

The Honorable
Rod Roberson
Mayor

Laura Kolo
Environmental Resources

Michael C. Machlan, P.E.
Engineering Services



*Public Works &
Utilities Department*

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

Utility Billing
574-264-4273

1201 S. Nappanee St.
Elkhart, Indiana 46516

July 20, 2022

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

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

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

To Whom It May Concern:

Please find enclosed the City of Elkhart's Six Month Status Report for the period of January 1 – June 30, 2022 as required by the Consent Decree. If you have any questions, please contact me at (574) 293-2572.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tory Irwin", with a long, sweeping underline.

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, 2022

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



LTCP Six Month Status Report: January 1 – June 30, 2022

Submitted to:

To the United States:

Via United States Postal Service:

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

Via Courier:

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

and

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

and

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

LTCP Six Month Status Report: January 1 – June 30, 2022

To EPA:

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

To Indiana:

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

and

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

LTCP Six Month Status Report: January 1 – June 30, 2022

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 and Bypasses that Elkhart submitted to IDEM in accordance with Elkhart's Current Permits
 during the Reporting period

LTCP Six Month Status Report: January 1 – June 30, 2022

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, 2022 (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.

LTCP Six Month Status Report: January 1 – June 30, 2022

General Description of Work Completed and Projected Work to be Completed

Section VII Paragraph 25(a)

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

LTCP Six Month Status Report: January 1 – June 30, 2022

Information Generated Pursuant to the Requirements of Appendix A

Section VII Paragraph 25(a)

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

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

Included information:

- Copies of River Monitoring Data collected during the Reporting Period

LTCP Six Month Status Report: January 1 – June 30, 2022

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

Section VII Paragraph 25(a)

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

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

LTCP Six Month Status Report: January 1 – June 30, 2022

Certification Statement

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



Tory S. Irwin, P.E.
City Engineer



Date

LTCP Six Month Status Report: January 1 – June 30, 2022

Appendix 1

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

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

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

WWTP Upgrades*							Required Dates	Nov-15-2015	Nov-15-2017	Nov-15-2024
							Compliance Date	Mar-19-2013	Jul-15-2014	
3	WWTP	WWTP system improvements provide a peak capacity of 60 MGD through secondary or CDMF treatment and disinfection	Modifications to the influent pumping, preliminary treatment, improvements to primary influent channels, diffuser replacement, aeration blower replacement, RAS system replacement, and cloth media disk filtration installation with a capacity of 30MGD.	System improvement designed per Ten State Standards CDMF Filter Area: 5,164.8SF Max. Hydraulic Loading: 4.4gpm/SF Max. Solids Loading: 15.8lbs/d/SF Average TSS Removal: >85%	Provide peak capacity of 60 MGD - a minimum of 30 MGD through secondary, and up to 30 MGD through CDMF treatment, and 60 MGD disinfection. WWTP Outfall shall meet NPDES permit effluent limits.	Design Date- Nov 15, 2015 Bid Date- Nov 15, 2017 Date of Full Operation - Nov 15, 2024				
							Progress Dates for Elements of Control Measure			
WWTP			Preliminary and Additional Disinfection for 60 MGD			Actual Dates	Mar-19-2013	Jul-15-2014	Mar-11-2016	
WWTP			Cloth Media Disks and Piping			Actual Dates	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		
5	24 & 37	CSO 24 - LS 1.1 MG Storage and Pump Force Main from CSO 24 LS to WWTP	Construction of a 1.1 MG off-line storage and pump tank with system additions to allow the redirection of flow to CSO 24 & 37 LS and then to the WWTP to reduce overflows at CSOs 24 & 37	Provide storage capacity of 1.1 MG with lift station and system improvements designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the system upgrades, no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2021 Bid Date - Nov 15, 2023 Date of Full Operation - Nov 15, 2028			
							Progress Dates for Elements of Control Measure		
CSOs 24 & 37			Force Main from Oakland Ave. LS to WWTP		Actual Dates	Oct-20-2020			
CSOs 24 & 37			Interceptor of CSO 37 Overflow (CSO 37.0)		Actual Dates	Oct-20-2020			
CSOs 24 & 37			Interceptor of CSO 37 Overflow (CSO 37.02)		Actual Dates	Oct-20-2020			
CSOs 24 & 37			Interceptor of CSO 37 Overflow (CSO 37.03)		Actual Dates	Oct-20-2020			
CSOs 24 & 37			Interceptor of CSO 37 Overflow + Jackson LS		Actual Dates	Oct-20-2020			
CSOs 24 & 37			Interceptor of Flow to CSO#24 L-TUFF 1		Actual Dates	Oct-20-2020			
CSOs 24 & 37			Interceptor of Flow to CSO#24 L-TUFF 1B		Actual Dates	Oct-20-2020			
CSOs 24 & 37			LS 8 Force Main To Oakland Ave. Storage facility		Actual Dates	Oct-20-2020			
CSOs 24 & 37			CSO 24 LS 1.1 MG Storage and Pump		Actual Dates	Oct-20-2020			

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

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

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

LTCP Six Month Status Report: January 1 – June 30, 2022

Appendix 2

Copies of all information generated during the Reporting Period

City of Elkhart

River Water Quality Data

1/20/2022

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	411	13.6	6.7												0	3.0	1.0	
	YMCA	365	13.0	8.1												-1	3.0	1.0	
St. Joseph River	Ash Rd	84	13.8	8.4												-1	3.0	1.0	
	Lexington Ave	66	13.0	8.2												-1	3.0	1.0	
	Six Span	17	13.6	7.9												-1	3.0	1.0	
Christiana Creek	High Dive	76	10	7.9												4	3	1.0	
	High Dive 2	49	6	7.8												-1	3	1.0	

Comments

2/16/2022

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	687	13.0	6.8												2	2.0	1.0	
	YMCA	411	11.6	7.4												2	2.0	1.0	
St. Joseph River	Ash Rd	108	13.8	8.1												2	2.0	1.0	
	Lexington Ave	121	13.2	8.0												2	2.0	1.0	
	Six Span	36	13.2	7.7												2	2.0	1.0	
Christiana Creek	High Dive	31	11	7.7												6	2	1.0	
	High Dive 2	73	13	7.7												4	2	1.0	

Comments

3/15/2022

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	156	11.6	7.1												7	3.0	1.0	
	YMCA	78	11.6	8.4												7	3.0	1.0	
St. Joseph River	Ash Rd	16	12.8	8.5												6	3.0	1.0	
	Lexington Ave	52	12.2	8.4												6	3.0	1.0	
	Six Span	93	12.2	8.1												6	3.0	1.0	
Christiana Creek	High Dive	11	11	8.4												6	3	1.0	
	High Dive 2	16	12	8.3												7	3	1.0	

Comments

4/5/2022

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	45	11.4	7.6												8	3.0	2.0	
	YMCA	82	11.0	8.5												8	3.0	3.0	
St. Joseph River	Ash Rd	36	11.0	8.7												8	3.0	1.0	
	Lexington Ave	28	11.2	8.5												8	3.0	1.0	
	Six Span	13	11.2	8.2												7	3.0	1.0	2
Christiana Creek	High Dive	29	11	8.3												8	3	1.0	
	High Dive 2	36	11	9.2												6	3	2.0	

Comments

5/5/2022

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
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5/5/2022

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	1046	9.4	7.5												13	3.0	4.0	
	YMCA	816	9.6	8.2												10	3.0	4.0	
St. Joseph River	Ash Rd	308	10.4	8.3												10	3.0	4.0	
	Lexington Ave	219	10.4	8.2												10	3.0	4.0	
	Six Span	73	10.6	8.2												12	3.0	4.0	
Christiana Creek	High Dive	61	10	8.2												13	3	1.0	
	High Dive 2	91	11	8.2												13	3	1.0	

Comments

6/2/2022

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	7.2	7.5												20	3.0	2.0	
	YMCA	236	6.8	8.0												20	3.0	1.0	
St. Joseph River	Ash Rd	50	7.2	8.0												23	1.0	4.0	
	Lexington Ave	70	7.6	8.0												21	2.0	1.0	
	Six Span	51	6.8	7.8												21	3.0	1.0	
Christiana Creek	High Dive	178	8	7.8												19	3	1.0	
	High Dive 2	308	8	7.9												18	3	1.0	

Comments

6/9/2022

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
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6/9/2022

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	1515	8.4	7.5												19	2.0	4.0	
	YMCA	6488	8.0	7.8												18	1.0	4.0	
St. Joseph River	Ash Rd	727	7.8	7.8												19	1.0	3.0	
	Lexington Ave	1986	7.8	7.8												19	1.0	4.0	
	Six Span	548	7.2	7.8												19	2.0	1.0	
Christiana Creek	High Dive	579	7	7.8												18	2	1.0	7
	High Dive 2	387	9	7.8												18	2	1.0	

Comments

*Weather Conditions

- 1=clear/sunny
- 2=partly sunny
- 3=cloudy
- 5=rain
- 4=light rain
- 7=snow
- 8=windy

**Water Appearance

- 1=clear
- 2=cloudy
- 3=murky
- 4=muddy

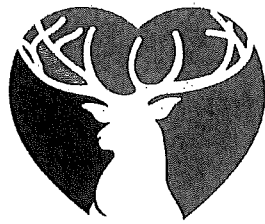
***Additional appearance notes

- 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

LTCP Six Month Status Report: January 1 – June 30, 2022

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 Feb 07, 2022
Memo To Board of Public Works
Memo From Laura Kolo, Utility Services Manager *LK*
Subject Wastewater Utility Monthly Report of Operations
for the month of December, 2021

Wastewater MRO Highlights

Parameter	Monthly	Permit Limit
Suspended Solids mg/L	8	30
cBOD5 mg/L	2	25
Phosphorus mg/L	0.65	1.0
Ammonia mg/L	0.09	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	15.43	Design - 20
Total Monthly Flow MGD	478.33	Report

Incident Reports Filed

Date	Location	Volume	Cause
None			

Wet weather overflows

Number of Events	Total Overflow Volume
6	3.78 MG

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

Signing Process Confirmation - CDX Activity ID: **_64242080-7e85-453e-b9be-53be0845a55b**

Your DMRs are undergoing the Signing Process

<u>Permit ID</u>	<u>Facility</u>	<u>Permitted Feature</u>	<u>Discharge #</u>	<u>Discharge Description</u>	<u>Monitoring Period End Date</u>	<u>DMR Due Date</u>
IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR	12/31/21	01/28/22
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, WEST OF BRIDGE	12/31/21	01/28/22
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, EAST OF BRIDGE	12/31/21	01/28/22
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	12/31/21	01/28/22
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	12/31/21	01/28/22
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	12/31/21	01/28/22
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	12/31/21	01/28/22
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	12/31/21	01/28/22
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	12/31/21	01/28/22
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	12/31/21	01/28/22
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	12/31/21	01/28/22
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	12/31/21	01/28/22
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	12/31/21	01/28/22
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	12/31/21	01/28/22
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	12/31/21	01/28/22
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	12/31/21	01/28/22
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	12/31/21	01/28/22
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	12/31/21	01/28/22
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	12/31/21	01/28/22
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	12/31/21	01/28/22
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	12/31/21	01/28/22
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	12/31/21	01/28/22
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	12/31/21	01/28/22
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	12/31/21	01/28/22
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	12/31/21	01/28/22

IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	12/31/21	01/28/22
IN0025674	ELKHART WWTP	035	035-AQ	QUARTERLY REPORTING	12/31/21	01/28/22
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	12/31/21	01/28/22
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	12/31/21	01/28/22
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	12/31/21	01/28/22

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

Signing Process Confirmation - CDX Activity ID: _6658c7fd-b2db-4a29-97f6-c7f99e865262

Your DMRs are undergoing the Signing Process

<u>Permit ID</u>	<u>Facility</u>	<u>Permitted Feature</u>	<u>Discharge #</u>	<u>Discharge Description</u>	<u>Monitoring Period End Date</u>	<u>DMR Due Date</u>
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	12/31/21	01/28/22

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
01114	Lead, total recoverable										
	1 - Effluent Gross		=-0.534	26 - lb/d			=-0.0055	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
	Season: 0		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
	NODI: -										
01114	Lead, total recoverable										
	G - Raw Sewage Influent										
	Season: 0						=-0.0094	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
	NODI: -						Req Mon MO AVG	19 - mg/L		01/90 - Quarterly	24 - COMP24
01118	Chromium, total recoverable										
	1 - Effluent Gross		=-0.796	26 - lb/d			=-0.004	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
	Season: 0		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
	NODI: -										
01118	Chromium, total recoverable										
	G - Raw Sewage Influent										
	Season: 0						=-0.0175	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
	NODI: -						Req Mon MO AVG	19 - mg/L		01/90 - Quarterly	24 - COMP24

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

ELKHART WWTP

User: Payton88

Name: Laura Kolo

E-Mail: laura.kolo@mcw.com

Report Last Signed By

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2022-01-25 13:40 (Time Zone: -05:00)



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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart		Permit Number IN0025674	
Month December	Year 2021	Plant Design Flow 20.00 mgd	Telephone Number 574/293-2572
E-mail address: laura.kolo@coei.org		035	A
Certified Operator: Name Laura E. Kolo		Class IV	Certificate Number 15094
		Expiration Date 06/30/2023	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	CHEMICALS USED			RAW SEWAGE										
				Total= 2.95 Precipitation - Inches	Bypass At Plant Site("x" If Occurred)	Sanitary Sewer Overflow("x" If Occurred)	Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l
1	Wed			0.03				289	13.801	7.0	77	8,855	120	13,812	3.20	14.48	
2	Thu							137	13.370	7.9	102	11,343	130	14,496	3.96	15.72	
3	Fri			0.02				228	13.435	7.0	88	9,871	122	13,670	3.88	16.48	
4	Sat							228	13.207	7.3	94	10,365	126	13,878	3.30	15.88	
5	Sun			0.50				205	16.215	7.4	96	13,036	150	20,285	3.32	11.20	
6	Mon							304	13.845	7.4	68	7,892	114	13,163	3.01	12.92	
7	Tue							304	13.437	7.5	82	9,161	104	11,655	4.16	18.32	
8	Wed							281	13.854	7.5	82	9,509	120	13,865	3.63	18.00	
9	Thu							334	13.547	7.5	104	11,750	154	17,399	3.62	13.84	
10	Fri			0.32				315	14.923	7.4	114	14,209	180	22,402	4.19	23.84	
11	Sat			0.46				347	16.599	7.2	79	10,923	140	19,381	2.76	15.12	
12	Sun							152	13.118	7.4	73	7,970	73	7,987	2.44	18.36	
13	Mon							0	13.723	7.4	79	8,996	112	12,818	3.08	18.64	
14	Tue							304	13.659	7.5	71	8,111	110	12,531	3.18	17.72	
15	Wed			0.13				0	14.426	7.4	66	7,941	102	12,272	3.57	17.52	
16	Thu							0	13.716	7.5	105	11,988	98	11,210	3.44	18.92	
17	Fri			0.01				0	13.061	7.4	82	8,959	140	15,250	3.32	18.68	
18	Sat			0.48				0	17.241	7.2	82	11,798	116	16,680	2.91	15.08	
19	Sun			0.01				0	13.356	7.4	64	7,073	66	7,352	2.70	13.64	
20	Mon							0	13.611	7.4	58	6,584	118	13,395	2.92	16.64	
21	Tue							0	13.640	7.3	95	10,830	98	11,148	3.22	16.12	
22	Wed							0	13.274	7.4	124	13,680	132	14,613	4.01	18.24	
23	Thu							0	12.810	7.4	113	12,076	98	10,470	3.63	15.40	
24	Fri			0.01				0	12.599	7.2	117	12,270	102	10,718	3.95	14.76	
25	Sat			0.31				0	13.489	7.3	66	7,397	74	8,325	2.35	14.28	
26	Sun			0.01				0	12.046	7.4	63	6,309	64	6,430	2.50	17.08	
27	Mon			0.34				0	15.455	7.4	45	5,749	82	10,569	2.94	14.92	
28	Tue			0.23				0	13.364	7.3	79	8,783	114	12,706	3.41	15.28	
29	Wed			0.08				0	13.689	7.4	68	7,723	94	10,732	3.00	13.28	
30	Thu			0.01				213	13.454	7.2	103	11,591	134	15,036	3.15	16.64	
31	Fri							228	13.289	7.3	118	13,067	136	15,073	4.22	16.32	
1		Fill in January's effluent data on page 3 as needed for weekly average calculations.															
2																	
3																	
Average								125	13.847		86	9,865	114	13,204	3.32	16.24	
Maximum								347	17.241	7.9	124	14,209	180	22,402	4.22	23.84	
Minimum				0.01				0	12.046	7.0	45	5,749	64	6,430	2.35	11.20	

# of Data	0	16	0	0	0	31	0	31	31	31	31	31	31	31	31	0
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operat
Laura Kolo
Date (month, day, year)
1-25-22

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)
Laura Kolo
Date (month, day, year)
1-25-22

**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	2021

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR				RETURN SLUDGE			CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
1	65	76	202	2,808	72	4.3	15		5,700					10	7.4		9.2	
2	73	65	202	2,824	72	4.2	15		5,480						7.6		9.2	
3	69	61	206	2,892	71	4.4	15		6,260						7.1		9.2	
4	62	72	206	2,748	75	5.1	15		6,080						7.2		9.1	
5	74	68	212	2,764	77	3.7	14		5,680						7.5		9.2	
6	52	59	220	2,492	88	4.5	14		5,780					14	7.8		9.1	
7	63	56	214	2,384	90	4.4	14		6,220					16	7.6		8.7	
8	48	79	222	3,032	73	3.7	14		5,980					11	7.5		8.7	
9	79	73	224	3,012	74	4.3	15		6,800						7.2		9.0	
10	77	80	212	3,160	67	4.8	14		7,300						7.1		8.9	
11	58	70	226	3,164	71	5.1	14		8,360						7.1		9.0	
12	64	47	222	3,296	67	5.0	14		7,160						7.5		9.3	
13	88	82	240	3,092	78	3.1	14		6,180					15	7.5		9.3	
14	60	60	232	2,676	87	5.1	14		7,940					16			9.2	
15	2	47	199	2,952	67	2.9	15		6,820					12	7.3		9.1	
16	85	56	238	3,108	77	2.4	15		6,600						7.2		9.2	
17	70	62	252	3,332	76	2.6	15		7,240						7.2		9.2	
18	65	78	235	2,936	80	5.8	15		8,060						7.1		9.2	
19	50	48	248	2,484	100	5.3	14		8,040						7.3		9.2	
20	50	82	240	3,104	77	3.4	14		7,400					2	7.8		9.3	
21	72	66	232	3,012	77	3.8	14		5,380					5	7.3		9.4	
22	98	70	245	3,208	76	3.8	14		7,340					6	7.5		9.3	
23	88	59	246	3,296	75	4.8	14		8,040						7.5		9.2	
24	87	63	241	3,360	72	4.6	14		9,400						7.5		9.3	
25	51	52	246	2,916	84	4.7	14		7,480						7.4		9.5	
26	53	53	240	2,980	81	5.4	14		5,660						7.5		9.8	
27	38	46	228	2,820	81	4.8	13		5,080					11	7.5		9.7	
28	63	72	228	2,736	83	4.9	13		3,840					11	7.3		9.5	
29	40	40	198	2,816	70	3.2	13		5,640						7.8		9.2	
30	82	80	230	3,044	76	5.8	14		5,780					42	7.5		9.4	
31	91	51	216	2,992	72	4.80	14		6180						7.3		9.5	
Avg.	65	64	226	2,950	77	4.3	14		6,610					13			9.2	
Max.	98	82	252	3,360	100	5.8	15		9,400					42	7.8		9.8	
Min.	2	40	198	2,384	67	2.4	13		3,840					2	7.1		8.7	
Daily Max														42				
# of Days above 235														0				
Data	31	31	31	31	31	31	31	0	31	0	0	1	0	13	30	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	2021

Day Of Month	Day of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Wed	16.693		2		312		6		821		0.03		4.2		0.51	71
2	Thu	16.400		2		313		6		862		0.05		6.8		0.62	85
3	Fri	15.886		2		265		6		848		0.06		7.9		0.70	93
4	Sat	15.556	16.076	2	2.11	285	282	8	5.87	1,038	787	0.05	0.04	6.5	5.9	0.59	77
5	Sun	19.692		2		379		7		1,199		0.05		8.2		0.66	108
6	Mon	15.737		2		209		6		840		0.06		7.9		0.58	76
7	Tue	15.542		2		218		6		791		0.05		6.5		0.74	96
8	Wed	16.031		3		370		8		1,003		0.07		9.4		0.52	70
9	Thu	15.427		3		326		8		1,055		0.06		7.7		0.63	81
10	Fri	16.579		3		395		11		1,549		0.23		31.8		0.58	80
11	Sat	18.834	16.835	4	2.52	614	359	10	8.07	1,539	1,139	0.28	0.11	44.0	16.5	0.51	80
12	Sun	13.453		2		265		8		875		0.08		9.0		0.44	49
13	Mon	14.831		2		181		5		606		0.09		11.1		0.61	75
14	Tue	14.695		2		248		6		797		0.53		65.0		0.46	56
15	Wed	16.032		2		229		9		1,203		0.18		24.1		0.53	71
16	Thu	14.636		2		239		6		732		0.08		9.8		0.53	65
17	Fri	14.025		2		138		7		819		0.05		5.8		0.54	63
18	Sat	19.897	15.367	3	1.93	471	253	9	7.17	1,493	932	0.05	0.15	8.3	19.0	0.54	90
19	Sun	14.560		2		288		8		947		0.04		4.9		0.73	89
20	Mon	14.487		2		279		10		1,184		0.07		8.5		0.54	65
21	Tue	14.794		2		290		9		1,086		0.06		7.4		0.45	56
22	Wed	14.834		2		296		8		940		0.12		14.8		0.54	67
23	Thu	13.417		3		288		13		1,466		0.07		7.8		0.73	82
24	Fri	13.783		2		267		10		1,115		0.06		6.9		0.90	103
25	Sat	15.174	14.436	2	2.33	253	280	5	8.77	582	1,046	0.06	0.07	7.6	8.3	0.86	109
26	Sun	13.002		2		255		7		802		0.05		5.4		0.92	100
27	Mon	17.405		2		361		8		1,219		0.07		10.2		0.95	138
28	Tue	14.525		3		348		9		1,114		0.06		7.3		0.81	98
29	Wed	14.554		3		418		8		995		0.11		13.4		0.85	103
30	Thu	13.901		2		270		10		1,194		0.06		7.0		0.79	92
31	Fri	13.943	14.274	3	2.76	383	329	8	8.09	895	970	0.66	0.07	7.0	7.9	0.66	77
1		12.59		3		269.77		7		566.82		0.05		5.25		0.76	80
2		12.73		3		304.75		7		700.82		0.05		5.31		0.72	76
3		12.96		2		205.28		8		583.44		0.05		5.40		0.64	69
Avg		15.194		2		303		8		984		0.11		11.7		0.65	82
Max		19.897	16.835	4	3	614	359	13	9	1,549	1,139	0.66	0.15	65.0	19.0	0.95	138
Min		12.586	14.274	2	2	138	253	5	6	567	787	0.03	0.04	4.2	5.9	0.44	49
Data		31	5	31	5	31	5	31	5	31	5	31	5	31	5	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 478
Primary Treatment	24.09	44.0			
Secondary Treatment	96.4	87.6			Percent Capacity (actual flow/design) 76%
Overall Treatment	97.25	93.1	99.3	80.4	
Phosphorus limit would be	75 % removal. (compliance achieved)				

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	December	2021

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 100	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	23.28	15.81	7.3		102			3.92	2.38	79.27	54.55	57.80		
2	30.56	16.00	7.3		103			3.76	2.31	78.68	55.21	73.08		
3	22.56	15.84	7.2		103			4.44	2.28	77.25	53.26			
4	29.71	15.86	7.2		103			4.59	2.07	79.62	54.94			
5	38.12	15.85	7.2		103			4.32	2.11	78.66	55.32			
6	21.04	15.84	7.2		103			6.67	2.08	81.54	55.87	93.83		
7	38.19	15.85	7.3		103			4.23	2.18	77.71	55.50	86.93		
8	33.68	15.88	7.1		102			2.37	1.98	76.19	56.67	90.41		
9	39.12	15.91	7.2		103			2.07	1.93	75.53	56.82	97.25		
10	33.28	15.83	7.2		102			4.26	2.03	76.41	56.25			
11	28.51	15.85	7.3		103			5.26	2.03	75.61	56.91			
12	39.08	15.89	7.3		103			5.67	1.98	75.64	57.59			
13	32.46	17.30	7.0		103			6.66	2.01	76.92	57.56	93.92		
14	34.12	17.25	7.3		102			4.93	1.84	76.04	55.90			
15	21.90	17.27	7.2		103			4.92	2.07	75.17	58.33			
16	34.62	17.27	7.2		103			5.00	2.03	75.93	57.33			
17	24.21	17.31	7.2		103			3.13	2.07	75.32	56.73			
18	27.35	17.28	7.3		103			5.50	2.09	74.83	55.92			
19	39.06	17.28	7.2		102			5.56	2.10	75.81	56.52			
20	25.17	17.28	7.2		103			4.96	2.06	76.71	57.52	88.08		
21	33.77	17.27	7.2		102			2.53	1.92	73.47	56.64	72.91		
22	26.86	19.04	7.1		102			1.81	1.98	72.84	56.91	137.62		
23	21.78	19.39	7.2		103			5.37	1.99	74.34	56.02			
24	27.90	19.46	7.3		103			5.22	1.98	76.10	57.92			
25	24.67	19.44	7.2		103			5.95	1.98	80.40	56.52			
26	18.63	19.37	7.2		102			3.53	2.02	80.72	57.46			
27	19.78	19.41	7.3		103			1.95	1.97	77.59	57.54	44.46		
28	32.92	19.47	7.3		103			4.10	1.93	79.79	55.17	75.43		
29	29.78	19.35	7.2		103			4.65	1.91	79.02	56.38	101.98		
30	33.46	19.50	7.3		103			5.41	2.81	79.89	55.45			
31	33.81	19.48	7.2		103	0.00		4.38	1.86	77.16	56.13			
Avg.	29.66	17.41			103			4.42	2.06	77.10	56.35	85.67		
Max.	39.12	19.50	7.3		103			6.67	2.81	81.54	58.33	137.62		
Min.	18.63	15.81	7.0		102			1.81	1.84	72.84	53.26	44.46		
Data	31	31	31	0	31	1	0	31	31	31	31	13	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	2021

Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Influent mg/l	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2																
3																
4																
5																
6								0.0040	0.0020							
7					0.0002	0.0001	0.0002	0.0002			0.0183	0.0019	0.0278	0.0048	22.40	1.18
8																
9																
10																
11																
12																
13																
14								0.0026	0.0026				0.0365	0.0041		
15																
16																
17																
18																
19																
20								0.0020	0.0020							
21													0.0259	0.0045		
22																
23																
24																
25																
26																
27								0.0020	0.0020							
28													0.0238	0.0065		
29																
30																
31																
1																
2																
3																
Avg.					0.0002	0.0001	0.0002	0.0002	0.0027	0.0022	0.0183	0.0019	0.0285	0.0050	22.40	1.18
Max.					0.0002	0.0001	0.0002	0.0002	0.0040	0.0026	0.0183	0.0019	0.0365	0.0065	22.40	1.18
Min.					0.0002	0.0001	0.0002	0.0002	0.0020	0.0020	0.0183	0.0019	0.0238	0.0041	22.40	1.18
Data	0	0	0	0	1	1	1	1	4	4	1	1	4	4	1	1

WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	December	2021

Substitute for State Form 30530

Day Of Month	Ni - Influent mg/L	Ni - Effluent mg/L	Pb - Influent mg/L	Pb - Effluent mg/L	Zn - Influent mg/L	Zn - Effluent mg/L											
1																	
2																	
3																	
4																	
5																	
6																	
7	0.0140	0.0053	0.0008	0.0002	0.1860	0.0326											
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
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25																	
26																	
27																	
28																	
29																	
30																	
31																	
1																	
2																	
3																	
Avg.	0.0140	0.0053	0.0008	0.0002	0.1860	0.0326											
Max	0.0140	0.0053	0.0008	0.0002	0.1860	0.0326											
Min.	0.0140	0.0053	0.0008	0.0002	0.1860	0.0326											
Data	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart				Page 1 of 9				Permit Number: IN0025574												
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																
Monitoring Period: December 2021				Enter "x" if no CSO discharge occurred for the month:																
Design Peak Hourly Flow (MGD): 44				Design Average Flow (MGD): 20				Measured/Metered (M) or Estimated (E) must be specified												
WWTP Influent Data			Precipitation Data					CSO Outfall No. 005					CSO Outfall No. 006							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	13.80	16.98	3:36 PM	0.50	0.03	0.08	15 min													
2	13.37	16.97					15 min													
3	13.44	17.97	6:06 AM	9.17	0.02	0.04	15 min													
4	13.21	15.93					15 min													
5	16.22	30.58	12:01 PM	10.30	0.50	0.32	15 min													
6	13.85	19.21					15 min													
7	13.44	16.15					15 min													
8	13.85	16.86					15 min													
9	13.55	16.12					15 min													
10	14.92	34.90	9:21 AM	14.72	0.32	0.32	15 min													
11	16.60	44.07	12:01 AM	7.80	0.46	0.96	15 min							12:38 AM	M	0.08	M	0.0023	M	
12	13.12	19.18					15 min													
13	13.72	16.80					15 min													
14	13.66	16.70					15 min													
15	14.43	20.03	1:01 AM	11.72	0.13	0.20	15 min													
16	13.72	15.83					15 min													
17	13.06	15.62	11:16 PM	0.80	0.01	0.04	15 min													
18	17.24	30.21	2:09 AM	12.78	0.48	0.16	15 min													
19	13.36	17.25	12:39 PM	0.87	0.01	0.04	15 min													
20	13.61	15.87					15 min													
21	13.64	15.63					15 min													
22	13.27	15.28					15 min													
23	12.81	15.79					15 min													
24	12.60	17.22	10:36 AM	0.08	0.01	0.04	15 min													
25	13.49	29.66	1:39 AM	12.00	0.31	0.32	15 min													
26	12.05	15.85	10:19 AM	0.20	0.01	0.04	15 min													
27	15.46	29.94	12:49 AM	10.58	0.34	0.24	15 min													
28	13.36	18.78	4:06 PM	7.72	0.23	0.08	15 min													
29	13.69	17.09	12:16 AM	10.58	0.08	0.04	15 min													
30	13.45	17.53	9:21 PM	1.80	0.01	0.04	15 min													
31	13.29	16.98					15 min													
Totals:	429.28			111.62	2.95			0	Da ys	0.00		0		1	Da ys	0.08		0.0023		



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 2021							Enter "x" if no CSO discharge occurred for the month:																				
Design Peak Flow (Hourly) (MGD): 44							Design Flow (MGD): 20							Measured/Metered (M) or Estimated (E) must be specified													
CSO Outfall No. 007							CSO Outfall No. 008							CSO Outfall No. 009							CSO Outfall No. 011						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
1																											
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8																											
9																											
10																											
11	12:38 AM	M	0.75	M	0.1257	M							12:51 AM	M	0.58	M	0.0222	M									
12																											
13																											
14																											
15																											
16																											
17																											
18																											
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29																											
30																											
31																											
Totals:	1	Da ys	0.75		0.1257		0	Da ys	0.00		0		1	Da ys	0.58		0.0222		0	Da ys	0.00		0				



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart	Page 3 of 9	Permit Number: IN0025574
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Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y
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Monitoring Period: December 2021	Enter "x" if no CSO discharge occurred for the month:
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Design Peak Flow (Hourly) (MGD): 44	Design Flow (MGD): 20	Measured/Metered (M) or Estimated (E) must be specified
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Day of Month	CSO Outfall No. 012						CSO Outfall No. 013						CSO Outfall No. 14B						CSO Outfall No. 015						
	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1																									
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8																									
9																									
10																									
11	12:33 AM	M	0.50	M	0.0157	M	12:37 AM	M	0.42	M	0.0155	M							12:31 AM	M	1.00	M	0.1265	M	
12																									
13																									
14																									
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30																									
31																									
Totals:	1	Da ys	0.50		0.0157		1	Da ys	0.42		0.0155		0	Da ys	0		0		1	Da ys	1.00		0.1265		



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 2021						Enter "x" if no CSO discharge occurred for the month:																		
Design Peak Flow (Hourly) (MGD): 44			Design Flow (MGD): 20			Measured/Metered (M) or Estimated (E) must be specified																		
CSO Outfall No. 016						CSO Outfall No. 017						CSO Outfall No. 018						CSO Outfall No. 019						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																								
2																								
3																								
4																								
5																								
6													3:09 PM	M	2.15	M	0.0585	M						
7																								
8																								
9																								
10													6:39 PM	M	1.42	M	0.041	M						
11	12:40 AM	M	0.75	M	0.0294	M	12:44 AM	M	0.25	M	0.0012	M	12:20 AM	M	3.9	M	0.3526	M						
12																								
13																								
14																								
15																								
16																								
17																								
18													3:59 AM	M	0.08	M	0.0009	M						
19																								
20																								
21																								
22																								
23																								
24													4:05 PM	M	0.42	M	0.0166	M						
25																								
26																								
27													2:24 AM	M	13.28	M	1.2756	M						
28																								
29																								
30																								
31																								
Totals:	1	Days	0.75		0.0294		1	Days	0.25		0.0012		6	Days	21.25		1.7452		0	Days	0.00		0	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart						Page 5 of 9						Permit Number: IN0025574												
Facility: Elkhart Public Works & Utilities						Public Notification Requirements Met? Y																		
Monitoring Period: December 2021						Enter "x" if no CSO discharge occurred for the month:																		
Design Peak Flow (Hourly) (MGD): 44						Design Flow (MGD): 20						Measured/Metered (M) or Estimated (E) must be specified												
CSO Outfall No. 020						CSO Outfall No. 023						CSO Outfall No. 024						CSO Outfall No. 025						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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2																								
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8																								
9																								
10																								
11	12:15 AM	M	0.83	M	0.0469	M	12:06 AM	M	1.00	M	0.0921	M	12:34 AM	M	1.00	M	0.0833	M	12:03 AM	M	0.92	M	0.08	M
12																								
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29																								
30																								
31																								
Totals:	1	Da ys	0.83		0.0469		1	Da ys	1.00		0.0921		1	Da ys	1		0.0833		1	Da ys	0.92		0.08	



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 2021										Enter "x" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 026						CSO Outfall No. 027						CSO Outfall No. 028					CSO Outfall No. 029								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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9																									
10																									
11							12:36 AM	M	0.08	M	0.0008	M								12:43 AM	M	0.08	M	0.000020	M
12																									
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31																									
Totals:	0	Days	0.00		0		1	Days	0.08		0.0008		0	Days	0		0		1	Days	0.08		0.00002		



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 2021										Enter "x" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 031						CSO Outfall No. 032						CSO Outfall No. 033					CSO Outfall No. 034								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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7																									
8																									
9																									
10																									
11							12:20 AM	M	1.80	M	0.1322	M	12:35 AM	M	0.25	M	0.0002	M							
12																									
13																									
14																									
15																									
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20																									
21																									
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26																									
27																									
28							2:49 AM	M	0.42	M	0.0013	M													
29																									
30																									
31																									
Totals:	0	Days	0.00		0		2	Days	2.22		0.1335		1	Days	0.25		0.0002		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 8 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: December 2021										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 037					CSO Outfall No. 039					CSO Outfall No. 040					CSO Outfall No.									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11	12:32 AM	M	1.50	M	0.772	M	12:09 AM	M	0.83	M	0.0325	M	12:30 AM	M	2.42	M	0.1211	M						
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27													2:41 AM	M	9.42	M	0.3378	M						
28																								
29																								
30																								
31																								
Totals:	1	Days	1.50		0.772		1	Days	0.83		0.0325		2	Days	11.84		0.4589		0	Days	0.00		0	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	
5	precipitation
6	
7	
8	
9	
10	precipitation
11	precipitation
12	
13	
14	
15	
16	
17	
18	precipitation
19	
20	
21	
22	
23	
24	precipitation
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)
<i>Laura Kolo</i>		01/24/22

MARKETING AND DISTRIBUTION ANNUAL REPORT FORM

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

PERMIT NO.: INLA 000680

FACILITY NAME: Elkhart Public Works & Utilities

YEAR: December 2021

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

(Lab No. corresponds to lab data entered below)

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

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

327 IAC 6.1-4-13

Alternative 1
 Alternative 2
 Alternative 3

Alternative 4
 Alternative 5
 Alternative 6

No Distribution

Vector Attraction Reduction Method (attach sample results when applicable)

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

327 IAC 6.1-15

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

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

Analytical Results:	1	2	3	4	5	6	7	8	9	10	11	12
Enter heavy metals results as dry weights												
Enter detection limit when result is nondetectable												

NO TESTS DONE

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

NO TESTS DONE

Enter PCB results as dry weight	1	2	3	4	5	6	7	8	9	10	11	12

Signature: Laura (LW) Date: 1/27/22

Kolo, Laura

From: Kolo, Laura
Sent: Monday, February 7, 2022 1:57 PM
To: Beason, Steven E
Cc: McDaniel, Rose; DEMMINGS, HELEN; IDEM Netdmr
Subject: RE: EXTERNAL: CSO Netdmr Data mistake IN0025674 11/21

Steven,

CSO 25 precipitation has been corrected and resubmitted.

MY apologies for the error,

Laura

From: Beason, Steven E [mailto:SEBeason@idem.IN.gov]
Sent: Monday, January 31, 2022 12:43 PM
To: Kolo, Laura <Laura.Kolo@coei.org>
Cc: McDaniel, Rose <RMCDANIE@idem.IN.gov>; DEMMINGS, HELEN <HDEMMING@idem.IN.gov>; IDEM Netdmr <Netdmr@idem.IN.gov>
Subject: EXTERNAL: CSO Netdmr Data mistake IN0025674 11/21

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 Kolo,

After a review of 11/21 NetDMRs for IN0025674 and for the most part they look good. However, you have some data mistakes, please see attached MRO and Netdmr and check the circled numbers. The Circled numbers on the Netdmr are incorrect and the circled numbers on the MRO are the correct numbers

Please contact me with any questions.

Steven Beason
Environmental Scientist 3

IDEM
OWQ/Compliance Branch
Compliance Data Section – Room 1255
100 N Senate Ave
Indianapolis, IN 46204-2251
Sebeason@idem.IN.gov
Phone: 317-233-2477

Signing Process Confirmation - DX Activity ID: **_f0bc1f5b-e8d3-4967-a736-447832b308c0**

DMRs are undergoing the Signing Process

Full ID	Facility	Permitted Facility	Resubmit Date	Resubmit Date	DMR Date
03574	ELDON WWP	03-C	CSO-POTW/MS/USCONO	1/7/2021	12/28/21

Kolo, Laura

From: Beason, Steven E <SEBeason@idem.IN.gov>
Sent: Monday, January 31, 2022 12:43 PM
To: Kolo, Laura
Cc: McDaniel, Rose; DEMMINGS, HELEN; IDEM Netdmr
Subject: EXTERNAL: CSO Netdmr Data mistake IN0025674 11/21
Attachments: IN0025674_CSO_MRO_2021_11 correction.pdf; dmr data CSO mistake outfall 025C IN0025674 11-21.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

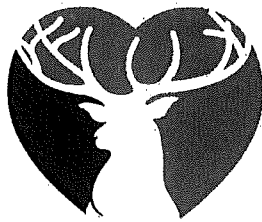
Hello Laura Kolo,

After a review of 11/21 NetDMRs for IN0025674 and for the most part they look good. However, you have some data mistakes, please see attached MRO and Netdmr and check the circled numbers. The Circled numbers on the Netdmr are incorrect and the circled numbers on the MRO are the correct numbers

Please contact me with any questions.

Steven Beason
Environmental Scientist 3

IDEM
OWQ/Compliance Branch
Compliance Data Section – Room 1255
100 N Senate Ave
Indianapolis, IN 46204-2251
Sebeason@idem.IN.gov
Phone: 317-233-2477



City of Elkhart
Public Works and Utilities

Date Feb 25, 2022
Memo To Board of Public Works
Memo From Laura Kolo, Utility Services Manager *W*
Subject Wastewater Utility Monthly Report of Operations
for the month of January, 2022

Wastewater MRO Highlights

Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	7	30
cBOD5 mg/L	2	25
Phosphorus mg/L	0.71	1.0
Ammonia mg/L	0.11	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	11.64	Design - 20
Total Monthly Flow MGD	360.93	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
1/5/22	CSO 18 and 40	184,882	Construction
1/12/22	CSO 18 and 40	319,347	Construction
1/18/22	CSO 18	53,675	Construction
1/20/22	1500 Brookwood	60	Grease
1/27/22	MH 632 Main and Kulp	unknown	Grease

Wet weather overflows

Number of Events	Total Overflow Volume
None	n/a

Indiana DEM

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

[Signing Process Confirmation - CDX Activity ID: _6551a49d-92b1-4ca9-a651-d11289798ea2](#)

Your DMRs are undergoing the Signing Process

<u>Permit ID</u>	<u>Facility</u>	<u>Permitted Feature</u>	<u>Discharge #</u>	<u>Discharge Description</u>	<u>Monitoring Period End Date</u>	<u>DMR Due Date</u>
IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR	01/31/22	02/28/22
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, WEST OF BRIDGE	01/31/22	02/28/22
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, EAST OF BRIDGE	01/31/22	02/28/22
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	01/31/22	02/28/22
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	01/31/22	02/28/22
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	01/31/22	02/28/22
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	01/31/22	02/28/22
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	01/31/22	02/28/22
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	01/31/22	02/28/22
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	01/31/22	02/28/22
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	01/31/22	02/28/22
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	01/31/22	02/28/22
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	01/31/22	02/28/22
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	01/31/22	02/28/22
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	01/31/22	02/28/22
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	01/31/22	02/28/22
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	01/31/22	02/28/22
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	01/31/22	02/28/22
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	01/31/22	02/28/22
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	01/31/22	02/28/22
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	01/31/22	02/28/22
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	01/31/22	02/28/22
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	01/31/22	02/28/22
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	01/31/22	02/28/22
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	01/31/22	02/28/22

IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH		01/31/22	02/28/22
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER		01/31/22	02/28/22
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU		01/31/22	02/28/22
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER		01/31/22	02/28/22
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH		01/31/22	02/28/22

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

DMR Copy of Submission

Permit
 Permit ID: IN0025674 Major: 1201 S NAPPANEE ST
 Permittee: ELKHART WWTP ELKHART , IN46516
 Facility: ELKHART WWTP 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 01/01/22 to 01/31/22 DMR Due Date: 02/28/22
 Status: NetDMR Validated

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

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

No Data Indicator (NODI)

Form NODI: -

Parameter Code	Name	NODI	Quantity or Loading		Quality or Concentration			# of Analysis	Smpl. Type
			Value 1	Value 2	Value 1	Value 2	Value 3		
00300	Oxygen, dissolved [DO]	Smpl.							
1 - Effluent Gross								19 - mg/L	0
Season: 0		Req.			>=4.0 DLYAVMIN			19 - mg/L	01/01 - Daily
NODI: -		NODI							G3 - GRAB-3

00400 pH
 1 - Effluent Gross

=7.1 =8.0

12 - SU 0

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	of Analysis	Type
Season: 0		Req. <=6.0 MO AVG	<=12.0 DAILY MX	26 - lb/d			<=0.073 DAILY MX	19 - mg/L		0 / - Weekly	24 - COMP24
NODI: -	NODI										
01119	Copper, total recoverable						=0.0578	19 - mg/L	0		
	G - Raw Sewage Influent										
Season: 0		Req.					Req Mon MO AVG	19 - mg/L		01/07 - Weekly	24 - COMP24
NODI: -	NODI										
50050	Flow, in conduit or thru treatment plant										
	1 - Effluent Gross	Smpl. =11.643		03 - MGD					0		
Season: 0		Req.	Req Mon MO AVG	03 - MGD						01/01 - Daily	TM - TOTALZ
NODI: -	NODI										
51041	E. coli, colony forming units [CFU]										
	1 - Effluent Gross	Smpl.					=16.0	3Z - CFU/100mL	0		
Season: 2		Req.					Req Mon MO GEO	3Z - CFU/100mL		03/07 - Three Per Week	GR - GRAB
NODI: -	NODI										
51041	E. coli, colony forming units [CFU]										
	Y - Effluent Gross (Supplementary)	Smpl.					=37.0	3Z - CFU/100mL	0		
Season: 0		Req.					Req Mon DAILY MX	3Z - CFU/100mL		01/01 - Daily	GR - GRAB
NODI: -	NODI										
51484	Number of Events										
	Y - Effluent Gross (Supplementary)	Smpl.					=0.0	4X - # exceed	0		
Season: 0		Req.					Req Mon MO TOTAL	4X - # exceed		01/30 - Monthly	RT - RCOTOT
NODI: -	NODI										
80082	BOD, carbonaceous [5]										
	1 - Effluent Gross	Smpl. =230.0					=2.0	19 - mg/L	0		

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Analysis	Type
1 - Effluent Gross										
Season: 0	Req.	<=6259.0 MO AVG	<=10014.0 MX WK AV	26 - lb/d			<=40.0 MX WK AV	19 - mg/L	01/01 - Daily	24 - COMP24
NODI: -	NODI									
81012	Phosphorus, total percent removal			=81.6				23 - %	0	
K - Percent Removal	Smpl.									
Season: 0	Req.		>=75.0 MO AV MN					23 - %	01/30 - Monthly	CA - CALCTD
NODI: -	NODI									
82220	Flow, total			80 - Mgal/mo					0	
1 - Effluent Gross	Smpl.		=361.0							
Season: 0	Req.		Req Mon MO TOTAL	80 - Mgal/mo					01/30 - Monthly	RT - RCOTOT
NODI: -	NODI									

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0025674_INC_RPT_2022_01_3.pdf	pdf	139881.0
IN0025674_INC_RPT_2022_01_4.pdf	pdf	108174.0
IN0025674_CSO_MRO_2022_01.pdf	pdf	1299692.0
IN0025674_INC_RPT_2022_01_6.pdf	pdf	221001.0
IN0025674_035a_MRO_2022_01.pdf	pdf	985256.0
IN0025674_INC_RPT_2022_01_1.pdf	pdf	270281.0
IN0025674_INC_RPT_2022_01_2.pdf	pdf	236332.0
IN0025674_INC_RPT_2022_01_5.pdf	pdf	109130.0

Report Last Saved By

ELKHART WWTP

User: Payton88

Name: Laura Kolo

Date/Time: 2022-02-25 12:42 (Time Zone: -05:00)

Report Last Signed By

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2022-02-25 12:46 (Time Zone: -05:00)



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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart			Permit Number IN0025674		
Month January	Year 2022	Plant Design Flow 20.00 mgd	Telephone Number 574/293-2572		
E-mail address: laura.kolo@coei.org				035	A
Certified Operator: Name Laura E. Kolo		Class IV	Certificate Number 15094	Expiration Date 06/30/2023	

Day of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 0.33 Precipitation - Inches	Bypass At Plant Site("X" If Occurred)	Sanitary Sewer Overflow("x" if Occurred)	CHEMICALS USED			RAW SEWAGE						
							Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l
1	Sat							266	12.440	7.4	59	6,163	48	4,980	2.53	15.76
2	Sun			0.10				236	12.958	7.4	81	8,705	74	7,997	3.02	18.48
3	Mon			0.01				220	13.156	7.3	147	16,076	124	13,605	3.13	14.48
4	Tue			0.03				220	13.451	7.4	68	7,625	144	16,154	4.24	16.64
5	Wed					X		228	13.533	7.4	75	8,433	122	13,770	3.14	14.80
6	Thu							289	12.627	7.3	94	9,878	148	15,586	3.94	16.68
7	Fri							173	12.890	7.2	108	11,645	148	15,910	4.01	15.84
8	Sat			0.01				276	12.754	7.2	99	10,511	120	12,764	3.85	17.40
9	Sun			0.08				213	13.418	7.2	123	13,751	112	12,533	2.54	14.04
10	Mon							198	13.060	7.3	66	7,227	112	12,199	3.08	17.76
11	Tue							236	13.096	7.3	91	9,887	118	12,888	4.10	18.76
12	Wed			0.02		X		198	13.307	7.3	95	10,519	138	15,315	4.05	17.36
13	Thu							220	13.159	7.3	104	11,460	156	17,120	3.71	14.88
14	Fri							198	12.304	7.2	126	12,945	142	14,571	3.87	17.88
15	Sat							204	11.859	7.3	93	9,185	106	10,484	3.95	14.76
16	Sun							182	11.073	7.3	76	7,053	66	6,095	2.51	11.44
17	Mon							213	12.371	7.4	79	8,128	130	13,413	3.26	18.48
18	Tue					X		0	11.824	7.3	107	10,559	108	10,650	3.70	26.40
19	Wed							0	12.108	7.3	129	12,988	146	14,743	4.95	25.28
20	Thu			0.01		X		0	11.976	7.2	126	12,582	160	15,981	4.36	23.84
21	Fri							0	12.058	7.2	87	8,704	136	13,677	4.26	18.68
22	Sat							0	11.685	7.3	104	10,157	108	10,525	4.64	22.64
23	Sun			0.01				0	11.226	7.4	93	8,687	76	7,115	2.56	14.56
24	Mon							0	11.722	7.4	98	9,592	156	15,251	3.49	18.60
25	Tue			0.01				0	11.547	7.4	115	11,084	106	10,208	5.91	21.36
26	Wed							228	11.878	7.3	108	10,712	132	13,076	4.25	18.76
27	Thu			0.01		X		213	11.603	7.2	150	14,515	132	12,774	4.15	19.72
28	Fri							228	11.416	7.2	124	11,768	134	12,758	5.56	21.28
29	Sat			0.01				231	10.680	7.1	126	11,205	90	8,016	3.92	18.88
30	Sun			0.02				228	10.756	7.2	117	10,462	106	9,509	4.30	18.08
31	Mon			0.01				243	11.171	7.3	109	10,124	136	12,671	4.27	18.44
Average								166	12.229		102	10,398	120	12,334	3.85	18.13
Maximum								289	13.533	7.4	150	16,076	160	17,120	5.91	26.40
Minimum								0	10.680	7.1	59	6163	48	4980	2.51	11.44

# of Data	0	13	0	0	0	31	0	31	31	31	31	31	31	31	31	0
-----------	---	----	---	---	---	----	---	----	----	----	----	----	----	----	----	---

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

Prepared by or under the direction of (Certified Operatc <i>Laura Kolo</i>	Date (month, day, year) <i>2/24/22</i>
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) <i>2/24/22</i>

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month January	Year 2022
-----------------------------	----------------------------	------------------	--------------

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR				RETURN SLUDGE			CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
1	45	45	218	2,588	84	5.3	12	7.785	6,560						7.4		9.2	
2	59	41	206	2,148	96	6.3	13	7.785	4,300						7.3		9.5	
3	70	55	198	2,360	84	5.7	13	7.785	5,720					26	7.6		9.6	
4	63	56	210	2,340	90	4.2	13	7.785	6,940					12	7.7		9.8	
5	57	69	210	2,556	82	5.2	13	7.785	5,840					37	7.6		9.6	
6	64	84	218	2,660	82	4.9	13	7.785	5,860						7.6		9.3	
7	61	52	218	2,632	83	5.3	12	7.785	6,120						7.2		9.6	
8	72	63	215	2,340	92	5.5	12	7.785	5,760						7.3		9.6	
9	102	48	226	2,644	85	5.5	13	7.785	5,260						7.5		9.6	
10	39	37	242	2,632	92	4.7	13	7.785	5,640					13	7.7		9.6	
11	64	48	244	2,600	94	4.9	12	7.785	5,880					25	7.7		9.2	
12	62	82	231	2,576	90	4.8	13	7.785	5,720					13	7.8		9.2	
13	63	94	236	2,664	89	4.4	13	7.785	5,920						7.3		9.6	
14	83	69	232	2,388	97	6.4	13	7.785	6,060						7.2		9.7	
15	72	56	231	2,772	83	5.6	13	7.785	6,260						7.3		9.8	
16	60	41	254	2,880	88	5.7	12	7.774	4,500						8.0		9.8	
17	51	76	278	2,764	101	6.1	12	7.785	5,540						7.6		9.8	
18	87	46	268	2,736	98	6.3	12	7.785	6,020					4	7.5		9.9	
19	94	74	260	2,756	94	4.8	13	7.785	5,760					16	7.5		9.4	
20	77	66	258	2,764	93	5.0	13	7.785	5,720					22	7.4		9.4	
21	69	60	257	2,848	90	5.2	13	7.774	6,620						7.6		9.7	
22	84	74	257	2,744	94	6.3	12	7.785	6,020						7.2		9.9	
23	82	38	270	2,756	98	6.3	12	7.785	5,740						7.8		9.8	
24	62	52	286	2,768	103	5.6	12	7.785	5,840					20	7.6		9.8	
25	92	54	288	2,756	104	5.7	12	7.785	5,220					16	7.5		10.3	
26	78	72	253	2,816	90	5.8	12	7.785	5,800					15	7.6		10.0	
27	97	69	268	2,648	101	4.6	12	7.774	5,780						7.6		9.7	
28	96	60	268	3,080	87	5.9	12	7.774	4,620						7.1		10.0	
29	90	44	288	2,780	104	6.4	12	7.785	6,640						7.3		9.9	
30	91	68	312	2,980	105	5.8	12	7.785	6,920						7.5		10.0	
31	77	74	316	2,868	110	4.20	12	7.785	6340					13	7.6		10.1	
Avg.	73	60	249	2,672	93	5.4	12	8	5,836					18			9.7	
Max	102	94	316	3,080	110	6.4	13	8	6,940					37		8.0	10.3	
Min.	39	37	198	2,148	82	4.2	12	8	4300					4	7.10		9.2	
Daily Max														37				
# of Days above 235														0				
Data	31	31	31	31	31	31	31	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**

Slate Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month January	Year 2022
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		FINAL EFFLUENT															
Day Of Month	Day of Week	Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Sat	12.586		3		270		5		567		0.05		5.2		0.76	80
2	Sun	12.732		3		305		7		701		0.05		5.3		0.72	76
3	Mon	12.948		2		205		5		583		0.05		5.4		0.64	69
4	Tue	13.247		3		383		11		1,215		0.08		8.8		0.80	88
5	Wed	12.549		4		427		10		1,088		0.16		16.7		0.74	77
6	Thu	10.675		4		316		12		1,033		0.20		17.8		0.63	56
7	Fri	11.134		3		293		9		826		0.08		7.4		0.61	57
8	Sat	11.416	12.100	3	3.14	284	316	10	9.10	933	911	0.06	0.10	5.7	10	0.49	47
9	Sun	13.452		3		338		8		853		0.06		6.7		0.42	47
10	Mon	12.034		2		155		5		472		0.12		12.0		0.42	42
11	Tue	11.800		3		306		8		827		0.13		12.8		0.44	43
12	Wed	13.404		3		335		9		1,028		0.10		11.2		0.60	67
13	Thu	13.875		2		268		7		787		0.14		16.2		0.51	59
14	Fri	11.890		2		230		7		654		0.11		10.9		0.90	89
15	Sat	11.187	12.520	2	2.47	188	260	7	7.19	653	753	0.09	0.11	8.4	11	0.61	57
16	Sun	11.182		2		185		7		616		0.07		6.5		0.87	81
17	Mon	12.110		2		186		5		475		0.22		22.2		0.60	61
18	Tue	11.171		2		157		6		522		0.27		25.2		0.56	52
19	Wed	12.305		2		141		6		595		0.22		22.6		0.67	69
20	Thu	11.186		2		166		6		541		0.20		18.7		0.95	89
21	Fri	10.466		2		185		9		751		0.09		7.9		0.91	79
22	Sat	9.778	11.171	2	1.83	165	169	6	6.16	489	570	0.08	0.16	6.5	16	0.94	77
23	Sun	10.081		2		142		5		437		0.07		5.9		0.92	77
24	Mon	10.627		2		131		5		461		0.08		7.1		0.89	79
25	Tue	10.246		2		142		5		410		0.08		6.8		0.95	81
26	Wed	10.684		2		190		7		624		0.08		7.1		0.81	72
27	Thu	11.991		2		183		5		530		0.12		12.0		0.64	64
28	Fri	11.330		2		163		6		529		0.09		8.5		0.60	57
29	Sat	10.089	10.721	3	1.87	216	167	6	5.56	488	497	0.08	0.09	6.7	8	0.65	55
30	Sun	11.161		2		180		6		540		0.06		5.6		0.98	91
31	Mon	11.592		3		290		4		435		0.74		21.3		0.74	72
Avg		11.643		2		230		7		667		0.13		11.0		0.71	68.1
Max		13.875	12.520	4	3.14	427	316.22	12	9.10	1,215	911.41	0.74	0.16	25.2	15.65	0.98	91.2
Min		9.778	10.721	2	1.83	131	166.67	4	5.56	410	497.02	0.05	0.09	5.2	7.74	0.42	42.2
Data		31	4	31	4	31	4	31	4	31	4	31	4	31	4	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons)
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	361
Primary Treatment	28.77	50.0			
Secondary Treatment	96.6	88.5			Percent Capacity (actual flow/design) 58%
Overall Treatment	97.61	94.3	99.3	81.6	
Phosphorus limit would be	75 % removal. (compliance achieved)				

