 0		**Req.**						<=1.0 MAXIMUM	2F - tox acute		02/YR - Twice Per Year		24 - COMP24
NODI: -		**NODI**											
X 61428	**Toxicity [chronic], Pimephales promelas [Fathead Minnow]**	**Smpl.**						=16.0	2G - tox chronic		02/YR - Twice Per Year		24 - COMP24
1 - Effluent Gross													
Season: 0		**Req.**						<=8.0 MAXIMUM	2G - tox chronic		02/YR - Twice Per Year		24 - COMP24
NODI: -		**NODI**											

Submission Nc

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

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
61428	Toxicity [chronic], Pimephales promelas [Fathead Minnow]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	
61427	Toxicity [acute], Pimephales promelas [Fathead Minnow]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	

Comments

Attachments

Name	Type	Size
IN0025674_035TX_2023_02_01.pdf	pdf	28765.0

Report Last Saved By

ELKHART WWTP

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2023-03-27 09:49 (Time Zone:-04:00)

Report Last Signed By

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2023-03-27 10:07 (Time Zone:-04:00)

Kolo, Laura

From: Chris Flack <cflack@biomonitor.com>
Sent: Thursday, March 9, 2023 11:47 AM
To: Kolo, Laura
Subject: EXTERNAL: Biomonitor Report & Invoice for February WET Retesting
Attachments: Elkhart 3.23 Report Final.pdf; Elkhart 0323.pdf

> **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

Hello Laura,

Here is the report for the retest at your facility last month. Let me know if you have any questions about the report and/or the TRE

The invoice is also attached.

Thank you and have a nice afternoon.

Chris Flack

President

Biomonitor

cflack@biomonitor.com

(O) 317-297-7713

(C) 317-413-4740

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

Whole Effluent Toxicity Test

ELKHART WASTEWATER TREATMENT PLANT

IN0025674

Elkhart, Indiana

February 2023

Biomonitor

Permittee/Location	Permit Number:	Outfall Number:
Elkhart WWTP Elkhart, IN	IN0025674	035
Laboratory Name and Contact:	**Report Due Date:**	**Report Date:**
Biomonitor Melody Myers-Kinzie		February 2023

WETT Reporting Frequency or Type: (mark one)	Monthly	Quarterly	Semi-annual	Annual	TRE	Post TRE	Second (per Reporting Frequency)
			X				

Test Organism	Test	Endpoint [1]	Units	Result	Compliance Value in TUs	Pass/Fail	Reporting
Pimephales promelas	7-day Larval Survival and Growth Definitive Static-Renewal	NOEC Survival	%	6.25	NA		Laboratory Report
			TU_c	16			
		NOEC Growth	%	6.25			
			TU_c	16			
		IC25 Growth	%	10			
			TU_c	10			
		96 hr. LC50	%	78			
			TU_a	1.3			
		Toxicity (acute)	TU_a	1.3	1.0	**Fail**	Laboratory Report and NetDMR (Parameter Code 61427)
		Toxicity (chronic)	TU_c	16	8.0	**Fail**	Laboratory Report and NetDMR (Parameter Code 61428)

GLP (Good Laboratory Practices)
COMPLIANCE STATEMENT

Project Name: Elkhart Wastewater Treatment Plant

Project Date: February 2023

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: 3/9/23

Mukang'andu Ng'andwe

Project Director
Date: 3/9/23

Other Participating Personnel:

Michael Britton
Mukang'andu Ng'andwe
Arizona Fox

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

Section 1
Executive Summary

Biomonitor conducted whole effluent toxicity testing for the Elkhart, IN Wastewater Treatment Plant during February 2023. The purpose of the testing was to fulfill the biomonitoring requirement for the NPDES permit.

Three samples were collected February 19 – 23, 2023. The Fathead minnow, *Pimephales promelas,* was used as the test species.

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

Pimephales promelas test

48-hr LC_{50}	=	78% effluent	TU_a	=	1.3
NOEL for survival	=	6.25% effluent	TU_c	=	16
NOEL for growth	=	6.25% effluent	TU_c	=	16
IC_{25} for growth	=	10% effluent	TU_c	=	10

The acute toxicity limits in the NPDES permit require the 48 and/or 96-hr LC_{50} to be greater than 100% effluent (a TU_a not to exceed 1.0). The effluent samples failed the acute toxicity limits during this testing period for *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 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 (not retested this round)
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:		February 19, 2023	-MGD
		February 21, 2023	-MGD
		February 23, 2023	-MGD

Table III
Source of effluent and dilution water

I. Effluent samples

Sampling point:	Outfall 035	
Collection dates and times:	February 19, 2023	11:00 p.m.
	February 21, 2023	11:00 p.m.
	February 23, 2023	11:00 p.m.
Sample collection:	24-hour composite samples	
Physical and chemical data:	See Table 9	

II. Dilution water samples

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

Section 3
Test Methods and Results

FATHEAD MINNOW LARVAL SURVIVAL AND GROWTH TEST

Table IV
METHODOLOGY
Fathead Minnow Larval Survival and Growth Test

Toxicity test method used:	7-day fathead minnow larval survival and growth test	
Endpoints of test:	96-hr LC_{50} and no observable effect level (NOEL) for survival and growth. TU_c for survival and growth.	
Reference method:	EPA-821-R-02-013	
Deviations from method:	No Deviations	
Date and time test initiated:	February 21, 2023	10:15 a.m.
Date and time test terminated	February 28, 2023	10:15 a.m.
Type of test chambers:	Polyethylene	300 ml
Volume of solution used per chamber:	250 ml	
Number of organisms per chamber:	ten	
Number of replicate chambers per treatment:	four	
Test temperature range:	25°C (no deviations)	

Table V
ORGANISMS USED
Fathead Minnow Survival and Growth Test

Scientific name:	*Pimephales promelas*
Age:	<24 hours
Life stage:	larvae
Mean length and weight:	Not applicable
Source	Biomonitor Lab Cultures
Diseases and treatment	Not applicable

Table VI
RESULTS
Fathead Minnow Larval Survival and Growth Test

Raw Data:	See Table 14
LC_{50} or NOEL obtained:	96-hr LC_{50} = 78% effluent NOEL for survival = 6.25% effluent NOEL for growth = 6.25% effluent IC_{25} for growth = 10% 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. ICPIN for the IC_{25} growth endpoint. Trimmed Spearman-Karber for the acute endpoint.

Table VII
QUALITY ASSURANCE
Fathead Minnow Larval Survival and Growth Test

Reference Toxicant used and source:	Potassium chloride, reagent grade, from Sigma-Aldrich
Date and time of most recent test:	February 21-28, 2023
Dilution water used in test:	Moderately Hard Synthetic Water
Results:	96-hr LC_{50} = 1091 mg /L as KCl
	NOEL (growth) = 500 mg/L as KCl
	LOEL (growth) = 1000 mg/L as KCl
Comparison to recommended range:	Within the laboratory control range for both acute and chronic endpoints (see attachment)

Table VIII
TEST DATA
Fathead Minnow Larval Survival and Growth Test

Effluent Concentration	% Survival in Each Replicate				Average Dry Weight (µg) in Each Replicate			
	A	B	C	D	A	B	C	D
Control	100	100	100	100	270	270	360	320
6.25%	100	90	100	90	310	290	290	310
12.5%	70	50	70	50	220	120	220	180
25%	30	50	20	0	80	120	40	0
50%	40	40	30	10	50	80	60	40
100%	30	0	20	20	70	0	30	50

Table IX
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 $CaCO_3$	Hardness Range $CaCO_3$	Cond. Range µS
CONTROL	6.5 – 8.6	25	7.4 – 7.7	40-	100-110	340-360
6.25%	6.5 – 8.6	25	7.3 – 7.6			370-400
25%	6.0 – 8.7	25	7.2 – 7.6			490-540
100%	5.5 – 9.7	25	7.2 – 7.8	80-130	175-275	800-1010

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SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity

SAMPLE IDENTIFICATION: Elkhart – 1 Monday Feb. 2023

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 2/19/2023 Start Time 1am

End Date 2/19/2023 End Time 11:00 pm

NAME OF PERSON COLLECTING SAMPLE: _____

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: Tyler LaPlante

Date: 2.20.2023 Time: 11:12am

Received by: [illegible]

Date: 2/20/23 Time: 11:12 a

Relinquished by: _____

Date: _____ Time: _____

Received by: _____

Date: _____ Time: _____

TEMP: 6 °C

COMMENTS:

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SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity

SAMPLE IDENTIFICATION: Elkhart – 2 Wednesday Feb. 2023

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 2/21/2023 Start Time 1am

End Date 2/21/2023 End Time 11:00pm

NAME OF PERSON COLLECTING SAMPLE: _____

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: Tyler Eblash

Date: 2/22/2023 Time: 11:25am

Received by: [illegible]

Date: 2/22/23 Time: 11:25a

Relinquished by: _____

Date: _____ Time: _____

Received by: _____

Date: _____ Time: _____

TEMP: 4 °C

COMMENTS:

2023-0253

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SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity

SAMPLE IDENTIFICATION: Elkhart – 3 Friday Feb. 2023

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 2/23/2023 Start Time 1:00am

End Date 2/23/2023 End Time 11:00pm

NAME OF PERSON COLLECTING SAMPLE: Secondary Ops

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: [signature]

Date: 2-24-2023 Time: 11:25am

Received by: [signature]

Date: 2/24/23 Time: 11:25a

Relinquished by:

Date: Time:

Received by:

Date: Time:

TEMP: 4.7 °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.)
08/20	65	40	80	34
09/20	65	40	80	52
11/20	75	40	80	39
01/21	104	40	80	24
02/21	65	40	80	46
03/21	86	40	80	51
04/21	65	10	20	15
06/21	106	40	80	44
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	80	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
Average	85	Mode 40	80	42
St. Dev.	16			13
Upper Limit	117	80	160	67
Lower Limit	53	20	40	17

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)
03/21	798	500	1000	571
06/21	917	500	1000	604
06/21	671	500	1000	621
07/21	1072	500	1000	672
08/21	1234	1000	2000	1207
09/21	997	500	1000	747
10/21	1129	500	1000	1017
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
Average	1009	Mode 500	1000	793
St. Dev.	162			196
Upper Limit	1332	1000	2000	1185
Lower Limit	686	250	500	400

Discharger: Elkhart WWTP

Location: Elkhart, IN

Test Dates 2/21/23 -2/28/23

Analysts: MMK, 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	9	
	C	10	10	10	10	10	10	10	
	D	10	10	10	10	10	9	9	
12.5%	A	10	10	9	9	9	8	7	
	B	10	10	9	9	8	8	5	
	C	10	10	10	10	10	10	7	
	D	10	10	10	8	7	7	4+1	
25%	A	10	10	7	6	4	3	3	
	B	10	10	10	9	8	5	5	
	C	10	10	7	7	5	3	2	
	D	10	10	7	7	2	0	0	
50%	A	10	10	8	6	4	4	4	
	B	10	10	8	8	5	4	4	
	C	10	10	8	8	5	5	3	
	D	10	10	5	5	1	1	1	
100%	A	10	10	5	3	3	3	3	
	B	10	10	5	5	0	0	0	
	C	10	10	5	3	3	2	2	
	D	10	10	6	5	3	3	2	

Comments: Start Time: 1015

FHM Source: Lab Cultures

DATE: 2.25.23 TEST NUMBER: 1 DURATION: 96 H
TOXICANT : Elkhart WWTP
SPECIES: Pimephales promelas

RAW DATA:

Concentration (%)	Number Exposed	Mortalities
.00	40	0
6.25	40	0
12.50	40	4
25.00	40	11
50.00	40	13
100.00	40	24

