The Honorable
Rod Roberson
Mayor
Laura Kolo
Environmental Resources
Michael C. Machlan, P.E.
Engineering Services



PublicWorks & Utilities Department

Administration, Engingeering & 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,

Tory Irwin, P.E. City Engineer



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



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
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Chicago, Illinois 60604
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Email to Ryan Bahr at bahr.ryan@epa.gov

To EPA:

Chief

Water Enforcement and Compliance Assurance Branch Water Division
United States Environmental Protection Agency, Region 5
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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

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during the Reporting period

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 sixmonth 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.

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

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

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

Section VII Paragraph 25(a)

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

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

Certification Statement

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

Tory S. Irwin, P.E.

City Engineer

Date

Appendix 1

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

cso	cso	Control Measure	Description	Design Criteria	Performance Criteria	Critical Milestones	Design Date	Bid Date	Date of Full Operati
/leasure	Numbe								
	1	Christ	iana Creek CSO C	`ontrol		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 Date	es for Elements of C	ontrol Measure
	CSO 14	1	High Dive Park 1 MG Storage			Actual Dates	Aug-5-2008	Mar-10-2010	Apr-27-2011
	CSO 14	1	High Dive Park Pump Station			Actual Dates	Aug-5-2008	Mar-10-2010	Apr-27-2011
	CSO 14	1	Force Main: High Dive Park			Actual Dates	Aug-5-2008	Mar-10-2010	Apr-27-2011
							N=:: 45 0040	N=:: 45 0044	N=:: 45 0040
		Upper I	Elkhart River CSO	Control		Required Dates	Nov-15-2013	Nov-15-2014	Nov-15-2018 Mar-22-2016
2	4, 30, 31 8		t Construction of a 80,000 gallon off-line	Provide storage capacity of	When incorporated with the rest of	Design Date - Nov 15, 2013	Apr-7-2009	Oct-22-2009	IVIAT-22-2016
	33	CSO 31 and various levels of separations at CSO's 4, 30 & 33	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	80,000 gal. and sanitary and storm sewers designed per City of Elkhart Standards and Ten State Standards	the system upgrades, no more than 9 overflow events on a system	Bid Date - Nov 15, 2014 Date of Full Operation - Nov 15, 2018			
	•	•		•	•		Progress Date	es for Elements of C	ontrol 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
3	WWTP	WWTP system improvements	Modifications to the influent pumping,	System improvement	Provide peak capacity of	Design Date- Nov 15,	Mar-19-2013	Jul-15-2014	
		provide a peak capacity of 60 MGD through secondary or CMDF treatment and disinfection	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.	designed per Ten State Standards CMDF Filter Area: 5,164.8SF Max. Hydraulic Loading: 4.4gpm/SF Max. Solids Loading: 15.8lbs/d/SF Average TSS Removal: >85%	secondary, and up to 30 MGD through CDMF treatment, and 60 MGD disinfection. WWTP Outfall shall meet	2015 Bid Date- Nov 15, 2017 Date of Full Operation - Nov 15, 2024			
	I.		1				Progress Date	es for Elements of C	ontrol Measure
	WWTP		Preliminary and Additional Dis	infection 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 Improvemen	ts		Actual Dates	Aug-21-2018	Sep-22-2021	
	WWTP		RAS System Replacement an		ovements	Actual Dates	Aug-21-2018	Sep-22-2021	
	WWTP		Primary Clarification System In		Sverificities	Actual Dates	Aug-21-2018	Sep-22-2021	
			npleted on March-11-2016; how ration to November 15, 2024	ever, the 2021 Amendr	nent to the Consent Decre	e removed the PE pumping	g and step feed requir	ements, added new i	requirements, and