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	January	2022

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 100	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	27.06	194.40	7.1		94			4.28	1.81	78.72	56.76			
2	20.11	194.40	7.6		94			5.72	1.65	80.27	56.72			
3	10.56	194.40	7.4		94			5.86	1.88	88.61	54.29	50.66		
4	23.50	194.40	7.1		94			4.35	1.77	81.71	56.02	81.38		
5	26.74	194.40	7.1		91			3.76	1.78	74.11	57.46	104.51		
6	36.41	194.40	7.1		94	10.61		5.77	1.75	79.29	56.96	139.31		
7	27.35	194.40	7.2		94			3.84	1.72	74.81	58.57	96.21		
8	32.71	194.40	7.2		94	21.22		4.16	1.71	75.19	57.04			
9	32.73	194.40	7.1		93	24.76		3.54	1.73	74.92	57.24			
10	21.60	194.40	7.1		94			3.59	1.72	76.45	57.99	97.11		
11	29.01	194.40	7.3		88			4.87	1.59	77.25	56.85	100.82		
12	30.52	194.40	7.2		93	24.76		4.03	1.78	75.99	58.96	93.03		
13	29.59	194.40	7.2		94			3.16	1.80	76.06	58.45	139.28		
14	19.08	194.40	7.2		93			2.65	2.11	72.98	56.99			
15	32.53	194.40	7.2		92	28.30		4.55	2.17	75.65	56.59			
16	27.20	194.40	7.3		92			2.59	2.20	76.84	56.96			
17	14.90	194.40	7.3		92			2.68	2.13	77.82	56.52			
18	32.14	194.40	7.3		87			4.47	1.97	77.82	57.06	135.74		
19	25.24	194.40	7.2		91			4.22	2.35	75.66	56.59	122.39		
20	19.06	194.40	7.2		91			3.96	2.31	77.01	57.08	112.22		
21	31.25	194.40	7.2		90			3.18	2.31	74.78	56.52			
22	28.63	200.16	7.2		90			4.68	2.24	74.65	57.06			
23	32.85	201.60	7.2		85			4.54	2.19	75.91	56.00			
24	27.92	201.60	7.2		89	10.61		4.89	2.18	79.42	56.14	93.34		
25	22.95	201.60	7.3		86			3.84	3.63	77.08	56.80			
26	25.47	201.60	7.2		89	21.22		3.51	2.25	77.09	56.35	71.14		
27	36.07	201.60	7.2		89			3.88	2.20	76.21	56.73	78.40		
28	17.16	201.60	7.2		89			3.66	2.32	74.12	57.48			
29	34.34	201.60	7.1		89	21.22		2.25	2.33	74.04	55.56			
30	27.50	201.60	7.2		89	10.50		0.70	2.21	73.33	57.07			
31	23.67	201.60	7.2		89	0.00		4.03	2.21	77.09	58.22	139.72		
Avg.	26.64	196.68			91	17.32		3.91	2.06	76.80	56.94	103.45		
Max.	36.41	201.60	7.60		94	28.30		5.86	3.63	88.61	58.96	139.72		
Min.	10.56	194.40	7.10		85	0.00		0.70	1.59	72.98	54.29	50.66		
Data	31	31	31	0	31	10	0	31	31	31	31	16	0	0

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

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	January	2022

Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Influent mg/l	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2																
3								0.0020	0.0020							
4					0.0005	0.0001	0.0002	0.0002			0.0366	0.0027	0.0442	0.0070		
5																
6																
7																
8																
9																
10																
11													0.0357	0.0051		
12								0.0020	0.0053							
13																
14																
15																
16																
17																
18								0.0020	0.0028				0.0578	0.0034		
19																
20																
21																
22																
23																
24								0.0053	0.0027							
25													0.0395	0.0039		
26																
27																
28																
29																
30																
31																
Avg.					0.0005	0.0001	0.0002	0.0002	0.0028	0.0032	0.0366	0.0027	0.0443	0.0049		
Max.					0.0005	0.0001	0.0002	0.0002	0.0053	0.0053	0.0366	0.0027	0.0578	0.0070		
Min.					0.0005	0.0001	0.0002	0.0002	0.0020	0.0020	0.0366	0.0027	0.0357	0.0034		
Data	0	0	0	0	1	1	1	1	4	4	1	1	4	4	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	January	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	0.0123	0.0069	0.0010	0.0002	0.1800	0.0333											
5																	
6																	
7																	
8																	
9																	
10																	
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25																	
26																	
27																	
28																	
29																	
30																	
31																	
Avg.	0.0123	0.0069	0.0010	0.0002	0.1800	0.0333											
Max.	0.0123	0.0069	0.0010	0.0002	0.1800	0.0333											
Min.	0.0123	0.0069	0.0010	0.0002	0.1800	0.0333											
Data	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart				Page 1 of 9				Permit Number: IN0025574												
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																
Monitoring Period: January 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	12.44	16.04					15 min													
2	12.96	17.55	12:16 PM	2.08	0.10	0.12	15 min													
3	13.16	17.03	12:26 PM	7.13	0.01	0.04	15 min													
4	13.45	17.66	12:36 PM	4.00	0.03	0.04	15 min													
5	13.53	22.03					15 min													
6	12.63	16.64					15 min													
7	12.89	16.27					15 min													
8	12.75	15.86	10:09 PM	1.33	0.01	0.04	15 min													
9	13.42	17.80	12:01 AM	8.97	0.08	0.08	15 min													
10	13.06	17.15					15 min													
11	13.10	17.02					15 min													
12	13.31	19.59	11:01 AM	1.50	0.02	0.04	15 min													
13	13.16	15.93					15 min													
14	12.30	17.61					15 min													
15	11.86	15.09					15 min													
16	11.07	13.33					15 min													
17	12.37	16.14					15 min													
18	11.82	15.17					15 min													
19	12.11	14.95					15 min													
20	11.98	14.08	11:36 AM	0.08	0.01	0.04	15 min													
21	12.06	15.01					15 min													
22	11.69	13.96					15 min													
23	11.23	13.69	12:34 PM	0.08	0.01	0.04	15 min													
24	11.72	14.09					15 min													
25	11.55	13.87	12:19 PM	0.08	0.01	0.04	15 min													
26	11.88	16.05					15 min													
27	11.60	13.94	2:09 PM	0.08	0.01	0.04	15 min													
28	11.42	13.90					15 min													
29	10.68	13.28	1:31 PM	0.08	0.01	0.04	15 min													
30	10.76	13.27	12:26 PM	1.92	0.02	0.04	15 min													
31	11.17	13.48	1:46 PM	0.08	0.01	0.04	15 min													
Totals:	379.11			27.41	0.33			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 2 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: January 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																									
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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		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 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: January 2022										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 50646 (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 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: January 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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Totals:	0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: January 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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Totals:	0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 8 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: January 2022										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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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: 2022	Enter "x" if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
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4	
5	dry weather overflow - construction
6	
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12	dry weather overflow - construction
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18	dry weather overflow - construction
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Laura E. Kolo, Utilities Services Manager	Telephone 574-293-2572
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent <i>Laura Kolo</i>	Date (mm/dd/yy) <i>2/24/22</i>



BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

GENERAL INFORMATION								
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street			(3) County Elkhart		(4) NPDES Permit IN00025674	
RELEASE INFORMATION (Location 1)								
(5) Outfall Number n/a	(6) Date (mm/dd/yy) and Time Release Began 01/05/22 5:40	(7) Date (mm/dd/yy) and Time Release Stopped 01/05/22 8:34	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) CSO 18 - McNaughton Park West		(9) Latitude (Deg Min Sec) 41 40 44 N	(9) Longitude (Deg Min Sec) 85 59 50 W		
(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual 173,715 Gallons				(11) WWTP Flow During Release 16.42 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD			
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none					
(15) Reason for Bypass / Overflow (Select one or more.) <input checked="" type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches								
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) Contractor pumps lost capacity		(17) Additional Description of the Bypass / Overflow Event: Edgewater Lift Station Contractor pumps are near typical dry weather flow capacity. Pumps were found to be ragged up which reduced capacity at dry but high flow times.			(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a			
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: n/a								
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris Contractor pulled pumps and removed rags.								
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Contractor to monitor pump performance and pull to check for rags at any sign of pump problems. Edgewater lift station project is on schedule to reach substantial completion the week of January 10, 2022.								

(22) CERTIFICATION AND SIGNATURE

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

SIGNATURE: <i>Laura Kolo</i>		DATE (month, day, year): 01/06/22	
Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 01/06/22 appx 1:00 pm <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM



BYPASS / OVERFLOW REPORT (Supplemental Locations)

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

Follow-up to Bypass report
previously sent on: _____

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

RELEASE INFORMATION (Location 2)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
40	01/05/22 6:25 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	01/05/22 7:20 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	CSO 40 - McNaughton Park South	41 40 37 N	85 59 45 W	
Amount of Flow Released <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual 11,076 Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input checked="" type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted St Joe River		
RELEASE INFORMATION (Location 3)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
40	01/05/22 7:25 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	01/05/22 7:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	CSO 40 - McNaughton Park South	41 40 37 N	85 59 45 W	
Amount of Flow Released <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual 85 Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input checked="" type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted St Joe River		
RELEASE INFORMATION (Location 4)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
40	01/05/22 7:40 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	01/05/22 7:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	CSO 40 - McNaughton Park South	41 40 37 N	85 59 45 W	
Amount of Flow Released <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual 616 Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input checked="" type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted St Joe River		
RELEASE INFORMATION (Location 5)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted		
RELEASE INFORMATION (Location 6)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted		
RELEASE INFORMATION (Location 7)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted		

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

CERTIFICATION AND SIGNATURE

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

SIGNATURE: _____

Laura [Signature]

DATE (month, day, year): 01/06/22 appx 1:00 pm

Kolo, Laura

From: Kolo, Laura
Sent: Thursday, January 6, 2022 12:53 PM
To: wwreports@idem.in.gov
Cc: Simnick, Jason; Moreno, Edgar
Subject: IN0025674 inc rpt 010622
Attachments: inc rpt 010622.pdf

Tracking:

Recipient

Delivery

wwreports@idem.in.gov

Simnick, Jason

Delivered: 1/6/2022 12:53 PM

Moreno, Edgar

Delivered: 1/6/2022 12:53 PM

Attached you will find incident report for a dry weather overflow event which on January 5, 2022.

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



BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number n/a	(6) Date (mm/dd/yy) and Time Release Began 01/12/22 11:35 AM	(7) Date (mm/dd/yy) and Time Release Stopped 01/12/22 3:24 PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) CSO 18 - McNaughton Park West	(9) Latitude (Deg Min Sec) 41 40 44 N	(9) Longitude (Deg Min Sec) 85 59 50 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual			(11) WWTP Flow During Release 14.22 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release		(14) Describe any damage to aquatic life or receiving stream: none			
(15) Reason for Bypass / Overflow (Select one or more.) <input checked="" type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) Limited contractor pump capacity		(17) Additional Description of the Bypass / Overflow Event: Edgewater Lift Station Contractor pumps are near typical dry weather flow capacity. When backwash water from South well field reached this basin, combined with typical daily flow, the limited pump capacity could not keep up with flow coming to the bypassed station.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The new Edgewater Lift station should be put on line before the next backwash is needed at South Wellfield.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence South Wellfield will be run as low as possible to extend the time needed before the next backwash. The new Edgewater lift station is now scheduled to be put in service on January 18, 2022.					

(22) CERTIFICATION AND SIGNATURE

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

SIGNATURE: <i>Laura Kolo</i>		DATE (month, day, year): 01/13/22	
Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 01/13/22 appx 11:30 am <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM



BYPASS / OVERFLOW REPORT (Supplemental Locations)

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

Follow-up to Bypass report
previously sent on: _____

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

RELEASE INFORMATION (Location 2)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
40	01/12/22 12:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	01/12/22 1:50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	CSO 40 - McNaughton Park South	41 40 37 N	85 59 45 W	
Amount of Flow Released <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual 30,047 Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input checked="" type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted St Joe River		
RELEASE INFORMATION (Location 3)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
18	01/12/22 4:20 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	01/22/22 10:55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	CSO 18 - McNaughton Park West	41 40 44 N	85 59 50 W	
Amount of Flow Released <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual 107,712 Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input checked="" type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted St Joe River		
RELEASE INFORMATION (Location 4)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted		
RELEASE INFORMATION (Location 5)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted		
RELEASE INFORMATION (Location 6)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted		
RELEASE INFORMATION (Location 7)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted		

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

CERTIFICATION AND SIGNATURE

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

SIGNATURE: Laura K Do

DATE (month, day, year): 1/13/22
01/06/22 rppv 1.00 pm

Kolo, Laura

From: postmaster@state.in.us
Sent: Thursday, January 13, 2022 11:26 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: Elkhart Inc Rpt
Attachments: EXTERNAL: Relayed: Elkhart Inc Rpt

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



BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number n/a	(6) Date (mm/dd/yy) and Time Release Began 01/18/22 3:09 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 01/18/22 5:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) CSO 18 - McNaughton Park West	(9) Latitude (Deg Min Sec) 41 40 44 N	(9) Longitude (Deg Min Sec) 85 59 50 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual 53,675 Gallons			(11) WWTP Flow During Release 9.29 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input checked="" type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) Limited contractor pump capacity		(17) Additional Description of the Bypass / Overflow Event: Once again, Edgewater Lift Station Contractor pumps are near typical dry weather flow capacity. When backwash water from South well field reached this basin, combined with typical daily flow, the limited pump capacity could not keep up with flow coming to the bypassed station.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris Last time this happened we had hoped the new Edgewater Lift station should be put on line before the next backwash is needed at South Wellfield. A part was delayed and we had to backwash SWF before the new permanent pumps got put into service.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence South Wellfield has been run as low as possible to extend the time needed before the next backwash. Last we heard the new Edgewater lift station is still scheduled to be put in service later today, January 18, 2022.					

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): 01/18/22

Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 01/18/22 appx 11:55 am	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
---	-----------------------------------	--------------------------------------	--	---

Kolo, Laura

From: Kolo, Laura
Sent: Tuesday, January 18, 2022 11:51 AM
To: wwreports@idem.in.gov
Subject: inc rpt 011822 CSO 18
Attachments: 011822 cso 18 inc rpt.pdf

Attached please find incident report for CSO 18 which occurred on 011822.

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

I forgot to tag with
delivery receipt when
it was emailed to IDEM.

U
1/18/22



BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 1/20/22 12:58 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 1/20/22 1:50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1500 Brookwood	(9) Latitude (Deg Min Sec) 253562.7	(9) Longitude (Deg Min Sec) 2351187.3
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 60 Gallons			(11) WWTP Flow During Release 12.8 MGD	(12) WWTP Peak Design Flow Rate 44 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <u>Grease</u> <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: Call recieved at 12:58 pm. Crews dispatched to find main plugged with grease. Blockage removed and flows returned to normal at 1:50 pm.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris removed blockage of grease					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence This is primarily a residential basin. We will continue to educate residents on proper grease disposal methods by providing informational fliers.					

(22) CERTIFICATION AND SIGNATURE

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

SIGNATURE: <u>Laura Kolo</u>		DATE (month, day, year): <u>1/21/22</u>			
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified January 21, 2022 appx 1:00 pm	<input type="checkbox"/> AM <input type="checkbox"/> PM	

Kolo, Laura

From: Kolo, Laura
Sent: Friday, January 21, 2022 12:58 PM
To: wwreports@idem.in.gov
Subject: elkhart inc rpt 012122
Attachments: 012022 1500 brookwood.pdf

Please find incident report for basement back-up due to grease.

Thank you,
Laura Koo



BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

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

RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 1/27/22 1:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 1/27/22 2:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 00000632	(9) Latitude (Deg Min Sec) 85 56 12 W	(9) Longitude (Deg Min Sec) 41 38 48 N

(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons	(11) WWTP Flow During Release 12.8 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD
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(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release	(14) Describe any damage to aquatic life or receiving stream: none 197-1
---	--

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

(16) System Component(s) (Select one or more.) <input checked="" type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below)	(17) Additional Description of the Bypass / Overflow Event: 18" main plugged with grease call recieved around 1:10 pm. manhole 00000632 overflowed an unknown volume when upstream lift station pumps turned on. Obstruction removed at 2:45 pm	(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input checked="" type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a
--	---	--

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

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris removed blockage of grease in 18" line
--

(21) Resolution: Actions Taken or Planned to Prevent Recurrence upstream industry will be reciving second fine and second bill for us having to clean our main due to thier lack of proper grease disposal .

CERTIFICATION AND SIGNATURE

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

SIGNATURE: <u>Laura Kolo</u>	DATE (month, day, year): <u>1/28/22</u>			
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 1/28/22 appx 7:50	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

Kolo, Laura

From: Kolo, Laura
Sent: Friday, January 28, 2022 7:52 AM
To: wwreports@idem.in.gov
Subject: IN0025674 - incident report
Attachments: inc rpt 012722-1.pdf

Incident report for event on 1/27/22



BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number n/a	(6) Date (mm/dd/yy) and Time Release Began 01/28/22 9:58 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 01/28/22 11:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 510 Capital	(9) Latitude (Deg Min Sec) N	(9) Longitude (Deg Min Sec) W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual 0 Gallons			(11) WWTP Flow During Release 11.0 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches <i>Obstruction</i>					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (In the box below)		(17) Additional Description of the Bypass / Overflow Event: Resident called in at 9:58 am. Toilet was slow to flush. Crews went out and found main plugged with grease. Obstruction removed and flows returned to normal at 11:15 am. Sewage did not come out of the toilet or any drains.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water of Receiving Water Impacted:	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input checked="" type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Grease					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Continue to educate customers on proper grease disposal.					
(22)					
CERTIFICATION AND SIGNATURE					
I certify under penalty of law that this document and all attachments were prepared by me or under my direct supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information reported. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)					
SIGNATURE: <i>Laura Kolo</i>				DATE (month, day, year): 01/29/22	
Individual Making Report (printed) Laura E. Kolo	Telephone Number (574)293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 01/29/22 appx 11:50 am	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	

This Inc Report should not have been filed. Sewage did not exit drains or toilet... WK 2/25/22

MARKETING AND DISTRIBUTION ANNUAL REPORT FORM

(Complete and submit this form to the Department of Health by January 31 of each year)

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

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

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

327 IAC 6.1-4-13

<input checked="" type="checkbox"/>	Alternative 1	<input type="checkbox"/>	Alternative 4
<input type="checkbox"/>	Alternative 2	<input type="checkbox"/>	Alternative 5
<input type="checkbox"/>	Alternative 3	<input type="checkbox"/>	Alternative 6

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

327 IAC 6.1-15

<input checked="" type="checkbox"/>	Option 1 38%VSR	<input type="checkbox"/>	Option 5 Aerobic
<input type="checkbox"/>	Option 2 Anaerobic/Bench	<input type="checkbox"/>	Option 6 Alkali
<input type="checkbox"/>	Option 3 Aerobic/Bench	<input type="checkbox"/>	Option 7 75% Solids
<input type="checkbox"/>	Option 4 SOUR	<input type="checkbox"/>	Option 8 90% Solids

Analytical Results: **Lab Nos.:**

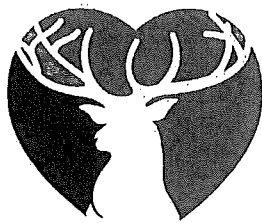
	1	2	3	4	5	6	7	8	9	10	11	12
Enter heavy metals results as dry weights												
Enter all nutrient results as percent dry weights												

Enter all nutrient results as percent dry weights

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

NO DISTRIBUTION

Signature: Lama KDO Date: 1-25-22



City of Elkhart
Public Works and Utilities

Date Mar 24, 2022
Memo To Board of Public Works
Memo From Laura Kolo, Utility Services Manager *W*
Subject Wastewater Utility Monthly Report of Operations
for the month of February, 2022

Wastewater MRO Highlights

Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	6	30
cBOD5 mg/L	2	25
Phosphorus mg/L	0.63	1.0
Ammonia mg/L	1.19	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	15.75	Design - 20
Total Monthly Flow MGD	440.99	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
2/17/22	224 Simonton and 1119 N. Main St	1698	Debris from recent construction found in main

Wet Weather Overflows

Number of Events	Total Overflow Volume (MG)
2	5.27

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
Season: 0	Req.				>=6.0 DAILY MN		<=9.0 DAILY MX	12 - SU		01/01 - Daily	GR - GRAB
NODI: -	NODI										
00530	Solids, total suspended	854.0	1175.0	26 - lb/d							
1 - Effluent Gross											
Season: 0	Req.	<=7511.0 MO AVG	<=11266.0 MX WK AV	26 - lb/d			<=45.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -	NODI										
00610	Nitrogen, ammonia total [as N]	181.0	972.0	26 - lb/d							
1 - Effluent Gross											
Season: 2	Req.	<=1102.0 MO AVG	<=2554.0 DAILY MX	26 - lb/d			<=10.2 DAILY MX	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -	NODI										
00665	Phosphorus, total [as P]										
1 - Effluent Gross											
Season: 0	Req.										
NODI: -	NODI										
00722	Cyanide, free [amenable to chlorination]	0.367	0.507	26 - lb/d							
1 - Effluent Gross											
Season: 0	Req.	<=3.7 MO AVG	<=7.3 DAILY MX	26 - lb/d			<=0.044 DAILY MX	19 - mg/L		01/07 - Weekly	GR - GRAB
NODI: -	NODI										
00722	Cyanide, free [amenable to chlorination]										
G - Raw Sewage Influent											
Season: 0	Req.										
NODI: -	NODI										
01119	Copper, total recoverable	1.527	4.831	26 - lb/d							
1 - Effluent Gross											
Season: 0	Req.										
NODI: -	NODI										
01119	Copper, total recoverable										
1 - Effluent Gross											
Season: 0	Req.										
NODI: -	NODI										
01119	Copper, total recoverable										
1 - Effluent Gross											
Season: 0	Req.										
NODI: -	NODI										
01119	Copper, total recoverable										
1 - Effluent Gross											
Season: 0	Req.										
NODI: -	NODI										
01119	Copper, total recoverable										
1 - Effluent Gross											
Season: 0	Req.										
NODI: -	NODI										
01119	Copper, total recoverable										
1 - Effluent Gross											
Season: 0	Req.										
NODI: -	NODI										
01119	Copper, total recoverable										
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NODI: -	NODI										
01119	Copper, total recoverable										
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NODI: -	NODI										
01119	Copper, total recoverable										
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NODI: -	NODI										
01119	Copper, total recoverable										
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01119	Copper, total recoverable										
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01119	Copper, total recoverable										
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NODI: -	NODI										
01119	Copper, total recoverable										
1 - Effluent Gross											
Season: 0	Req.										
NODI: -	NODI										
01119	Copper, total recoverable										
1 - Effluent Gross											
Season: 0	Req.										
NODI: -	NODI										
01119	Copper, total recoverable										
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01119	Copper, total recoverable										
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Season: 0	Req.										
NODI: -	NODI										
01119	Copper, total recoverable										
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01119	Copper, total recoverable										
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01119	Copper, total recoverable										
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Season: 0	Req.										
NODI: -	NODI										
01119	Copper, total recoverable										
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Season: 0	Req.										
NODI: -	NODI										
01119	Copper, total recoverable										
1 - Effluent Gross											
Season: 0	Req.										
NODI: -	NODI										
01119	Copper, total recoverable										
1 - Effluent Gross											
Season: 0	Req.										
NODI: -	NODI										
01119	Copper, total recoverable										
1 - Effluent Gross											
Season: 0	Req.										
NODI: -	NODI										
01119	Copper, total recoverable										
1 - Effluent Gross											
Season: 0	Req.										
NODI: -	NODI										
01119	Copper, total recoverable										

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
1 - Effluent Gross										Ev - Months	
Season: 0	Req.						Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
NODI: -	NODI										
71901	Mercury, total recoverable						=22.2	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
G - Raw Sewage Influent	Smpl.										
Season: 0	Req.						Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
NODI: -	NODI										
80082	BOD, carbonaceous [5 day, 20 C]						=2.0	19 - mg/L	0	01/01 - Daily	24 - COMP24
1 - Effluent Gross	Smpl.	=298.0	=386.0	26 - lb/d							
Season: 0	Req.	<=6259.0 MO AVG	<=10014.0 MX WK AV	26 - lb/d			<=25.0 MO AVG	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -	NODI										
81012	Phosphorus, total percent removal						=83.7	23 - %	0	01/30 - Monthly	CA - CALCTD
K - Percent Removal	Smpl.										
Season: 0	Req.						>=75.0 MO AV MN	23 - %		01/30 - Monthly	CA - CALCTD
NODI: -	NODI										
82220	Flow, total						=441.0	80 - Mgal/mo	0	01/30 - Monthly	RT - RCOTOT
1 - Effluent Gross	Smpl.						Req Mon MO TOTAL			01/30 - Monthly	RT - RCOTOT
Season: 0	Req.										
NODI: -	NODI										

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0025674_035a_MRO_2022_02.pdf	pdf	896260.0
IN0025674_CSO_MRO_2022_02.pdf	pdf	1335553.0
IN0025674_INC_RPT_2022_02.pdf	pdf	259318.0

Report Last Saved By

ELKHART WWTP

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2022-03-24 10:00 (Time Zone: -04:00)

Report Last Signed By

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2022-03-24 10:03 (Time Zone: -04:00)

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

Signing Process Confirmation - CDX Activity ID: _808b5321-79e5-4235-8aca-1b804c7ea189

Your DMRs are undergoing the Signing Process

Permit ID	Facility	Permitted Feature	Discharge #	Discharge Description	Monitoring Period End Date	DMR Due Date
IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR	02/28/22	03/28/22
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, WEST OF BRIDGE	02/28/22	03/28/22
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, EAST OF BRIDGE	02/28/22	03/28/22
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	02/28/22	03/28/22
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	02/28/22	03/28/22
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	02/28/22	03/28/22
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLLS/BEARDSLEY	02/28/22	03/28/22
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	02/28/22	03/28/22
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	02/28/22	03/28/22
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	02/28/22	03/28/22
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	02/28/22	03/28/22
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	02/28/22	03/28/22
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	02/28/22	03/28/22
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	02/28/22	03/28/22
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	02/28/22	03/28/22
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	02/28/22	03/28/22
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	02/28/22	03/28/22
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	02/28/22	03/28/22
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	02/28/22	03/28/22
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	02/28/22	03/28/22
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	02/28/22	03/28/22
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	02/28/22	03/28/22
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	02/28/22	03/28/22
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	02/28/22	03/28/22
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	02/28/22	03/28/22

IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	02/28/22	03/28/22
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	02/28/22	03/28/22
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	02/28/22	03/28/22
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	02/28/22	03/28/22
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	02/28/22	03/28/22



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

State Form 10829 (R4/01-20)

Name of Facility Elkhart		Permit Number IN0025674	
Month February	Year 2022	Plant Design Flow 20.00 mgd	Telephone Number 574/293-2572
E-mail address: laura.kolo@coei.org			035 A
Certified Operator: Name Laura E. Kolo		Class IV	Certificate Number 15094
		Expiration Date 06/30/2023	