SPEARMAN-KARBER TRIM: 40.00%

SPEARMAN-KARBER ESTIMATES: LC50: 77.72
95% LOWER CONFIDENCE: 58.55
95% UPPER CONFIDENCE: 103.16

```
Elkhart 2.23
File: fhmsurv        Transform: ARC SINE(SQUARE ROOT(Y))

Shapiro Wilks test for normality
--------------------------------------------------------------------------

D =    0.460

W =    0.945

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 2.23
File: fhmsurv        Transform: ARC SINE(SQUARE ROOT(Y))

Hartley test for homogeneity of variance
Bartletts 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 2.23
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%	1.331	14.00	10.00	4.00	
3	12.5%	0.888	10.00	10.00	4.00	*
4	25%	0.497	10.00	10.00	4.00	*
5	50%	0.568	10.00	10.00	4.00	*
6	100%	0.416	10.00	10.00	4.00	*

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

Discharge:	Elkhart WWTP	Test Date(s) :	2/21-28/23	Drying Temp (°C):	100
Location:	Elkhart, IN	Weighing Date:	3/1/23	Drying Time (h):	6
Analyst:	MMB, MMK, MN, AF				

Conc :	Rep. No.	Wgt. of boat (g)	Dry wgt: foil and larvae (g)	Total dry wgt of larvae (mg)	No. of larvae	Mean dry wgt of larvae (g)	Remarks
Control	A	0.92530	0.92800	2.70	10	0.270	
	B	0.93130	0.93400	2.70	10	0.270	
	C	0.92370	0.92730	3.60	10	0.360	
	D	0.91870	0.92190	3.20	10	0.320	
Conc : 6.25%	A	0.92230	0.92540	3.10	10	0.310	
	B	0.92900	0.93190	2.90	9	0.290	
	C	0.92730	0.93020	2.90	10	0.290	
	D	0.91850	0.92160	3.10	9	0.310	
Conc : 12.5%	A	0.92850	0.93070	2.20	7	0.220	
	B	0.92580	0.92700	1.20	5	0.120	
	C	0.91440	0.91660	2.20	7	0.220	
	D	0.92780	0.92960	1.80	5	0.180	
Conc : 25%	A	0.91670	0.91750	0.80	3	0.080	
	B	0.91640	0.91760	1.20	5	0.120	
	C	0.92840	0.92880	0.40	2	0.040	
	D			0.00	0	0.000	
Conc : 50%	A	0.91330	0.91380	0.50	4	0.050	
	B	0.91930	0.92010	0.80	4	0.080	
	C	0.91500	0.91560	0.60	3	0.060	
	D	0.91830	0.91870	0.40	1	0.040	
Conc : 100%	A	0.92380	0.92450	0.70	3	0.070	
	B			0.00	0	0.000	
	C	0.92050	0.92080	0.30	2	0.030	
	D	0.92540	0.92590	0.50	2	0.050	

Elkhart 2.23 retest
File: fhm_grow Transform: NO TRANSFORMATION

Chi-square test for normality: actual and expected frequencies

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

Calculated Chi-Square goodness of fit test statistic = 5.0194
Table Chi-Square value (alpha = 0.01) = 13.277

Data PASS normality test. Continue analysis.

Elkhart 2.23 retest
File: fhm_grow Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance

Calculated H statistic (max Var/min Var) = 20.00
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 2.23 retest
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	0.360	0.305
2	6.25%	4	0.290	0.310	0.300
3	12.5%	4	0.120	0.220	0.185
4	25%	4	0.000	0.120	0.060
5	50%	4	0.040	0.080	0.058
6	100%	4	0.000	0.070	0.038

Elkhart 2.23 retest
File: fhm_grow Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	0.002	0.044	0.022
2	6.25%	0.000	0.012	0.006
3	12.5%	0.002	0.047	0.024
4	25%	0.003	0.052	0.026
5	50%	0.000	0.017	0.009
6	100%	0.001	0.030	0.015

Elkhart 2.23 retest
File: fhm_grow Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	0.307	0.061	61.000
Within (Error)	18	0.024	0.001	
Total	23	0.331		

Critical F value = 2.77 (0.05,5,18)
Since F > Critical F REJECT Ho:All groups equal

Elkhart 2.23 retest
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	0.305	0.305		
2	6.25%	0.300	0.300	0.224	
3	12.5%	0.185	0.185	5.367	*
4	25%	0.060	0.060	10.957	*
5	50%	0.058	0.058	11.069	*
6	100%	0.038	0.038	11.963	*

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

Elkhart 2.23 retest
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	0.054	17.7	0.005
3	12.5%	4	0.054	17.7	0.120
4	25%	4	0.054	17.7	0.245
5	50%	4	0.054	17.7	0.248
6	100%	4	0.054	17.7	0.268

*** Inhibition Concentration Percentage Estimate ***
Toxicant/Effluent: Elkhart WWTP
Test Start Date: 2.23.23 Test Ending Date: 2.28.23
Test Species: Pimephales promelas
Test Duration: 7d
DATA FILE:

Conc. ID	Number Replicates	Concentration %	Response Means	Std. Dev.	Pooled Response Means
1	4	0.000	0.305	0.044	0.305
2	4	6.250	0.300	0.012	0.300
3	4	12.500	0.185	0.047	0.185
4	4	25.000	0.060	0.052	0.060
5	4	50.000	0.058	0.017	0.058
6	4	100.000	0.038	0.030	0.038

The Linear Interpolation Estimate: 10.1223 Entered P Value: 25

Number of Resamplings: 80 80 Resamples Generated
The Bootstrap Estimates Mean: 10.1165 Standard Deviation: 0.9556
Original Confidence Limits: Lower: 8.7450 Upper: 11.8566
Expanded Confidence Limits: Lower: 7.9186 Upper: 12.8972
Resampling time in Seconds: 0.00 Random_Seed: -185634342

Discharger:	Elkhart WWTP	**Test Dates:**	2/21/23 -2/28/23
Location:	Elkhart, IN	**Analysts:**	MMK, MMB, MN, AF

		Day							
Conc: Control		1	2	3	4	5	6	7	**Remarks**
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.3	8.4	8.2	8.6	7.9	8.0	8.2	
	Final	7.6	6.9	7.4	6.7	6.5	6.8	6.9	
pH	Initial	7.6	7.4	7.6	7.7	7.5	7.6	7.6	
	Final	7.5	7.4	7.5	7.4	7.4	7.4	7.4	
Alkalinity		40		40		40			
Hardness		110		110		100			
Conductivity		350		340		360			
Chlorine									

		Day							
Conc: 6.25%		1	2	3	4	5	6	7	**Remarks**
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.4	8.4	8.1	8.6	8.1	8.0	8.2	
	Final	7.6	6.8	7.3	6.7	6.5	6.8	6.9	
pH	Initial	7.6	7.4	7.6	7.6	7.5	7.6	7.6	
	Final	7.4	7.3	7.4	7.4	7.4	7.4	7.3	
Alkalinity									
Hardness									
Conductivity		390		370		400			
Chlorine									

		Day							
Conc: 12.5%		1	2	3	4	5	6	7	**Remarks**
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.6	8.4	8.1	8.6	8.4	8.1	8.3	
	Final	6.8	6.6	6.8	6.7	6.5	6.7	6.8	
pH	Initial	7.5	7.4	7.6	7.6	7.5	7.6	7.6	
	Final	7.4	7.3	7.4	7.6	7.4	7.3	7.3	
Alkalinity									
Hardness									
Conductivity		400		420		440			
Chlorine									

Discharger:	Elkhart WWTP	**Test Dates:**	2/21/23 -2/28/23
Location:	Elkhart, IN	**Analysts:**	MMK, MMB, MN, AF

		Day							
Conc: 25%		1	2	3	4	5	6	7	**Remarks**
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.7	8.5	8.1	8.6	8.6	8.1	8.4	
	Final	6.6	6.5	6.7	6.6	6.5	6.7	6.0	
pH	Initial	7.5	7.4	7.5	7.5	7.4	7.5	7.4	
	Final	7.4	7.3	7.5	7.6	7.4	7.3	7.2	
Alkalinity									
Hardness									
Conductivity		490		510		540			
Chlorine									

		Day							
Conc: 50%		1	2	3	4	5	6	7	**Remarks**
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.9	8.6	8.1	8.7	8.7	8.4	8.7	
	Final	6.6	6.5	6.4	6.6	6.4	6.2	5.8	
pH	Initial	7.4	7.4	7.4	7.4	7.4	7.4	7.3	
	Final	7.6	7.4	7.5	7.7	7.5	7.3	7.2	
Alkalinity									
Hardness									
Conductivity		660		670		720			
Chlorine									

		Day							
Conc: 100%		1	2	3	4	5	6	7	**Remarks**
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.1	9.1	8.4	8.9	8.6	9.1	9.7	
	Final	6.8	6.3	6.3	6.6	6.3	6.2	5.5	
pH	Initial	7.3	7.4	7.3	7.4	7.3	7.2	7.3	
	Final	7.8	7.7	7.6	7.8	7.6	7.5	7.3	
Alkalinity		130		130		80			
Hardness		275		250		175			
Conductivity		960		1010		800			
Chlorine		0.2		0.2		0.2			
Ammonia		1.5		4.0		6.0			

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Signing Process Confirmation - CDX Activity ID: _f723d331-a92b-4fc9-be29-00c5dbde9837

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	03/31/23	04/28/23

Permit

Permit ID:	IN0025674	**Major:**	
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 03/01/23 to 03/31/23	**DMR Due Date:**	04/28/23
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	of Ex.	Analysis	Type
00300	**Oxygen, dissolved [DO]**	**Smpl.**				=8.1			19 - mg/L	0	01/01 - Daily	3R - 3GR24H
1 - Effluent Gross												
Season: 0		**Req.**				>=4.0 DLYAVMIN			19 - mg/L		01/01 - Daily	3R - 3GR24H
NODI: -		**NODI**										
00400	**pH**	**Smpl.**				=7.4		=8.1	12 - SU	0	01/01 - Daily	GR - GRAB
1 - Effluent Gross												
Season: 0		**Req.**				>=6.0 DAILY MN		<=9.0 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
NODI: -		**NODI**										
00530	**Solids, total suspended**	**Smpl.**	=2148.0	=2852.0	26 - lb/d		=12.0	=14.0	19 - mg/L	0	01/01 - Daily	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**	<=7511.0 MO AVG	<=11266.0 MX WK AV	26 - lb/d		<=30.0 MO AVG	<=45.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -		**NODI**										
00600	**Nitrogen, total [as N]**	**Smpl.**	=2803.0		26 - lb/d		=13.0		19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**	Req Mon MO AVG		26 - lb/d		Req Mon MO AVG		19 - mg/L		01/30 - Monthly	24 - COMP24
NODI: -		**NODI**										
X 00610	**Nitrogen, ammonia total [as N]**	**Smpl.**	=502.5	=1588.9	26 - lb/d		=3.0	=11.0	19 - mg/L	1	01/01 - Daily	24 - COMP24
1 - Effluent Gross												
Season: 2		**Req.**	<=1102.0 MO AVG	<=2554.0 DAILY MX	26 - lb/d		<=4.4 MO AVG	<=10.2 DAILY MX	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -		**NODI**										
00665	**Phosphorus, total [as P]**	**Smpl.**	=105.0		26 - lb/d		=0.59		19 - mg/L	0	01/01 - Daily	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**	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**	**Smpl.**	<0.033	<0.043	26 - lb/d		<0.0002	<0.0002	19 - mg/L	0	01/07 - Weekly	24 - COMP24
1 - Effluent Gross												

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		<=0.00038 MO AVG	<=0.00077 DAILY MX	19 - mg/L		01/07 - Weekly	24 - COMP24
NODI: -		**NODI**										
01079	**Silver total recoverable**	**Smpl.**					<=0.0005	=0.00039	19 - mg/L	0	01/07 - Weekly	24 - COMP24
G - Raw Sewage Influent												
Season: 0		**Req.**					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		02/DM - Twice Every Month	24 - COMP24
NODI: -		**NODI**										
50050	**Flow, in conduit or thru treatment plant**	**Smpl.**	=21.25		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]**	**Smpl.**					=43.0	=8164.0	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	3Z - CFU/100mL		03/07 - Three Per Week	GR - GRAB
NODI: -		**NODI**										
80082	**BOD, carbonaceous [5 day, 20 C]**	**Smpl.**	=784.0	=911.0	26 - lb/d		=5.0	=6.0	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**										
81012	**Phosphorus, total percent removal**	**Smpl.**				=77.0			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**	**Smpl.**		=659.0	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

Parameter Code	Parameter Name	Monitoring Location	Field	Type	Description	Acknowledge
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	

Comments

Attachments

Name	Type	Size
IN0025674_CSO_MRO_2023_03.pdf	pdf	1690095.0
IN0025674_INC_RPT_2023_03.pdf	pdf	117752.0
IN0025674_035a_MRO_2023_03.pdf	pdf	909804.0

Report Last Saved By

ELKHART WWTP

User: Payton88

Name: Laura Kolo

E-Mail: laura.kolo@coei.org

Date/Time: 2023-04-26 12:30 (Time Zone:-04:00)

Report Last Signed By

User: Payton88

Name: Laura Kolo

E-Mail: laura.kolo@coei.org

Date/Time: 2023-04-26 15:10 (Time Zone:-04:00)

Signing Process Confirmation - CDX Activity ID: _75c1e04e-14b7-4d43-8a57-4687284ba070

Your DMRs are undergoing the Signing Process

IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	03/31/23	04/28/23
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	03/31/23	04/28/23
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	03/31/23	04/28/23
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	03/31/23	04/28/23
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	03/31/23	04/28/23
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	03/31/23	04/28/23
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	03/31/23	04/28/23
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	03/31/23	04/28/23
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	03/31/23	04/28/23
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	03/31/23	04/28/23
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	03/31/23	04/28/23
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	03/31/23	04/28/23
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	03/31/23	04/28/23
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	03/31/23	04/28/23
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	03/31/23	04/28/23
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	03/31/23	04/28/23
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	03/31/23	04/28/23
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	03/31/23	04/28/23
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	03/31/23	04/28/23
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	03/31/23	04/28/23
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	03/31/23	04/28/23
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	03/31/23	04/28/23
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	03/31/23	04/28/23
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	03/31/23	04/28/23
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	03/31/23	04/28/23
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	03/31/23	04/28/23
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	03/31/23	04/28/23
IN0025674	ELKHART WWTP	035	035-AQ	QUARTERLY REPORTING	03/31/23	04/28/23
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	03/31/23	04/28/23
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	03/31/23	04/28/23
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	03/31/23	04/28/23

Permit

Permit ID:	IN0025674	**Major:**	
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-AQ - QUARTERLY REPORTING

Report Dates & Status

Monitoring Period:	From 01/01/23 to 03/31/23	**DMR Due Date:**	04/28/23
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:**	157-429-3257