<u> </u>	,		•	Control		Required Dates	Nov-15-2016	Nov-15-2018	Nov-15-2021
		Lower	Elkhart River CSO	Control		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	0.7	ID: (E ())((E ()		104	14	N 5 0046	1 1 1 4 5 004 5	1 1 1 1 1 1 1 1 1
	1.60.6	& <i>/</i>	Direct East Waterfall Dr to Jac	кson Blvd. Storage Fa	CIIITY	Actual Dates	Nov-5-2013	Jul-15-2014	Jan-1-2016
		0.7	1 1 0: ::::::::::::::::::::::::::::::::	f 100			N	1 1 4 = 0011	1
	CSO 6		Jackson Street 1.0 MG storag Jackson Street Storage Facilit			Actual Dates Actual Dates	Nov-5-2013 Nov-5-2013	Jul-15-2014 Jul-15-2014	Jan-1-2016 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 Operatio
		∩ak	kland Avenue Con	trol		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 MC 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	1.1 MG with lift station and	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 Date	es for Elements of Co	ontrol Measure
	CSOs 2		Force Main from Oakland Ave	. LS to WWTP		Actual Dates	Oct-20-2020		
	CSOs 2	4 & 37	Interceptor of CSO 37 Overflo	ow (CSO 37.0)		Actual Dates	Oct-20-2020		
	CSOs 2		Interceptor of CSO 37 Overflo	. ,		Actual Dates	Oct-20-2020		
	CSOs 2		Interceptor of CSO 37 Overflo			Actual Dates	Oct-20-2020		
	CSOs 2	4 & 37	Interceptor of CSO 37 Overflo	ow + Jackson LS		Actual Dates	Oct-20-2020		
	CSOs 2	4 & 37	Interceptor of Flow to CSO#24	L-TUFF 1		Actual Dates	Oct-20-2020		
	CSOs 2	4 & 37	Interceptor of Flow to CSO#24	L-TUFF 1B		Actual Dates	Oct-20-2020		
	CSOs 2		LS 8 Force Main To Oakland			Actual Dates	Oct-20-2020		
	CSOs 2	4 & 37	CSO 24 LS 1.1 MG Storage a	and Pump		Actual Dates	Oct-20-2020		
						T		I w 4	T
		Upper S	St Joe River CSO	Control		Required Dates	Nov-15-2022	Nov-15-2023	Nov-15-2026
6	112 25 20	Basin Separations, Lift Station		System modifications	When incorporated with the rest of	Design Date - Nov 15, 2022			
ь	8 39	Improvements, system improvements and CSO eliminations	Separation, flow redirection and rehabilitation of sewers to reduce stormwater flow and minimize or eliminate CSOs	designed per City of Elkhart Standards and Ten State Standards	the system upgrades, no more than 9 overflow events on a system wide basis				
	ı						Progress Date	es for Elements of Co	ontrol Measure
	CSO 13		Separation - Partial			Actual Dates			
	CSO 25		Effluent Line Upgrade: CSO 2	5 to Interceptor		Actual Dates			
	CSO 29)	Plug Overflow (Jefferson)	•		Actual Dates			
	CSO 28		Plug Overflow (Washington)			Actual Dates			
	CSO 39		Separation			Actual Dates			
		Lowers	St Joe River CSO	Control		Required Dates	Nov-15-2023	Nov-15-2024	Dec-31-2029
	1				Transis and the second	Compliance Date	Feb-1-2007	Sep-27-2007	
/	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				
							Progress Date	es for Elements of Co	ontrol Measure
	CSO 18	l e	Plug Overflow (McNaughton P	Park)		Actual Dates			
	CSO 27	*	Plug Overflow (Navajo)			Actual Dates			
	CSOs 1	7 & 18	Redirect Flow to North Interce	eptor		Actual Dates	Feb-18-2014	May-15-2014	
	CSO 21		Separation			Actual Dates	Feb-1-2007	Sep-27-2007	Jun-24-2008
	CSO 23	l .	Effluent Line Upgrade CSO#2	3 to LS#4		Actual Dates			
	CSO 23	l .	LS 4 Force Main			Actual Dates			
	CSO 23	l .	LS 4 (8th & Franklin) Improver	ments		Actual Dates			
	CSO 23		Separation - Partial			Actual Dates			
						Domino d Dodgo	N 45 0004	N= 45 0005	D 04 0000
		Riv	erside Drive Cont	trol		Required Dates	Nov-15-2024	Nov-15-2025	Dec-31-2029
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	Compliance Date Design Date - Nov 15, 2024 Bid Date - Nov 15, 2025 Date of Full Operation - Dec 31, 2029	Apr-1-2007	Sep-27-2007	
							Progress Date	es for Elements of Co	ontrol Measure
						1	Apr 1 2007	Con 27 2007	Nov-29-2007
	CSO 15	i	AACOA Redirection			Actual Dates	Apr-1-2007	Sep-27-2007	1107-29-2007
	CSO 15		Riverside Dr. 0.43 MG Storag	ge & Pump		Actual Dates Actual Dates	Арі-1-2007	Sep-27-2007	1407-29-2007