Day of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 2.39 Precipitation - Inches	Bypass At Plant Site("X" if Occurred)	Sanitary Sewer Overflow("X" if Occurred)	CHEMICALS USED			RAW SEWAGE						
							Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l
1	Tue			0.15				228	12.855	7.2	150	16,066	142	15,224	6.13	19.88
2	Wed			0.06				216	11.916	7.3	93	9,195	180	17,888	5.61	21.92
3	Thu			0.00				228	11.051	7.1	114	10,496	102	9,401	3.59	16.28
4	Fri			0.22				190	10.975	7.3	142	12,954	124	11,350	3.78	18.00
5	Sat			0.09				237	10.626	7.2	116	10,264	108	9,571	3.97	17.16
6	Sun			0.07				234	10.547	7.3	136	11,973	86	7,565	3.49	15.16
7	Mon			0.00				198	11.090	7.3	111	10,276	120	11,099	4.59	20.08
8	Tue			0.00				205	12.030	7.2	144	14,402	270	27,089	5.32	21.20
9	Wed			0.04				205	10.573	7.2	124	10,934	136	11,992	4.08	15.92
10	Thu			0.01				190	11.828	7.2	127	12,570	136	13,416	4.21	26.16
11	Fri			0.22				205	14.982	7.1	114	14,244	152	18,992	4.47	16.92
12	Sat			0.00				222	10.924	7.1	117	10,618	130	11,844	4.76	19.08
13	Sun			0.01				271	10.946	7.4	115	10,466	98	8,946	3.65	17.00
14	Mon			0.07				198	11.170	7.3	99	9,202	128	11,924	4.06	17.68
15	Tue			0.00				204	11.192	7.2	153	14,274	138	12,881	4.79	20.48
16	Wed			0.16				228	17.256	7.2	113	16,280	162	23,314	4.36	18.64
17	Thu			0.78		X		220	25.210	7.0	104	21,950	240	50,460	3.80	10.28
18	Fri			0.21				251	17.469	7.0	77	11,269	102	14,861	3.08	12.08
19	Sat			0.00				222	15.828	6.9	79	10,373	110	14,521	3.17	11.48
20	Sun			0.06				228	16.114	7.1	67	8,948	60	8,063	2.16	8.76
21	Mon			0.01				225	17.968	7.1	89	13,367	96	14,386	2.91	11.24
22	Tue			0.12				198	19.289	7.0	93	14,988	100	16,087	2.89	12.40
23	Wed			0.00				205	19.489	7.2	72	11,719	84	13,653	3.27	14.32
24	Thu			0.00				205	18.868	7.2	89	13,973	142	22,345	3.25	15.88
25	Fri			0.08				225	17.572	6.9	65	9,555	122	17,879	3.46	14.92
26	Sat			0.01				213	15.507	7.0	76	9,803	68	8,794	3.11	15.68
27	Sun			0.02				152	14.972	7.3	80	10,033	61	7,617	2.29	15.40
28	Mon			0.00				205	15.170	7.0	78	9,868	108	13,664	3.21	13.24
29																
30																
31																
Average				0.09				215	14.408		105	12,145	125	15,172	3.84	16.33
Maximum				0.78				271	25.210	7.4	153	21,950	270	50,460	6.13	26.16
Minimum				0.00				152	10.547	6.9	65	8,948	60	7,565	2.16	8.76

# of Data	0	28	0	1	0	28	0	28	28	28	28	28	28	28	28	0
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operat	Date (month, day, year)
<i>Laura Kolo</i>	3/24/22
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)	Date (month, day, year)
<i>Laura Kolo</i>	3/24/22

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month February	Year 2022
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Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR				RETURN SLUDGE			CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
1	109	63	306	2,896	106	3.9	12	7.785	6,500					22	7.3		9.9	
2	64	100	269	2,764	97	6.0	11	7.785	6,440					30	7.1		10.0	
3	71	66	338	2,844	119	6.9	11	7.785	6,480						7.3		9.4	
4	63	54	318	3,000	106	6.9	11	7.785	6,720						7.2		9.8	
5	86	52	318	3,008	106	6.8	12	7.785	7,080						7.3		10.1	
6	92	62	322	3,252	99	5.4	12	7.785	6,120						7.4		10.8	
7	69	68	328	3,008	109	4.7	12	7.731	5,700				2		7.5		10.1	
8	102	76	318	2,716	117	5.6	12	7.785	5,900				6		7.4		10.2	
9	93	88	302	3,120	97	4.0	12	7.785	5,520				11		7.8		9.7	
10	69	56	326	3,060	107	4.6	12	7.785	5,780						7.4		9.1	
11	85	68	308	3,012	102	4.9	12	7.785	6,580						7.4		9.9	
12	73	80	319	2,888	110	7.0	11	7.785	6,300						7.2		9.8	
13	91	90	362	3,364	108	5.2	11	7.785	6,040						7.1		10.6	
14	62	42	338	3,112	109	5.6	11	7.785	5,100				10		7.8		10.1	
15	92	62	326	3,072	106	5.4	12	7.774	6,980				8		7.3		10.1	
16	91	88	324	3,156	103	4.4	10	7.785	6,200				4		7.4		9.2	
17	81	108	308	2,456	125	6.7	8	7.785	8,580						7.2		9.9	
18	72	60	318	3,076	103	5.1	8	7.785	7,700						7.3		9.9	
19	68	68	315	3,184	99	6.6	10	7.785	8,000						7.1		10.7	
20	63	45	384	3,512	109	5.0	10	7.785	7,720						7.1		10.2	
21	96	96	372	3,204	116	5.2	10	7.785	8,260						7.3		9.9	
22	76	68	328	3,196	103	6.2	10	7.785	8,020				7		7.4		9.8	
23	58	64	314	3,072	102	6.9	10	7.785	8,080				13		7.3		10.0	
24	87	66	366	3,096	118	4.4	10	7.764	7,600				15		7.2		9.2	
25	56	66	342	3,252	105	4.7	10	7.785	8,040						7.9		9.3	
26	60	55	282	2,956	95	3.8	10	7.785	6,980						7.1		9.7	
27	77	42	366	3,564	103	4.1	10	7.785	6,940						7.4		10.2	
28	75	70	378	3,036	125	4.7	11	7.785	6,820				33		7.2		9.7	
29																		
30																		
31																		
Avg	78	69	328	3,067	107	5.4	11	8	6,864					13			9.9	
Max	109	108	384	3,564	125	7.0	12	8	8,580					33		7.9	10.8	
Min	56	42	269	2,456	95	3.8	8	8	5,100					2		7.10	9.1	
Daily Max															33			
# of Days above 235															0			
Data	28	28	28	28	28	28	28	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.):

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month February	Year 2022
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		FINAL EFFLUENT															
Day Of Month	Day of Week	Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Tue	14.347		2		239		5		622		0.53		63.4		0.64	77
2	Wed	12.614		3		316		5		526		0.42		44.2		0.75	79
3	Thu	11.363		2		190		6		569		0.07		6.6		0.64	61
4	Fri	11.192		2		168		5		485		0.07		6.5		0.55	51
5	Sat	10.634	11.843	2	2.25	177	223	6	5.39	532	530	0.06	0.20	5.3	22	0.47	42
6	Sun	10.870		2		173		7		616		0.05		4.5		0.68	62
7	Mon	11.629		2		137		4		436		0.08		7.8		0.49	48
8	Tue	12.629		3		312		6		611		0.35		36.9		0.64	67
9	Wed	11.476		2		188		5		479		0.18		17.2		0.66	63
10	Thu	12.564		2		222		5		545		0.64		67.1		0.65	68
11	Fri	16.501		3		352		6		798		0.23		31.7		0.71	98
12	Sat	10.931	12.371	2	2.12	173	222	6	5.61	565	579	0.15	0.24	13.7	26	0.62	57
13	Sun	10.092		2		150		5		404		0.11		9.3		0.62	52
14	Mon	10.206		2		136		4		357		0.10		8.5		0.61	52
15	Tue	11.153		2		153		6		539		0.28		26.0		0.65	60
16	Wed	20.672		2		381		6		1,000		2.38		410.3		0.89	153
17	Thu	28.491		3		817		16		3,683		1.29		306.5		0.81	192
18	Fri	19.132		3		432		8		1,308		0.63		100.5		0.53	85
19	Sat	16.921	16.667	3	2.30	387	351	7	7.27	931	1,175	0.11	0.70	15.5	125	0.46	65
20	Sun	18.371		2		351		5		827		0.11		16.9		0.44	67
21	Mon	22.327		2		451		6		1,154		0.33		61.4		0.48	89
22	Tue	24.339		2		341		5		974		0.21		42.6		0.46	93
23	Wed	22.132		2		404		6		1,144		0.86		158.7		0.43	79
24	Thu	20.946		3		445		6		1,083		4.36		761.6		0.54	94
25	Fri	19.423		3		426		8		1,231		5.29		856.9		0.65	105
26	Sat	16.630	20.595	2	2.26	287	386	7	6.20	971	1,055	7.01	2.60	972.2	410	0.95	132
27	Sun	16.361		3		349		8		1,146		4.02		548.5		0.85	116
28	Mon	17.039		2		180		3		369		3.36		477.5		0.63	90
29																	
30																	
31																	
Avg		15.749		2		298		6		854		1.19		181.4		0.63	82.1
Max		28.491	20.595	3	2.30	817	386.47	16	7.27	3,683	1,174.82	7.01	2.60	972.2	410.07	0.95	192.5
Min		10.092	11.843	2	2.12	136	222.42	3	5.39	357	529.89	0.05	0.20	4.5	21.85	0.43	41.7
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) 441
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment	25.74	45.1			
	NA	NA			
Secondary Treatment	97.0	91.1			Percent Capacity (actual flow/design) 79%
Overall Treatment	97.79	95.1	92.7	83.7	
Phosphorus limit would be	75 % removal. (compliance achieved)				

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	February	2022

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 100	Waste Act. Sludge Gal. x 1000	Anaerobic Only				Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	33.68	201.60	7.4		80			3.43	3.56	78.63	56.83	107.10		
2	29.68	201.60	7.3		89	35.370		3.97	2.27	78.43	56.85			
3	37.81	201.60	7.2		88			4.47	2.19	78.24	57.94	72.38		
4	19.84	216.00	7.4		88			4.19	2.30	77.98	57.48	72.29		
5	38.08	216.00	7.2		89			2.17	2.21	74.77	57.04			
6	37.44	216.00	7.3		88	24.759		3.38	2.15	77.20	57.97			
7	32.36	218.88	7.2		89	17.685		3.07	2.17	78.44	57.27	90.81		
8	38.71	216.00	7.3		89			4.91	3.55	60.78	57.86	101.31		
9	38.74	216.00	7.2		87			4.02	2.29	73.38	58.70	76.37		
10	30.50	216.00	7.1		91			4.57	2.18	73.47	57.97	133.88		
11	35.72	216.00	7.2		82			4.15	2.25	72.21	57.69			
12	33.42	230.40	7.1		86	24.759		5.98	2.29	71.58	57.74			
13	31.62	230.40	7.1		86			4.77	2.22	75.54	57.67			
14	14.47	230.40	7.2		86			4.69	2.13	76.92	60.34	72.89		
15	31.04	230.40	7.0		86			3.45	2.30	76.77	58.15	139.57		
16	28.46	230.40	7.1		83			4.39	2.20	75.05	56.68	136.19		
17	19.55	230.40	7.1		86			6.58	2.29	73.37	55.44			
18	31.57	230.40	7.2		82			2.59	2.24	72.51	57.07	80.52		
19	23.94	237.60	7.1		85	66.500		4.53	2.13	71.04	56.65			
20	22.74	259.20	7.1		85	28.272		4.62	2.10	72.16	58.29			
21	16.15	259.20	7.2		84	21.222		3.03	3.01	71.58	56.12			
22	25.30	259.20	7.2		83			5.47	2.28	77.06	58.10	50.07		
23	19.03	259.20	7.3		82			4.61	2.17	77.80	57.63	86.45		
24	19.50	259.20	7.2		82	21.222		9.74	2.23	66.90	59.18	139.46		
25	21.27	259.20	7.1		78	10.611		5.93	2.30	76.87	59.36	75.37		
26	19.89	259.20	7.2		82	70.740		4.71	2.18	74.28	58.38			
27	12.60	259.20	7.1		82			6.14	2.08	77.34	59.46			
28	25.22	259.20	7.1		82			5.95	2.07	77.72	58.52	139.35		
29														
30														
31														
Avg.	27.44	232.82			85	32.114		4.63	2.33	74.57	57.80	98.38		
Max.	38.74	259.20	7.4		91	70.740		9.74	3.56	78.63	60.34	139.57		
Min.	12.60	201.60	7.0		78	10.611		2.17	2.07	60.78	55.44	50.07		
Data	28	28	28	0	28	10	0	28	28	28	28	16	0	0

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

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month February	Year 2022
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Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Influent mg/l	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1				0.0005	0.0005	0.0010	0.0002	0.0020	0.0038	0.0601	0.0030	0.0576	0.0042			
2																
3																
4																
5																
6																
7														22.2000	0.8700	
8								0.0027	0.0037			0.0534	0.0039			
9																
10																
11																
12																
13																
14																
15								0.0040	0.0020			0.0506	0.0039			
16																
17																
18																
19																
20																
21																
22								0.0032	0.0025			0.0619	0.0238			
23																
24																
25																
26																
27																
28								0.0030	0.0034							
29																
30																
31																
Avg.					0.0005	0.0005	0.0010	0.0002	0.0030	0.0031	0.0601	0.0030	0.0559	0.0090	22.2000	0.8700
Max.					0.0005	0.0005	0.0010	0.0002	0.0040	0.0038	0.0601	0.0030	0.0619	0.0238	22.2000	0.8700
Min.					0.0005	0.0005	0.0010	0.0002	0.0020	0.0020	0.0601	0.0030	0.0506	0.0039	22.2000	0.8700
Data	0	0	0	0	1	1	1	1	5	5	1	1	4	4	1	1

WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	February	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	0.0392	0.0089	0.0024	0.0010	0.3820	0.0720												
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
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23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg.	0.0392	0.0089	0.0024	0.0010	0.3820	0.0720												
Max.	0.0392	0.0089	0.0024	0.0010	0.3820	0.0720												
Min.	0.0392	0.0089	0.0024	0.0010	0.3820	0.0720												
Date	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0



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

State Form 60546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart	Page 1 of 9	Permit Number: IN0025574
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Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y
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Monitoring Period: February 2022	Enter "x" if no CSO discharge occurred for the month: X
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Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	Measured/Metered (M) or Estimated (E) must be specified
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WWTP Influent Data			Precipitation Data					CSO Outfall No. 005					CSO Outfall No. 006							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	12.855	24.346	6:06 PM	5.80	0.15	0.08	15 min													
2	11.916	20.426	12:21 AM	16.47	0.06	0.08	15 min													
3	11.051	15.264					15 min													
4	10.975	13.783	11:20 AM	4.68	0.22	0.24	15 min													
5	10.626	13.045	12:26 PM	2.42	0.09	0.08	15 min													
6	10.547	13.175	11:01 AM	6.33	0.07	0.04	15 min													
7	11.090	13.555					15 min													
8	12.030	20.049					15 min													
9	10.573	15.882	2:19 AM	9.37	0.04	0.04	15 min													
10	11.828	15.213	12:41 PM	0.08	0.01	0.04	15 min													
11	14.982	24.946	5:24 AM	8.70	0.22	0.24	15 min													
12	10.924	13.454					15 min													
13	10.946	14.562	3:01 PM	0.08	0.01	0.04	15 min													
14	11.170	13.848	11:01 AM	4.75	0.07	0.12	15 min													
15	11.192	13.574					15 min													
16	17.256	41.043	5:26 AM	18.63	0.16	0.16	15 min													
17	25.210	53.454	12:01 AM	13.55	0.78	0.44	15 min													
18	17.469	25.025	9:39 AM	5.70	0.21	0.08	15 min													
19	15.828	23.333					15 min													
20	16.114	27.032	10:01 AM	4.50	0.06	0.04	15 min													
21	17.968	25.975	8:26 AM	0.08	0.01	0.04	15 min													
22	19.289	24.572	5:31 AM	12.17	0.12	0.36	15 min													
23	19.489	22.588					15 min													
24	18.868	23.943					15 min													
25	17.572	20.878	10:14 AM	5.03	0.08	0.04	15 min													
26	15.507	21.788	12:56 PM	0.08	0.01	0.04	15 min													
27	14.972	17.490	11:43 AM	1.42	0.02	0.04	15 min													
28	15.170	17.92					15 min													
29																				
Totals:	403.42			119.84	2.39			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)
<i>Laura Kolo</i>	03/23/22



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 2022										Enter "x" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 007						CSO Outfall No. 008						CSO Outfall No. 009					CSO Outfall No. 011								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1																									
2																									
3																									
4																									
5																									
6																									
7																									
8																									
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17	2:40 AM	M	3.65	M	0.6056	M							2:56 AM	M	2.92	M	0.1162	M							
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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: February 2022		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						
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17	2:45 AM	M	0.33	M	0.0031	M	2:37 AM	M	0.50	M	0.0152	M					2:41 AM	M	1.67	M	0.0932	M		
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Totals:	1	Da ys	0.33		0.0031		1	Da ys	0.50		0.0152		0	Da ys	0.00		0.0000		1	Da ys	1.67		0.0932	



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

Slate Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 4 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: February 2022										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	12:20 AM	M	3.83	M	0.2169	M							12:54 AM	M	2.75	M	0.1637	M						
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Totals:	1	Days	3.83		0.2169		0	Days	0.00		0.0000		1	Days	2.75		0.1637		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 2022										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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16							11:06 PM	M	0.67	M	0.0172	M													
17	2:30 AM	M	1.33	M	0.0764	M	12:21 AM	M	2.50	M	0.1670	M	2:39 AM	M	1.58	M	0.0646	M	2:28 AM	M	0.75	M	0.0400	M	
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Totals:	1	Da ys	1.33		0.0764		2	Da ys	3.17		0.1842		1	Da ys	1.58		0.0646		1	Da ys	0.75		0.0400		



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 2022										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					
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Totals:	0	Days	0.00		0.0000		1	Days	1.00		0.0284		0	Days	0.00		0.0000		1	Days	0.17		0.0012



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: IN0026574																				
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																				
Monitoring Period: February 2022		Enter 'x' if no CSO discharge occurred for the month:																						
Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																				
CSO Outfall No. 031			CSO Outfall No. 032			CSO Outfall No. 033			CSO Outfall No. 034															
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
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17	3:46 AM	M	0.33	M	0.0030	M	12:25 AM	M	1.08	M	0.0156	M	2:50 AM	M	0.17	M	0.0010	M						
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Totals:	1	Days	0.33		0.0030		1	Days	1.08		0.0156		1	Days	0.17		0.0010		0	Days	0.00		0.0000	



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

Slate Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 8 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: February 2022					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						
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16	11:17 PM	M	0.75	M	0.1815	M	11:19 PM	M	0.25	M	0.0036	M												
17	12:02 AM	M	6.75	M	3.3305	M	12:14 AM	M	3.00	M	0.0927	M												
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Totals:	2	Da ys	7.50		3.5120		2	Da ys	3.25		0.0963		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000	



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

City: Elkhart	Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: February 2022	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	
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16	precipitation
17	precipitation
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31	

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

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

Signature of Principal Executive Officer or Authorized Agent <i>Laura KOJO</i>	Date (mm/dd/yy) 03/23/22
---	-----------------------------



BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 2/17/2022@7:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 2/17/2022@9:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 224 Simonton	(9) Latitude (Deg Min Sec) 41 41'58.452"	(9) Longitude (Deg Min Sec) -85 58' 48.8634"
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual ~2 Gallons			(11) WWTP Flow During Release 33.8 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) <input checked="" type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input checked="" type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) Sewer Main Blocked		(17) Additional Description of the Bypass / Overflow Event: We received the call at 7:40 a.m. and investigated the problem finding that our sewer was blocked with construction debris from a recent sewer construction in the area. Pumper truck was mobilized and the was removed and the line was flowing by 9:45 a.m.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: N/A	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The City cleaned and jetted the plugged manhole and the rest of the affected line removing significant construction debris such as rock, broken tiles and sand.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence A change in inspection policy once construction is complete will be considered.					

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: Lynn Brabec		Digitally signed by Lynn Brabec Date: 2022.02.17 15:21:18 -05'00'		DATE (month, day, year): 2/17/2022	
Individual Making Report (printed) Lynn Brabec	Telephone Number 574-293-2572	Contact Email lynn.brabec@coei.org	Date (month, day, year) / Time IDEM Notified 2/17/2022/3:30	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	



BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 2/17/2022@8:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 2/17/2022@9:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1119 N Main St	(9) Latitude (Deg Min Sec) 41 41' 52.3674"	(9) Longitude (Deg Min Sec) -85 58' 44.436"
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 1696 Gallons			(11) WWTP Flow During Release 33.8 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) <input checked="" type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input checked="" type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) Sewer Main Blocked		(17) Additional Description of the Bypass / Overflow Event: Garden View Senior Apt experienced sewage back-ups through toilets in 15 apartments beginning at 3:45 am. The apartment manager assumed it was an internal problem and called a plumber; plumber arrived about 4 hrs later and he suggested she call this City to eliminate that possibility. We received the call at 8:00 a.m. and investigated the problem finding that our sewer was blocked with construction debris from a recent sewer construction in the area. Pumper truck was mobilized and the was removed and the line was flowing by 9:45 a.m.		(18) Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: N/A	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris An emergency response company was employed by the apartment complex to clean the affected apartments and the hallways. The City cleaned and jettied the plugged manhole and the rest of the affected line removing significant construction debris such as rock, broken tiles and sand.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence A change in inspection policy once construction is complete will be considered.					

(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: Lynn Brabec		Digitally signed by Lynn Brabec Date: 2022.02.17 14:34:05 -05'00'		DATE (month, day, year): 02/17/2022
Individual Making Report (printed) Lynn Brabec	Telephone Number 5742932572	Contact Email lynn.brabec@coei.org	Date (month, day, year) / Time IDEM Notified 2/17/2022 / 2:45	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Kolo, Laura

From: Brabec, Lynn
Sent: Thursday, February 17, 2022 3:29 PM
To: 'wwreports@idem.IN.gov'
Cc: Kolo, Laura; Brabec, Lynn
Subject: IN00025674 OVERFLOW INCIDENT REPORT
Attachments: 021722 224 W Simonton.pdf; 021722 1119 N Main.pdf; AAA 2022 OVERFLOW REPORT LETTER.pdf

Follow Up Flag: Follow up
Flag Status: Flagged



Lynn Brabec
Environmental Compliance Mgr

1201 S. Nappanee St.
Elkhart, IN 46516
Phone: 574-293-2572
Direct: 574-322-4782
FAX: 574-975-2715

Live today because tomorrow is not promised.



City of Elkhart
Public Works and Utilities

February 9, 2022

Mr. Gary Starks
Environmental Scientist
NPDES Compliance Section
Indiana Department of Environmental Management
100 N. Senate Ave.
P.O. Box 6015
Indianapolis, IN 46206-6015

RE: acceptance of compliance related communication

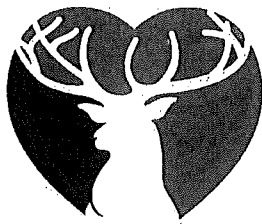
Dear Mr. Starks:

For the duration of 2022, in my absence, please accept Incident Reports submitted by Lynn Brabec to wwreports@idem.in.gov. Should both of us be out, please accept initial notification from Bryan Cress by phone (317) 232-8670 and email to wwreports@idem.in.gov. Lynn Brabec or myself will submit an Incident Report and submit any additional information upon our return.

Thank you for your attention in this matter.

Sincerely,

Laura Kolo
Utility Services Manager
Elkhart Public Works



City of Elkhart
Public Works and Utilities

Date Apr 28, 2022
Memo To Board of Public Works
Memo From Laura Kolo, Utility Services Manager *UK*
Subject Wastewater Utility Monthly Report of Operations
for the month of March, 2022

Wastewater MRO Highlights

Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	16	30
cBOD5 mg/L	4	25
Phosphorus mg/L	1.0	1.0
Ammonia mg/L	1.23	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	16.64	Design - 20
Total Monthly Flow MGD	515.88	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
3/30/22	123 Lambert	30	bricks and concrete plugging main, contractor hired
3/31/22	116 S Vine	unknown	unidentified obstruction in main

Wet Weather Overflows

Number of Events	Total Overflow Volume (MG)
4	0.34

Permit Violation:
Required Total PO4 removal for March was 75%
Actual Total PO4 removal for March was 74.2%.

Signing Process Confirmation - CDX Activity ID: _f664888a-5d52-4fb8-b360-34b50328c6ff

DHRs are undergoing the Signing Process

File ID: **ESL131** Facility: **ESL131** Recombinant Factor: **ESL131** Dose Form: **ESL131** DHR Date: **6/28/22**
22574 EPOCH-WTP 014 CDX-DM AT CONGRUENT 07/17/22

Signing Process Confirmation - CDX Activity ID: _5c6ebb98-4d56-466e-ad7d-f5da8becca9e3

DMRs are undergoing the Signing Process

IMP_ID	Facility	Permitted Facility	Discharge Description	Final/Initial Period End Date	DMR Due Date
025674	ELKHART WWT	03575	SEMIANNUAL BIODIVERSITY	04/30/22	05/28/22

Permit ID: IN0025674
Permittee: ELKHART WWP
Facility: ELKHART WWP
Permitted Features: D35 - External Outfall
Report Dates & Status: From 01/01/22 to 03/31/22
Monitoring Period: NSDNR Validated
Status: NSDNR Validated
Considerations for Form Completion: REPORT QUARTERLY SAMPLING ON THIS NETDRE, MUNICIPAL MAJOR ELKHART COUNTY
Principal Executive Officer: Laura UJJURY Services Manager
First Name: Kolo
Title: UJJURY Services Manager
Mo Data Indicator (MODI): No Data Indicator (MODI)
Major: 1201 S VARNHEEST
Permittee Address: ELKHART, IN46516
Facility Location: ELKHART, IN46516
Discharge: D35-AQ - QUARTERLY REPORTING
DMR Due Date: 04/28/22
Last Name: Kolo
Telephone: 574-293-2572

Code	Parameter Name	MODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2	Units	Value 1	Value 2	Value 3			
01074	Nickel, total recoverable	Smpl.			19			0	01/90 - Quarterly	24 - COMF24	
	1 - Effluent Cross	Req.	1.085		mg/L						
	Season: 0	Req.			mg/L						
	MODI -										
01074	Nickel, total recoverable	Smpl.			19			0	01/90 - Quarterly	24 - COMF24	
	G - Raw Sewage Influent	Req.			mg/L						
	Season: 0	Req.			mg/L						
	MODI -										
01079	Silver total recoverable	Smpl.			19			0	01/90 - Quarterly	24 - COMF24	
	1 - Effluent Cross	Req.	<=0.051		mg/L						
	Season: 0	Req.			mg/L						
	MODI -										
01079	Silver total recoverable	Smpl.			19			0	01/90 - Quarterly	24 - COMF24	
	G - Raw Sewage Influent	Req.			mg/L						
	Season: 0	Req.			mg/L						
	MODI -										
01094	Zinc total recoverable	Smpl.			19			0	01/90 - Quarterly	24 - COMF24	
	1 - Effluent Cross	Req.	8.615		mg/L						
	Season: 0	Req.			mg/L						
	MODI -										
01094	Zinc total recoverable	Smpl.			19			0	01/90 - Quarterly	24 - COMF24	
	G - Raw Sewage Influent	Req.			mg/L						
	Season: 0	Req.			mg/L						
	MODI -										
01113	Cadmium, total recoverable	Smpl.			19			0	01/90 - Quarterly	24 - COMF24	
	1 - Effluent Cross	Req.	0.382		mg/L						
	Season: 0	Req.			mg/L						
	MODI -										
01113	Cadmium, total recoverable	Smpl.			19			0	01/90 - Quarterly	24 - COMF24	
	G - Raw Sewage Influent	Req.			mg/L						
	Season: 0	Req.			mg/L						
	MODI -										
01114	Lead, total recoverable	Smpl.			19			0	01/90 - Quarterly	24 - COMF24	
	1 - Effluent Cross	Req.	0.138		mg/L						
	Season: 0	Req.			mg/L						
	MODI -										
01114	Lead, total recoverable	Smpl.			19			0	01/90 - Quarterly	24 - COMF24	
	G - Raw Sewage Influent	Req.			mg/L						
	Season: 0	Req.			mg/L						
	MODI -										
01118	Chromium, total recoverable	Smpl.			19			0	01/90 - Quarterly	24 - COMF24	
	1 - Effluent Cross	Req.	0.726		mg/L						
	Season: 0	Req.			mg/L						
	MODI -										
01118	Chromium, total recoverable	Smpl.			19			0	01/90 - Quarterly	24 - COMF24	
	G - Raw Sewage Influent	Req.			mg/L						
	Season: 0	Req.			mg/L						
	MODI -										

Attachments

No attachments.