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]**	**Smpl.**		=0.4821	26 - lb/d			=0.005	19 - mg/L	0	01/90 - Quarterly	GR - GRAB
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	GR - GRAB
NODI: -		**NODI**										
00717	**Cyanide, free [as free]**	**Smpl.**						=0.0064	19 - mg/L	0	01/90 - Quarterly	GR - GRAB
G - Raw Sewage Influent												
Season: 0		**Req.**						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	GR - GRAB
NODI: -		**NODI**										
01074	**Nickel, total recoverable**	**Smpl.**		=1.332	26 - lb/d			=0.0089	19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -		**NODI**										
01074	**Nickel, total recoverable**	**Smpl.**						=0.0408	19 - mg/L	0	01/30 - Monthly	24 - COMP24
G - Raw Sewage Influent												
Season: 0		**Req.**						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -		**NODI**										
01094	**Zinc, total recoverable**	**Smpl.**		=3.607	26 - lb/d			=0.0265	19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -		**NODI**										
01094	**Zinc, total recoverable**	**Smpl.**						=0.0265	19 - mg/L	0	01/30 - Monthly	24 - COMP24
G - Raw Sewage Influent												
Season: 0		**Req.**						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -		**NODI**										
01113	**Cadmium, total recoverable**	**Smpl.**		=0.248	26 - lb/d			<0.0002	19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -		**NODI**										
01113	**Cadmium, total recoverable**	**Smpl.**						=0.0212	19 - mg/L	0	01/30 - Monthly	24 - COMP24
G - Raw Sewage Influent												
Season: 0		**Req.**						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -		**NODI**										
01114	**Lead, total recoverable**	**Smpl.**		<0.216	26 - lb/d			<0.001	19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -		**NODI**										
01114	**Lead, total recoverable**	**Smpl.**						=0.0108	19 - mg/L	0	01/30 - Monthly	24 - COMP24
G - Raw Sewage Influent												
Season: 0		**Req.**						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -		**NODI**										
01118	**Chromium, total recoverable**	**Smpl.**		=0.491	26 - lb/d			=0.005	19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -		**NODI**										
01118	**Chromium, total recoverable**	**Smpl.**						=0.0212	19 - mg/L	0	01/30 - Monthly	24 - COMP24
G - Raw Sewage Influent												
Season: 0		**Req.**						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -		**NODI**										
01119	**Copper, total recoverable**	**Smpl.**		=1.4014	26 - lb/d			=0.0127	19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -		**NODI**										

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
01119	**Copper, total recoverable**	**Smpl.**						=0.101	19 - mg/L	0	01/30 - Monthly	24 - COMP24
G - Raw Sewage Influent												
Season: 0		**Req.**						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -		**NODI**										

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

ELKHART WWTP

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2023-04-26 11:44 (Time Zone:-04:00)

Report Last Signed By

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2023-04-26 15:10 (Time Zone:-04:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number
Elkhart	IN0025674

Month	Year	Plant Design Flow	Telephone Number
March	2023	20.00 mgd	574/293-2572

E-mail address: laura.kolo@coei.org 035 A

Certified Operator: Name	Class	Certificate Number	Expiration Date
Laura E. Kolo	IV	15094	06/30/2023

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches (Total= 6.30)	Bypass At Plant Site("X" If Occurred)	Sanitary Sewer Overflow("X" If Occurred)	CHEMICALS USED: Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	RAW SEWAGE: Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l	
1	Wed			0.10				350		14.458	7.8	105	12,619	146	17,605	3.35	21.04	
2	Thu			0.00				350		14.275	7.9	99	11,729	110	13,096	4.08	20.80	
3	Fri			1.33	X			361		15.167	7.6	117	14,860	138	17,456	3.65	18.56	
4	Sat			0.00				353		19.908	7.9	90	14,996	72	11,954	2.37	13.40	
5	Sun			0.00				343		18.358	7.8	63	9,673	30	4,593	1.93	10.80	
6	Mon			0.30				352		22.533	7.7	60	11,332	88	16,537	2.08	10.28	
7	Tue			0.00				343		21.592	8.0	75	13,464	88	15,847	2.67	12.76	
8	Wed			0.00						19.625	7.8	99	16,248	106	17,349	2.60	15.44	
9	Thu			0.03						19.733	7.6	98	16,202	114	18,761	2.60	15.68	
10	Fri			0.00				331		19.442	7.5	99	16,090	116	18,809	2.16	14.76	
11	Sat			0.00				316		17.891	7.8	43	6,359	54	8,057	1.51	11.12	
12	Sun			0.55				361		18.283	7.6	74	11,280	54	8,234	1.99	12.88	
13	Mon			0.00				337		18.717	7.6	73	11,325	86	13,425	2.14	14.84	
14	Tue			0.00				349		18.767	7.7	88	13,828	104	16,278	2.38	15.16	
15	Wed			0.00				380		17.050	7.5	93	13,248	90	12,798	2.69	16.32	
16	Thu			0.03				334		17.592	7.6	105	15,347	108	15,845	2.82	17.20	
17	Fri			0.00				304		23.367	7.8	114	22,154	154	30,012	2.61	11.12	
18	Sat			0.40				350		16.825	7.7	62	8,662	84	11,787	2.08	12.20	
19	Sun			0.00				325		16.492	7.7	81	11,145	74	10,178	2.23	12.56	
20	Mon			0.00				331		16.925	7.6	63	8,903	86	12,139	2.66	14.24	
21	Tue			0.54				250		16.683	7.8	95	13,200	108	15,027	2.80	19.00	
22	Wed			0.40				250		17.492	7.7	94	13,742	92	13,421	2.92	18.84	
23	Thu			0.25						17.192	7.7	84	12,023	138	19,787	3.00	19.04	
24	Fri			0.01				355		16.208	7.7	83	11,206	100	13,517	2.69	20.36	
25	Sat			0.80				364		20.667	7.6	93	16,095	130	22,407	2.37	14.20	
26	Sun			0.45				319		18.358	7.8	88	13,430	86	13,167	2.13	11.36	
27	Mon			0.00				319		18.840	7.5	54	8,409	90	14,141	2.28	14.60	
28	Tue			0.60				370		17.567	7.4	74	10,834	84	12,307	3.11	16.72	
29	Wed			0.00				350		17.517	7.4	97	14,131	85	12,418	2.78	16.48	
30	Thu			0.10				357		19.125	7.4	109	17,454	130	20,735	3.22	16.48	
31	Fri			0.41				328		22.125	7.1	88	16,207	170	31,369	2.59	14.24	
Average				0.20				337		18.348		86	13,103	100	15,453	2.60	15.24	
Maximum				1.33				380		23.367	8.0	117	22,154	170	31,369	4.08	21.04	
Minimum				0.00				250		14.275	7.1	43	6359	30	4593	1.51	10.28	
# of Data			0	31	1	2	0	28	0	31	31	31	31	31	31	31	31	0

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

Prepared by or under the direction of (Certified Operatc: laura KD — Date (month, day, year): 4-26-23

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): laura KD — Date (month, day, year): 4-26-23

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	2023

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - 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	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)
1	95	58	322	2,435	132	3.5	12	7.785	6,760			.		22	7.7		9.1	
2	87	58	274	2,445	112	3.7	12	7.785	6,960						7.8		9.1	
3	85	66	302	2,605	116	4.2	11	7.785	6,900						7.7		8.9	
4	85	54	271	1,655	164	4.2	11	7.785	7,000						8.1		8.4	
5	59	50	270	1,640	165	4.4	11	7.785	5,660						7.5		9.1	
6	46	54	240	1,935	124	5.0	11	7.785	6,340					20	7.6		9.0	
7	58	56	242	2,405	101	4.2	11	7.785	7,940					59	7.5		8.7	
8	57	65	268	2,405	111	3.9	12	7.785	5,600					27	7.7		8.9	
9	87	78	302	2,440	124	3.8	12	7.785	7,600						7.6		8.8	
10	73	64	282	2,360	120	3.8	11	7.785	7,660						7.6		8.8	
11	46	56	275	2,325	118	4.0	11	7.785	7,120						7.6		8.4	
12	61	40	258	2,045	126	5.1	11	7.785	5,540						7.6		9.8	
13	56	52	280	2,240	125	4.2	11	7.785	5,860					3	7.6		9.0	
14	60	55	309	2,145	144	4.4	11	7.785	6,560					47	7.6		9.0	
15	72	45	324	2,065	157	4.4	11	7.785	6,400					11	7.7		8.9	
16	91	60	342	2,090	164	4.4	11	7.785	6,360						7.7		8.8	
17	137	100	341	2,360	145	3.3	12	7.785	7,180						7.4		8.3	
18	91	52	367	2,440	151	3.7		7.785	6,820						7.6		8.5	
19	122	52	345	2,220	155	4.1	12	7.785	6,700						7.9		8.5	
20	98	58	358	2,300	155	3.7	12	7.785	5,620					19	7.7		8.8	
21	154	72		2,420		3.2	12	7.785	5,440					39	7.6		8.5	
22	111	62	370	2,310	160	3.5	12	7.785	4,720					35	7.7		9.1	
23	95	70	198	1,530	129	3.5	12	7.785	2,960						7.7		9.7	
24	99	62	288	2,215	130	3.7	12	7.785	5,140						7.6		8.9	
25	65	72	288	2,360	122	4.5	10	7.785	4,460						7.5		9.1	
26	70	52	292	2,670	110	4.8	12	7.785	3,960						7.6		9.4	
27	45	58	268	1,830	146	5.3	12	7.709	3,300						7.7		9.4	
28	64	70	288	2,410	119	2.9	12	7.785	5,900						7.6		8.9	
29	75	82	290	1,720	169	3.3	12	7.785	4,620					1,300	7.6		9.2	
30	75	74	275	2,655	104	2.9	14	7.785	2,460					8,164	7.7		8.8	
31	55	74	269	2,740	98	2.30	12	7.785	4,920					1203	7.6		8.1	
Avg.	80	62	293	2,239	133	3.9	12	7.782	5,821					842			8.9	
Max	154	100	370	2,740	169	5.3	14	7.785	7,940					8,164		8.1	9.8	
Min.	45	40	198	1530	98	2.3	10	7.709	2460					3		7.40	8.1	
Daily Max														8,164				
# of Days above 235														3				
Data	31	31	30	31	30	31	30	31	31	0	0	1	0	13	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	March	2023

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
Day Of Month	Day of Week	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	17.278		5		709		16		2,378		9.05		1,304.1		0.62	89
2	Thu	17.288		5		738		16		2,379		11.02		1,588.9		0.68	98
3	Fri	19.549		4		691		19		3,098		5.01		816.8		0.68	111
4	Sat	37.386	21.539	5	4.99	1,453	911	6	14.23	1,871	2,362	4.09	5.54	1,275.3	941	0.69	215
5	Sun	38.417		3		1,038		5		1,666		0.59		189.0		0.66	211
6	Mon	33.338		4		1,095		14		3,893		1.32		367.0		0.49	136
7	Tue	25.852		4		897		14		2,911		5.43		1,170.7		0.75	162
8	Wed	22.607		4		709		16		3,092		4.58		863.5		0.82	155
9	Thu	21.232		4		731		18		3,117		5.16		913.7		0.84	149
10	Fri	22.456		4		798		16		3,071		3.61		676.1		0.60	112
11	Sat	18.974	26.125	4	3.87	567	834	14	13.87	2,215	2,852	1.29	3.14	204.1	626	0.53	84
12	Sun	25.331		3		541		12		2,535		0.25		52.8		0.53	112
13	Mon	22.429		4		748		12		2,245		0.44		82.3		0.46	86
14	Tue	20.771		4		760		12		2,079		2.09		362.1		0.50	87
15	Wed	20.470		4		640		13		2,254		2.59		442.2		0.52	89
16	Thu	20.862		3		599		13		2,297		2.77		481.9		0.55	96
17	Fri	24.843		7		1,367		16		3,232		2.88		596.7		0.61	126
18	Sat	18.573	21.897	7	4.54	1,095	822	13	13.03	2,045	2,384	0.60	1.66	92.9	302	0.54	84
19	Sun	17.828		6		953		11		1,606		0.12		17.8		0.68	101
20	Mon	19.394		5		831		14		2,264		0.42		67.9		0.63	102
21	Tue	16.595		9		1,277		19		2,657		3.63		502.4		0.65	90
22	Wed	12.448		7		756		13		1,329		4.78		496.2		0.65	67
23	Thu	13.598		7		794		10		1,134		7.28		825.6		0.65	74
24	Fri	16.150		4		539		12		1,562		4.16		560.3		0.76	102
25	Sat	20.667	16.669	5	6.24	795	849	11	12.80	1,930	1,783	2.23	3.23	384.4	408	0.49	84
26	Sun	18.358		3		519		8		1,271		0.09		13.8		0.34	52
27	Mon	17.550		2		325		5		761		0.11		16.1		0.42	61
28	Tue	17.567		4		542		9		1,275		3.25		476.2		0.50	73
29	Wed	17.517		4		571		11		1,592		1.34		195.8		0.48	70
30	Thu	19.125		3		496		7		1,085		1.73		275.9		0.39	62
31	Fri	24.170	20.921	4	3.34	722	529	9	8.10	1,734	1,417	0.49	1.20	264.1	200	0.49	99
Avg		21.246		5		784		12		2,148		2.98		502.5		0.59	105
Max		38.417	26.125	9	6.24	1,453	911	19	14.23	3,893	2,852	11.02	5.54	1,588.9	941	0.8	215
Min		12.448	16.669	2	3.34	325	529	5	8.10	761	1,417	0.09	1.20	13.8	200	0.3	52
Data		31	5	31	5	31	5	31	5	31	5	31	5	31	5	31	31

MONTHLY REMOVAL SUMMARY					
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	Total Monthly Flow: (million gallons) 659
Primary Treatment	6.99	38.3			
	NA	NA			Percent Capacity (actual flow/design) 106%
Secondary Treatment	94.3	80.0			
Overall Treatment	94.70	87.7	80.4	77.4	
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	March	2023

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
	Primary SludgeGal. x 100	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	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		
1	30.50	201.60	7.4		92	3.537		4.27	1.86	69.43	56.68	100.91		
2	28.52	211.68	7.2		92	3.537		4.38	1.79	70.55	59.12	100.91		
3	29.55	216.00	7.3		91	28.296		2.50	1.90	72.52	58.90			
4	24.00	216.00	7.3		88	74.277		2.56	2.29	73.89	56.52			
5	20.11	216.00	7.3		89			3.47	2.07	75.91	55.96			
6	22.63	216.00	7.4		89			3.71	2.04	77.50	56.28			
7	22.37	216.00	7.3		89			3.78	2.08	77.08	57.59	101.32		
8	21.02	220.32	7.3		87			4.45	2.17	75.49	60.95	100.73		
9	27.02	203.04	7.3		84	21.222		4.41	2.13	75.97	59.32	100.55		
10	28.18	201.60	7.2		84			3.73	2.33	75.77	56.19	71.89		
11	28.00	201.60	7.2		82			5.09	2.25	75.22	59.66			
12	20.13	201.60	7.1		77			3.24	2.32	81.32	58.88			
13	15.23	201.60	7.1		80			6.08	2.29	82.61	59.26			
14	22.13	201.60	7.3		79			5.20	2.15	82.84	58.99	101.27		
15	26.20	201.60	7.2		71			4.34	2.23	78.81	59.32	100.67		
16	27.57	201.60	7.2		72			3.61	2.47	79.00	59.81	100.54		
17	24.50	201.60	7.2		76			4.72	2.32	80.64	59.22	57.42		
18	25.00	201.60	7.2		77	28.296		4.02	2.35	78.38	60.13			
19	23.56	201.60	7.2		76			4.46	2.07	76.11	59.84			
20	27.14	201.60	7.2		75	42.444		4.82	2.08	77.62	59.87			
21	26.52	201.60	7.1		75			4.36	2.09	79.60	59.46	97.01		
22	20.00	201.60	7.1		77			4.41	2.26	79.37	59.75	100.42		
23	18.59	201.60	7.2		77	17.685		4.97	2.18	78.96	60.71	89.92		
24	29.73	201.60	7.2		77	10.611		4.81	2.22	77.61	60.71	71.75		
25	29.51	201.60	7.2		79	38.907		4.64	2.04	75.00	58.49			
26	21.85	201.60	7.1		80			5.10	2.00	75.74	57.89			
27	11.70	194.40	7.1		82				1.98		59.28			
28	15.27	187.20	7.3		83	7.074		6.87	1.93	75.68	57.86	100.77		
29	38.02	187.20	7.3		83	10.611		4.94	1.88	77.07	57.89	82.25		
30	24.39	187.20	7.3		83	21.222		6.50	1.89	78.56	57.89	100.17		
31	42.63	187.20	7.3		84	3.537		5.27	1.91	76.48	57.96	71.76		
Avg.	24.89	202.81			82	22.233		4.49	2.12	77.02	58.72	91.68		