Appendix 2

Copies of all information generated during the Reporting Period

City of Elkhart

River Water Quality Data

YMCA 365 13.0 8.1	1/20/2022	Rain Eve	ent _																	
St. Joseph River Ash Rd 84 13.8 8.4		•	e coli	DO	рН	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn				
St. Joseph River	Elkhart River	CR 18	411	13.6	6.7												0	3.0	1.0	
Lexington Ave 66 13.0 8.2		YMCA	365	13.0	8.1												-1	3.0	1.0	
Six Span 17 13.6 7.9	St. Joseph River	Ash Rd	84	13.8	8.4												-1	3.0	1.0	
Six Span 17 13.6 7.9	L	exington Ave	66	13.0	8.2												-1	3.0	1.0	
High Dive 2 49 6 7.8																	-1	3.0	1.0	
High Dive 2	Christiana Creek	High Dive	76	10	7.9												4	3	1.0	
Pain Event																	-1	3	1.0	
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 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 2.0 1.0 Christiana Creek High Dive 31 11 7.7	0/4/0/0000	Pain Eve	ant [7																
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	2/16/2022	Rain Eve																		
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	2/16/2022	Rain Eve			рН	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn				
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		-	e coli	DO		TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Temp	Conditions	Арр	
Six Span 36 13.2 7.7 2 2.0 1.0 Christiana Creek High Dive 31 11 7.7 6 2 1.0		CR 18	e coli 687	DO	6.8	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Temp 2	Conditions 2.0	App 1.0	
Christiana Creek High Dive 31 11 7.7 6 2 1.0	Elkhart River	CR 18 YMCA	e coli 687 411	13.0 11.6	6.8	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	2 2	2.0 2.0	1.0 1.0	
Omistiana Oreck High Eve	Elkhart River St. Joseph River	CR 18 YMCA ———	e coli 687 411 108	13.0 11.6 13.8	6.8 7.4 8.1	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	A g	Zn	2 2 2 2 2	2.0 2.0 2.0	1.0 1.0 1.0	
High Dive 2 73 13 7.7 4 2 1.0	Elkhart River	CR 18 YMCA Ash Rd exington Ave	e coli 687 411 108 121	13.0 11.6 ——————————————————————————————————	6.8 7.4 8.1 8.0	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	2 2 2 2 2	2.0 2.0 2.0 2.0 2.0	1.0 1.0 1.0 1.0 1.0	
	Elkhart River	CR 18 YMCA Ash Rd exington Ave Six Span	e coli 687 411 108 121 36	13.0 11.6 ——————————————————————————————————	6.8 7.4 ———————————————————————————————————	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	2 2 2 2 2	2.0 2.0 2.0 2.0 2.0 2.0	1.0 1.0 1.0 1.0 1.0	

Monday, July 11, 2022 Page 1 of 4

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

Comments

Monday, July 11, 2022 Page 2 of 4

Monday, July 11, 2022 Page 3 of 4

Cr

Cu

Ni

Pb

Ag

Zn

Cd

***Add

App

**Water

App

*Weather

Conditions

Water

Temp

Rain Event 🗸

e coli DO pH TSS NH3 PO4 BOD

6/9/2022

		e coli	DO	рН	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	· <u> </u>
	exington 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

Water Appearance 1=clear 2=cloudy 3=murky 4=muddy *Additional appearance notes
1=large floatables present
3=brown color observed
5=strong odor observed
7=large amounts of algae present
9=other observations

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

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



Date

Feb 07, 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 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 Overlfow Volume
6	3.78 MG