Report Last Saved By

ELCOMART WWTWP

Payton88

Laura Kolb

laura.kolb@coack.org

2022-04-28 14:24 (Time Zone: -04:00)

Report Last Signed By

User:

Payton88

Laura Kolb

laura.kolb@coack.org

2022-04-28 14:29 (Time Zone: -04:00)



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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart			Permit Number IN0025674		
Month March	Year 2022	Plant Design Flow 20.00 mgd	Telephone Number 574/293-2572		
E-mail address: laura.kolo@coei.org				035	A
Certified Operator: Name Laura E. Kolo		Class IV	Certificate Number 15094	Expiration Date 06/30/2023	

Day of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 2.95 Precipitation - Inches	Bypass At Plant Site("x" If Occurred)	Sanitary Sewer Overflow("x" If Occurred)	CHEMICALS USED			RAW SEWAGE						
							Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l
1	Tue								14.776	7.1	107	13,161	124	15,281	3.75	15.92
2	Wed			0.04				200	14.646	7.2	81	9,906	128	15,635	3.87	14.72
3	Thu							213	14.450	7.1	87	10,475	130	15,667	3.74	16.04
4	Fri							198	14.248	7.0	107	12,705	146	17,349	4.35	16.40
5	Sat							206	13.774	7.1	72	8,214	126	14,474	4.04	16.60
6	Sun			0.06				175	13.654	7.1	79	9,042	94	10,704	2.60	12.60
7	Mon			0.34				144	16.444	7.2	82	11,307	186	25,509	3.74	15.00
8	Tue			0.01				161	14.100	7.3	118	13,847	102	11,995	4.29	15.28
9	Wed							0	13.962	7.2	85	9,921	120	13,973	3.84	15.20
10	Thu								13.776	7.4	89	10,271	114	13,098	5.02	15.84
11	Fri			0.20					14.366	7.6	94	11,238	148	17,732	4.08	16.20
12	Sat								13.281	7.3	95	10,478	70	7,753	4.38	15.44
13	Sun			0.02					13.363	7.4	86	9,618	84	9,362	3.34	11.48
14	Mon								13.626	7.5	69	7,787	116	13,182	4.02	12.48
15	Tue							220	13.812	7.5	111	12,835	130	14,975	5.19	15.20
16	Wed							228	14.260	7.6	95	11,271	122	14,509	4.21	14.00
17	Thu							228	13.669	7.6	90	10,254	162	18,468	5.46	16.64
18	Fri			0.59					18.038	7.6	122	18,413	224	33,698	4.50	15.08
19	Sat			0.22					15.153	7.4	82	10,360	108	13,649	3.43	16.80
20	Sun			0.01				263	13.198	7.5	72	7,938	63	6,934	2.55	13.32
21	Mon							228	14.335	7.3	82	9,762	114	13,629	3.39	13.84
22	Tue			0.34				230	16.060	7.7	138	18,444	152	20,359	4.03	20.60
23	Wed			0.36				228	17.809	7.5	85	12,632	154	22,873	3.77	16.28
24	Thu			0.11				296	14.195	7.7	88	10,420	164	19,415	3.77	18.24
25	Fri			0.11				286	14.450	7.6	119	14,302	156	18,800	4.80	19.12
26	Sat			0.03				289	14.470	7.6	75	9,051	106	12,792	3.65	15.60
27	Sun							251	15.316	7.5	63	8,044	66	8,431	1.99	16.24
28	Mon							289	15.466	7.6	56	7,169	110	14,189	2.77	16.32
29	Tue							258	15.622	7.6	97	12,673	100	13,029	4.01	17.84
30	Wed			0.30					18.018	7.8	87	13,058	94	14,125	4.33	17.84
31	Thu			0.21				319	17.520	7.7	56	8,229	94	13,735	3.06	14.84
Average				0.18				223	14.834	7.7	89	11,059	123	15,333	3.87	15.71
Maximum				0.59				319	18.038	7.8	138	18,444	224	33,698	5.46	20.60
Minimum				0.01				0	13.198	7.0	56	7169	63	6934	1.99	11.48

# of Data	0	16	0	0	0	22	0	31	31	31	31	31	31	31	31	0
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<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>	Prepared by or under the direction of (Certified Operatc <i>Laura Kolo</i>	Date (month, day, year) 4/28/22
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) 4/28/22

**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	2022

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR			RETURN SLUDGE				CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
1	96	62	352	2,328	151	5.2	11	8.000	6,220					29	7.1		9.8	
2	67	56	318	2,992	106	4.8	12	7.785	6,840					19	7.0		9.7	
3	72	55	344	2,900	119	4.8	12	7.785	6,860						7.3		9.9	
4	81	60	334	2,908	115	4.9	12	7.785	7,160						7.1		9.8	
5	58	60	348	3,608	96	5.1	12	7.785	6,860						7.3		9.7	
6	74	66	358	3,016	119	6.3	12	7.785	6,520						7.4		9.9	
7	58	102	350	2,796	125	5.8	11	7.785	6,620					30	7.6		10.0	
8	92	65	350	2,952	119	6.2	12	8.000	6,160					28	7.3		10.1	
9	78	60	352	2,860	123	4.7	12	7.785	5,200					36	7.2		9.6	
10	80	74	322	2,828	114	5.6	12	7.785	6,200						7.2		9.3	
11	76	80	306	2,676	114	5.5	12	7.785	6,460						7.3		10.2	
12	68	46	285	2,672	107	6.6	11	7.785	5,800						7.7		9.9	
13	81	51	340	2,940	116	6.8	11	7.785	5,240						7.6		9.7	
14	56	67	336	2,528	133	5.2	12	7.785	5,060					106	7.4		10.1	
15	72	56	306	2,532	121	4.7	12	7.785	5,160					81	7.6		9.9	
16	83	82	283	2,560	111	5.7	12	7.785	5,160					32	7.5		9.9	
17	69	64	294	2,496	118	5.0	12	7.785	5,200						7.5		9.9	
18	84	106	303	2,560	118	5.0	12	7.785	6,300						7.3		10.0	
19	54	80	264	2,560	103	5.6	12	7.785	6,320						7.4		9.6	
20	77	57	304	2,748	111	5.3	13	7.785	5,840						7.6		9.7	
21	58	74	294	2,576	114	5.5	12	7.785	4,340						7.4		9.7	
22	82	66	320	2,908	110	4.7	13	7.785	5,600					52	7.3		9.4	
23	59	98	238	2,528	94	5.2	12	7.785	5,860					22	7.4		8.7	
24	78	67	282	2,640	107	5.4	12	7.785	5,800					23	7.4		9.4	
25	79	78	260	2,788	93	5.4	12	7.785	5,900						7.0		9.3	
26	56	56	269	2,620	103	5.4	12	7.785	6,040						7.5		9.2	
27	55	55	302	2,620	115	5.4	12	7.785	5,580						7.6		9.8	
28	59	86	332	2,712	122	5.2	12	7.785	6,100						7.5		9.1	
29	65	50	332	2,472	135	5.1	12	7.785	5,720						7.4		9.4	
30	59	68	259	2,456	105	4.6	12	7.785	5,680					20	7.4		9.0	
31	61	70	256	2,452	104	6.30	12	7.785	6,060					24	7.6		8.9	
Avg	71	68	309	2,717	114	5.4	12	8	5,931					39			9.7	
Max	96	106	358	3,608	151	6.8	13	8	7,160					106		7.7	10.2	
Min.	54	46	238	2,328	93	4.6	11	8	4,340					19		7.00	8.7	
Daily Max														106				
# of Days above 235														0				
Data	31	31	31	31	31	31	31	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**

Slate Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month March	Year 2022
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		FINAL EFFLUENT															
Day Of Month	Day of Week	Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Tue	16.601		2		291		5		748		3.07		425.0		0.67	93
2	Wed	17.394		2		283		8		1,132		3.11		451.2		0.75	109
3	Thu	15.758		2		296		9		1,235		2.61		343.0		0.69	91
4	Fri	15.668		3		358		10		1,307		0.58		75.8		0.77	101
5	Sat	15.896	16.388	2	2.17	308	295	12	7.97	1,617	1,079	0.27	2.43	35.8	337	0.72	95
6	Sun	15.330		2		286		10		1,227		0.14		17.9		0.68	87
7	Mon	18.367		4		648		18		2,696		0.25		38.3		0.76	116
8	Tue	15.000		4		509		17		2,152		1.00		125.1		0.86	108
9	Wed	15.538		4		478		14		1,866		1.62		209.9		0.97	126
10	Thu	15.007		4		442		18		2,303		1.97		246.6		1.20	150
11	Fri	14.904		4		511		25		3,132		0.35		43.5		1.57	195
12	Sat	13.617	15.395	5	3.89	608	497	25	18.17	2,816	2,313	0.11	0.78	12.5	99	1.54	175
13	Sun	13.910		6		735		27		3,132		0.08		9.3		2.91	338
14	Mon	15.322		5		639		26		3,322		0.48		61.3		2.19	280
15	Tue	14.963		6		745		22		2,745		0.77		96.1		2.03	253
16	Wed	15.269		5		683		26		3,247		0.23		29.3		1.25	159
17	Thu	15.858		4		534		20		2,645		1.48		195.7		1.27	168
18	Fri	21.117		5		893		23		4,103		1.35		237.8		1.21	213
19	Sat	18.705	16.449	4	5.04	551	683	16	22.77	2,434	3,090	0.39	0.68	60.8	99	0.87	136
20	Sun	13.525		4		418		21		2,391		0.10		11.3		0.84	95
21	Mon	16.392		5		710		16		2,187		0.13		17.8		0.83	113
22	Tue	19.050		4		613		16		2,463		1.41		224.0		0.72	114
23	Wed	23.608		2		465		14		2,756		4.95		974.6		0.75	148
24	Thu	15.437		2		278		12		1,493		2.31		297.4		0.65	84
25	Fri	16.459		3		402		13		1,812		0.72		98.8		0.86	118
26	Sat	15.707	17.168	2	3.24	324	459	14	15.01	1,782	2,126	0.32	1.42	41.9	238	0.89	117
27	Sun	16.502		2		300		11		1,541		0.34		46.8		0.76	105
28	Mon	16.195		3		465		12		1,567		1.18		159.4		0.67	90
29	Tue	17.030		3		382		13		1,875		2.22		315.3		0.83	118
30	Wed	20.005		7		1,235		11		1,802		3.17		528.9		0.95	158
31	Thu	21.742	19.918	4	3.65	736	613	15	12.54	2,720	2,122	0.93	1.27	243.0	202	0.93	169
Avg		16.641		4		520		16		2,202		1.21		183.0		1.0	143
Max		23.608	19.918	7	5.04	1,235	683	27	22.77	4,103	3,090	4.95	2.43	974.6	337	2.9	338
Min		13.525	15.395	2	2.17	278	295	5	7.97	748	1,079	0.08	0.68	9.3	99	0.6	84
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)
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	516
Primary Treatment	21.02	44.4			
Secondary Treatment	94.8	76.4			Percent Capacity (actual flow/design) 83%
Overall Treatment	95.88	86.9	92.3	74.2	
Phosphorus limit would be	75 % removal. (compliance not achieved)				

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

Slate Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	March	2022

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary SludgeGal. x 100	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	33.52	259.20	7.0		82			3.95	2.22	76.15	57.87	86.31		
2	15.25	259.20	7.1		82			4.34	2.20	77.13	57.58	149.50		
3	23.03	259.20	7.2		84	17.685		5.04	2.11	75.80	59.01	107.12		
4	16.78	259.20	7.1		84			5.51	2.27	75.64	58.10			
5	38.58	259.20	7.2		84	17.685		5.22	2.06	75.09	58.00			
6	43.04	259.20	7.2		83			5.75	2.07	74.85	56.33			
7	35.21	259.20	7.1		85	31.833		5.31	2.27	74.65	58.10	28.99		
8	38.16	259.20	7.1		81			4.79	2.26	73.14	58.76	110.83		
9	15.01	259.20	7.1		80			5.01	2.30	73.03	58.29	127.97		
10	35.61	259.20	7.1		82			5.51	2.14	74.59	57.72	149.50		
11	33.16	259.20	7.1		81			3.65	2.33	73.63	59.05			
12	25.03	259.20	7.1		81	28.296		4.33	2.22	74.27	57.35			
13	45.04	259.20	7.1		80	10.611		3.93	2.21	77.19	59.51			
14	23.91	259.20	7.2		81			3.22	2.27	75.00	58.70	128.72		
15	22.89	259.20	7.1		79			4.08	2.26	74.31	58.06	144.15		
16	21.78	234.72	7.1		81			3.86	2.22	73.64	57.30			
17	27.56	168.48	7.2		82	14.148		4.83	2.13	75.69	54.64	148.01		
18	32.02	247.68	7.1		83			4.41	2.24	74.80	57.36	80.57		
19	24.90	230.40	7.2		84	24.759		4.21	1.99	71.97	60.12			
20	35.01	230.40	7.2		84			6.03	2.06	75.11	58.21			
21	25.36	230.40	7.2		82			4.54	0.53	75.38	52.63	41.63		
22	38.03	230.40	7.2		85			2.47	2.17	75.00	57.99	95.95		
23	30.12	252.00	7.2		86	17.685		1.48	2.24	75.25	56.25	148.93		
24	30.12	259.20	7.2		87			3.81	2.21	70.03	57.51	64.55		
25	31.05	259.20	7.2		86	14.148		4.79	2.00	72.18	58.75			
26	32.08	259.20	7.2		88	17.685		3.80	2.10	70.91	58.70			
27	30.02	259.20	7.1		89	35.370		5.45	1.98	75.62	55.47			
28	19.97	259.20	7.1		88			4.74	1.97	76.84	57.78	107.23		
29	30.00	259.20	7.2		84			4.87	2.14	78.33	57.89	150.20		
30	30.00	259.20	7.2		88	14.148		2.52	2.11	76.88	57.07	145.90		
31	24.00	259.20	7.2		93			3.89	2.05	76.71	54.35			
Avg.	29.23	251.16			84	20.338		4.37	2.11	74.80	57.56	112.00		
Max.	45.04	259.20	7.2		93	35.370		6.03	2.33	78.33	60.12	150.20		
Min.	15.01	168.48	7.0		79	10.611		1.48	0.53	70.03	52.63	28.99		
Data	31	31	31	0	31	12	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	March	2022

Substitute for State Form 30530																
Day Of Month	Final Effluent				Ag - Influent mg/l	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1					0.0005	0.0005	0.0004	0.0002			0.0395	0.0002	0.0464	0.0036		
2																
3																
4																
5																
6																
7																
8					0.0005	0.0005	0.0005	0.0002	0.0050	0.0049	0.0297	0.0002	0.0508	0.0068		
9	179	23,196														
10																
11																
12																
13																
14									0.0020	0.0022						
15													0.0486	0.0095		
16																
17																
18																
19																
20																
21									0.0039	0.0028						
22													0.0540	0.0069		
23																
24																
25																
26																
27																
28									0.0027	0.0026						
29													0.0688	0.0062		
30																
31																
Avg.	179	23,196			0.0005	0.0005	0.0005	0.0002	0.0034	0.0031	0.0346	0.0002	0.0537	0.0066		
Max.					0.0005	0.0005	0.0005	0.0002	0.0050	0.0049	0.0395	0.0002	0.0688	0.0095		
Min.	179	23,196			0.0005	0.0005	0.0004	0.0002	0.0020	0.0022	0.0297	0.0002	0.0464	0.0036		
Data	1	1	0	0	2	2	2	2	4	4	2	2	5	5	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	March	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	0.0243	0.0043	0.0012	0.0010	0.1960	0.0498												
2																		
3																		
4																		
5																		
6																		
7																		
8	0.0168	0.0050	0.0013	0.0010	0.1410	0.0530												
9																		
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29																		
30																		
31																		
Avg.	0.0206	0.0047	0.0013	0.0010	0.1685	0.0514												
Max	0.0243	0.0050	0.0013	0.0010	0.1960	0.0530												
Min.	0.0168	0.0043	0.0012	0.0010	0.1410	0.0498												
Date	2	2	2	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart				Page 1 of 9				Permit Number: IN0025574												
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																
Monitoring Period: March 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	14.776	20.528					15 min													
2	14.646	17.694	9:26 PM	1.55	0.04	0.12	15 min													
3	14.450	16.922					15 min													
4	14.248	16.620					15 min													
5	13.774	16.404					15 min													
6	13.654	15.871	12:06 AM	2.28	0.06	0.20	15 min													
7	16.444	27.114	1:39 AM	16.33	0.34	0.16	15 min													
8	14.100	16.700	12:26 PM	0.08	0.01	0.04	15 min													
9	13.962	16.426					15 min													
10	13.776	15.710					15 min													
11	14.366	19.321	10:04 AM	6.12	0.20	0.12	15 min													
12	13.281	15.232					15 min													
13	13.363	16.657	11:46 AM	1.75	0.02	0.04	15 min													
14	13.626	15.958					15 min													
15	13.812	16.946					15 min													
16	14.260	18.845					15 min													
17	13.669	16.755					15 min													
18	18.038	51.449	4:24 PM	6.33	0.59	0.40	15 min													
19	15.153	19.220	12:28 AM	22.42	0.22	0.08	15 min													
20	13.198	15.618	5:06 AM	1.37	0.01	0.04	15 min													
21	14.335	23.867					15 min													
22	16.060	46.617	6:01 PM	6.05	0.34	0.12	15 min													
23	17.809	47.392	12:01 AM	19.58	0.36	0.44	15 min													
24	14.195	17.772	2:56 PM	7.72	0.11	0.04	15 min													
25	14.450	17.451	1:26 AM	17.38	0.11	0.08	15 min													
26	14.470	17.398	12:04 AM	7.28	0.03	0.04	15 min													
27	15.316	20.651					15 min													
28	15.466	18.964					15 min													
29	15.622	19.041					15 min													
30	18.018	37.488	1:29 PM	10.25	0.30	0.20	15 min													
31	17.520	31.420	12:09 AM	23.75	0.21	0.36	15 min													
Totals:	459.86			150.24	2.95			0	Days	0.00		0		0	Days	0.00		0		



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

Slate Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 2 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: March 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
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Totals:	0	Da	0.00		0.0000		0	Da	0.00		0.0000		0	Da	0.00		0.0000		0	Da	0.00		0.0000	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 3 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: March 2022										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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18	6:30 PM	M	0.25	M	0.0013	M														6:36 PM	M	0.25	M	0.0009	M
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Totals:	1	Da ys	0.25		0.0013		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		1	Da ys	0.25		0.0009		



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 2022					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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Totals:	0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		1	Da ys	0.58		0.0181		0	Da ys	0.00		0.0000		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 5 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: March 2022										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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23	5:15 PM	M	0.25	M	0.0166	M	5:15 PM	M	0.25	M	0.0118	M							5:13 PM	M	0.25	M	0.0185	M
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Totals:	1	Da ys	0.25		0.0166		2	Da ys	1.08		0.0298		0	Da ys	0.00		0.0000		2	Da ys	0.42		0.0191	



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 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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Totals:	0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: March 2022										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	Da ys	0.00		0.0000		1	Da ys	0.08		0.0006		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 8 of 9					Permit Number: IN0026574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: March 2022										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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18	6:27 PM	M	1.08	M	0.1777	M	5:49 PM	M	0.92	M	0.0329	M												
19																								
20																								
21																								
22																								
23							5:09 PM	M	0.25	M	0.0077	M												
24																								
25																								
26																								
27																								
28																								
29																								
30							9:29 PM	M	0.92	M	0.0316	M												
31							5:54 AM	M	0.25	M	0.0033	M												
Totals:	1	Da ys	1.08		0.1777		4	Da ys	2.34		0.0755		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000	



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

State Form 50546 (R4 / 9-16)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart	Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: March 2022	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	
10	
11	
12	
13	
14	
15	
16	
17	
18	precipitation
19	
20	
21	
22	
23	precipitation
24	
25	
26	
27	
28	
29	
30	precipitation
31	precipitation

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Laura E. Kolo, Utilities Services Manager	Telephone 574-293-2572
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent <i>Laura E. Kolo</i>	Date (mm/dd/yy) 04/26/22



BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 3/30/22 9:36 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 3/30/22 11:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 123 Lambert Ct	(9) Latitude (Deg Min Sec) 41 40 24 N	(9) Longitude (Deg Min Sec) 85 57 59 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 30 Gallons			(11) WWTP Flow During Release 15.9 MGD	(12) WWTP Peak Design Flow Rate 44 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input checked="" type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) mh 152-76 not flowing		(17) Additional Description of the Bypass / Overflow Event: Call received at 9:36 am. Crews found manhole 152-76 not draining. Unable to locate line leaving manhole to clean it. Manhole was pumped out.		(18) Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted:	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris unable to locate line leaving manhole. Investigation is ongoing. Will check manhole daily and pump out as needed to avoid back-up until investigation is complete and manhole 152-76 operators properly.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence unable to locate line leaving manhole. Investigation is ongoing. Will check manhole daily and pump out as needed to avoid back-up until investigation is complete and manhole 152-76 operators properly.					

(22)

CERTIFICATION AND SIGNATURE					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)					
SIGNATURE: <i>Laura Kolo</i>			DATE (month, day, year): 03/31/22		
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 03/31/22 appx 7:30 am	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	

Kolo, Laura

From: postmaster@state.in.us
Sent: Thursday, March 31, 2022 7:31 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: inc rpt 033022
Attachments: EXTERNAL: Relayed: inc rpt 033022

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BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 03/31/22 8:35 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 03/31/22 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 116 S. Vine	(9) Latitude (Deg Min Sec) 41 41 7 N	(9) Longitude (Deg Min Sec) 85 59 19 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons			(11) WWTP Flow During Release 18.12 MGD	(12) WWTP Peak Design Flow Rate 44 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches <i>obstruction in main</i>					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: call received at 8:35 am. obstruction in main found and cleared		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted:	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris unknown cause at this time					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence still investigating					

(22)

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <i>Laura Kolo</i>		DATE (month, day, year): 4/1/22		
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 4/1/22 8:35	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Friday, April 1, 2022 8:41 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: inc rpt
Attachments: EXTERNAL: Relayed: inc rpt

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MARKETING AND DISTRIBUTION ANNUAL REPORT FORM

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

YEAR: March 2022

PERMIT NO.: INLA 000680

FACILITY NAME: Elkhart Public Works & Utilities

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

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

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

327 IAC 6.1-4-13

Alternative 1
 Alternative 2
 Alternative 3

Alternative 4
 Alternative 5
 Alternative 6

No Distribution

Vector Attraction Reduction Method (attach sample results when applicable)

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

327 IAC 6.1-15

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

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

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

DISPERIBUTION

Enter all nutrient results as percent dry weights													
Total N (TN)													
Ammonium N (NH4-N)													
Nitrate N (NO3-N)													
Phosphorus (P)													
Potassium (K)													

NO

Enter PCB results as dry weight													
PCB													

Signature: Laura K Do Date: 4/28/22

Biomonitor

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

*Whole Effluent
Toxicity Test*

ELKHART
WASTEWATER TREATMENT PLANT

IN0025674

Elkhart, Indiana

March 2022

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: March 2022	
WETT Reporting Frequency or Type: (mark one)	Monthly	Quarterly	Semi-annual X	Annual	TRE	Post TRE	<u>First (per Reporting Frequency)</u>

Test Organism	Test	Endpoint [1]	Units	Result	Compliance Value in TUs	Pass/Fail	Reporting
<i>Ceriodaphnia dubia</i>	7-day Survival and Reproduction Definitive Static-Renewal	NOEC Survival	%	50	NA		Laboratory Report
			TU _c	2			
		NOEC Reproduction	%	25			
			TU _c	4			
		IC25 Reproduction	%	41			
			TU _c	2.4			
	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)	

<i>Pimephales promelas</i>	7-day Larval Survival and Growth Definitive Static-Renewal	NOEC Survival	%	50	NA		Laboratory Report
			TU _c	2			
		NOEC Growth	%	100			
			TU _c	1			
		IC25 Growth	%	100			
			TU _c	1			
	96 hr. LC50	%	>100				
		TU _a	<1				
	Toxicity (acute)	TU _a	<1	1.0	Pass	Laboratory Report and NetDMR (Parameter Code 61427)	
	Toxicity (chronic)	TU _c	2.0	8.0	Pass	Laboratory Report and NetDMR (Parameter Code 61428)	

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

Project Name: Elkhart Wastewater Treatment Plant

Project Date: March 2022

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: 3/31/22

M. Brady Mangan King

Project Director

Date: 3/31/22

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 Water Wastewater Treatment Plant during March 2022. The purpose of the testing was to fulfill the biomonitoring requirement for the NPDES permit.

Three samples were collected March 20-24, 2022. The water flea, *Ceriodaphnia dubia*, and Fathead minnow, *Pimephales promelas*, were used as the test organisms.

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

Ceriodaphnia dubia test

48-hr LC ₅₀	> 100% effluent	TU _a < 1.0
NOEL for survival	= 50% effluent	TU _c = 2.0
NOEL for reproduction	= 25% effluent	TU _c = 4.0
IC ₂₅ for reproduction	= 41% effluent	TU _c = 2.4

Pimephales promelas test

48-hr LC ₅₀	> 100% effluent	TU _a < 1.0
NOEL for survival	= 50% effluent	TU _c = 2.0
NOEL for growth	= 100% effluent	TU _c = 1.0

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

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

Section 2
Introductory Information

Table I
General

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

Table II
Plant Operations

Type of discharger:	Publicly owned treatment works Wastewater consists of treated sanitary and industrial wastes
Type of waste treatment:	Class IV. Activated sludge
Design flow:	20 – MGD
Volume of wastewater flow during the sampling period:	March 20, 2022 -MGD March 22, 2022 -MGD March 24, 2022 -MGD

Table III
Source of effluent and dilution water

I. Effluent samples

Sampling point:	Outfall 035	
Collection dates and times:	March 20, 2022	11:00 p.m.
	March 22, 2022	11:00 p.m.
	March 24, 2022	11:00 p.m.
Sample collection:	24-hour composite samples	
Physical and chemical data:	See Tables 9 and 15	

II. Dilution water samples

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

Section 3
Test Methods and Results

CERIODAPHNIA SURVIVAL AND REPRODUCTION TEST

Table IV
METHODOLOGY
***Ceriodaphnia* Survival and Reproduction Test**

Toxicity test method used:	<i>Ceriodaphnia</i> survival and reproduction test	
Endpoints of test:	Survival and reproduction (LC ₅₀ , NOEL, and LOEL)	
Reference method:	EPA-821-R-02-013	
Deviations from method:	Test was completed in six days because control animals produced an average of greater than 15 young per female by day six.	
Date and time test initiated:	March 22, 2022	9:00 a.m.
Date and time test terminated	March 28, 2022	11:40 a.m.
Type of test chambers:	Polyethylene	30 ml
Volume of solution used per chamber:	15 ml	
Number of organisms per chamber:	1	
Number of replicate chambers per treatment:	10	
Test temperature range:	25°C (no deviations)	

Table V
ORGANISMS USED
Ceriodaphnia Survival and Reproduction Test

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

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

Raw Data:

See Table 8

LC₅₀ or NOEL obtained:48-hr LC₅₀ = greater than 100% effluent

NOEL for survival = 50% effluent

NOEL for reproduction = 25% effluent

IC₂₅ for reproduction = 41% effluent

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

Methods used to calculate endpoints:

Fisher's Exact Test for the survival endpoint.

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 IC₂₅ reproduction endpoint.

No calculations necessary for the acute endpoint.