Max.	42.63	220.32	7.4		92	74.277		6.87	2.47	82.84	60.95	101.32		
Min.	11.70	187.20	7.1		71	3.537		2.50	1.79	69.43	55.96	57.42		
Data	31	31	31	0	31	14	0	30	31	30	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	March	2023

Substitute for State Form 30530

	Final Effluent															
	Chloride		Total Nitrogen													
Day Of Month	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day	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
1					0.0015	0.0002									18.5000	2.7100
2																
3																
4																
5																
6																
7			13.00	2,803	0.0004	0.0002	0.0003	0.0002			0.0054	0.0020	0.0354	0.0065		
8																
9																
10																
11																
12																
13																
14					0.0002	0.0002										
15																
16																
17																
18																
19																
20																
21					0.0003	0.0002										
22	164	17,026														
23																
24																
25																
26																
27																
28					0.0002	0.0002										
29																
30																
31																
Avg.	164	17,026	13.00	2,803	0.0005	0.0002	0.0003	0.0002			0.0054	0.0020	0.0354	0.0065	18.5000	2.7100
Max.	164	17,026			0.0015	0.0002	0.0003	0.0002			0.0054	0.0020	0.0354	0.0065	18.5000	2.7100
Min.	164	17,026	13.00	2803	0.0002	0.0002	0.0003	0.0002			0.0054	0.0020	0.0354	0.0065	18.5000	2.7100
Data	1	1	1	1	5	5	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	2023

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	0.0166	0.0048	0.0045	0.0010	0.0590	0.0156										
8																
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31																
Avg.	0.0166	0.0048	0.0045	0.0010	0.0590	0.0156										
Max	0.0166	0.0048	0.0045	0.0010	0.0590	0.0156										
Min.	0.0166	0.0048	0.0045	0.0010	0.0590	0.0156										
Data	1	1	1	1	1	1	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: March 2023		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	14.46	16.00	2:14 AM	0.55	0.09	0.24	15 min												
2	14.28	15.60					15 min												
3	15.17	22.00	1:14 PM	10.80	0.29	0.16	15 min												
4	19.91	21.00	12:12 AM	22.03	0.98	0.20	15 min												
5	18.36	26.20	8:42 AM	0.08	0.01	0.04	15 min												
6	22.53	50.10	12:54 AM	15.97	0.40	0.40	15 min												
7	21.59	27.80					15 min												
8	19.63	12.20					15 min												
9	19.73	23.30	10:17 PM	1.50	0.03	0.04	15 min												
10	19.44	52.70	12:44 AM	16.55	0.24	0.08	15 min												
11	17.89	21.20					15 min												
12	18.28	20.50	11:17 AM	6.92	0.14	0.08	15 min												
13	18.72	20.80	10:44 AM	2.55	0.08	0.04	15 min												
14	18.77	22.00	11:19 AM	1.92	0.04	0.08	15 min												
15	17.05	19.00	1:07 AM	0.08	0.01	0.04	15 min												
16	17.59	19.20	2:17 PM	9.75	0.23	0.20	15 min												
17	23.37	33.10	12:12 AM	9.45	0.36	0.16	15 min												
18	16.83	18.40	3:37 PM	0.08	0.01	0.04	15 min												
19	16.49	19.00	10:22 AM	1.50	0.02	0.04	15 min												
20	16.93	19.70					15 min												
21	16.68	18.60					15 min												
22	17.49	22.30	4:22 PM	7.17	0.18	0.12	15 min												
23	17.19	19.70	12:07 AM	11.20	0.24	0.16	15 min												
24	16.21	17.40	9:12 PM	2.87	0.01	0.04	15 min												
25	20.67	30.20	12:02 AM	17.08	0.43	0.40	15 min												
26	18.36	47.70	8:32 AM	15.53	0.38	0.52	15 min												
27	18.84	31.30	1:52 AM	0.33	0.01	0.04	15 min												
28	17.57	20.10					15 min												
29	17.52	19.70	12:17 PM	4.87	0.06	0.08	15 min												
30	19.13	20.80					15 min												
31	22.13	26.80	6:12 AM	17.83	1.10	1.24	15 min							10:56 PM	M	0.67	M	0.3497	M
Totals:	568.77			176.61	5.34			0	Days	0.00		0		1	Days	0.67		0.3497	

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	4/26/23

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:	March 2023	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	1:02 PM	M	0.33	M	0.0472	M							1:21 PM	M	0.08	M	0.0008	M						
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25	8:41 AM	M	0.17	M	0.0290	M																		
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30																								
31	11:01 PM	M	0.83	M	0.1447	M	11:05 PM	M	0.08	M	0.0042	M	11:10 PM	M	0.83	M	0.0361	M	11:00 PM	M	0.33	M	0.0254	M
Totals:	3	Days	1.33		0.2209		1	Days	0.08		0.0042		2	Days	0.91		0.0369		1	Days	0.33		0.0254	

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 2023	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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25	8:32 AM	M	0.33	M	0.0034	M													8:40 AM	M	0.42	M	0.0106	M
26																								
27																								
28																								
29																								
30																								
31	10:57 PM	M	0.67	M	0.0415	M	11:02 PM	M	0.42	M	0.0603	M							10:55 PM	M	1.08	M	0.2240	M
Totals:	2	Days	1.00		0.0449		1	Days	0.42		0.0603		0	Days	0.00		0.0000		2	Days	1.50		0.2346	

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 2023	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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17													12:10 AM	M	6.32	M	0.3902	M						
18																								
19																								
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21																								
22																								
23																								
24																								
25													8:29 AM	M	1.50	M	0.0513	M						
26													8:45 PM	M	1.33	M	0.0346	M						
27																								
28																								
29																								
30																								
31	11:08 PM	M	0.67	M	0.0337	M	10:04 PM	M	0.67	M	0.1333	M	9:20 AM	M	1.83	M	0.1565	M						
Totals:	1	Days	0.67		0.0337		1	Days	0.67		0.1333		4	Days	10.98		0.6326		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:	March 2023	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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6																			11:28 AM	M	0.17	M	0.0034	M
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25	8:25 AM	M	0.33	M	0.0170	M	8:21 AM	M	0.42	M	0.0187	M	8:40 AM	M	0.33	M	0.0022	M	8:03 AM	M	0.67	M	0.0534	M
26							8:41 PM	M	0.25	M	0.0016	M							8:03 PM	M	0.42	M	0.0082	M
27																								
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30																								
31	8:50 AM	M	1.00	M	0.0615	M	8:51 AM	M	1.00	M	0.0473	M	10:55 PM	M	1.08	M	0.1699	M	8:48 AM	M	1.50	M	0.2022	M
Totals:	2	Days	1.33		0.0785		3	Days	1.67		0.0676		2	Days	1.41		0.1721		4	Days	2.76		0.2672	

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 2023	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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31	8:53 AM	M	0.17	M	0.0012	M	8:48 AM	M	0.55	M	0.0302	M												
Totals:	1	Days	0.17		0.0012		1	Days	0.55		0.0302		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:	March 2023	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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31	11:07 PM	M	0.92	M	0.1362	M	10:55 PM	M	0.83	M	0.0732	M	11:12 PM	M	0.50	M	0.1340	M	10:59 PM	M	0.17	M	0.0076	M
Totals:	1	Days	0.92		0.1362		1	Days	0.83		0.0732		1	Days	0.50		0.1340		1	Days	0.17		0.0076	

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 2023		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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5																								
6							11:29 AM	M	0.17	M	0.0057	M												
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25	8:32 AM	M	1.08	M	0.2145	M	8:14 AM	M	0.42	M	0.0166	M												
26							8:09 PM	M	0.83	M	0.0279	M												
27																								
28																								
29																								
30																								
31	9:17 AM	M	2.67	M	1.4865	M	8:44 AM	M	1.42	M	0.0588	M	12:25 PM	M	5.08	M	0.1872	M						
Totals:	2	Days	3.75		1.7010		4	Days	2.84		0.1090		1	Days	5.08		0.1872		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: March 2023		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	LS PLC had to be reset
4	
5	
6	precipitation
7	
8	
9	
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12	
13	
14	
15	
16	
17	precipitation
18	
19	
20	
21	
22	
23	
24	
25	precipitation
26	precipitation
27	
28	
29	
30	
31	precipitation

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	4/26/23

BYPASS / OVERFLOW INCIDENT REPORT

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

☐ Follow-up to Bypass report previously sent on: _____

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

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

GENERAL INFORMATION

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

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
007	3/3/23 1:02	☐ AM ☑ PM	3/3/23 1:26	☐ AM ☑ PM	Jackson Lift Station	41 41 17N	85 58 19W

(10) Amount of Flow Released *(Always provide a volume.)*
Check one: ☐ Estimated ☑ Actual 47,175 Gallons

(11) WWTP Flow During Release: 14.1 MGD

(12) WWTP Peak Design Flow Rate: 44.0 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☑ Dry Weather Combined Sewer Overflow
- ☐ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
none

(15) Reason for Bypass / Overflow *(Select one or more.)* reset PLC
☐ Construction Related ☐ Power Failure ☐ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☐ Pump Station Failure
- ☐ Treatment Bypassed
- ☑ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ Sewer Clean Out

Describe Other: *(in the box below)*
PLC was reset

(17) Additional Description of the Bypass / Overflow Event:
Maintenance Team was working at the station to see what is needed to be done to get the actuators to work automatically. However when they were working with the PLC it went into manual mode and they did not realize it. Operations received a 70% warning and notifiedthe Maintenance Supervisor. When he arrived at the lift station he put both SP pumps into hand to pump the wet well down. Maintenance reset the PLC into the correct setting and now the station is back to running correctly.

(18) Description of the Area Impacted *(Check all that apply.)*
- ☐ Affected Private Property
- ☐ Basement Backup
- ☐ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☑ Reached Receiving Water

Name of Receiving Water Impacted:
St Joe River

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☑ 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.)
☐ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☑ Other ☐ Lime ☐ Clean-Up Debris
Reset controller

(21) Resolution: Actions Taken or Planned to Prevent Recurrence
Maintenance to confirm settings are in proper mode before leaving station.

(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)*: 3/3/23

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura E. Kolo	(574)293-2572	laura.kolo@coei.org	3/3/23 appx 3:40	☐ AM ☑ PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Friday, March 3, 2023 3:41 PM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0025674_INC_RPT_2023_03_01
Attachments: EXTERNAL: Relayed: IN0025674_INC_RPT_2023_03_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

MARKETING AND DISTRIBUTION ANNUAL REPORT FORM

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

PERMIT NO.: INLA 000680 **FACILITY NAME:** Elkhart Public Works & Utilities **YEAR:** March 2023

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

(Lab No. corresponds to lab data entered below)

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

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

327 IAC 6.1-4-13

X	Alternative 1		Alternative 4
	Alternative 2		Alternative 5
	Alternative 3		Alternative 6

No Distribution

Vector Attraction Reduction Method (attach sample results when applicable)

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

327 IAC 6.1-15

X	Option 1 38%VSR		Option 5 Aerobic
	Option 2 Anaerobic/Bench		Option 6 Alkali
	Option 3 Aerobic/Bench		Option 7 75% Solids
	Option 4 SOUR		Option 8 90% Solids

Analytical Results:

Enter heavy metals results as dry weights — Enter detection limit when result is nondetectable

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

Enter all nutrient results as percent dry weights

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

NO DISTRIBUTION

Enter PCB results as dry weight

PCB												

Signature: Laura Ido Date: 4/26/23

View Certification | Download COR

DMR Copy of Submission

Showing COR 12 of 30 8 9 10 11 **12** 13 14 15

Permit

Permit ID:	IN0025674	**Major:**	
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 04/01/23 to 04/30/23	**DMR Due Date:**	05/28/23
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	of Ex.	Analysis	Type
00300	**Oxygen, dissolved [DO]**	**Smpl.**				=7.6			19 - mg/L	0	01/01 - Daily	3R - 3GR24H
1 - Effluent Gross												
Season: 0		**Req.**				>=4.0 DLYAVMIN			19 - mg/L		01/01 - Daily	3R - 3GR24H
NODI: -		**NODI**										
00400	**pH**	**Smpl.**				=7.4		=7.8	12 - SU	0	01/01 - Daily	GR - GRAB
1 - Effluent Gross												
Season: 0		**Req.**				>=6.0 DAILY MN		<=9.0 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
NODI: -		**NODI**										
00530	**Solids, total suspended**	**Smpl.**	=1322.0	=1362.0	26 - lb/d		=8.0	=9.0	19 - mg/L	0	01/01 - Daily	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**	<=7511.0 MO AVG	<=11266.0 MX WK AV	26 - lb/d		<=30.0 MO AVG	<=45.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -		**NODI**										