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

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

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	12/31/21	01/28/22
IN0025674	ELKHART WWTP	900	D-900	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	800	O08-C	CSO- HUG/EAST BLVD	12/31/21	01/28/22
IN0025674	ELKHART WWTP	600	D-600	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

		The state of the s		
IN0025674 ELKHAPT-WWTP 035	035-A	TIVA	12/31/21	01/28/22
IN0025674 ELKHAN WWTP 035	035-AQ		12/31/21	01/28/22
IN0025674 ELKHART WWTP 037	037-C	N/KR	12/31/21	01/28/22
IN0025674 ELKHART WWTP 039	039-C	- WEST HIGH AT RIVER	12/31/21	01/28/22
IN0025674 ELKHART WWTP 040	040-C	UTH	12/31/21 01/28	01/28/22

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

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

Your DMRs are undergoing the Signing Process

Permit ID	Permitted Fe	Permitted Feature	ature Discharge # Discharge De	Discharge Description	lonitoring Period End Date	DMR Due Date
IN0025674	N0025674 ELKHART WWTP 011		011-C	T/FRANKLIN	2/31/21	01/28/22
						(C

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DMR Copy of Submission

Permit			
Permit ID:	IN0025674	Major:	
Permittee:	ELKHART WWTP	Permittee Address:	1201 S NAPPANEE ST ELKHART , IN46516
Facility:	ELKHART WWTP	Facility Location:	1201 S NAPPANEE ST ELKHART , IN46516
Permitted Feature:	035 - External Outfall	Discharge:	035-AQ - QUARTERLY REPORTING
Report Dates & Status			
Monitoring Period: Status:	From 10/01/21 to 12/31/21 NetDMR Validated	DMR Due Date:	01/28/22

	Considerations for Form Completion	Considerations for Form Completion
	First Name:	Laura Last Name
_	Title:	Utility Services Manager Telephone
Laura Utility Services Manager	No Data Indicator (NODI)	

ı	
Form NODI:	

157-429-3257

Kolo

Parameter		NODI Quantity	Quantity or Loading			Quality or Concentration	ntration	#	# of Freq. of	Smpl.
Code		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Analysis	
01074 Nickel, total recoverable	Smol.		=0.687	26 -				19 -	01/90 -	24 -
1 - Effluent Gross	•			p/ql			n n n n n n n n n n n n n n n n n n n	mg/L	Quarterly	COMP24
Season: 0	Req.		Req Mon DAILY MX	26 - 1b/d			Req Mon DAILY MX	19 - mg/L	01/90 - Ouarterly	24 - COMP24
NODI: -	NODI							3		
01074 Nickel, total recoverable	Smpl.					=0.0195	3900 0=	19 -	- 01/90	1
G - Raw Sewage Influent	•					0.00		mg/L	Quarterly	COMP24

Code	; ;	Value 1	Value 2	Units	V-'-e 1	Value 2	Value 3	Units	Ä	Analysis	Type
Season: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/90 Quarterly	24 - COMP24
NODI: -	NODI										
01079 Silver total recoverable 1 - Effluent Gross	Smpl.		=0.02	26 - lb/d			=0.0001	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
Season: 0	Req.		Req Mon DAILY MX	26 - Ib/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -	NODI										
01079 Silver total recoverable G - Raw Sewage Influent	Smpl.					=0.0003	=0.0004	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
Season: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -	NODI										
01094 Zinc, total recoverable 1 - Effluent Gross	Smpl.		=6.77	26 - Ib/d			=0.034	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
Season: 0	Req.		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI; -	NODI										
01094 Zinc, total recoverable G - Raw Sewage Influent	Smpl.					=0.1277	=0.186	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
Season: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -	NODI										
01113 Cadmium, total recoverable 1 - Effluent Gross	Smpl.		=0.04	26 - Ib/d			=0.0002	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
Season: 0	Req.		Reg Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L	00	01/90 - Ouarterly	24 - COMP24
NODI: -	NODI							; ;			
01113 Cadmium, total recoverable G - Raw Sewage Influent	Smpl.					=0.0002	=0.0002	19 - mg/L	0	01/90 - Quarterly	24 - COMP24
Season: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L	80	01/90 - Quarterly	24 - COMP24
NODI: -	NODI										