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

<u>Reference Toxicant used and source:</u>	Copper chloride, reagent grade, from Carolina Biological
<u>Date and time of most recent test:</u>	March 8-14, 2022
<u>Dilution water used in test:</u>	Moderately hard synthetic water
<u>Results:</u>	48-hr LC ₅₀ = 75 µg/L as Cu NOEL (reproduction) = 40 µg/L as Cu LOEL (reproduction) = 80 µg/L as Cu
<u>Comparison to recommended range:</u>	Within the laboratory control range for both acute and chronic endpoints (see attachment)

Table VIII
TEST DATA
Ceriodaphnia Survival and Reproduction Test

Effluent Concentration	Day No.	Number of Young Reproduced										Young Per Female	Total Live Breeders
		Replicate											
		A	B	C	D	E	F	G	H	I	J		
Control	1	0	0	0	0	0	0	0	0	0	0	19.1	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	4	5	2	4	4	0	4	3	3	4		10
	4	0	0	0	0	8	5	0	0	0	0		10
	5	7	11	6	8	0	8	7	2	8	7		10
	6	8	10	9	10	8	0	11	7	9	9		10
6.25%	1	0	0	0	0	0	0	0	0	0	0	18.5	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	4	2	1	4	4	3	0	2	2	2		10
	4	0	0	6	6	7	8	0	3	0	0		10
	5	8	7	0	0	0	0	6	0	7	6		10
	6	12	14	2	8	7	11	9	11	14	9		10
12.5%	1	0	0	0	0	0	0	0	0	0	0	19.5	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	4	3	4	4	2	4	0	3	2	3		10
	4	0	0	5	0	8	7	0	0	0	0		10
	5	7	6	0	6	0	0	5	5	7	8		10
	6	10	7	13	8	8	10	13	4	13	16		10

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

Effluent Concentration	Day No.	Number of Young Reproduced										Young Per Female	Total Live Breeders
		Replicate											
		A	B	C	D	E	F	G	H	I	J		
25%	1	0	0	0	0	0	0	0	0	0	0	19.5	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	4	2	2	4	4	2	4	3	3	0		10
	4	0	0	0	0	7	5	0	0	0	3		10
	5	9	4	7	6	0	0	7	5	7	7		10
	6	11	11	13	10	13	13	8	10	11	0		10
50%	1	0	0	0	0	0	0	0	0	0	0	11.7	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	4	4	0	2	0	2	0	2	2	2		10
	4	0	0	4	0	6	6	0	0	0	1		10
	5	7	5	0	5	0	0	5	0	3	3		10
	6	7	7	7	0	8-	-	6	0	8	11		8
100%	1	0	0	0	0	0	0	0	0	0	0	0	10
	2	0	0	0	-	0	0	0	0	0	0		9
	3	0	0	0	-	0	-	0	0	0	0		8
	4	-	-	-	-	0	-	-	-	-	-		1
	5	-	-	-	-	0	-	-	-	-	-		1
	6	-	-	-	-	-	-	-	-	-	-		0

Table IX
WATER CHEMISTRY
Ceriodaphnia Survival and Reproduction Test

Effluent Concentration	D.O. <u>Range</u> mg/L	Temp. <u>Range</u> °C	pH <u>Range</u> S.U.	Alk. <u>Range</u> CaCO₃	Hardness <u>Range</u> CaCO₃	Cond. <u>Range</u> µS
CONTROL	8.2 – 9.1	25	7.7 – 8.1	40-50	100-110	350-370
6.25%	8.2 – 9.1	25	7.7 – 8.1	/	/	380-390
25%	8.2 – 9.3	25	7.6 – 8.0	/	/	490-520
100%	8.1 – 10.5	25	7.4 – 8.0	130-140	200-275	880- 1010

FATHEAD MINNOW LARVAL SURVIVAL AND GROWTH TEST

Table X
METHODOLOGY
Fathead Minnow Larval Survival and Growth Test

<u>Toxicity test method used:</u>	7-day fathead minnow larval survival and growth test	
<u>Endpoints of test:</u>	96-hr LC ₅₀ and no observable effect level (NOEL) for survival and growth. TU _c for survival and growth.	
<u>Reference method:</u>	EPA-821-R-02-013	
<u>Deviations from method:</u>	No Deviations	
<u>Date and time test initiated:</u>	March 22, 2022	10:30 a.m.
<u>Date and time test terminated</u>	March 29, 2022	10:30 a.m.
<u>Type of test chambers:</u>	Polyethylene	300 ml
<u>Volume of solution used per chamber:</u>	250 ml	
<u>Number of organisms per chamber:</u>	ten	
<u>Number of replicate chambers per treatment:</u>	four	
<u>Test temperature range:</u>	25°C (no deviations)	

Table XI
ORGANISMS USED
Fathead Minnow Survival and Growth Test

<u>Scientific name:</u>	<i>Pimephales promelas</i>
<u>Age:</u>	<24 hours
<u>Life stage:</u>	larvae
<u>Mean length and weight:</u>	Not applicable
<u>Source</u>	AquaTox Inc. (Hot Springs, Arkansas)
<u>Diseases and treatment</u>	Not applicable

**Table XII
RESULTS
Fathead Minnow Larval Survival and Growth Test**

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

Table XIII
QUALITY ASSURANCE
Fathead Minnow Larval Survival and Growth Test

<u>Reference Toxicant used and source:</u>	Potassium chloride, reagent grade, from Sigma-Aldrich
<u>Date and time of most recent test:</u>	March 8-15, 2022
<u>Dilution water used in test:</u>	Moderately Hard Synthetic Water
<u>Results:</u>	96-hr LC ₅₀ = 946 mg /L as KCl NOEL (growth) = 500 mg/L as KCl LOEL (growth) = 1000 mg/L as KCl
<u>Comparison to recommended range:</u>	Within the laboratory control range for both acute and chronic endpoints (see attachment)

Table XIV
TEST DATA
Fathead Minnow Larval Survival and Growth Test

Effluent Concentration	<u>% Survival in Each Replicate</u>				<u>Average Dry Weight (μg) in Each Replicate</u>			
	A	B	C	D	A	B	C	D
Control	100	90	100	100	340	250	310	360
6.25%	90	100	100	100	290	290	290	280
12.5%	100	90	100	100	290	230	270	280
25%	100	100	90	90	280	230	280	270
50%	80	90	100	90	230	240	270	230
100%	60	50	90	40	160	180	310	90

Table XV
WATER CHEMISTRY
Fathead Minnow Larval Survival and Growth Test

Effluent Concentration	D.O. Range mg/L	Temp. Range °C	pH Range S.U.	Alk. Range CaCO₃	Hardness Range CaCO₃	Cond. Range µS
CONTROL	7.4 – 9.1	25	7.6 – 8.1	40-50	100-110	350-360
6.25%	7.4 – 9.2	25	7.5 – 8.1	/	/	380-390
25%	6.8 – 9.5	25	7.4 – 8.0	/	/	490-530
100%	7.0 – 10.7	25	7.3 – 7.9	130-140	200-275	930-1040

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
<u>Average</u>	84	<u>Mode</u> 40	80	43
<u>St. Dev.</u>	16			13
<u>Upper Limit</u>	116	80	160	68
<u>Lower Limit</u>	52	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)
01/06	800	500	1000	
02/06	760	500	1000	
03/06	1250	1000	2000	
01/07	1252	500	1000	
02/07	1151	500	1000	
03/21	840	500	1000	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
<u>Average</u>	993	<u>Mode</u> 500	1000	764
<u>St. Dev.</u>	184			187
<u>Upper Limit</u>	1361	1000	2000	1139
<u>Lower Limit</u>	625	250	500	389

Client: Elkhart WWTP

Project # _____

Analysts: MMK, MMB, MN, AF

Start Date: 3/22/2022

Start Time: 0900

End Date: 3/28/22

End Time: 1140

Test Dates

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	2	4	0	0	2	3
		4	0	0	3	1	1	0
		5	6	7	7	1	3	8
		6	9	9	0	1	11	16
		7						

Row 9	Day	1	0	0	0	0	0	0
		2	0	0	0	0	0	0
		3	3	3	2	2	0	2
		4	0	0	0	0	1	0
		5	8	7	3	7	1	7
		6	9	11	8	14	1	13
		7						

Row 8	Day	1	0	0	0	0	0	0
		2	0	0	0	0	0	0
		3	2	2	3	2+1	0	3
		4	3	0	0	0	1	0
		5	0	0	5	2	1	5
		6	11	0	4	7	1	16
		7						

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

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

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

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

Discharger: Elkhart WWTP Analyst: MMB, MMK, MN, AF
 Location: Elkhart, IN Test Start- Date/Time: 3/22/22 / 0900
 Date Sample Collected: 3/20,22,24/22 Test Stop- Date/Time: 3/28/22 / 1140

Conc.	Day	Replicate										No. of Young	No. of Adults	Young per Adult	
		1	2	3	4	5	6	7	8	9	10				
Control	1	0	0	0	0	0	0	0	0	0	0	0	10	0	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	4	5	2	4	4	4	3	3	4	3	3	33	10	3.3
	4	0	0	0	0	8	5	0	0	0	0	0	13	10	1.3
	5	7	11	6	8	0	8	7	2	8	7	6	64	10	6.4
	6	8	10	9	10	8	0	11	7	9	9	8	81	10	8.1
Total	19	26	17	22	20	13	22	12	20	20	10	191	10	19.1	

Conc.	Day	Replicate										No. of Young	No. of Adults	Young per Adult	
		1	2	3	4	5	6	7	8	9	10				
6%	1	0	0	0	0	0	0	0	0	0	0	0	10	0	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	4	2	1	4	4	3	0	2	2	2	2	24	10	2.4
	4	0	0	6	6	7	8	0	3	0	0	0	30	10	3.0
	5	8	7	0	0	0	0	6	0	7	6	6	34	10	3.4
	6	12	14	2	8	7	11	9	11	14	9	9	97	10	9.7
Total	24	23	9	18	18	22	15	16	23	17	10	185	10	18.5	

Conc.	Day	Replicate										No. of Young	No. of Adults	Young per Adult	
		1	2	3	4	5	6	7	8	9	10				
12%	1	0	0	0	0	0	0	0	0	0	0	0	10	0	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	4	3	4	4	2	4	0	3	2	3	2	29	10	2.9
	4	0	0	5	0	8	7	0	0	0	0	0	20	10	2.0
	5	7	6	0	6	0	0	5	5	7	8	4	44	10	4.4
	6	10	7	13	8	8	10	13	4	13	16	16	102	10	10.2
Total	21	16	22	18	18	21	18	12	22	27	10	195	10	19.5	

Conc.	Day	Replicate										No. of Young	No. of Adults	Young per Adult
		1	2	3	4	5	6	7	8	9	10			
25%	1	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	4	2	2	4	4	4	3	3	3	0	28	10	2.8
	4	0	0	0	0	7	0	0	0	0	3	15	10	1.5
	5	9	4	7	6	0	7	5	7	7	7	52	10	5.2
	6	11	11	13	10	13	8	10	11	11	0	100	10	10.0
	Total	24	17	22	20	24	20	18	21	10	195	10	19.5	

Conc.	Day	Replicate										No. of Young	No. of Adults	Young per Adult
		1	2	3	4	5	6	7	8	9	10			
50%	1	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	4	4	0	2	0	2	2	2	2	2	18	10	1.8
	4	0	0	4	0	6	0	0	0	0	1	17	10	1.7
	5	7	5	0	5	0	5	0	3	3	3	28	10	2.8
	6	7	7	7	0	8	6	0	8	8	11	54	8	5.4
	Total	18	16	11	7	14	8	2	13	17	117	8	11.7	

Conc.	Day	Replicate										No. of Young	No. of Adults	Young per Adult
		1	2	3	4	5	6	7	8	9	10			
100%	1	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	9	0.0
	3	0	0	0	0	0	0	0	0	0	0	0	8	0.0
	4	0	0	0	0	0	0	0	0	0	0	0	1	0.0
	5	0	0	0	0	0	0	0	0	0	0	0	1	0.0
	6	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	

SUMMARY OF FISHERS EXACT TESTS

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

Elkhart 3.22
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	5	7	32	14	2

Calculated Chi-Square goodness of fit test statistic = 8.7643
Table Chi-Square value (alpha = 0.01) = 13.277

Data PASS normality test. Continue analysis.

Elkhart 3.22
File: ceriorep

Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance
Bartlett's test for homogeneity of variance

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

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

Elkhart 3.22
 File: ceriorep

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	control	10	12.000	26.000	19.100
2	6.25%	10	9.000	24.000	18.500
3	12.5%	10	12.000	27.000	19.500
4	25%	10	10.000	24.000	19.500
5	50%	10	2.000	18.000	11.700
6	100%	10	0.000	0.000	0.000

Elkhart 3.22
 File: ceriorep

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	17.656	4.202	1.329
2	6.25%	21.611	4.649	1.470
3	12.5%	16.500	4.062	1.285
4	25%	16.500	4.062	1.285
5	50%	24.900	4.990	1.578
6	100%	0.000	0.000	0.000

Elkhart 3.22
 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	19.100				
2	6.25%	18.500	102.50	75.00	10.00	
3	12.5%	19.500	106.50	75.00	10.00	
4	25%	19.500	108.00	75.00	10.00	
5	50%	11.700	66.00	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: 3.22.22 Test Ending Date: 3.29.22

Test Species: Ceriodaphnia dubia

Test Duration: 6d

DATA FILE:

Conc. ID	Number Replicates	Concentration %	Response Means	Std. Dev.	Pooled Response Means
1	10	0.000	19.100	4.202	19.150
2	10	6.250	18.500	4.649	19.150
3	10	12.500	19.500	4.062	19.150
4	10	25.000	19.500	4.062	19.150
5	10	50.000	11.700	4.990	11.700
6	10	100.000	0.000	0.000	0.000

The Linear Interpolation Estimate: 41.0654 Entered P Value: 25

Number of Resamplings: 80 80 Resamples Generated

The Bootstrap Estimates Mean: 40.3678 Standard Deviation: 4.6711

Original Confidence Limits: Lower: 33.3647 Upper: 51.8229

Resampling time in Seconds: 0.05 Random_Seed: 243524672

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates: 3/22/22 - 3/28/22
 Analysts: MMK, MMB, MN, AF

		Day							Remarks
Conc:	25%	1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.7	8.5	8.8	8.9	9.3	9.2		
	Final	8.2	8.8	8.6	8.9	9.0	8.9		
pH	Initial	7.6	7.8	8.0	7.8	7.7	7.9		
	Final	7.7	8.0	7.8	7.7	8.0	8.0		
Alkalinity									
Hardness									
Conductivity		490		520		510			
Chlorine									

		Day							Remarks
Conc:	50%	1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.7	8.7	8.7	8.9	9.5	9.5		
	Final	8.1	8.8	8.6	8.9	8.9	8.8		
pH	Initial	7.6	7.6	7.9	7.7	7.6	7.8		
	Final	7.7	7.9	7.8	7.7	7.9	8.0		
Alkalinity									
Hardness									
Conductivity		620		720		630			
Chlorine									

		Day							Remarks
Conc:	100%	1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.3	9.1	8.7	8.9	10.1	10.5		
	Final	8.1	8.8	8.6	8.9	8.8	8.7		
pH	Initial	7.4	7.5	7.6	7.6	7.5	7.7		
	Final	7.8	7.8	8.0	7.7	7.9	7.9		
Alkalinity		140		140		130			
Hardness		275		275		200			
Conductivity		920		1010		880			
Chlorine		0.2		0.2		0.2			
Ammonia		N.R.		4.0		4.0			

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates 3/22/22 - 3/29/22
 Analysts: MMK, MMB, MN, AF

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

Comments: Start Time: 1030

FHM Source: ~~Tab. Cultures~~
 A.T.

Elkhart 3.22
File: fhmsurv Transform: ARC SINE(SQUARE ROOT(Y))

Shapiro Wilks test for normality

D = 0.314

W = 0.902

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 3.22
File: fhmsurv Transform: ARC SINE(SQUARE ROOT(Y))

Bartlett's test for homogeneity of variance

Calculated B statistic = 6.52

Table Chi-square value = 15.09 (alpha = 0.01)

Table Chi-square value = 11.07 (alpha = 0.05)

Average df used in calculation ==> df (avg n - 1) = 3.00

Used for Chi-square table value ==> df (#groups-1) = 5

Data PASS homogeneity test at 0.01 level. Continue analysis.

NOTE: If groups have unequal replicate sizes the average replicate size is used to calculate the B statistic (see above).

Elkhart 3.22
 File: fhmsurv

Transform: ARC SINE(SQUARE ROOT(Y))

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	0.682	0.136	8.000
Within (Error)	18	0.314	0.017	
Total	23	0.997		

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

Elkhart 3.22
 File: fhmsurv

Transform: ARC SINE(SQUARE ROOT(Y))

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

GROUP	IDENTIFICATION	TRANSFORMED MEAN	MEAN CALCULATED IN ORIGINAL UNITS	T STAT	SIG
1	control	1.371	0.975		
2	6.25%	1.371	0.975	0.000	
3	12.5%	1.371	0.975	0.000	
4	25%	1.331	0.950	0.442	
5	50%	1.254	0.900	1.269	
6	100%	0.901	0.600	5.097	*

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

Elkhart 3.22
 File: fhmsurv

Transform: ARC SINE(SQUARE ROOT(Y))

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	0.128	13.2	0.000
3	12.5%	4	0.128	13.2	0.000
4	25%	4	0.128	13.2	0.025
5	50%	4	0.128	13.2	0.075
6	100%	4	0.128	13.2	0.375

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

Test Date(s): 3/22-29/2022
 Weighing Date: 3/30/22

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	0.94420	0.94760	3.40	10	0.340	
	B	0.95090	0.95340	2.50	9	0.250	
	C	0.94040	0.94350	3.10	10	0.310	
	D	0.96820	0.97180	3.60	10	0.360	
Conc : 6.25%	A	0.95370	0.95660	2.90	9	0.290	
	B	0.94390	0.94680	2.90	10	0.290	
	C	0.94680	0.94970	2.90	10	0.290	
	D	0.95470	0.95750	2.80	10	0.280	
Conc : 12.5%	A	0.93060	0.93350	2.90	10	0.290	
	B	0.95630	0.95860	2.30	9	0.230	
	C	0.94710	0.94980	2.70	10	0.270	
	D	0.95240	0.95520	2.80	10	0.280	
Conc : 25%	A	0.95950	0.96230	2.80	10	0.280	
	B	0.94540	0.94770	2.30	10	0.230	
	C	0.93310	0.93590	2.80	9	0.280	
	D	0.94270	0.94540	2.70	9	0.270	
Conc : 50%	A	0.94430	0.94660	2.30	8	0.230	
	B	0.95840	0.96080	2.40	9	0.240	
	C	0.96120	0.96390	2.70	10	0.270	
	D	0.94600	0.94830	2.30	9	0.230	
Conc : 100%	A	0.94370	0.94530	1.60	6	0.160	
	B	0.95300	0.95480	1.80	5	0.180	
	C	0.93880	0.94190	3.10	9	0.310	
	D	0.94250	0.94340	0.90	4	0.090	

Elkhart 3.22

File: fhm_grow

Transform: NO TRANSFORMATION

Chi-square test for normality: actual and expected frequencies

INTERVAL	<-1.5	-1.5 to <-0.5	-0.5 to 0.5	>0.5 to 1.5	>1.5
EXPECTED	1.608	5.808	9.168	5.808	1.608
OBSERVED	0	7	10	7	0

Calculated Chi-Square goodness of fit test statistic = 3.7808

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

Data PASS normality test. Continue analysis.

Elkhart 3.22

File: fhm_grow

Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance

Calculated H statistic (max Var/min Var) = 337.33

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 FAIL homogeneity test. Try another transformation.

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 3.22
 File: fhm_grow

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	control	4	0.250	0.360	0.315
2	6.25%	4	0.280	0.290	0.287
3	12.5%	4	0.230	0.290	0.268
4	25%	4	0.230	0.280	0.265
5	50%	4	0.230	0.270	0.243
6	100%	4	0.090	0.310	0.185

Elkhart 3.22
 File: fhm_grow

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	0.002	0.048	0.024
2	6.25%	0.000	0.005	0.002
3	12.5%	0.001	0.026	0.013
4	25%	0.001	0.024	0.012
5	50%	0.000	0.019	0.009
6	100%	0.008	0.092	0.046

Elkhart 3.22
 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	0.315				
2	6.25%	0.287	14.00	10.00	4.00	
3	12.5%	0.268	13.00	10.00	4.00	
4	25%	0.265	13.00	10.00	4.00	
5	50%	0.243	11.00	10.00	4.00	
6	100%	0.185	11.50	10.00	4.00	

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

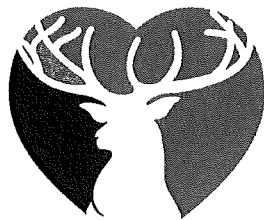
Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates: 3/22/22 - 3/29/22
 Analysts: MMK, MMB, MN, AF

		Day							Remarks
Conc:	25%	1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.4	8.8	9.1	8.8	9.5	9.4	9.3	
	Final	6.8	7.5	7.6	7.9	8.0	7.9	7.2	
pH	Initial	7.6	7.8	7.7	7.9	7.6	7.9	7.7	
	Final	7.7	7.8	7.9	7.7	7.9	8.0	7.4	
Alkalinity									
Hardness									
Conductivity		490		530		510			
Chlorine									

		Day							Remarks
Conc:	50%	1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.6	8.8	9.2	8.8	9.7	9.7	9.4	
	Final	6.8	7.5	7.5	7.6	7.8	7.8	7.0	
pH	Initial	7.6	7.7	7.5	7.8	7.5	7.8	7.6	
	Final	7.6	7.7	7.8	7.6	7.9	8.0	7.4	
Alkalinity									
Hardness									
Conductivity		630		710		650			
Chlorine									

		Day							Remarks
Conc:	100%	1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	10.0	9.4	9.6	9.2	10.5	10.7	9.7	
	Final	7.0	7.6	7.2	7.3	7.5	7.4	7.0	
pH	Initial	7.5	7.5	7.3	7.6	7.4	7.7	7.4	
	Final	7.7	7.7	7.7	7.6	7.8	7.9	7.4	
Alkalinity		140		140		130			
Hardness		275		275		200			
Conductivity		930		1040		960			
Chlorine		0.2		0.2		0.2			
Ammonia		N.D.		4.0		4.0			



City of Elkhart
Public Works and Utilities

Date May 26, 2022
Memo To Board of Public Works
Memo From Laura Kolo, Utility Services Manager
Subject Wastewater Utility Monthly Report of Operations *ik*
for the month of April, 2022

Wastewater MRO Highlights

Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	16	30
cBOD5 mg/L	4	25
Phosphorus mg/L	0.8	1.0
Ammonia mg/L	0.50	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	18.00	Design - 20
Total Monthly Flow MGD	540.05	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
4/5/22	3214 S. Main	unknown	grease
4/29/22	CSO 7, 25, 28 and 29	49,049 gallons	AEP phase rollover

Wet Weather Overflows

Number of Events	Total Overflow Volume (MG)
6	1.5617

Permit Violation:
Required Total PO4 removal for March was 75%
Actual Total PO4 removal for March was 73.9%.

Signing Process Confirmation - CDX Activity ID: _408b90a5-f4c6-42e1-bbe6-199154105f44

DMRs are undergoing the Signing Process

FILE ID	Entity	Estimated Expires	Discharge Description	Responsible Period/Location	Start Date/Time
025674	ELDAKAT WTP 005	09/20/22	CSO-ARCADE	04/20/22	05/20/22
025674	ELDAKAT WTP 006	09/20/22	CSO-JACKSON, WEST OF BRIDGE	04/20/22	05/20/22
025674	ELDAKAT WTP 007	09/20/22	CSO-JACKSON, EAST OF BRIDGE	04/20/22	05/20/22
025674	ELDAKAT WTP 008	09/20/22	CSO-HUR/EAST BLVD	04/20/22	05/20/22
025674	ELDAKAT WTP 009	09/20/22	CSO-NIHO PRKWAY - PKL 3L ACHIEVEMENT (Y DR N)	04/20/22	05/20/22
025674	ELDAKAT WTP 011	09/20/22	CSO-ELMART/FRANKLIN	04/20/22	05/20/22
025674	ELDAKAT WTP 012	09/20/22	CSO-CASOPOLIS/BANDSLEY	04/20/22	05/20/22
025674	ELDAKAT WTP 013	09/20/22	CSO-JOHNSON/BRADSHAW	04/20/22	05/20/22
025674	ELDAKAT WTP 014	09/20/22	CSO-DAM AT CONERWIN	04/20/22	05/20/22
025674	ELDAKAT WTP 015	09/20/22	CSO-MICHIGAN/FULTON	04/20/22	05/20/22
025674	ELDAKAT WTP 016	09/20/22	CSO-DAN @ GORPENS/SUPERIOR	04/20/22	05/20/22
025674	ELDAKAT WTP 017	09/20/22	CSO-W. BOLLWEARD/MONMOUTH	04/20/22	05/20/22
025674	ELDAKAT WTP 018	09/20/22	CSO-MONMOUTH PARK WEST	04/20/22	05/20/22
025674	ELDAKAT WTP 019	09/20/22	CSO-MICHIGAN @ RR. S. OF ELD.	04/20/22	05/20/22
025674	ELDAKAT WTP 020	09/20/22	CSO-BRIDGE AND HUDSON	04/20/22	05/20/22
025674	ELDAKAT WTP 021	09/20/22	CSO-FRANKLIN/FTI	04/20/22	05/20/22
025674	ELDAKAT WTP 022	09/20/22	CSO-INDIANA/FRANKLIN	04/20/22	05/20/22
025674	ELDAKAT WTP 023	09/20/22	CSO-POTTAWATOMI/SECOND	04/20/22	05/20/22
025674	ELDAKAT WTP 024	09/20/22	CSO-MAIN/POTTAWATOMI	04/20/22	05/20/22
025674	ELDAKAT WTP 025	09/20/22	CSO-EDGEWATER/NIAGARA	04/20/22	05/20/22
025674	ELDAKAT WTP 026	09/20/22	CSO-WASHINGTON AT RIVER	04/20/22	05/20/22
025674	ELDAKAT WTP 027	09/20/22	CSO-JEFFERSON AT THE RIVER	04/20/22	05/20/22
025674	ELDAKAT WTP 028	09/20/22	CSO-ELIZABETH/JARVIS	04/20/22	05/20/22
025674	ELDAKAT WTP 029	09/20/22	CSO-EDGEWATER/ROCKA	04/20/22	05/20/22
025674	ELDAKAT WTP 030	09/20/22	CSO-EVANS/GRACE	04/20/22	05/20/22
025674	ELDAKAT WTP 031	09/20/22	CSO-LEADINGTON/STH	04/20/22	05/20/22
025674	ELDAKAT WTP 032	09/20/22	30 MED CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	04/20/22	05/20/22
025674	ELDAKAT WTP 033	09/20/22	CSO-FRANKLIN/RIVER	04/20/22	05/20/22
025674	ELDAKAT WTP 034	09/20/22	CSO-WEST HIGH AT RIVER	04/20/22	05/20/22
025674	ELDAKAT WTP 035	09/20/22	CSO-MONMOUTH PARK SOUTH	04/20/22	05/20/22

Signing Process Confirmation - CDX Activity ID: _6823786c-ca4f-4731-a1d2-cb96894fda59

DMRs are undergoing the Signing Process

APPLICANT	ELIQUIS	035	035-TX	SPRINKLING MONITORING - RETIRE	05/11/22	06/29/22
PROJECT	ELIQUIS	035	035-TX	SPRINKLING MONITORING - RETIRE	05/11/22	06/29/22
DESCRIPTION	Methuenn, David, and Quir					
DATE	06/29/22					



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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart		Permit Number IN0025674	
Month April	Year 2022	Plant Design Flow 20.00 mgd	Telephone Number 574/293-2572
E-mail address: <u>laura.kolo@coei.org</u>			035 A
Certified Operator: Name Laura E. Kolo		Class IV	Certificate Number 15094
		Expiration Date 06/30/2023	

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			RAW SEWAGE						
							Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l
1	Fri			0.10				319	15.363	7.4	107	13,697	122	15,632	3.48	16.84
2	Sat			0.21				228	16.657	7.7	86	11,957	112	15,559	3.40	14.68
3	Sun							213	15.288	8.0	79	10,085	72	9,180	2.05	11.08
4	Mon			0.14				228	16.421	7.6	63	8,570	120	16,434	3.12	12.80
5	Tue					X		213	15.658	7.7	103	13,401	126	16,454	3.48	12.48
6	Wed			0.53				213	20.708	7.5	75	12,970	170	29,360	3.35	12.24
7	Thu			0.05				213	15.881	7.7	76	10,029	122	16,159	3.12	18.44
8	Fri			0.05				222	16.391	7.7	112	15,331	130	17,771	3.39	17.04
9	Sat			0.09				240	15.675	7.8	69	9,040	98	12,811	3.34	12.64
10	Sun							213	15.418	7.6	84	10,853	71	9,130	2.61	11.60
11	Mon			0.03				213	16.244	7.3	76	10,228	120	16,257	3.29	15.04
12	Tue							198	16.102	7.8	86	11,573	104	13,966	3.54	16.12
13	Wed			0.63				198	21.812	7.7	79	14,431	168	30,561	2.96	12.12
14	Thu			0.23				167	17.643	7.9	89	13,143	122	17,951	2.40	12.24
15	Fri			0.04				152	15.093	7.9	44	5,586	64	8,056	2.89	14.08
16	Sat							204	14.644	7.5	77	9,380	59	7,206	1.72	9.96
17	Sun							220	14.391	7.9	88	10,598	68	8,161	1.81	10.16
18	Mon			0.32				0	16.872	7.5	102	14,310	106	14,916	3.04	11.20
19	Tue			0.11				0	15.860	7.8	108	14,312	118	15,608	3.52	12.72
20	Wed			0.01				0	15.443	7.7	86	11,029	116	14,940	3.16	16.08
21	Thu			0.21				243	16.437	7.7	106	14,583	132	18,095	3.59	13.08
22	Fri			0.18				198	17.150	7.6	126	17,965	152	21,741	3.98	14.04
23	Sat							264	15.252	7.6	93	11,842	100	12,720	3.00	11.88
24	Sun			0.79				195	20.110	7.7	107	17,912	110	18,449	2.91	10.40
25	Mon			0.01				249	17.803	7.9	49	7,335	86	12,769	2.30	8.64
26	Tue							200	16.029	7.4	88	11,817	108	14,438	3.45	17.44
27	Wed							198	15.949	7.6	76	10,053	106	14,100	3.22	9.20
28	Thu			0.01				237	15.968	8.0	75	9,961	110	14,649	3.34	14.44
29	Fri					X		255	15.515	8.0	90	11,613	166	21,480	3.57	20.12
30	Sat			0.44				243	17.329	7.8	115	16,587	158	22,835	3.09	15.44
31																
Average				0.21				198	16.504		87	12,006	114	15,913	3.07	13.47
Maximum				0.79				319	21.812	8.0	126	17,965	170	30,561	3.98	20.12
Minimum				0.01				0	14.391	7.3	44	5586	59	7206	1.72	8.64