00600	**Nitrogen, total [as N]**	**Smpl.**	=2690.0		26 - lb/d		=15.0		19 - mg/L	0	01/30 - Monthly	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**	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]**	**Smpl.**	=434.0	=555.0	26 - lb/d		=2.6	=5.7	19 - mg/L	0	01/01 - Daily	24 - COMP24
1 - Effluent Gross												
Season: 2		**Req.**	<=1102.0 MO AVG	<=2554.0 DAILY MX	26 - lb/d		<=4.4 MO AVG	<=10.2 DAILY MX	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -		**NODI**										
00665	**Phosphorus, total [as P]**	**Smpl.**	=83.0		26 - lb/d		=0.48		19 - mg/L	0	01/01 - Daily	24 - COMP24
1 - Effluent Gross												
Season: 0		**Req.**	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**	**Smpl.**	<0.034	<0.038	26 - lb/d		<0.0002	<0.0002	19 - mg/L	0	01/07 - Weekly	24 - COMP24
1 - Effluent Gross												

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		<=0.00038 MO AVG	<=0.00077 DAILY MX	19 - mg/L		01/07 - Weekly	24 - COMP24
NODI: -		**NODI**										
01079	**Silver total recoverable**	**Smpl.**					<=0.0002	=0.0003	19 - mg/L	0	02/DM - Twice Every Month	24 - COMP24
G - Raw Sewage Influent												
Season: 0		**Req.**					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		02/DM - Twice Every Month	24 - COMP24
NODI: -		**NODI**										
50050	**Flow, in conduit or thru treatment plant**	**Smpl.**	=21.105		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]**	**Smpl.**					=16.0	=84.0	3Z - CFU/100mL	0	01/01 - Daily	GR - GRAB
1 - Effluent Gross												
Season: 1		**Req.**					<=125.0 MO GEO	<=235.0 DAILY MX	3Z - CFU/100mL		01/01 - Daily	GR - GRAB
NODI: -		**NODI**										
X 71901	**Mercury, total recoverable**	**Smpl.**					=1.8	=2.71	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	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
NODI: -		**NODI**										
71901	**Mercury, total recoverable**	**Smpl.**						=18.5	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
G - Raw Sewage Influent												
Season: 0		**Req.**						Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
NODI: -		**NODI**										

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.**	=447.0	=506.0	26 - lb/d		=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: -		**NODI**										
81012	**Phosphorus, total percent removal**	**Smpl.**				=81.9			23 - %	0	01/30 - Monthly	CA - CALCTD
K - Percent Removal												
Season: 0		**Req.**				>=75.0 MO AV MN			23 - %		01/30 - Monthly	CA - CALCTD
NODI: -		**NODI**										
82220	**Flow, total**	**Smpl.**		=633.0	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

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
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

Attachments

Name	Type	Size
IN0025674_035a_MRO_2023_04.pdf	pdf	899711.0
IN0025674_CSO_MRO_2023_04.pdf	pdf	1876889.0

Report Last Saved By

ELKHART WWTP

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2023-05-24 15:41 (Time Zone:-04:00)

Report Last Signed By

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2023-05-24 15:42 (Time Zone:-04:00)

Signing Process Confirmation - CDX Activity ID: _081f6ab3-da98-41c1-808f-5de0657ab64e

Your DMRs are undergoing the Signing Process

IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	04/30/23	05/28/23
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	04/30/23	05/28/23
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	04/30/23	05/28/23
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	04/30/23	05/28/23
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	04/30/23	05/28/23
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	04/30/23	05/28/23
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	04/30/23	05/28/23
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	04/30/23	05/28/23
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	04/30/23	05/28/23
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	04/30/23	05/28/23
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	04/30/23	05/28/23
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	04/30/23	05/28/23
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	04/30/23	05/28/23
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	04/30/23	05/28/23
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	04/30/23	05/28/23
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	04/30/23	05/28/23
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	04/30/23	05/28/23
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	04/30/23	05/28/23
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	04/30/23	05/28/23
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	04/30/23	05/28/23
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	04/30/23	05/28/23
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	04/30/23	05/28/23
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	04/30/23	05/28/23
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	04/30/23	05/28/23
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	04/30/23	05/28/23
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	04/30/23	05/28/23
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	04/30/23	05/28/23
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	04/30/23	05/28/23
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	04/30/23	05/28/23
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	04/30/23	05/28/23

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number
Elkhart	IN0025674

Month	Year	Plant Design Flow	Telephone Number
April	2023	20.00 mgd	574/293-2572

E-mail address: laura.kolo@coei.org 035 A

Certified Operator: Name	Class	Certificate Number	Expiration Date
Laura E. Kolo	IV	15094	06/30/2023

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 4.18 Precipitation - Inches	Bypass At Plant Site("X" If Occurred)	Sanitary Sewer Overflow("X" If Occurred)	CHEMICALS USED Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	RAW SEWAGE 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	Sat			1.80				316		30.778	7.4	59	15,047	80	20,535	1.38	7.08	
2	Sun			0.00				340		19.700	7.5	71	11,624	52	8,543	1.47	9.28	
3	Mon			0.03				288		20.242	7.4	56	9,501	70	11,817	1.99	11.12	
4	Tue			0.00				684		19.425	7.3	113	18,258	76	12,312	2.51	13.68	
5	Wed			1.20						25.192	7.5	94	19,813	112	23,531	2.69	10.76	
6	Thu			0.00						21.283	7.5	90	15,892	84	14,910	2.51	15.92	
7	Fri			0.01				350		20.692	7.7	73	12,534	61	10,527	2.41	15.52	
8	Sat			0.00				360		18.350	7.6	61	9,363	62	9,488	1.82	14.44	
9	Sun			0.00				360		18.158	7.4	75	11,381	55	8,329	1.85	12.44	
10	Mon			0.00				325		22.000	7.7	70	12,752	94	17,247	2.48	13.68	
11	Tue			0.00				337		20.725	7.6	83	14,341	118	20,396	2.72	14.72	
12	Wed			0.00				319		19.875	7.4	91	15,056	116	19,228	3.02	14.60	
13	Thu			0.00				269		18.625	7.4	103	15,957	106	16,465	3.30	15.52	
14	Fri			0.00				277		17.258	7.4	88	12,627	90	12,954	2.88	14.32	
15	Sat			0.00				231		16.742	7.3	81	11,362	63	8,797	2.33	11.72	
16	Sun			0.20				273		18.433	7.3	92	14,148	94	14,451	2.44	10.56	
17	Mon			0.25				264		17.708	7.5	66	9,728	96	14,178	2.83	14.92	
18	Tue			0.01				249		17.500	7.4	103	15,033	138	20,141	3.31	17.56	
19	Wed			0.12				100		17.625	7.5	80	11,715	120	17,639	3.82	16.68	
20	Thu			0.16				260		19.550	7.5	96	15,697	126	20,544	3.38	15.40	
21	Fri			0.00				273		18.675	7.5	95	14,742	106	16,509	3.10	18.20	
22	Sat			0.14				263		16.667	7.5	77	10,738	88	12,232	2.43	15.56	
23	Sun			0.11				258		16.542	7.4	85	11,734	88	12,141	2.41	13.80	
24	Mon			0.08				258		17.058	7.5	90	12,757	112	15,934	2.76	17.24	
25	Tue			0.07				243		17.133	7.6	83	11,917	92	13,146	3.45	19.52	
26	Wed			0.00				245		17.083	7.6	105	14,910	128	18,236	2.99	21.24	
27	Thu			0.00				240		17.083	7.5	87	12,442	116	16,527	3.08	22.16	
28	Fri			0.00				228		16.517	7.4	108	14,861	132	18,183	3.37	22.08	
29	Sat			0.00				213		16.300	7.5	58	7,878	100	13,594	2.46	18.32	
30	Sun			0.00				205		16.850	7.6	73	10,297	82	11,523	2.47	13.36	
31																		
Average				0.14				287		18.992		84	13,137	95	15,002	2.66	15.05	
Maximum				1.80				684		30.778	7.7	113	19,813	138	23,531	3.82	22.16	
Minimum				0.00				100		16.300	7.3	56	7878	52	8329	1.38	7.08	
# of Data			0	30	0	2	0	28	0	30	30	30	30	30	30	30	30	0

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

Prepared by or under the direction of (Certified Operatc	Date (month, day, year)
laura Kolo	5/24/23
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)	**Date (month, day, year)**
laura Kolo	5/24/23

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	2023

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - 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	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)
1	57	82	169	2,150	79	5.8	11	7.785	4,800					23	7.4		8.3	
2	57	54	180	2,735	66	5.1	12	7.785	4,680					5	7.6		9.7	
3	54	68	198	2,615	76	3.3	12	7.785	4,420					9	7.6		9.2	
4	76	58	185	2,750	67	3.8	12	7.785	4,580					1	7.5		9.0	
5	102	74	246	2,600	95	2.1	14	7.785	5,680					7	7.6		8.2	
6	75	54	234	2,156	109	3.9	12	7.785	5,220					1	7.6		8.8	
7	74	55	213	3,232	66	4.0	12	7.785	5,160					3	7.6		9.4	
8	54	49	232	4,280	54	4.1	13	7.785	4,920					1	7.6		9.6	
9	57	39		2,932		4.2	12	7.785	5,020					5	7.7		9.5	
10	51	52	256	2,748	93	2.2	13	7.785	4,820					8	7.5		8.9	
11	72	67	242	2,750	88	2.2	13	7.785	5,360					6	7.4		7.9	
12	65	64	302	3,165	95	1.6	14	7.785	6,560					7	7.8		8.4	
13	73	70	354	3,050	116	2.3	13	7.785	6,500					12	7.5		8.2	
14	80	64	299	2,850	105	3.4	14	7.785	5,320					24	7.5		8.7	
15	70	43	295	2,785	106	3.2	14	7.785	4,300					15	7.6		8.2	
16	62	54	328	3,010	109	4.5	13	7.785	4,580					24	7.6		8.7	
17	49	68	290	4,595	63	3.3	13	7.785	5,100					23	7.7		8.7	
18	68	56	270	4,555	59	3.5	13	7.785	4,980					21	7.6		8.1	
19	67	66	220	4,490	49	3.7	14	7.785	5,680					32	7.7		8.0	
20	76	84	260	5,570	47	2.3	14	7.785	6,180					55	7.7		7.7	
21	81	60	359	3,215	112	3.6	14	7.780	5,660					66	7.5		7.9	
22	67	60	401	3,240	124	4.4	14	7.785	5,000					56	7.6		8.5	
23	61	46	381	4,385	87	5.1	13	7.785	4,700					84	7.6		8.1	
24	71	58	274	4,590	60	3.8	14	7.785	4,380					76	7.6		8.2	
25	58	52	456	3,005	152	3.4	13	7.785	4,760					28	7.6		7.6	
26	60	62	448	3,195	140	3.9	14	7.785	6,260					78	7.7		8.1	
27	69	56	356	3,075	116	3.3	13	7.785	6,340					50	7.7		8.8	
28	87	72	375	3,155	119	3.8	14	7.785	4,680					51	7.6		8.6	
29	57	52	340	3,010	113	3.9	13	7.785	4,760					34	7.6		9.0	
30	54	118	340	3,170	107	3.1	13	1.185	4,460					73	7.5		8.0	
31																		
Avg.	67	62	293	3,302	92	3.6	13	7.564	5,162					29			8.5	
Max	102	118	456	5,570	152	5.8	14	7.785	6,560					84		7.8	9.7	
Min.	49	39	169	2150	47	1.6	11	1.185	4300					1		7.40	7.6	
Daily Max														84				
# of Days above 235														0				
Data	30	30	29	30	29	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.):

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	2023

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
Day Of Month	Day of Week	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	32.163		3		931		8		2,200		0.59		158.3		0.42	113
2	Sun	25.153		2		434		7		1,552		0.05		10.5		0.36	76
3	Mon	25.877		3		572		6		1,252		1.20		259.0		0.37	80
4	Tue	21.503		2		343		6		1,040		1.03		184.7		0.45	81
5	Wed	27.379		3		726		6		1,370		3.05		696.4		0.54	123
6	Thu	24.469		2		445		5		939		1.73		353.0		0.48	98
7	Fri	22.820		2		379		7		1,275		0.20		38.1		0.37	70
8	Sat	21.684	24.126	2	2.28	362	466	4	5.69	633	1,152	0.11	1.05	19.9	223	0.34	61
9	Sun	20.317		2		256		4		678		0.08		13.6		0.31	53
10	Mon	23.037		2		355		5		999		3.26		626.3		0.39	75
11	Tue	22.627		3		649		8		1,547		5.69		1,073.8		0.44	83
12	Wed	22.724		4		783		10		1,895		5.07		960.9		0.44	83
13	Thu	21.053		4		641		8		1,457		3.53		619.8		0.44	77
14	Fri	19.921		3		543		9		1,429		2.32		385.4		0.43	71
15	Sat	18.262	21.134	2	2.84	314	506	6	7.24	975	1,283	1.36	3.04	207.1	555	0.38	58
16	Sun	21.046		2		311		3		579		0.37		64.9		0.53	93
17	Mon	21.810		2		322		5		873		2.25		409.3		0.40	73
18	Tue	19.724		2		380		7		1,168		3.78		621.8		0.43	71
19	Wed	19.065		2		342		9		1,431		3.56		566.0		0.50	80
20	Thu	20.982		3		605		10		1,802		3.91		684.2		0.58	101
21	Fri	18.882		3		526		12		1,842		4.78		752.7		0.50	79
22	Sat	17.747	19.894	3	2.48	383	410	9	7.94	1,391	1,298	2.76	3.06	408.5	501	0.46	68
23	Sun	17.369		2		303		7		1,057		0.73		105.7		0.38	55
24	Mon	18.235		3		438		9		1,354		2.30		349.8		0.46	70
25	Tue	18.516		3		437		5		834		5.33		823.1		0.48	74
26	Wed	17.694		2		272		9		1,313		2.84		419.1		0.58	86
27	Thu	18.341		2		294		13		2,019		5.67		867.3		0.59	90
28	Fri	18.070		4		603		12		1,748		5.10		768.6		0.68	102
29	Sat	17.478	17.958	2	2.48	264	373	8	9.09	1,210	1,362	3.34	3.62	486.9	546	1.20	175
30	Sun	19.212		2		210		11		1,811		0.53		84.9		0.47	75
31																	
Avg		21.105		3		447		8		1,322		2.55		434.0		0.48	83
Max		32.163	24.126	4	2.84	931	506	13	9.09	2,200	1,362	5.69	3.62	1,073.8	555	1.2	175
Min		17.369	17.958	2	2.28	210	373	3	5.69	579	1,152	0.05	1.05	10.5	223	0.3	53
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) 633
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment	20.03	35.0			
	NA	NA			Percent Capacity (actual flow/design) 106%
Secondary Treatment	96.2	87.7			