Code		Value 1	Value 2	Units	Value 1	Value 2	Value 3	<u>.</u>	EX.	Analysis	Type
01114 Lead, tot. recoverable 1 - Effluent Gross	Smpl.		=0.534	26 - 1b/d			=0.0055	ł	0	01/90 - Quarterly	24 - COMP24
Season: 0	Req.		Req Mon DAILY MX	26 - 1b/d			Req Mon DAILY MX	19 - mg/L	-	01/90 - Quarterly	24 - COMP24
NODI: -	NODI										
01114 Lead, total recoverable	Smpl.					=0.0094	=0.0265			01/90 -	24 -
G - Raw Sewage Influent	•							mg/L			COMP24
Season: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - COMP24
NODI: -	NODI										
01118 Chromium, total recoverable 1 - Effluent Gross	Smpl.		=0.796	26 - lb/d			=0.004	19 - mg/L	0	01/90 - Quarterly (24 - COMP24
Season: 0	Req.		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly (24 - COMP24
NODI: -	NODI										
01118 Chromium, total recoverable	Smpl.					=0.0175	=0.0211	19 - 0 1/0 m	0	01/90 -	24 - COMP24
G - Raw Sewage Influent) j	-		17
Season: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly (24 - COMP24
NODI: -	NODI										

Submission Note

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

Edit Check Errors

No errors.

Comments

No attachments.

Attachments

Report Last Saved By

ELKHART WWTP User:

Name:

Payton88 Laura Kolo احسابا

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

2022-01-25 13:40 (Time Zone:-05:00)

laura.kolo@coei.org

Laura Kolo Payton88

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

State Form 10829 (R4 / 01-20)

Name of Facility			Permit Nu	mber		
Elkhart			IN0025	674		
Month	Year	Plant Des	ign Flow	Telephone	e Number	
December	2021	20.00	mgd	5	74/293-	2572
E-mail address:	laura.kolo@	coei.org			035	Α
Certified Operator. N		Class	Certificat	e Number	Expir	ation Date
Laura E. Kolo		IV.	15	nga l	06/3	เปรากรร