# of Data	0	20	0	0	0	0	30	0	30	30	30	30	30	30	30	0
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operac <i>Laura Kolo</i>	Date (month, day, year) 5/26/22
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) 5/26/22

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month April	Year 2022
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Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR				RETURN SLUDGE			CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
1	88	66	266	2,448	109	6.0	12	7.774	5,640					30	7.4		9.7	
2	65	78	279	2,552	109	5.3	12	7.785	5,760					11	7.6		9.6	
3	60	50	306	2,524	121	4.9	12	7.785	5,740					38	7.5		9.3	
4	46	72	358	2,460	146	4.7	12	7.785	5,300					25	7.5		9.1	
5	77	54	372	2,488	150	4.7	12	8.000	4,660					51	7.6		9.2	
6	50	98	325	2,432	134	6.9	12	7.785	5,400					9	7.6		9.5	
7	77	52	400	2,164	185	6.0	12	7.785	5,360					62	7.6		9.3	
8	98	64	286	2,436	117	5.6	12	7.785	5,940					56	7.5		8.6	
9	66	69	390	2,368	165	5.5	12	7.785	5,680					111	7.6		9.4	
10	68	52	372	2,400	155	5.6	12	7.785	5,040					56	7.6		9.6	
11	77	88	456	2,452	186	4.6	13	7.785	5,420					59	7.7		9.2	
12	82	104	442	2,548	173	4.8	13	7.785	5,780					89	7.6		9.4	
13	55	88	259	2,432	106	5.8	14	7.785	5,260					104	7.6		9.3	
14	80	78	298	2,480	120	5.7	14	7.779	6,880					35	7.5		9.0	
15	51	60	229	2,480	92	5.3	14	7.785	6,340					81	7.8		9.5	
16	50	39	224	2,544	88	5.2	13	7.785	5,840					69	7.6		9.6	
17	65	41	232	2,596	89	5.5	13	8.000	4,280					44	7.8		9.7	
18	83	72	202	2,384	85	5.5	12	7.785	4,940					52	7.8		9.8	
19	86	66	192	2,368	81	5.4	13	7.785	5,360					81	7.8		9.8	
20	87	74	167	2,396	70	5.0	13	7.785	5,700					93	7.5		9.0	
21	81	76	218	2,500	87	4.1	13	7.785	5,880					53	7.5		9.1	
22	96	74	195	2,568	76	4.1	13	7.785	5,600					82	7.5		9.4	
23	64	52	210	2,464	85	4.6	14	7.785	5,300					77	7.7		9.7	
24	68	69	228	2,420	94	5.1	14	7.785	5,980					42	7.6		9.9	
25	49	67	198	2,308	86	5.4	14	7.785	7,200					34	7.4		8.4	
26	67	55	200	2,832	71	5.4	14	7.785	7,260					41	7.4		9.2	
27	71	82	254	2,728	93	4.1	13	7.785	7,920					34	7.6		9.1	
28	62	62	262	2,656	99	4.8	14	7.785	7,600					45	7.6		9.0	
29	66	64	233	2,808	83	4.6	13	7.785	7,600					23	7.6		8.7	
30	72	74	260	2,744	95	4.5	13	7.785	8,100					37	7.6		9.5	
31																		
Avg	70	68	277	2,499	112	5.2	13	8	5,959					54			9.3	
Max	98	104	456	2,832	186	6.9	14	8	8,100					111		7.8	9.9	
Min.	46	39	167	2164	70	4.1	12	8	4280					9	7.40		8.4	
Daily Max														111				
# of Days above 235														0				
Date	30	30	30	30	30	30	30	30	30	0	0	1	0	30	30	0	30	0

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

**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	2022

		FINAL EFFLUENT															
Day Of Month	Day of Week	Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Fri	19.785		3		414		11		1,782		0.33		54.5		0.77	127
2	Sat	28.166		3		761		15		3,571		0.29		68.1		0.81	190
3	Sun	16.327		3		413		13		1,797		0.39		53.1		0.70	95
4	Mon	17.279		2		356		10		1,499		0.16		23.1		0.66	95
5	Tue	16.349		3		466		14		1,909		0.96		130.9		0.72	98
6	Wed	22.629		5		927		10		1,812		0.21		39.6		0.60	113
7	Thu	17.237		4		575		15		2,185		2.38		342.1		0.59	85
8	Fri	16.592		4		544		15		2,048		1.08		149.4		0.66	91
9	Sat	15.703	17.445	5	3.86	686	567	14	12.97	1,781	1,862	0.24	0.77	31.4	110	0.62	81
10	Sun	15.612		5		685		14		1,771		0.11		14.3		0.68	89
11	Mon	16.090		3		467		11		1,503		0.37		49.7		0.61	82
12	Tue	15.707		3		422		16		2,096		0.20		26.2		0.72	94
13	Wed	23.967		4		802		14		2,878		0.21		42.0		0.84	168
14	Thu	19.561		4		604		15		2,480		0.78		127.2		0.65	106
15	Fri	15.902		4		534		20		2,706		0.17		22.5		0.73	97
16	Sat	15.383	17.460	4	3.96	513	575	17	15.43	2,207	2,234	0.06	0.27	7.7	41	0.74	95
17	Sun	15.258		4		524		16		2,087		0.06		7.6		0.60	76
18	Mon	18.482		3		481		16		2,528		0.71		109.4		0.75	116
19	Tue	16.745		8		1,059		17		2,402		0.75		104.7		1.05	147
20	Wed	16.129		4		577		20		2,690		1.78		239.4		0.97	130
21	Thu	16.744		4		593		22		3,128		1.04		145.2		0.96	134
22	Fri	17.873		6		848		20		2,981		0.12		17.9		1.05	157
23	Sat	16.223	16.779	4	4.78	595	668	20	18.97	2,760	2,654	0.10	0.65	13.5	91	0.88	119
24	Sun	21.485		4		724		15		2,652		0.11		19.7		0.81	145
25	Mon	19.072		3		455		14		2,163		0.38		60.4		0.64	102
26	Tue	19.844		2		356		12		1,986		0.86		142.3		0.73	121
27	Wed	17.476		2		207		26		3,731		0.26		37.9		0.93	136
28	Thu	17.414		5		739		19		2,759		0.51		74.1		0.93	135
29	Fri	16.757		3		478		22		3,075		0.18		25.2		0.82	115
30	Sat	18.262	18.616	3	3.11	428	484	17	17.69	2,559	2,704	0.07	0.34	10.7	53	0.65	99
31																	
Avg		18.002		4		574		16		2,384		0.50		73.0		0.80	115
Max		28.166	18.616	8	4.78	1,059	668	26	18.97	3,731	2,704	2.38	0.77	342.1	110	1.1	190
Min		15.258	16.779	2	3.11	207	484	10	12.97	1,499	1,862	0.06	0.27	7.6	41	0.6	76
Data		30	4	30	4	30	4	30	4	30	4	30	4	30	4	30	30

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 540
Primary Treatment	19.40	40.3			
	NA	NA			
Secondary Treatment	94.6	76.5			Percent Capacity (actual flow/design) 90%
Overall Treatment	95.64	85.9	96.3	73.9	
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	April	2022

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 100	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	11.08	259.20	7.2		93	14.148		4.89	2.09	75.70	56.25			
2	16.05	259.20	7.2		92	56.592		3.78	1.88	76.72	56.57			
3	11.98	259.20	7.3		92	14.148		4.19	1.92	77.97	57.46			
4	12.02	259.20	7.3		83			3.78	2.08	78.75	58.06	43.05		
5	15.62	259.20	7.1		84			4.63	2.18	78.25	60.65	128.11		
6	22.38	259.20	7.2		95			5.54	1.96	72.80	56.28			
7	20.56	259.20	7.3		94			5.09	1.84	73.69	56.94	133.36		
8	1.24	259.20	7.3		96	7.074		4.97	2.05	74.39	56.33			
9	0.00	259.20	7.3		96	45.981			1.88		55.47			
10	0.00	259.20	7.3		96	21.222			1.80		55.03			
11	18.37	259.20	7.3		97	10.611		6.56	1.81	76.63	57.14	73.65		
12	25.01	259.20	7.3		97			5.72	1.92	76.98	57.47	71.23		
13	30.07	234.72	7.3		97			6.89	1.78	78.56	55.48			
14	39.47	230.40	7.3		95			9.53	1.82	85.71	55.13	127.68		
15	59.25	230.40	7.3		97	38.907			1.62		55.65	0.00		
16	45.50	230.40	7.3		95				1.81		56.52			
17	81.10	230.40	6.7		90				2.86		64.82			
18	13.38	230.40	7.2		96			1.52	1.90	85.80	56.82	105.52		
19	8.95	230.40	7.3		93			5.30	1.93	75.30	56.84	113.38		
20	20.68	230.40	7.3		94	38.907		5.76	1.85	71.25	54.55	97.66		
21	37.59	230.40	7.2		92	14.148		5.57	1.85	73.08	56.30	111.52		
22	45.49	230.40	7.2		90			5.19	1.96	73.01	55.35			
23	41.15	230.40	7.2		91	45.981		4.90	2.00	75.53	55.56			
24	38.92	230.40	7.2		90	17.685		4.90	1.86	76.27	56.71			
25	14.04	230.40	7.2		90	21.222		5.50	2.05	74.06	56.40	96.86		
26	31.92	230.40	7.3		88			4.97	2.06	74.39	56.71	96.94		
27	25.05	230.40	7.2		90	21.222		5.83	1.98	72.66	56.89	96.98		
28	38.04	230.40	7.1		90	24.759		4.08	1.80	72.31	56.58	96.46		
29	32.03	230.40	7.1		88			3.35	2.18	72.29	58.38	55.18		
30	40.83	230.40	7.2		90	31.833		3.83	1.94	73.41	56.95			
31														
Avg.	26.59	242.06			92	26.528		5.05	1.96	75.82	56.84	90.47		
Max.	81.10	259.20	7.3		97	56.592		9.53	2.86	85.80	64.82	133.36		
Min.	0.00	230.40	6.7		83	7.074		1.52	1.62	71.25	54.55	0.00		
Data	30	30	30	0	30	16	0	25	30	25	30	16	0	0

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

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	April	2022

Substitute for State Form 30530																
Day Of Month	Final Effluent				Ag - Influent mg/l	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2																
3																
4															16.0000	1.6600
5					0.0005	0.0005	0.0006	0.0002	0.0020	0.0031	0.0572	0.0002	0.0350	0.0075		
6																
7																
8																
9																
10																
11																
12									0.0020	0.0031			0.0440	0.0088		
13																
14	136	22,187														
15																
16																
17																
18									0.0020	0.0020						
19													0.0438	0.0119		
20																
21																
22																
23																
24																
25									0.0020	0.0020						
26													0.0453	0.0097		
27																
28																
29																
30																
31																
Avg.	136	22,187			0.0005	0.0005	0.0006	0.0002	0.0020	0.0026	0.0572	0.0002	0.0420	0.0095	16.0000	1.6600
Max.	136	22,187			0.0005	0.0005	0.0006	0.0002	0.0020	0.0031	0.0572	0.0002	0.0453	0.0119	16.0000	1.6600
Min.	136	22,187			0.0005	0.0005	0.0006	0.0002	0.0020	0.0020	0.0572	0.0002	0.0350	0.0075	16.0000	1.6600
Data	1	1	0	0	1	1	1	1	4	4	1	1	4	4	1	1

WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	April	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	0.0152	0.0007	0.0012	0.0010	0.3670	0.0576												
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
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22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg.	0.0152	0.0007	0.0012	0.0010	0.3670	0.0576												
Max	0.0152	0.0007	0.0012	0.0010	0.3670	0.0576												
Min.	0.0152	0.0007	0.0012	0.0010	0.3670	0.0576												
Data	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0



BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 4/5/22 8:16 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 4/5/22 9:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 3214 S. Main	(9) Latitude (Deg Min Sec) 41 39 12 N	(9) Longitude (Deg Min Sec) 85 56 30 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons			(11) WWTP Flow During Release 16.1 MGD	(12) WWTP Peak Design Flow Rate 44 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: n/a		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation <input type="checkbox"/> Grease Obstruction <input type="checkbox"/> Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) grease		(17) Additional Description of the Bypass / Overflow Event: Call recieved at 8:16 pm. Crews found main line plugged with grease. Obstruction removed and flows returned to normal at 9:30 pm		(18) Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Continue to educate residents on proper grease disposal					

CERTIFICATION AND SIGNATURE

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

SIGNATURE: Laura Kolo DATE (month, day, year): 4/6/22

Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 4/6/22 appx 8:15 am	<input type="checkbox"/> AM <input type="checkbox"/> PM
--	------------------------------------	--------------------------------------	---	--

Kolo, Laura

From: postmaster@state.in.us
Sent: Wednesday, April 6, 2022 8:36 AM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: Emailing: IN0025674_INC_RPT_2022_04
Attachments: EXTERNAL: Relayed: Emailing: IN0025674_INC_RPT_2022_04

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



BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

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

RELEASE INFORMATION (Location 1)					
(5) Outfall Number 029	(6) Date (mm/dd/yy) and Time Release Began 04/29/22 7:14 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 04/29/22 7:34 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) CSO 29	(9) Latitude (Deg Min Sec) 41 41 16 N	(9) Longitude (Deg Min Sec) 85 58 57 W

(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual 11,997 Gallons	(11) WWTP Flow During Release 14.9 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD
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(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input checked="" type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release	(14) Describe any damage to aquatic life or receiving stream: none
---	---

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

(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input checked="" type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) AEP power issue	(17) Additional Description of the Bypass / Overflow Event: AEP was performing maintenance and reversed the phases causing Lexington lift station pumps to run in reverse. We transferred to generator power ending the the first roudn ov overflows. When AEP corrected this situation affecting Lexington Lift station at 11:46 am, it had a cascading affect and caused Jackson lift station pumps to run backwards. Jackson lift station was transferred to generator power and the overflow stopped at 11:56 am.	(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: St. Joseph River
---	--	---

(19) Additional organizations notified by facility, if necessary (Select one or more.) <input checked="" type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other: contacted IDEM Emergency Spill reponsee at 7:21 ⁵⁶ am on 4/29/22 ,

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris AEP power was corrected the afternoon of 4/29/22 and the station was transferred from generator power back to AEP power.

(21) Resolution; Actions Taken or Planned to Prevent Recurrence Will be discussing situation with AEP.

CERTIFICATION AND SIGNATURE

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

SIGNATURE: <u>Laura E. Kolo</u>	DATE (month, day, year): <u>05/02/22</u>			
Individual Making Report (printed) Laura E. Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 05/02/22 appx 3:15	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

**BYPASS / OVERFLOW REPORT (Supplemental Locations)**

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

Follow-up to Bypass report
 previously sent on: _____

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

RELEASE INFORMATION (Location 2)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
028	4/29/22 7:23 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	4/29/22 7:28 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	CSO 28	41 41 21 N	85 58 52 W
Amount of Flow Released <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual 2,806 Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input checked="" type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted St Joseph River	
RELEASE INFORMATION (Location 3)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
025	4/29/22 7:13 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	4/29/22 7:33 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	CSO 25	41 41 31 N	85 58 39 W
Amount of Flow Released <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual 14,054 Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input checked="" type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted St Joseph River	
RELEASE INFORMATION (Location 4)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
007	4/29/22 11:46 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	4/29/22 11:56 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	CSO 007	41 41 17 N	85 58 19 W
Amount of Flow Released <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual 20,192 Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input checked="" type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted Elkhart River	
RELEASE INFORMATION (Location 5)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 6)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 7)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

CERTIFICATION AND SIGNATURE	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
SIGNATURE: <u>Laura S. [Signature]</u>	DATE (month, day, year): <u>05/02/22</u>

Kolo, Laura

From: Kolo, Laura
Sent: Monday, May 2, 2022 3:22 PM
To: wwreports@idem.in.gov
Cc: lraisor@idem.in.gov
Subject: Emailing: inc rpt 042922
Attachments: inc rpt 042922.pdf

Please find incident report for overflows that occurred on 4/29/22. IDEM spill response was notified at 7:56 on 4/29/22.

Thank you
Laura Kolo

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

inc rpt 042922

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.



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 2022				Enter "x" if no CSO discharge occurred for the month:																
Design Peak Hourly Flow (MGD): 44		Design Average Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																
WWTP Influent Data			Precipitation Data					CSO Outfall No. 005					CSO Outfall No. 006							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	15.36	17.86	8:39 AM	3.62	0.10	0.12	15 min													
2	16.66	52.56	5:34 PM	4.75	0.21	0.16	15 min													
3	15.29	18.12					15 min													
4	16.42	21.82	4:36 AM	3.98	0.14	0.08	15 min													
5	15.66	18.48					15 min													
6	20.71	50.98	6:16 AM	12.47	0.53	0.40	15 min													
7	15.88	20.50	4:41 PM	1.83	0.05	0.08	15 min													
8	16.39	20.29	12:21 AM	17.13	0.05	0.08	15 min													
9	15.68	19.65	2:29 AM	10.03	0.09	0.08	15 min													
10	15.42	18.50					15 min													
11	16.24	18.90	2:41 AM	11.08	0.03	0.08	15 min													
12	16.10	18.80					15 min													
13	21.81	51.60	9:49 AM	11.68	0.63	0.64	15 min							10:07 AM	M	0.17	M	0.0014	M	
14	17.64	26.41	12:06 AM	2.63	0.23	0.24	15 min													
15	15.09	17.71	8:54 PM	2.35	0.04	0.08	15 min													
16	14.64	17.60					15 min													
17	14.39	16.94					15 min													
18	16.87	24.47	10:01 AM	12.92	0.32	0.16	15 min													
19	15.86	18.19	12:19 AM	9.20	0.11	0.04	15 min													
20	15.44	20.96	3:56 PM	0.08	0.01	0.04	15 min													
21	16.44	19.81	12:36 AM	7.50	0.21	0.24	15 min													
22	17.15	44.44	9:34 AM	12.03	0.18	0.48	15 min													
23	15.25	18.98					15 min													
24	20.11	50.07	5:46 PM	5.63	0.79	0.56	15 min													
25	17.80	24.21	5:00 AM	8.02	0.01	0.04	15 min													
26	16.03	19.20					15 min													
27	15.95	18.68					15 min													
28	15.97	18.93	1:11 AM	0.08	0.01	0.04	15 min													
29	15.52	24.45					15 min													
30	17.33	49.23	12:16 PM	11.75	0.44	0.56	15 min							11:57 PM	M	0.08	M	0.0077	M	
Totals:		495.11			148.76	4.18		0	Da	0.00		0		2	Da	0.25		0.0091		
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													5/26/22							



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 2022										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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7	2:02 PM	M	0.08	M	0.0021	M																			
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12																									
13	10:22 AM	M	0.63	M	0.1158	M							10:35 AM	M	0.50	M	0.0143	M							
14																									
15																									
16																									
17																									
18																									
19																									
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21																									
22																									
23																									
24																									
25																									
26																									
27																									
28																									
29	11:46 AM	M	0.17	M	0.0202	M																			
30																									
Totals:	3	Days	0.88		0.1381		0	Days	0.00		0.0000		1	Days	0.50		0.0143		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 2022										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		
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13	1:01 PM	M	0.17	M	0.0014	M	10:17 AM	M	0.25	M	0.0096	M								
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28																				
29																				
30																				
Totals:		1	Days	0.17	0.0014		1	Days	0.25	0.0096		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: April 2022										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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6													10:20 AM	M	1.25	M	0.0356	M							
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11																									
12																									
13													10:49 AM	M	1.58	M	0.0745	M							
14																									
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24													11:00 PM	M	1.05	M	0.0385	M							
25													12:04 AM	M	0.08	M	0.0000	M							
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30																									
Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		3	Days	3.96		0.1486		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 2022										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							9:14 AM	M	0.25	M	0.0052	M							9:13 AM	M	0.08	M	0.0002	M	
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11																									
12																									
13	10:15 AM	M	0.25	M	0.0105	M	10:04 AM	M	0.75	M	0.0277	M	10:38 AM	M	0.08	M	0.0007	M	10:03 AM	M	0.50	M	0.0204	M	
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22							7:39 PM	M	0.17	M	0.0015	M													
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24							8:54 PM	M	0.17	M	0.0045	M													
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30	11:55 PM	M	0.08	M	0.0055	M	11:49 PM	M	0.17	M	0.0266	M							7:13 AM	M	0.33	M	0.0141	M	
Totals:	2	Days	0.33		0.0160		5	Days	1.51		0.0655		1	Days	0.08		0.0007		4	Days	1.08		0.0590		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9			Permit Number: IN0025674											
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: April 2022										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						
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29													7:23 AM	M	0.08	M	0.0028	M	7:14 AM	M	0.33	M	0.0120	M
30							11:56 PM	M	0.08	M	0.0011	M												
Totals:	0	Days	0.00		0.0000		1	Days	0.08		0.0011		1	Days	0.08		0.0028		1	Days	0.33		0.0120	



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 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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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: April 2022										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	9:42 AM	M	1.00	M	0.0386	M	9:04 AM	M	1.92	M	0.0568	M													
7																									
8																									
9																									
10																									
11																									
12																									
13	10:17 AM	M	1.33	M	0.3256	M	9:59 AM	M	2.25	M	0.0788	M													
14																									
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18																									
19																									
20																									
21																									
22							7:34 PM	M	2.17	M	0.0429	M													
23																									
24	9:12 PM	M	2.00	M	0.3300	M	3:19 PM	M	6.83	M	0.1876	M													
25	12:02 AM	M	0.50	M	0.0626	M																			
26																									
27																									
28																									
29																									
30							11:49 PM	M	0.25	M	0.0097	M													
Totals:	4	Da ys	4.83		0.7568		5	Da ys	13.42		0.3758		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		



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

City: Elkhart	Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: April 2022	Enter "x" if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	

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

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Laura E. Kolo, Utilities Services Manager	Telephone 574-293-2572
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent <i>Laura Kolo</i>	Date (mm/dd/yy) 05/26/22

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 2022

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

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

327 IAC 6.1-4-13

<input checked="" type="checkbox"/>	Alternative 1	<input type="checkbox"/>	Alternative 4
<input type="checkbox"/>	Alternative 2	<input type="checkbox"/>	Alternative 5
<input type="checkbox"/>	Alternative 3	<input type="checkbox"/>	Alternative 6

No Distribution

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

327 IAC 6.1-15

<input checked="" type="checkbox"/>	Option 1 38% VSR	<input type="checkbox"/>	Option 5 Aerobic
<input type="checkbox"/>	Option 2 Anaerobic/Bench	<input type="checkbox"/>	Option 6 Alkali
<input type="checkbox"/>	Option 3 Aerobic/Bench	<input type="checkbox"/>	Option 7 75% Solids
<input type="checkbox"/>	Option 4 SOUR	<input type="checkbox"/>	Option 8 90% Solids

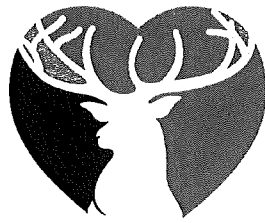
Analytical Results: **Lab Nos.:**

1	2	3	4	5	6	7	8	9	10	11	12
Enter heavy metals results as dry weights											
Enter all nutrient results as percent dry weights											
NO DISTRIBUTION											

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

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

Signature: Laura KSD Date: 5-26-22



City of Elkhart
Public Works and Utilities

Date Jun 24, 2022
Memo To Board of Public Works
Memo From Laura Kolo, Utility Services Manager
Subject Wastewater Utility Monthly Report of Operations
for the month of May, 2022

Wastewater MRO Highlights

Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	6	30
cBOD5 mg/L	2	25
Phosphorus mg/L	0.5	1.0
Ammonia mg/L	0.13	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	18.44	Design - 20
Total Monthly Flow MGD	572	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
5/2/22	1411 Kilbourne	50	grease
5/5/22	1200 S. Main	125	grease
5/23/22	MH 69-23	18,000	power failure

Wet Weather Overflows

Number of Events	Total Overflow Volume (MG)
5	2.9559

Code	Name	Value 1	Units	Value 2	Value 1	Value 2	Value 3	Units	EX	TYPE	
00665	Pho. s, total [as P]	Smpl. =84.0	26 - lb/d	=0.6				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. <0.032	26 - lb/d	<0.044			<0.0002	19 - mg/L	0	01/07 - Weekly	24 - COMP24
1 -	Effluent Gross										
Season: 0		Req. Req Mon MO AVG	26 - lb/d	Req Mon DAILY MX			Req Mon DAILY MX	19 - mg/L		01/07 - Weekly	24 - COMP24
NODI: -		NODI									
01079	Silver total recoverable	Smpl.					=0.00078	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. =18.438	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	3Z - CFU/100ml	0	01/01 - Daily	GR - GRAB
1 -	Effluent Gross										
Season: 1		Req.					<=235.0 DAILY MX	3Z - CFU/100ml		01/01 - Daily	GR - GRAB
NODI: -		NODI									
80082	BOD, carbonaceous [5 day, 20 C]	Smpl. =270.0	26 - lb/d	=503.0			=2.0	19 - mg/L	0	01/01 - Daily	24 - COMP24
1 -	Effluent Gross										
Season: 0		Req. <=6259.0 MO AVG	26 - lb/d	<=10014.0 MX WK AV			<=25.0 MO AVG	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -		NODI									
81012	Phosphorus, total percent removal	Smpl.					=79.9	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.	80 - Mgal/mo	=572.0					0	01/30 - Monthly	RT - RCOTOT
1 -	Effluent Gross										
Season: 0		Req.	80 - Mgal/mo	Req Mon MO TOTAL						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
There is no place to enter 51041 Y(CV3), 51484 Y(QV2), 51484Y(CV3), Mercury Rolling Avg conc or Mercury Daily Max conc. All supporting docs are attached.