Overall Treatment	96.97	92.0	83.0	81.9	
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	2023

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
Day Of Month	Primary SludgeGal. x 100	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	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		
1	29.02	187.20	7.2		88	21.222		3.33	1.86	73.04	58.28			
2	23.54	187.20	7.2		87	45.981		2.29	1.92	70.21	57.14			
3	22.60	187.20	7.2		89			5.02	1.90	73.89	57.43	100.37		
4	30.04	187.20	7.2		88			8.15	1.86	73.45	57.78	100.59		
5	38.07	187.20	7.2		92	7.074		3.93	1.85	71.98	57.33	100.15		
6	27.53	187.20	7.2		91	14.148		3.04	1.77	69.87	57.26	93.51		
7	35.09	187.20	7.2		92	10.611		4.04	1.73	73.97	57.47			
8	34.05	187.20	7.2		93	10.611		1.97	1.65	76.42	57.61			
9	33.62	187.20	7.2		93	14.148		2.67	1.80	71.60	57.73			
10	19.58	187.20	7.3		93	3.537		1.43	1.74	77.63	56.82	101.33		
11	28.25	187.20	7.2		94	7.074		0.69	1.45	73.58	58.11	100.59		
12	34.01	187.20	7.2		96	0.000		1.41	1.69	74.77	56.48	101.16		
13	41.82	198.72	7.2		95	7.074		1.08	1.71	72.62	56.00	101.07		
14	34.00	201.60	7.2		96	7.074		5.16	1.65	68.75	57.43	58.09		
15	30.35	201.60	7.3		96			4.01	1.70	73.75	57.26			
16	10.50	201.60	7.2		97			3.10	1.58	77.68	56.44			
17	62.26	201.60	7.3		90			4.40	1.65	76.95	55.66	101.63		
18	24.53	201.60	7.2		96			4.07	1.87	77.71	55.65	100.76		
19	27.51	201.60	7.2		96			4.48	1.60	75.00	57.98	100.66		
20	33.04	210.24	7.1		95	10.611		3.26	1.69	72.59	56.15	101.21		
21	41.03	187.20	7.3		98	7.074		11.33	1.64	85.57	61.11	72.17		
22	34.44	216.00	7.2		98	35.370		6.31	1.59	75.16	55.45			
23	27.02	216.00	6.7		96	42.444		5.00	1.62	76.11	56.74			
24	27.46	216.00	7.3		98			3.35	1.70	79.41	55.83	86.75		
25	38.06	216.00	7.2		95			1.93	1.73	79.31	58.04	100.68		
26	27.87	216.00	7.3		99	7.074		3.26	1.70	80.00	57.27	100.87		
27	19.66	216.00	7.2		99	10.611		2.97	1.71	77.83	57.25	100.87		
28	19.02	216.00	7.2		95	3.537		4.44	1.76	79.70	57.14	72.17		
29	39.01	244.80	7.3		99				1.74		58.40			
30	31.00	244.80	7.3		99				1.74		57.36			
31														
Avg.	30.80	201.79			94	13.962		3.79	1.72	75.31	57.22	94.45		
Max.	62.26	244.80	7.3		99	45.981		11.33	1.92	85.57	61.11	101.63		
Min.	10.50	187.20	6.7		87	0.000		0.69	1.45	68.75	55.45	58.09		
Data	30	30	30	0	30	19	0	28	30	28	30	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	April	2023

Substitute for State Form 30530

	Final Effluent															
	Chloride		Total Nitrogen													
Day Of Month	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day	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
1																
2																
3																
4			15.00	2,690	0.0002	0.0002	0.0002	0.0002			0.0129	0.0020	0.0332	0.0046		
5									0.0580	0.0170						
6																
7																
8																
9																
10																
11					0.0003	0.0002										
12	181	34,303														
13																
14																
15																
16																
17																
18					0.0002	0.0002										
19																
20																
21																
22																
23																
24																
25					0.0002	0.0002										
26																
27																
28																
29																
30																
31																
Avg.	181	34,303	15.00	2,690	0.0002	0.0002	0.0002	0.0002	0.0580	0.0170	0.0129	0.0020	0.0332	0.0046		
Max.	181	34,303			0.0003	0.0002	0.0002	0.0002	0.0580	0.0170	0.0129	0.0020	0.0332	0.0046		
Min.	181	34,303	15.00	2690	0.0002	0.0002	0.0002	0.0002	0.0580	0.0170	0.0129	0.0020	0.0332	0.0046		
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	April	2023

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	0.0140	0.0041	0.0018	0.0010	0.0568	0.0168										
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.	0.0140	0.0041	0.0018	0.0010	0.0568	0.0168										
Max	0.0140	0.0041	0.0018	0.0010	0.0568	0.0168										
Min.	0.0140	0.0041	0.0018	0.0010	0.0568	0.0168										
Data	1	1	1	1	1	1	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 2023	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	30.78	49.10	8:17 AM	4.78	0.28	0.36	15 min												
2	19.70	23.10					15 min												
3	20.24	24.30	2:37 PM	6.75	0.01	0.04	15 min												
4	19.43	22.10					15 min												
5	25.19	45.00	8:57 AM	4.67	0.50	1.04	15 min							11:21 AM	M	0.42	M	0.1146	M
6	21.28	23.50					15 min												
7	20.69	23.50					15 min												
8	18.35	21.60					15 min												
9	18.16	20.40					15 min												
10	22.00	51.00					15 min												
11	20.73	26.30					15 min												
12	19.88	24.50					15 min												
13	18.63	21.10					15 min												
14	17.26	19.20					15 min												
15	16.74	18.60					15 min												
16	18.43	30.10	10:54 AM	10.70	0.17	0.20	15 min												
17	17.71	22.00	1:16 AM	21.10	0.11	0.04	15 min												
18	17.50	20.10	12:16 AM	3.42	0.02	0.04	15 min												
19	17.63	19.30	10:06 PM	1.18	0.09	0.16	15 min												
20	19.55	28.10	7:04 AM	16.92	0.27	0.12	15 min												
21	18.68	23.30	12:02 AM	7.25	0.05	0.04	15 min												
22	16.67	18.20	1:51 AM	19.80	0.09	0.08	15 min												
23	16.54	19.00	7:42 AM	14.70	0.05	0.04	15 min												
24	17.06	19.00					15 min												
25	17.13	19.30	4:16 AM	9.08	0.16	0.12	15 min												
26	17.08	20.10	8:02 AM	0.08	0.01	0.04	15 min												
27	17.08	22.30					15 min												
28	16.52	18.60	7:49 AM	10.88	0.17	0.12	15 min												
29	16.30	12.00	3:21 PM	3.10	0.16	0.40	15 min												
30	16.85	19.70	11:36 AM	12.42	0.20	0.12	15 min												
Totals:	569.77			146.83	2.34			0	Days	0.00		0		1	Days	0.42		0.1146	

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	05/24/23

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 2023		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	12:02 AM	M	0.17	M	0.0290	M							12:01 AM	M	0.33	M	0.0144	M						
2																								
3																								
4																								
5	11:31 AM	M	0.50	M	0.0869	M							11:36 AM	M	0.83	M	0.0335	M						
6																								
7																								
8																								
9																								
10																								
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26																								
27																								
28																								
29																								
30																								
Totals:	2	Days	0.67		0.1159		0	Days	0.00		0.0000		2	Days	1.16		0.0479		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:	April 2023	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																			12:00 AM	M	0.17	M	0.0020	M
2																								
3																								
4																								
5	11:32 AM	M	0.33	M	0.0162	M	11:32 AM	M	0.25	M	0.0166	M							11:30 AM	M	0.83	M	0.0791	M
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14																								
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22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	1	Days	0.33		0.0162		1	Days	0.25		0.0166		0	Days	0.00		0.0000		2	Days	1.00		0.0811	

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 2023	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													12:00 AM	M	1.33	M	0.0928	M						
2																								
3																								
4																								
5							10:39 AM	M	0.25	M	0.0085	M	11:00 AM	M	2.72	M	0.2207	M						
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
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22																								
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24																								
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26																								
27																								
28																								
29																								
30																								
Totals:	0	Days	0.00		0.0000		1	Days	0.25		0.0085		2	Days	4.05		0.3135		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: April 2023		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													12:00 AM	M	0.42	M	0.0087	M	8:33 AM	M	0.17	M	0.0015	M
2																								
3																								
4																								
5	11:20 AM	M	0.58	M	0.0370	M	11:36 AM	M	0.17	M	0.0032	M	11:40 AM	M	0.67	M	0.0177	M	11:18 AM	M	0.50	M	0.1023	M
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
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21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																			7:33 AM	M	0.08	M	0.0005	M
Totals:	1	Days	0.58		0.0370		1	Days	0.17		0.0032		2	Days	1.09		0.0264		3	Days	0.75		0.1043	

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:	April 2023		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							11:18 AM	M	0.42	M	0.0108	M												
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
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22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	0	Days	0.00		0.0000		1	Days	0.42		0.0108		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 2023	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	12:02 AM	M	0.25	M	0.0147	M	12:00 AM	M	0.25	M	0.0273	M												
2																								
3																								
4																								
5							11:20 AM	M	0.33	M	0.0045	M	11:37 AM	M	0.17	M	0.0027	M						
6																								
7																								
8																								
9																								
10																								
11																								
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22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	1	Days	0.25		0.0147		2	Days	0.58		0.0318		1	Days	0.17		0.0027		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:	April 2023	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	12:02 AM	M	1.08	M	0.4182	M																		
2																								
3																								
4																								
5	11:32 AM	M	1.42	M	0.5467	M	11:14 AM	M	0.50	M	0.0212	M	11:20 AM	M	0.50	M	0.0238	M						
6																								
7																								
8																								
9																								
10																								
11																								
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22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	2	Days	2.50		0.9649		1	Days	0.50		0.0212		1	Days	0.50		0.0238		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: April 2023		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	precipitation
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	precipitation
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)
Laura Kolo	05/24/23

MARKETING AND DISTRIBUTION ANNUAL REPORT FORM

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

PERMIT NO.: INLA 000680 **FACILITY NAME:** Elkhart Public Works & Utilities **YEAR:** April 2023

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

(Lab No. corresponds to lab data entered below)

Class A Pathogen Reduction Method (attach sample results when applicable)
Check appropriate box, give explanation if more than one is applicable

327 IAC 6.1-4-13

X	Alternative 1		Alternative 4
	Alternative 2		Alternative 5
	Alternative 3		Alternative 6

No Distribution

Vector Attraction Reduction Method (attach sample results when applicable)
Check appropriate box, give explanation if more than one is applicable

327 IAC 6.1-15

X	Option 1 38%VSR		Option 5 Aerobic
	Option 2 Anaerobic/Bench		Option 6 Alkali
	Option 3 Aerobic/Bench		Option 7 75% Solids
	Option 4 SOUR		Option 8 90% Solids

Analytical Results:

Enter heavy metals results as dry weights — Enter detection limit when result is nondetectable

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

Enter all nutrient results as percent dry weights

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

NO DISTRIBUTION

Enter PCB results as dry weight

PCB												

Signature: Laura Kido Date: 5/24/23.

View All Copies of Submissions | DMR/COR Search Results View DMR Signing Status

Signing Process Confirmation - CDX Activity ID: _7e85efe6-16c8-451c-a5f6-34bd2bb28be6

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	05/31/23	06/28/23

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number
Elkhart	IN0025674

Month	Year	Plant Design Flow	Telephone Number
May	2023	20.00 mgd	574/293-2572

E-mail address: laura.kolo@coei.org 035 A

Certified Operator: Name	Class	Certificate Number	Expiration Date
Laura E. Kolo	IV	15094	06/30/2023

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 1.84 Precipitation - Inches	Bypass At Plant Site("x" If Occurred)	Sanitary Sewer Overflow("x" If Occurred)	CHEMICALS USED Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	RAW SEWAGE 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			0.71				228		19.750	7.5	100	16,480	132	21,742	2.52	15.20	
2	Tue			0.30				150		22.433	7.5	71	13,349	110	20,580	3.06	17.80	
3	Wed							291		18.358	7.5	74	11,273	104	15,923	2.82	15.84	
4	Thu							185		18.258	7.6	97	14,778	162	24,668	2.93	18.52	
5	Fri									18.767	7.5	93	14,575	108	16,904	3.67	18.40	
6	Sat							246		15.625	7.6	75	9,816	67	8,731	3.27	14.92	
7	Sun			0.28				231		17.564	7.4	88	12,935	112	16,406	2.38	12.96	
8	Mon			0.08				234		17.892	7.5	107	16,001	174	25,964	2.99	16.92	
9	Tue			0.01				218		17.975	7.6	98	14,621	122	18,289	3.46	18.56	
10	Wed							228		16.233	3.8	91	12,360	132	17,871	3.60	19.24	
11	Thu							207		14.522	7.4	130	15,706	132	15,987	5.48	20.96	