						•				Laura E.	Kolo			IV	150	094	06/	30/2023
				Total=			C	HEMICA	LS									
!				2.95	-1	_		USED	1 >	-	r	T	RAV	V SEW	AGE	T		T
		Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)		Bypass At Plant Site("x" If Occurred)	Sanitary Sewer Overflow("x" If Occurred)		Ferrous Chloride Lbs/Day or Gal./Day	Gal./Day									
l ₌	<u>ب</u>	ا¤ا آھ	ptic	Se	te (늘등		/sq.	gal.						· 6		ļ	
<u></u>	Vee	an a	0	ਤੁੱ	t Si	S S	ay	le L	b	事っ				g/	p/s	1/6		
Day Of Month	Day of Week	ours a ss tha only)	Į į	Precipitation - Inches	At Plant S Occurred)	S ±	Chlorine - Lbs/day	orid al./I		Influent Flow Rate (if metered) MGD		=	CBOD5 - lbs/day	- mg/l	Susp. Solids - Ibs/day	Phosphorus - mg/l	l/g	
<u>></u>	%	Hot Hot I	era	io	1 3 S	<u>`</u> ā <u>`</u>	으	<u>ද</u> ් ග්	Lbs/Day	9 (b		72 CBOD5 - mg/l	lps/	Solids	sp	Sn	Ammonia - mg/l	
	👸	=====================================	ᇤ	itat	ss A	Sar	မ်	us (/sq	F F		5-	2- 22	Soli	Soli	ן סר	ig.	
		اع کے	<u> </u>	ig.	pa	Ver	O iji	D.		net		8	8	ġ.	ġ.	lds	e e	
		<u> </u>	Ψį		g.	Ó	ਨ			if r	표	Ö	Ö	Susp.	Sus	K	E W	
1	Wed			0.03				289		13.801	7.0		8,855	120	13,812	3.20	14.48	
2	Thu							137		13.370	7.9	102	11,343	130	14,496		15.72	
3				0.02				228		13.435	7.0	88	9,871	122	13,670		16.48	
5				0.50				228		13.207	7.3	94	10,365	126	13,878	3.30	15.88	
6				0.50				205 304		16.215	7.4	96	13,036	150	20,285	3.32	11.20	
7	Mon Tue						******	304		13.845 13.437	7.4 7.5	68 82	7,892 9,161	114 104	13,163 11,655	3.01 4.16	12.92 18.32	
8	Wed							281		13.457	7.5	82	9,509	120	13,865		18.32	
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			0.10		-		304		13.659	7.5	71	8,111	110	12,531	3.18	17.72	
15 16	Wed			0.13				0		14.426	7.4	66	7,941	102	12,272	3.57	17.52	
17	Thu			0.01				0		13.716	7.5	105	11,988	98	11,210	3.44	18.92	
18	Fri Sat			0.01				0		13.061 17.241	7.4 7.2	82 82	8,959	140	15,250	3.32	18.68	
19	Sun			0.01				0		13.356	7.4	64	11,798 7,073	116 66	16,680 7,352	2.91	15.08 13.64	
20	Mon			0.01				0		13.611	7.4	58	6,584	118	13,395	2.70	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 29	Tue			0.23				0		13,364	7.3	79	8,783	114	12,706	3.41	15.28	****
30	Wed Thu			0.08				213		13.689 13.454	7.4	68	7,723	94	10,732	3.00	13.28	
31	Fri			0.01				228	······································	13.289	7.2	103 118	11,591 13,067	134 136	15,036 15,073	3.15 4.22	16.64 16.32	
1		Fill in Jan	uarv's e	effluent o	lata on	Dage	3 as nee		eeklv	,5,250	, ,5	110	10,001	,00	10,073	7.22	10,02	
2		average o			01	. P≃gc	- 40 1100	IOI V	Joney									
Aver	age							125		13.847		86	9,865	114	13,204	3.32	16.24	
Maxi	mum							347		17.241	7.9	124	14,209	180	22,402	4.22	23.84	
Minir	num			0.01				0		12.046	7.0	45	5,749	64	6,430	2.35	11.20	
		Т		4.0				- 1	-									
# of I		ify under p	0	16	0	0	0	31	0	31	31	31	31	31	31	31	31	0
		ny under p prepared u								Prepared by	or under f	he direction	on of (Certified	d Operato		Date (mo	nth, day, y	year)
	syste	em design	ed to as	ssure tha	at qual	ified pe	ersonnel	properly	gather	ŧ			~					
		evaluate th ersons wh								10	1 1 1 1	ce 1	/ D	`\		1.) <	7)
	respo	onsible for	gatheri	ing the i	nforma	ition, th	ne inform	ation sub	mitted			CL I	W 4L	J		1 6	72-	46
	is,	to the bes	st of my	knowle	dge ar	nd belie	ef, true, a	ccurate,	and				officer or auth		ent	Date (mo	nth, day, y	/ear)
		omplete. I omitting fa								(or attested b	y NetDM	R subscrib	er agreement)		,	.,,	·
	- 42						iolations.		and	1/	1//	a	10-	1		1	> <	77
										LO		W	FC 16	7		1- (25-	C. C.

Page 1 of 6

MONTHLY REPORT OF OPERATION ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT

Likite	411	***		1110025	0/4	Dece	mber		021	_									
	PRIMA	RY	1	****	ΔΙ	ERATIO	N.		V-1-V/0	SECO	NDARY	1							
	EFFLU		MIXED L	.IQUOR		-117110		RETURN	SLUDGE	EFFLU					FINAL	EFFLUI	ENT		
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l		Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
1	65	76	202	2,808	72	4.3	15	>_	5,700	U_	S				10	71			
2	73	65	202	2,824	72	4.2	15		5,480			#			10	7.4		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		†				1	7.2		9.1	
5	74	68	212	2,764	77	3.7	14		5,680			Ħ				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 47	226	3,164	71	5.1	14	ļ	8,360							7.1		9.0	
12	64 88	82	222	3,296	67	5.0	14	ļ	7,160							7.5		9.3	
14	60	60	232	3,092 2,676	78 87	3.1 5.1	14		6,180	ļ	ļ				15	7.5		9.3	
15	2	47	199	2,952	67	2.9	14 15		7,940						16			9.2	
16	85	56	238	3,108	77	2.9	15		6,820 6,600		-				12	7.3 7.2		9.1	
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		1					7.1		9.2 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 31	82 91	80 51	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	
								116						in the					
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			Ш			2	7.	1	8.7	800
Daily	<u>мах</u> Days abo	WO 225													42				
# of L		31	31	31	31	24	21		24		_		4 1		0			- C · · · ·	
Data	U I	JI	ונ	ا ا د	ા	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)			
1	Name of Facility	Permit Number	Month	Year
	Elkhart	IN0025674	December	2021