Attachments

IN0025674_035a_Hg_RoIl_Avg_Calc_2022_05.pdf
IN0025674_0' 'RO_2022_05.pdf
IN0025674_C_ 'AO_2022_05.pdf
IN0025674_INC_RPT_2022_05_01.pdf
IN0025674_INC_RPT_2022_05_02.pdf
IN0025674_INC_RPT_2022_05_03.pdf

pdf 53201.0
pdf 903888.0
pdf 1479871.0
pdf 114191.0
pdf 113039.0
pdf 119091.0

Report Last Saved By

ELKHART WWTP

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2022-06-24 12:52 (Time Zone:-04:00)

Report Last Signed By

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2022-06-24 12:52 (Time Zone:-04:00)

Signing Process Confirmation - CDX Activity ID: _ae29973e-59bb-4954-a8e3-44ba16aa20fe

our DMRs are undergoing the Signing Process

Permit ID	Facility	Permitted Feature	Discharge #	Discharge Description	Monitoring Period End Date	DMR Due Date
IN0025674	ELKHART WWTP 005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 008	008-C	CSO- HUG/EAST BLVD	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 009	009-C	CSO- NIBCO PRKWAY - FKA JR. ACHIEVEMENT (Y DR N)	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 011	011-C	CSO- ELKHART/FRANKLIN	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 012	012-C	CSO- CASSOPOLIS/BEARDSLEY	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 013	013-C	CSO- JOHNSON/BEARDSLEY	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 014	014-C	CSO- DAM AT CONE/ERWIN	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 015	015-C	CSO- MICHIGAN/FULTON	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 018	018-C	CSO- MCNAUGHTON PARK WEST	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 020	020-C	CSO- BRIDGE AND HUDSON	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 023	023-C	CSO- FRANKLIN/8TH	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 024	024-C	CSO- INDIANA/FRANKLIN	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 025	025-C	CSO- POTTAWATOMI/SECOND	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 026	026-C	CSO- MAIN/POTTAWATOMI	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 027	027-C	CSO- EDGEWATER/NAVAJO	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 028	028-C	CSO- WASHINGTON AT RIVER	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 029	029-C	CSO- JEFFERSON AT THE RIVER	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 031	031-C	CSO- ELIZABETH/LUSHER	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 032	032-C	CSO- EDGEWATER/OKEMA	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 033	033-C	CSO- EVANS/GRACE	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 034	034-C	CSO- LEXINGTON/6TH	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 037	037-C	CSO- FRANKLIN/KRAU	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 039	039-C	CSO- WEST HIGH AT RIVER	05/31/22	06/28/22	
IN0025674	ELKHART WWTP 040	040-C	CSO- MCNAUGHTON PARK SOUTH	05/31/22	06/28/22	



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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart		Permit Number IN0025674	
Month May	Year 2022	Plant Design Flow 20.00 mgd	Telephone Number 574/293-2572
E-mail address: laura.kolo@coei.org		035	A
Certified Operator: Name Laura E. Kolo		Class IV	Certificate Number 15094
		Expiration Date 06/30/2023	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 2.79 Precipitation - Inches	Bypass At Plant Site("x" If Occurred)	Sanitary Sewer Overflow("x" If Occurred)	CHEMICALS USED			RAW SEWAGE						
							Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l
1	Sun			0.07				192	17.578	7.9	85	12,432	140	20,524	2.79	9.84
2	Mon					x		190	17.737	8.1	71	10,498	116	17,159	2.98	12.24
3	Tue			0.74				246	24.011	7.9	86	17,262	104	20,826	2.41	9.04
4	Wed			0.01				156	17.900	7.6	69	10,320	100	14,929	2.91	15.96
5	Thu			0.15		x		237	19.243	7.8	63	10,162	122	19,579	2.66	12.32
6	Fri			0.29				304	21.500	7.7	62	11,063	100	17,931	2.72	15.52
7	Sat							237	17.622	7.7	74	10,927	67	9,847	2.83	13.08
8	Sun							228	17.824	8.2	56	8,357	49	7,284	2.21	12.00
9	Mon							296	19.230	7.6	63	10,120	138	22,132	2.69	12.08
10	Tue							205	18.534	7.8	60	9,197	124	19,167	3.12	13.88
11	Wed							162	17.958	7.5	104	15,531	120	17,972	3.27	15.60
12	Thu							0	18.055	7.9	75	11,308	128	19,274	3.32	16.56
13	Fri							0	19.357	7.6	98	15,789	128	20,664	3.47	14.16
14	Sat							0	16.889	7.6	81	11,402	116	16,339	2.88	14.00
15	Sun			0.25					16.433	7.7	49	6,650	120	16,446	2.11	12.88
16	Mon			0.05				0	18.089	7.6	39	5,941	104	15,690	2.44	12.32
17	Tue							150	16.925	7.6	72	10,160	188	26,537	3.96	17.84
18	Wed			0.35				198	18.868	7.7	117	18,398	178	28,010	3.30	15.56
19	Thu							129	16.103	7.6	94	12,664	154	20,682	3.74	16.84
20	Fri							144	15.768	7.9	79	10,336	132	17,359	4.18	18.52
21	Sat			0.64		x		146	18.196	7.9	103	15,704	210	31,868	3.51	14.16
22	Sun							144	14.971	7.9	73	9,117	66	8,241	2.04	13.32
23	Mon							144	15.961	7.7	53	7,088	112	14,909	2.76	12.80
24	Tue							150	15.588	8.0	69	9,022	104	13,520	3.94	15.68
25	Wed			0.20				137	16.766	7.6	73	10,235	126	17,618	3.55	16.92
26	Thu			0.02				137	15.369	7.9	128	16,448	108	13,843	3.14	14.84
27	Fri			0.02				137	14.606	7.7	108	13,184	124	15,105	3.04	16.68
28	Sat							140	13.769	7.6	92	10,513	84	9,646	2.51	15.48
29	Sun							122	13.934	8.0	81	9,457	78	9,064	2.21	14.44
30	Mon							140	13.622	7.8	42	4,743	53	6,021	2.41	11.16
31	Tue							195	14.354	7.6	90	10,786	102	12,211	3.51	14.28
Average				0.23				156	17.186		78	11,123	116	16,787	2.99	14.19
Maximum				0.74				304	24.011	8.2	128	18,398	210	31,868	4.18	18.52
Minimum				0.01				0	13.622	7.5	39	4,743	49	6,021	2.04	9.04

# of Data	0	12	0	3	0	30	0	31	31	31	31	31	31	31	31	0
-----------	---	----	---	---	---	----	---	----	----	----	----	----	----	----	----	---

<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>	<p>Prepared by or under the direction of (Certified Operator)</p> <p><i>Laura Kolo</i></p>	<p>Date (month, day, year)</p> <p>6/24/22</p>
	<p>Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)</p> <p><i>Laura Kolo</i></p>	<p>Date (month, day, year)</p> <p>6/24/22</p>

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month May	Year 2022
-----------------------------	----------------------------	--------------	--------------

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR		Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Volume - MG	Susp. Solids - mg/l															
1	81	69	216	2,716	80	5.5	13	7.785	8,400					54	7.6		9.2	
2	62	60	260	2,928	89	5.7	13	7.785	8,320					32	7.6		10.0	
3	75	84	256	3,040	84	5.3	13	8.000	8,900					29	7.6		9.5	
4	64	55	232	2,764	84	4.8	14	7.785	8,600					37	7.6		9.0	
5	55	68	216	2,676	81	4.5	13	7.785	8,340					33	7.5		8.7	
6	55	53	204	2,612	78	4.6	13	7.785	8,900					47	7.5		9.4	
7	57	50	200	2,648	76	5.3	14	8.000	6,640					36	7.6		9.6	
8	49	49	238	2,792	85	5.4	14	7.785	8,480					20	7.6		9.5	
9	36	84	208	2,748	76	3.8	14	7.785	8,120					15	7.6		9.4	
10	48	69	220	2,628	84	3.1	15	8.000	8,000					12	7.5		9.0	
11	76	70	222	2,556	87	3.2	15	7.785	8,460					23	7.5		8.5	
12	63	66	214	2,756	78	3.2	14	9.069	7,780					21	7.6		8.4	
13	74	82	231	3,112	74	3.4	14	7.785	6,520					17	7.6		8.8	
14	57	66	218	2,900	75	3.6	15	8.000	5,740					19	7.6		9.1	
15	32	42	222	2,844	78	5.4	14	7.785	7,520					12	7.6		9.4	
16	35	52	200	2,384	84	4.2	15	7.785	6,660					12	7.6		9.1	
17	56	64	194	2,628	74	3.5	15	8.000	7,160					12	7.6		9.0	
18	74	82	249	2,780	89	3.2	15	7.747	7,800					13	7.6		9.2	
19	68	66	205	2,976	69	3.4	15	7.785	7,500					12	7.7		8.9	
20	58	58	264	3,032	87	4.0	15	7.785	7,380					8	7.6		9.1	
21	53	80	267	2,808	95	5.5	15	7.785	6,900					11	7.6		9.2	
22	63	62	269	2,816	96	5.3	15	7.785	7,120					10	7.7		9.2	
23	44	66	222	2,612	85	2.7	15	7.785	6,700					3	7.6		8.7	
24	64	62	208	2,792	74	3.0	16	8.000	5,280					8	7.7		8.7	
25	72	78	245	2,748	89	3.2	15	7.785	6,740					7	7.6		8.9	
26	115	78	196	2,720	72	3.8	16	7.785	6,560					10	7.6		8.6	
27	86	73	230	3,056	75	3.9	16	7.785	6,320					8	7.7		8.9	
28	60	51	229	2,868	80	4.8	16	7.785	6,020					10	7.7		9.4	
29	53	54	202	2,744	74	6.4	15	7.785	5,100					11	7.7		10.0	
30	37	44	202	2,664	76	5.2	16	7.785	6,380					10	7.6		9.3	
31	55	54	214	2,420	88	5.20	16	7.785	6,180					7	7.7		9.6	
Avg	61	64	224	2,767	81	4.3	15	8	7,243					18			9.1	
Max	115	84	269	3,112	96	6.4	16	9	8,900					54		7.7	10.0	
Min.	32	42	194	2384	69	2.7	13	8	5100					3	7.50		8.4	
Daily Max														54				
# of Days above 235														0				
Date	31	31	31	31	31	31	31	31	31	0	0	1	0	31	31	0	31	0

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

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month May	Year 2022
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		FINAL EFFLUENT															
Day Of Month	Day of Week	Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Sun	19.995		4		670		14		2,268		0.11		18.3		0.62	103
2	Mon	19.745		3		489		12		1,976		0.06		9.9		0.51	84
3	Tue	26.615		4		777		9		1,909		0.10		22.2		0.49	109
4	Wed	20.529		3		515		9		1,609		0.19		32.5		0.45	77
5	Thu	21.770		3		499		8		1,452		0.49		89.0		0.46	84
6	Fri	24.341		2		363		8		1,563		0.25		50.8		0.43	87
7	Sat	18.382	21.625	2	2.77	205	503	8	9.66	1,272	1,721	0.05	0.18	7.7	33	0.46	71
8	Sun	18.432		2		384		6		953		0.05		7.7		0.61	94
9	Mon	21.098		2		260		6		1,056		0.14		24.6		0.45	79
10	Tue	20.039		2		314		8		1,337		0.38		63.5		0.49	82
11	Wed	18.590		2		310		7		1,054		0.28		43.4		0.52	81
12	Thu	19.222		2		393		5		753		0.18		28.9		0.69	111
13	Fri	20.830		3		511		6		1,042		0.09		15.6		0.69	120
14	Sat	16.800	19.287	2	2.00	108	326	6	6.30	897	1,013	0.04	0.17	5.6	27	0.77	108
15	Sun	16.842		2		214		4		632		0.04		5.6		0.64	90
16	Mon	19.643		2		206		5		803		0.04		6.6		0.67	110
17	Tue	17.569		2		136		5		791		0.09		13.2		0.54	79
18	Wed	16.410		2		185		6		794		0.25		34.2		0.43	59
19	Thu	17.673		2		243		5		781		0.11		16.2		0.45	66
20	Fri	17.450		2		162		5		742		0.08		11.6		0.53	77
21	Sat	19.550	17.877	2	1.26	163	187	4	5.06	717	752	0.06	0.10	9.8	14	0.60	98
22	Sun	15.900		2		107		4		491		0.05		6.6		0.52	69
23	Mon	17.248		2		102		3		475		0.26		37.4		0.50	72
24	Tue	16.583		2		188		5		705		0.16		22.1		0.58	80
25	Wed	17.892		2		249		4		627		0.14		20.9		0.61	91
26	Thu	16.400		2		105		4		547		0.10		13.7		0.57	78
27	Fri	16.375		2		157		4		546		0.07		9.6		0.48	66
28	Sat	14.975	16.482	2	1.07	125	148	4	3.97	437	547	0.05	0.12	6.2	17	0.47	59
29	Sun	14.767		2		110		4		480		0.05		6.2		0.54	67
30	Mon	14.300		2		2		3		346		0.06		7.2		0.59	70
31	Tue	15.608		2		118		3		377		0.58		11.7		0.58	75
Avg		18.438		2		270		6		950		0.15		21.2		0.60	84
Max		26.615	21.625	4	2.77	777	503	14	9.66	2,268	1,721	0.58	0.18	89.0	33	0.8	120
Min		14.300	16.482	2	1.07	2	148	3	3.97	346	547	0.04	0.10	5.6	14	0.4	59
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) 572
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment	22.08	44.6			
Secondary Treatment	96.3	90.8			Percent Capacity (actual flow/design) 92%
Overall Treatment	97.09	94.9	99.0	79.9	
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	May	2022

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary SludgeGal. x 100	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	23.00	230.40	7.1		91	42.444		4.50	1.87	73.81	55.33			
2	16.03	230.40	7.1		90			5.56	2.16	73.73	57.87			
3	33.32	216.00	7.3		90			4.98	2.07	74.84	56.59			
4	28.41	244.80	7.2		88	21.222		5.23	2.05	73.60	54.67	93.15		
5	25.01	244.80	7.2		90	21.222		4.86	2.01	72.69	54.36	97.84		
6	25.31	244.80	7.1		91			4.42	2.15	74.17	56.61	65.38		
7	21.53	244.80	7.2		91	10.611		5.34	2.08	76.12	57.36			
8	21.00	244.80	7.2		90	17.500		6.07	2.10	77.59	55.11			
9	24.05	244.80	7.3		92	17.685		6.55	2.05	82.46	57.59	96.47		
10	22.19	244.80	7.3		92			4.04	2.14	76.69	57.26	89.64		
11	36.01	244.80	7.2		93	17.685		4.42	2.17	75.00	58.01	86.08		
12	33.07	244.80	7.2		93			4.60	1.98	75.05	55.80	93.00		
13	22.10	244.80	7.2		93			5.02	2.04	75.69	55.91	60.55		
14	36.12	244.80	7.2		93	3.537		4.58	2.04	74.61	55.88			
15	34.05	244.80	7.2		93	42.444		3.09	2.04	79.55	55.49			
16	20.24	244.80	7.2		94	10.611		2.73	2.06	76.47	56.31	97.07		
17	31.20	244.80	7.3		93			5.83	2.16	74.85	56.91	97.24		
18	40.09	243.36	7.3		92			5.65	2.10	73.23	57.06	97.32		
19	28.56	244.80	7.2		94	21.222		6.22	2.18	72.62	56.25	97.12		
20	22.77	244.80	7.2		93	17.685		5.59	2.31	73.97	56.91	69.26		
21	45.02	244.80	7.3		94	53.055		5.77	2.17	73.14	57.89			
22	44.02	244.80	7.3		92	17.500		6.60	2.21	74.97	56.45			
23	14.02	244.80	7.3		94	38.907		2.78	2.35	74.19	62.56	121.62		
24	29.94	244.80	7.3		91			5.13	2.34	74.85	57.14	117.74		
25	22.52	244.80	7.2		94	17.685		5.19	2.17	76.56	58.29	127.83		
26	34.02	244.80	7.2		94	7.074		4.53	2.15	75.86	56.55	86.48		
27	33.53	244.80	7.2		90	7.074		3.10	2.28	76.36	55.61	55.17		
28	12.02	244.80	7.2		94	38.907		2.96	2.17	77.51	56.20			
29	24.41	244.80	7.2		95	42.444		1.82	1.98	75.83	55.34			
30	11.56	244.80	7.2		95	17.685		2.11	1.85	76.55	55.70			
31	13.56	244.80	7.3		96			4.92	2.11	80.00	57.72	123.86		
Avg.	26.73	242.90			92	23.057		4.65	2.11	75.57	56.67	93.31		
Max.	45.02	244.80	7.3		96	53.055		6.60	2.35	82.46	62.56	127.83		
Min.	11.56	216.00	7.1		88	3.537		1.82	1.85	72.62	54.36	55.17		
Data	31	31	31	0	31	21	0	31	31	31	31	19	0	0

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

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	May	2022

Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Influent mg/l	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2									0.0055	0.0059						
3					0.0002	0.0002	0.0008	0.0002			0.0358	0.0002	0.0670	0.0061		
4															21.3000	2.1200
5																
6																
7																
8																
9																
10					0.0008	0.0002										
11																
12																
13																
14	155	21,717														
15																
16																
17					0.0002	0.0002										
18																
19																
20																
21																
22																
23																
24			18.90	2,613.91	0.0002	0.0002										
25																
26																
27																
28																
29																
30																
31					0.0002	0.0002										
Avg.	155	21,717	19	2,614	0.0003	0.0002	0.0008	0.0002	0.0055	0.0059	0.0358	0.0002	0.0670	0.0061	21.3000	2.1200
Max.	155	21,717			0.0008	0.0002	0.0008	0.0002	0.0055	0.0059	0.0358	0.0002	0.0670	0.0061	21.3000	2.1200
Min.	155	21,717	18.90	2613.91	0.0002	0.0002	0.0008	0.0002	0.0055	0.0059	0.0358	0.0002	0.0670	0.0061	21.3000	2.1200
Data	1	1	1	1	5	5	1	1	1	1	1	1	1	1	1	1

WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	May	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	0.0195	0.0075	0.0046	0.0010	0.1780	0.0603												
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
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25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg.	0.0195	0.0075	0.0046	0.0010	0.1780	0.0603												
Max	0.0195	0.0075	0.0046	0.0010	0.1780	0.0603												
Min.	0.0195	0.0075	0.0046	0.0010	0.1780	0.0603												
Data	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart	Page 1 of 9	Permit Number: IN0025574
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Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? <input checked="" type="checkbox"/> Y
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Monitoring Period: May 2022	Enter "x" if no CSO discharge occurred for the month:
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Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	Measured/Metered (M) or Estimated (E) must be specified
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WWTP Influent Data			Precipitation Data					CSO Outfall No. 005					CSO Outfall No. 006							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	17.58	48.43	12:04 AM	1.45	0.07	0.16	15 min							12:02 AM	M	0.17	M	0.0101	M	
2	17.74	26.32					15 min													
3	24.01	50.63	7:16 AM	13.88	0.74	0.32	15 min													
4	17.90	20.93	2:04 PM	0.08	0.01	0.04	15 min													
5	19.24	30.47	2:54 PM	6.87	0.15	0.16	15 min													
6	21.50	45.95	12:11 AM	17.72	0.29	0.12	15 min													
7	17.62	20.76					15 min													
8	17.82	20.91					15 min													
9	19.23	22.78					15 min													
10	18.53	24.77					15 min													
11	17.96	21.46					15 min													
12	18.06	25.28					15 min													
13	19.36	33.24					15 min													
14	16.89	21.08					15 min													
15	16.43	28.09	5:06 PM	6.97	0.25	0.16	15 min													
16	18.09	23.83	12:04 AM	4.12	0.05	0.08	15 min													
17	16.93	19.81					15 min													
18	18.87	50.90	10:19 AM	10.87	0.35	0.24	15 min													
19	16.10	18.80					15 min													
20	15.77	20.75					15 min													
21	18.20	51.93	3:26 AM	8.80	0.64	1.88	15 min													
22	14.97	18.53					15 min													
23	15.96	20.79					15 min													
24	15.59	18.36					15 min													
25	16.77	31.66	8:21 AM	13.08	0.20	0.24	15 min													
26	15.37	18.58	3:54 AM	11.70	0.02	0.04	15 min													
27	14.61	17.45	4:21 PM	0.58	0.02	0.04	15 min													
28	13.77	16.31					15 min													
29	13.93	17.55					15 min													
30	13.62	16.20					15 min													
31	14.35	17.48					15 min													
Totals:	532.76			96.12	2.79			0	Days	0.00		0		1	Days	0.17		0.0101		

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

Signature of Principal Executive Officer or Authorized Agent <i>Laura E. Kolo</i>	Date (mm/dd/yy) 06/23/22
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National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart							Page 2 of 9							Permit Number: IN0025574													
Facility: Elkhart Public Works & Utilities							Public Notification Requirements Met? Y																				
Monitoring Period: May 2022							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	12:01 AM	M	0.83	M	0.1317	M							12:11 AM	M	0.67	M	0.0288	M									
2																											
3	10:55 AM	M	1.00	M	0.1737	M							11:05 AM	M	0.83	M	0.0361	M									
4																											
5																											
6																											
7																											
8																											
9																											
10																											
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25																											
26																											
27																											
28																											
29																											
30																											
31																											
Totals:	2	Da ys	1.83		0.3054		0	Da ys	0.00		0.0000		2	Da ys	1.50		0.0649		0	Da ys	0.00		0.0000				



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 3 of 9		Permit Number: IN0025574																			
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																					
Monitoring Period: May 2022		Enter "x" if no CSO discharge occurred for the month:																					
Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																			
CSO Outfall No. 012		CSO Outfall No. 013		CSO Outfall No. 14B		CSO Outfall No. 015																	
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E					
1							12:12 AM	M	0.08	M	0.0017	M											
2																							
3	11:11 AM	M	0.33	M	0.0036	M							10:21 AM	M	1.67	M	0.0647	M					
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							
13																							
14																							
15																							
16																							
17																							
18																							
19																							
20																							
21	8:02 AM	M	0.25	M	0.0074	M							7:56 AM	M	0.67	M	0.0537	M					
22																							
23																							
24																							
25																							
26																							
27																							
28																							
29																							
30																							
31																							
Totals:	2	Da ys	0.58		0.0110		1	Da ys	0.08		0.0017		0	Da ys	0.00		0.0000		2	Da ys	2.34		0.1184



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 2022										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													12:15 AM	M	1.15	M	0.0536	M							
2																									
3													9:49 AM	M	3.48	M	0.3007	M							
4																									
5																									
6													10:44 AM	M	0.75	M	0.0068	M							
7																									
8																									
9																									
10																									
11																									
12																									
13																									
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21													10:49 AM	M	0.25	M	0.0136	M							
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Totals:	0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		4	Da ys	5.63		0.3747		0	Da ys	0.00		0.0000		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 5 of 9					Permit Number: IN0025574												
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y																	
Monitoring Period: May 2022										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	0.33	M	0.0197	M	12:04 AM	M	0.33	M	0.0154	M	12:13 AM	M	0.50	M	0.0112	M	12:03 AM	M	0.17	M	0.0149	M			
2																											
3	10:55 AM	M	0.67	M	0.0399	M	10:39 AM	M	0.92	M	0.0336	M	10:28 AM	M	1.58	M	0.0499	M	10:48 AM	M	0.50	M	0.0078	M			
4																											
5																											
6																											
7																											
8																											
9	10:35 AM	M	1.92	M	0.1273	M	7:39 AM	M	1.25	M	0.0182	M															
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21	7:55 AM	M	0.17	M	0.0067	M	7:49 AM	M	0.33	M	0.0113	M							7:43 AM	M	0.25	M	0.0192	M			
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Totals:	4	Da ys	3.09		0.1936		4	Da ys	2.83		0.0785		2	Da ys	2.08		0.0611		3	Da ys	0.92		0.0419				



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

Slate Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: May 2022										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																									
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Totals:	0	Da	0.00		0.0000		1	Da	0.08		0.0120		0	Da	0.00		0.0000		0	Da	0.00		0.0000		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: May 2022										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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2																								
3							10:45 AM	M	1.00	M	0.0131	M												
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Totals:	0	Days	0.00		0.0000		1	Days	1.00		0.0131		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 2022										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	12:07 AM	M	1.33	M	0.4692	M	12:04 AM	M	0.08	M	0.0013	M												
2																								
3	9:52 AM	M	3.17	M	1.0985	M	9:19 AM	M	1.83	M	0.0583	M	10:51 AM	M	1.08	M	0.0288	M						
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21							7:39 AM	M	0.33	M	0.0134	M												
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30																								
31																								
Totals:	2	Da ys	4.50		1.5677		3	Da ys	2.24		0.0730		1	Da ys	1.08		0.0288		0	Da ys	0.00		0.0000	



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

State Form 50546 (R4 / 8-15)

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 2022	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	Precipitation
4	
5	
6	Precipitation
7	
8	
9	Within IDEM definition of wet weather event
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	Precipitation
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Laura E. Kolo, Utilities Services Manager	Telephone 574-293-2572
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent <i>Laura E. Kolo</i>	Date (mm/dd/yy) 06/23/22



BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

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

RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 5/2/22 8:04 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 5/2/22 9:44 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1411 Kilbourne	(9) Latitude (Deg Min Sec) 41 41 11 N	(9) Longitude (Deg Min Sec) 85 59 42 W

(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 50 Gallons	(11) WWTP Flow During Release 19.5 MGD	(12) WWTP Peak Design Flow Rate 44 MGD
---	---	---

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

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

(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) basement	(17) Additional Description of the Bypass / Overflow Event: call received at 8:04 pm. Crews sent to find main line plugged with grease. Obstruction was removed and flow returned to normal at 9:44 pm	(18) Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a
--	---	--

(19) Additional organizations notified by facility, if necessary (Select one or more.)
 IDEM Emergency Response Health Dept. DNR Fish and Wildlife Local Emergency Management Other:
 called IDEM spill response on 5/2/22 at 9:52 pm, talked to Ben. Scott Fresh returned my call on 5/2/22 at 9:57 pm. As of 5/3/22 at 7:25 am, no incident number has been assigned

(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 removed obstruction of grease Repaired Pipe Repaired Pump Station Other Lime Clean-Up Debris

(21) Resolution: Actions Taken or Planned to Prevent Recurrence
 ongoing education and outreach to residential customers on proper grease disposal

IDEM INC NUMBER
101226 (informed after rpt submitted)

(22)

CERTIFICATION AND SIGNATURE

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

SIGNATURE: <i>Laura Kolo</i>	DATE (month, day, year): 5/3/22			
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 05/03/22 appx 7:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

Kolo, Laura

From: Kolo, Laura
Sent: Tuesday, May 3, 2022 7:30 AM
To: wwreports@idem.in.gov
Cc: lraisor@idem.in.gov
Subject: IN0025674_INC_RPT_2022_05_01
Attachments: inc rpt 050222.pdf

Please find incident report attached for basement back-up at 1411 Kilbourne on 5/2/22 due to grease.

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.

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 5/5/22 12:43 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 5/5/22 2:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1200 S. Main	(9) Latitude (Deg Min Sec) 41 40 36 N	(9) Longitude (Deg Min Sec) 85 57 50 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 125 Gallons			(11) WWTP Flow During Release 20.0 MGD	(12) WWTP Peak Design Flow Rate 44 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation <input checked="" type="checkbox"/> OBSTRUCTION Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) grease in main		(17) Additional Description of the Bypass / Overflow Event: Call received at 12:43 PM. Call man found main plugged with grease. Obstruction removed and flow returned to normal at 2:00 pm		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input checked="" type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other: Called IDEM Emergency Spill Number at 2:27 pm. Talked to Scott. He will call back with incident number. Incident number not yet assigned at time report was submitted.					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris Grease					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Continue to educate residential customers on proper grease disposal					

(22)

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <u>Laura Kolo</u>				DATE (month, day, year): <u>5/5/22</u>
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 05/05/22 appx 2:45	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Thursday, May 5, 2022 2:48 PM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: Emailing: IN0025674_INC_RPT_2022_05_02
Attachments: EXTERNAL: Relayed: Emailing: IN0025674_INC_RPT_2022_05_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



BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number n/a	(6) Date (mm/dd/yy) and Time Release Began 5/21/22 est 5:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 5/23/55 5:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) Manhole 69-23	(9) Latitude (Deg Min Sec) 41 42 29 N	(9) Longitude (Deg Min Sec) 85 56 5 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 18,000 Gallons			(11) WWTP Flow During Release avg 16 MGD	(12) WWTP Peak Design Flow Rate 44 MGD	
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input checked="" type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation _____ Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: power loss or surge on May 21 at approximately 7:30 am. Alarm was acknowledge but crew not called to respond until appx 4:00 pm on May 23. Pumps reset and overflow stopped at 5pm on May 23.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input checked="" type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: Putterbaugh Creek	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris power loss or surge with morning storm					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence SOP for Operators to review all alarms at shift change.					
(22)					

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <u>Laura Kolo</u>			DATE (month, day, year): <u>5/24/22</u>	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 5/24/22 2:20 pm	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Kolo, Laura

From: postmaster@state.in.us
Sent: Tuesday, May 24, 2022 2:25 PM
To: Kolo, Laura
Subject: EXTERNAL: Relayed: incident report
Attachments: EXTERNAL: Relayed: incident report

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Mercury Final Effluent Rolling Average ng/L

	21-Jun	21-Jul	21-Aug	21-Sep	21-Oct	22-Nov	21-Dec	22-Jan	22-Feb	22-Mar	22-Apr	22-May
1												
2												
3			1.64								1.66	2.12
4												
5												
6												
7							1.18		0.87			
8	1.31											
9												
10												
11												
12												
13												
14												
15												
16					0.99							
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
Daily Max	1.31		1.64		0.99		1.18		0.87		1.66	

12 month
1.40 = rolling average

Laura (Jo) 6/24/22

MARKETING AND DISTRIBUTION ANNUAL REPORT FORM

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

PERMIT NO.: INLA 000680

FACILITY NAME: Elkhart Public Works & Utilities

YEAR: May 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

- Alternative 1
- Alternative 2
- Alternative 3

- Alternative 4
- Alternative 5
- Alternative 6

No Distribution

Vector Attraction Reduction Method (attach sample results when applicable)

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

327 IAC 6.1-15

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

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

Analytical Results:

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

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

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												
-----	--	--	--	--	--	--	--	--	--	--	--	--

Signature: Laura W

Date: 6/24/22

NO DISTRIBUTION