12	Fri			0.21				216		13.517	7.6	105	11,850	142	16,008	3.33	18.92	
13	Sat			0.03				212		13.025	7.5	89	9,715	104	11,297	2.55	15.04	
14	Sun							201		12.817	7.4	73	7,760	65	6,948	2.19	14.68	
15	Mon							203		14.525	7.4	84	10,176	94	11,387	2.67	17.72	
16	Tue							195		13.908	7.3	124	14,432	112	12,991	3.21	19.48	
17	Wed							212		12.850	7.4	112	12,022	164	17,576	3.57	22.20	
18	Thu							212		12.766	7.5	102	10,846	106	11,286	4.01	25.56	
19	Fri			0.21				185		13.373	7.4	150	16,730	112	12,491	4.31	21.68	
20	Sat			0.01				182		11.417	7.4	54	5,142	55	5,237	2.34	13.60	
21	Sun							200		10.991	7.3	76	6,965	69	6,325	2.50	13.72	
22	Mon									11.675	7.5	88	8,591	128	12,463	3.81	17.92	
23	Tue							200		12.625	7.4	109	11,430	136	14,320	4.40	19.68	
24	Wed									13.042	7.5	98	10,659	150	16,316	3.57	20.24	
25	Thu							264		11.925	7.8	106	10,542	138	13,725	3.25	22.48	
26	Fri							215		11.862	7.5	125	12,366	112	11,080	3.67	20.84	
27	Sat							220		11.442	7.5	125	11,928	62	5,916	2.81	14.72	
28	Sun							215		10.450	7.6	112	9,761	78	6,798	2.60	15.32	
29	Mon							215		10.767	7.5	152	13,649	98	8,800	2.75	17.16	
30	Tue							207		11.017	3.9	115	10,566	136	12,496	3.51	19.12	
31	Wed							210		12.017	7.5	101	10,122	152	15,234	3.53	20.52	
Average				0.20				214		14.303		101	11,843	115	13,928	3.25	18.06	
Maximum				0.71				291		22.433	7.8	152	16,730	174	25,964	5.48	25.56	
Minimum				0.01				150		10.450	3.8	54	5142	55	5237	2.19	12.96	
# of Data		0	9	0	2	0	28	0	31	31	31	31	31	31	31	31	0	

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

Prepared by or under the direction of (Certified Operatc: Laura Kolo — Date (month, day, year): 6/27/23

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Laura Kolo — Date (month, day, year): 6/27/23

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	2023

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - 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	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)
1	61	84	335	2,785	120	3.5	13	7.785	4,540			.		38	7.6		8.3	
2	47	70	312	2,595	120	3.5	12	7.785	6,520					82	7.5		8.2	
3	51	58	315	2,765	114	3.2	13	7.785	8,560					52	7.6		8.4	
4	70	64	228	4,420	51	3.5	14	7.785	5,580					36	7.6		7.9	
5	68	54	208	4,795	43	3.9	14	7.785	4,320					36	7.8		8.1	
6	57	47	238	2,755	86	5.0	14	7.785	3,700					23	7.5		8.7	
7	63	65	235	2,670	88	5.0	15	7.785	4,100					40	7.4		8.7	
8	63	66	225	3,910	58	3.6	14	7.785	3,940					1	7.5		8.0	
9	71	178	252	2,425	104	4.4	14	7.785	4,020					5	7.4		8.5	
10	60	64		2,325		4.2	14	7.785	4,160					50	7.4		8.5	
11	93	90	225	2,840	79	3.3	15	7.785	3,500					20	7.5		8.5	
12	72	72	216	2,645	82	5.5	15	7.785	4,160					23	7.4		9.0	
13	56	46	226	2,430	93	5.1	15	7.785	3,400					61	7.5		9.2	
14	60	50	210	3,575	59	4.5	15	7.785	3,520					23	7.5		7.8	
15	61	58	185	4,780	39	3.9	15	7.785	3,580					16	7.6		8.6	
16	97	152		2,325		4.3	15	7.785	3,360					70	7.5		8.6	
17	88	60		2,110		2.8	15	7.785	3,120					28	7.5		8.5	
18	80	50	201	2,060	98	3.1	15	7.785	4,340					4	7.7		9.0	
19	95	78	202	2,290	88	1.4	15	7.785	3,620					20	7.5		8.6	
20	58	40	224	2,135	105	4.6	15	7.785	2,780					30	7.5		9.1	
21	60	50	245	2,070	118	4.7	15	7.785	3,740					13	7.7		9.8	
22	60	56	250	2,235	112	4.7	16	7.785	3,900					8	7.8		9.9	
23	79	58	190	2,108	90	3.3	16	7.768	2,600					11	7.8		9.5	
24	68	63	210	1,964	107	4.3	16	7.768	2,700					18	7.5		9.5	
25	77	54	184	2,210	83	2.3	16	7.768	3,220					5	7.5		8.9	
26	84	61	219	2,520	87	2.9	16	7.768	4,300					34	7.6		9.6	
27	80	40	234	2,285	103	4.2	15	7.785	4,180					35	7.7		8.6	
28	77	39	255	2,355	108	4.8	16	7.785	3,780					48	7.7		9.0	
29	93	47	252	2,510	101	4.2	16	7.785	3,700					59	7.7		8.8	
30	97	70	235	2,505	94	3.8	16	7.785	3,640					62	7.7		8.8	
31	71	56	250	2,300	109	4.10	16	7.785	4,120					93	7.6		8.1	
Avg.	72	66	234	2,700	91	3.9	15	7.783	4,023					34			8.8	
Max	97	178	335	4,795	120	5.5	16	7.785	8,560					93		7.8	9.9	
Min.	47	39	184	1964	39	1.4	12	7.768	2600					1		7.40	7.8	
Daily Max														93				
# of Days above 235														0				
Data	31	31	28	31	28	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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	May	2023

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
Day Of Month	Day of Week	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	24.841		2		414		12		2,569		2.44		505.5		0.60	124
2	Tue	21.540		2		399		5		898		2.13		382.6		0.49	88
3	Wed	19.234		2		321		7		1,123		2.92		468.4		0.52	83
4	Thu	17.590		3		440		10		1,467		3.78		554.5		0.45	66
5	Fri	18.073		2		301		14		2,110		3.31		498.9		0.63	95
6	Sat	15.701	19.456	2	2.08	262	335	6	9.33	733	1,530	1.40	2.36	183.3	383	0.67	88
7	Sun	19.104		2		319		6		956		1.29		205.5		0.55	88
8	Mon	17.620		2		294		7		999		2.43		357.1		0.42	62
9	Tue	17.439		2		323		6		814		4.10		596.3		0.43	63
10	Wed	16.652		2		308		5		750		1.88		261.1		0.59	82
11	Thu	15.936		2		266		10		1,369		2.40		319.0		0.52	69
12	Fri	16.033		4		535		14		1,925		2.23		298.2		0.59	79
13	Sat	15.367	16.879	2	2.35	256	329	12	8.61	1,512	1,189	1.68	2.29	215.3	322	0.47	60
14	Sun	14.526		2		242		10		1,175		0.31		37.6		0.39	47
15	Mon	16.438		3		411		9		1,220		0.92		126.1		0.43	59
16	Tue	15.940		3		399		13		1,702		2.18		289.8		0.54	72
17	Wed	15.674		2		261		10		1,307		2.59		338.6		0.63	82
18	Thu	16.563		4		553		11		1,492		2.19		302.5		0.61	84
19	Fri	15.678		4		523		10		1,360		2.31		302.0		0.62	81
20	Sat	14.174	15.570	2	2.86	236	375	6	9.86	757	1,287	2.21	1.82	261.2	237	0.56	66
21	Sun	13.854		2		231		7		774		0.65		75.1		0.61	70
22	Mon	13.187		2		220		6		638		0.11		12.1		0.44	48
23	Tue	15.102		2		252		7		907		2.29		288.4		0.63	79
24	Wed	14.964		2		250		5		674		2.55		318.2		0.58	72
25	Thu	14.980		2		250		7		925		1.20		149.9		0.48	60
26	Fri	13.922		3		348		6		697		0.66		76.6		0.50	58
27	Sat	13.721	14.247	4	2.43	458	287	6	6.41	732	764	0.13	1.08	14.9	134	0.59	68
28	Sun	12.688		3		317		4		381		0.07		7.4		0.55	58
29	Mon	12.736		2		212		4		467		0.06		6.4		0.53	56
30	Tue	13.207		3		330		4		474		1.04		114.6		0.50	55
31	Wed	13.586	13.055	3	3.00	340	326	6	5.93	680	593	0.54	0.61	148.4	68	0.54	61
Avg		16.002		2		331		8		1,083		1.74		248.9		0.54	72
Max		24.841	19.456	4	3.00	553	375	14	9.86	2,569	1,530	4.10	2.36	596.3	383	0.7	124
Min		12.688	13.055	2	2.08	212	287	4	5.93	381	593	0.06	0.61	6.4	68	0.4	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) 496
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment	29.03	42.8			
	NA	NA			Percent Capacity (actual flow/design) 80%
Secondary Treatment	96.5	88.0			
Overall Treatment	97.54	93.1	90.4	83.5	
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	May	2023

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
Day Of Month	Primary SludgeGal. x 100	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	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		
1	6.00	244.80	7.3		99			4.79	1.72	79.44	58.26	100.90		
2	15.00	244.80	7.4		99				1.82		55.96			
3	30.66	243.36	7.2		100			3.93	1.84	77.90	57.82	101.24		
4	48.01	244.80	7.3		96			2.73	1.80	76.30	56.60	101.18		
5	41.33	244.80	7.3		96			4.16	1.89	76.33	55.91	57.68		
6	13.54	244.80	7.4		97			3.67	1.91	77.78	57.84			
7	15.03	244.80	7.3		98	56.592		4.77	2.02	70.26	56.90			
8	24.35	244.80	7.4		99			6.69	1.91	75.30	57.95	100.74		
9	45.26	244.80	7.3		99			5.11	2.02	74.17	56.80	100.87		
10	28.88	244.80	7.3		100			2.49	2.13	72.22	56.65	88.65		
11	23.68	244.80	7.2		101	21.222		2.52	2.05	73.03	56.69	94.29		
12	37.78	244.80	7.2		98	24.759		3.80	2.04	70.55	56.36	67.42		
13	35.34	244.80	7.2		101			4.35	2.08	75.14	56.65			
14	33.16	244.80	7.4		100	74.277		4.15	2.10	74.92	56.25			
15	30.31	244.80	7.5		101			4.22	2.13	79.33	56.59	95.25		
16	42.22	244.80	7.3		98			2.94	2.24	76.60	57.93	95.11		
17	40.82	244.80	7.4		101	10.611		3.24	2.26	76.52	56.96	91.12		
18	39.06	244.80	7.3		101	14.148		3.91	2.21	77.08	55.48	94.28		
19	44.25	244.80	7.4		99	21.222		3.48	2.44	77.27	56.56	67.35		
20	38.79	244.80	7.2		100	56.592		2.73	2.53	79.84	56.95			
21	18.02	244.80	7.3		100			2.84	2.43	82.45	56.73			
22	12.12	216.00	7.2		100				2.40		57.14			
23	22.62	216.00	7.3		102			4.41	2.20	77.84	56.50	96.14		
24	47.53	216.00	7.3		102			4.59	2.31	77.19	55.49	93.99		
25	44.72	190.08	7.2		94	10.611		4.84	2.02	75.66	56.95	95.33		
26	15.12	216.00	7.2		101	7.074		4.42	1.95	77.08	56.14	67.90		
27	13.59	216.00	7.3		102	3.537		3.72	1.84	83.52	56.44			
28	29.04	216.00	7.3		103	3.537		4.14	1.92	83.40	56.70			
29	18.37	216.00	7.4		103	45.981		3.34	1.80	84.68	57.00			
30	16.81	216.00	7.3		104			4.17	1.77	82.32	55.66	94.88		
31	30.46	216.00	7.3		103			4.98	1.76	81.76	56.04	94.17		
Avg.	29.09	234.63			100	26.936		3.97	2.05	77.44	56.71	89.92		
Max.	48.01	244.80	7.5		104	74.277		6.69	2.53	84.68	58.26	101.24		
Min.	6.00	190.08	7.2		94	3.537		2.49	1.72	70.26	55.48	57.68		
Data	31	31	31	0	31	13	0	29	31	29	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	May	2023

Substitute for State Form 30530

Day Of Month	Final Effluent															
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day	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
1																
2			6.80	1,222	0.0003	0.0002	0.0004	0.0002			0.0046	0.0020	0.0432	0.0573		
3																
4																
5																
6																
7																
8																
9					0.0002	0.0002									50.2000	1.4400
10																
11																
12																
13																
14																
15																
16					0.0003	0.0002										
17																
18																
19																
20	137	16,195														
21																
22																
23																
24					0.0002	0.0002										
25																
26																
27																
28																
29																
30					0.0002	0.0002										
31																
Avg.	137	16,195	6.80	1,222	0.0002	0.0002	0.0004	0.0002			0.0046	0.0020	0.0432	0.0573	50.2000	1.4400
Max.	137	16,195			0.0003	0.0002	0.0004	0.0002			0.0046	0.0020	0.0432	0.0573	50.2000	1.4400
Min.	137	16,195	6.80	1222	0.0002	0.0002	0.0004	0.0002			0.0046	0.0020	0.0432	0.0573	50.2000	1.4400
Data	1	1	1	1	5	5	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	2023

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	0.0163	0.0045	0.0022	0.0010	0.0682	0.0283										
3																
4																
5																
6																
7																
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30																
31																
Avg.	0.0163	0.0045	0.0022	0.0010	0.0682	0.0283										
Max	0.0163	0.0045	0.0022	0.0010	0.0682	0.0283										
Min.	0.0163	0.0045	0.0022	0.0010	0.0682	0.0283										
Data	1	1	1	1	1	1	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

☐ Follow-up to Bypass report previously sent on: _____

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

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

GENERAL INFORMATION

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

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
035	5/7/23	☐ AM ☐ PM	5/7//23	☐ AM ☐ PM	1201 S. Nappanee	41 40 48N	85 60 4W

(10) Amount of Flow Released *(Always provide a volume.)*
Check one: ☑ Estimated ☐ Actual unknown Gallons

(11) WWTP Flow During Release unknown MGD

(12) WWTP Peak Design Flow Rate 44.0 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☐ Dry Weather Combined Sewer Overflow
- ☐ 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.)*
☑ Construction Related ☐ Power Failure ☐ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☐ Pump Station Failure
- ☐ Treatment Bypassed
- ☑ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ Sewer Clean Out

Describe Other: *(in the box below)*

(17) Additional Description of the Bypass / Overflow Event:
Release from Headwrks Building. Contractor is bypass pumping influent channel for construction. Details of release are unknown. Will submit follow-up report.

(18) Description of the Area Impacted *(Check all that apply.)*
- ☐ Affected Private Property
- ☐ Basement Backup
- ☐ Occurred at Treatment Plant
- ☑ Reached Public Land
- ☐ Reached Receiving Water

Name of Receiving Water Impacted:

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☐ 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.)
☐ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☐ 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: Laura Kolo DATE *(month, day, year)*: 5/8//23

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura E. Kolo	(574)293-2572	laura.kolo@coei.org	5/8/23/23 appx 6:45	☑ AM ☐ PM

Kolo, Laura

From: IDEM Wastewater Reports <WWReports@idem.IN.gov>
Sent: Monday, May 8, 2023 6:51 AM
To: Kolo, Laura
Subject: EXTERNAL: Automatic reply: IN0025674_INC_RPT_2023_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: 5/8/23

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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
Elkhart Public Works	1201 S. Nappanee Street	Elkhart	IN00025674

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
035	5/7/23 appx 1	☑ AM ☐ PM	5/7/23 appx 1:30	☑ AM ☐ PM	1201 S. Nappanee	41 40 48N	85 60 4W

(10) Amount of Flow Released *(Always provide a volume.)*
Check one: ☑ Estimated ☐ Actual 27,000 Gallons

(11) WWTP Flow During Release: est 30 MGD

(12) WWTP Peak Design Flow Rate: 44.0 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☑ Prohibited Combined Sewer Overflow
- ☐ Dry Weather Combined Sewer Overflow
- ☐ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
none

(15) Reason for Bypass / Overflow *(Select one or more.)*
☑ Construction Related ☐ Power Failure ☐ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☐ Pump Station Failure
- ☐ Treatment Bypassed
- ☑ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ Sewer Clean Out

Describe Other: *(in the box below)*
unknown

(17) Additional Description of the Bypass / Overflow Event:

(18) Description of the Area Impacted *(Check all that apply.)*
- ☑ Affected Private Property
- ☐ Basement Backup
- ☐ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☐ Reached Receiving Water

Name of Receiving Water Impacted:

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☐ 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.)
☐ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☐ Clean-Up Debris
informed contractor that our system reacts very quickly to rain events and they should be turning on additional bypass pumps on when rain events starts

(21) Resolution: Actions Taken or Planned to Prevent Recurrence
bypass puming is complete at the time of this follow-up report

(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)*: 05/31/23

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura Kolo	(574) 293-2572	laura.kolo@coei.org	05/31/23 appx 10:45	☑ AM ☐ PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Wednesday, May 31, 2023 10:39 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: IN0025674_035_05_01a follow-up incident report
Attachments: EXTERNAL: Relayed: IN0025674_035_05_01a follow-up incident report

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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
Elkhart Public Works	1201 S. Nappanee Street	Elkhart	IN00025674

RELEASE INFORMATION (Location 1)

(5) Outfall Number	(6) Date *(mm/dd/yy)* and Time Release Began		(7) Date *(mm/dd/yy)* and Time Release Stopped		(8) Location of Release *(streets address or Manhole, Lift Station, Force Main etc.)*	(9) Latitude *(Deg Min Sec)*	(9) Longitude *(Deg Min Sec)*
	5/15/23 7:21	☐ AM ☑ PM	5/16/23 2:21	☑ AM ☐ PM	CSO 9	41 41 14N	85 58 17W

(10) Amount of Flow Released *(Always provide a volume.)*
Check one: ☐ Estimated ☐ Actual 251,101 Gallons

(11) WWTP Flow During Release: MGD

(12) WWTP Peak Design Flow Rate: 17.1 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☑ Dry Weather Combined Sewer Overflow
- ☐ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
none

(15) Reason for Bypass / Overflow *(Select one or more.)*
☐ Construction Related ☐ Power Failure ☐ Equipment Failure ☑ Unknown ☐ Exceeded Max Capacity ☐ Precipitation Inches

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☐ Pump Station Failure
- ☐ Treatment Bypassed
- ☑ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ Sewer Clean Out

Describe Other: *(in the box below)*
unknown

(17) Additional Description of the Bypass / Overflow Event:
70% warning came in at 5:21 pm. Call-man checked system and did not find a problem, Combination of a new and inexperienced Operator and call-man on shift at the time of this event led to inadequate follow-though and troublehsooting. Whatever plugged the line let loose on its own and the overflow stoppped at 2:21 am.

(18) Description of the Area Impacted *(Check all that apply.)*
- ☐ Affected Private Property
- ☐ Basement Backup
- ☐ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☑ Reached Receiving Water

Name of Receiving Water Impacted:
Elkhart River

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☐ 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.)
☐ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☐ Clean-Up Debris
obstruction cleared itself

(21) Resolution: Actions Taken or Planned to Prevent Recurrence
more education for new employees on SOP's and follow through until resolution is confirmed

(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)*: 05/16/23

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura Kolo	(574) 293-2572	laura.kolo@coei.org	05/16/23 appx 2:15 pm	☐ AM ☑ PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Tuesday, May 16, 2023 2:09 PM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: incident report
Attachments: EXTERNAL: Relayed: incident report

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

Signing Process Confirmation - CDX Activity ID: _170aad01-b280-43fa-bad8-281bdfc85e20

Your DMRs are undergoing the Signing Process

IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	05/31/23	06/28/23
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	05/31/23	06/28/23
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	05/31/23	06/28/23
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	05/31/23	06/28/23
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	05/31/23	06/28/23
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	05/31/23	06/28/23
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	05/31/23	06/28/23
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	05/31/23	06/28/23
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	05/31/23	06/28/23
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	05/31/23	06/28/23
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	05/31/23	06/28/23
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	05/31/23	06/28/23
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	05/31/23	06/28/23
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	05/31/23	06/28/23
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	05/31/23	06/28/23
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	05/31/23	06/28/23
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	05/31/23	06/28/23
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	05/31/23	06/28/23
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	05/31/23	06/28/23
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	05/31/23	06/28/23
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	05/31/23	06/28/23
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	05/31/23	06/28/23
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	05/31/23	06/28/23
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	05/31/23	06/28/23
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	05/31/23	06/28/23
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	05/31/23	06/28/23
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	05/31/23	06/28/23
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	05/31/23	06/28/23
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	05/31/23	06/28/23

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 2023		Enter "x" if no CSO discharge occurred for the month:	X
Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	Measured/Metered (M) or Estimated (E) must be specified	

WWTP Influent Data			Precipitation Data					CSO Outfall No. 005						CSO Outfall No. 006					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1	19.75	32.20	12:01 AM	24.05	0.71	0.12	15 min												
2	22.43	27.20	12:01 AM	11.17	0.30	0.08	15 min												
3	18.36	20.20					15 min												
4	18.26	24.40					15 min												
5	18.77	27.40					15 min												
6	15.63	19.00					15 min												
7	17.56	26.60	12:56 AM	21.25	0.28	0.80	15 min												
8	17.89	22.00	1:16 AM	16.72	0.08	0.16	15 min												
9	17.98	24.40	7:47 AM	0.08	0.01	0.04	15 min												
10	16.23	19.40					15 min												
11	14.52	17.60					15 min												
12	13.52	16.90	8:36 PM	2.85	0.21	0.52	15 min												
13	13.03	19.00	12:01 AM	11.72	0.03	0.04	15 min												
14	12.82	16.30					15 min												
15	14.53	18.60					15 min												
16	13.91	17.20					15 min												
17	12.85	13.90					15 min												
18	12.77	17.10					15 min												
19	13.37	16.20	3:11 PM	5.68	0.21	0.16	15 min												
20	11.42	12.80	9:54 AM	0.08	0.01	0.04	15 min												
21	10.99	14.50					15 min												
22	11.68	14.10					15 min												
23	12.63	15.20					15 min												
24	13.04	15.90					15 min												
25	11.93	16.00					15 min												
26	11.86	15.70					15 min												
27	11.44	14.10					15 min												
28	10.45	12.30					15 min												
29	10.77	13.10					15 min												
30	11.02	13.70					15 min												
31	12.02	14.30					15 min												
Totals:	443.39			93.60	1.84			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:	May 2023	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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15													7:21 PM	M	4.42	M	0.1658	M						
16													12:01 AM	M	2.25	M	0.0853	M						
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Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		2	Days	6.67		0.2511		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:	May 2023	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	9:02 AM	M	0.25	M	0.0008	M																		
2																								
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7	2:52 AM	M	0.17	M	0.0013	M	2:52 AM	M	0.08	M	0.0007	M												
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Totals:	2	Days	0.42		0.0021		1	Days	0.08		0.0007		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:	May 2023	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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2																								
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5																								
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7													2:34 AM	M	1.83	M	0.1108	M						
8													11:04 AM	M	0.75	M	0.0244	M						
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Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		2	Days	2.58		0.1352		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:	May 2023	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	2:30 AM	M	0.42	M	0.0225	M	2:31 AM	M	0.25	M	0.0101	M							2:33 AM	M	0.42	M	0.0607	M
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Totals:	1	Days	0.42		0.0225		1	Days	0.25		0.0101		0	Days	0.00		0.0000		1	Days	0.42		0.0607	

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:	May 2023	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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2																								
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7							2:28 AM	M	0.08	M	0.0010	M												
8																								
9							11:25 AM	M	0.25	M	0.0017	M							6:58 AM	M	0.42	M	0.0141	M
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Totals:	0	Days	0.00		0.0000		2	Days	0.33		0.0027		0	Days	0.00		0.0000		1	Days	0.42		0.0141	

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 2023	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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28																								
29																								
30																								
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 8 of 9	Permit Number: IN0025574
Facility:	Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period:	May 2023	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	2:57 AM	M	0.67	M	0.0346	M	2:24 AM	M	0.50	M	0.0201	M	2:59 AM	M	0.25	M	0.0029	M						
8																								
9							7:09 AM	M	0.75	M	0.0279	M												
10																								
11																								
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Totals:	1	Days	0.67		0.0346		2	Days	1.25		0.0480		1	Days	0.25		0.0029		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: May 2023		Enter "x" if no CSO discharge occurred for the month:	+ LK
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	precipitation
8	precipitation
9	precipitation previous day
10	
11	
12	
13	
14	
15	
16	DWO - incident report filed
17	carry-over of previous day DWO
18	
19	
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	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	06/27/23

MARKETING AND DISTRIBUTION ANNUAL REPORT FORM

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

PERMIT NO.: INLA 000680 **FACILITY NAME:** Elkhart Public Works & Utilities **YEAR:** May 2023

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

(Lab No. corresponds to lab data entered below)

Class A Pathogen Reduction Method (attach sample results when applicable)
Check appropriate box, give explanation if more than one is applicable

327 IAC 6.1-4-13

X	Alternative 1		Alternative 4
	Alternative 2		Alternative 5
	Alternative 3		Alternative 6

No Distribution

Vector Attraction Reduction Method (attach sample results when applicable)
Check appropriate box, give explanation if more than one is applicable

327 IAC 6.1-15

X	Option 1 38%VSR		Option 5 Aerobic
	Option 2 Anaerobic/Bench		Option 6 Alkali
	Option 3 Aerobic/Bench		Option 7 75% Solids
	Option 4 SOUR		Option 8 90% Solids

Analytical Results:

Enter heavy metals results as dry weights — Enter detection limit when result is nondetectable

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

Enter all nutrient results as percent dry weights

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

NO DISTRIBUTION

Enter PCB results as dry weight

PCB												

Signature: Lana [illegible] Date: 6/27/23