		I					FI	NAL EF	FLUEN1	-							
		Flow		BOD						d Solids	3	Ammor	nia			Phosph	orus
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs/day	Ammonia - Ibs/day Weekly Average	Phosphorus - mg/l	Phosphorus - Ibs/day
1	Wed	16.693		2	***************************************	312		6		821		0.03		4.2		0.51	71
2		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		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		19.692		2		379		7		1,199		0.05		8.2		0.66	108
6	111011	15.737		2		209		6		840		0.06		7.9		0.58	76
7		15.542		2		218		6		791		0.05		6.5		0.74	96
8	Wed	16.031 15.427		3		370		8		1,003		0.07		9.4		0.52	70
40	Thu	1		3		326		8		1,055		0.06		7.7		0.63	81
10		16.579	40.005	3	0.50	395	0.50	11	0.07	1,549	4.400	0.23	0.44	31.8	40.5	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		13.453 14.831		2		265		8		875		0.08		9.0		0.44	49
13	Mon	14.831				181 248		5		606		0.09		11.1		0.61	75
14	Tue	16.032		2		229		6 9		797		0.53		65.0		0.46	56
15	Wed	14.636		2		239				1,203 732		0.18		24.1 9.8		0.53	71
17	Thu	14.035		2		138		6 7		819		0.08		5.8		0.53	65
17	Fri 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 0.54	63 90
10	Sat Sun	14.560	15.507	2	1,53	288	200	8	7.17	947	932	0.03	0.15	4.9	19.0	0.73	89
20	Sun Mon	14.487		2		279		10		1,184		0.04		8.5		0.73	65
21	Mon Tue	14.794		2		290		9		1,086		0.07		7.4		0.45	56
22	Tue Wed	14.834		2		296		8		940		0.00		14.8		0.43	67
23	Wed	13.417		3		288		13		1,466		0.12		7.8		0.73	82
24	Thu	13.783		2		267		10		1,115		0.07		6.9		0.73	103
25	Fri 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	103
26	Sat	13.002	14,400	2	2,00	255	200	7	0.77	802	1,040	0.05	0.07	5.4	0.0	0.92	100
27	Sun	17.405		2		361		8		1,219		0.03		10.2		0.95	138
28		14.525		3		348		9		1,114		0.06		7.3		0.81	98
	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	=:• 4	269.77		7	= . 5 5	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
Avg		12.96 15.194		2		205.28		8 8		583.44 984		0,05 0.11		5,40 11.7		0.64	69 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
													- 1				
Data	1	31	5	31	5	31	5	31	5	31	5	31	5	31	5	31	31
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	MONTHLY RE	MOVAL SUM	MARY		Total Monthly Flow	N:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)	478
Primary Treatment	24.09	44.0				
	NA	NA			Percent Capacity	
Secondary Treatment	96.4	87.6			(actual flow/design)	76%
Overall Treatment	97.25	93.1	99,3	80.4		
Phosphorus limit would be	75	% removal.	(compliance a	achieved)		**********

MONTHLY REPORT OF OPERATION ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT

 State Form 10829 (R4 / 01-20)
 Month
 Year

 Elkhart
 IN0025674
 December
 2021

	SLUDG					DIG	ESTER	OPERAT	TION					
	DIGES	TER	Anaero	bic Only		[
Day Of Month	Primary SludgeGal. x 100	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	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		
	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			
						48		gi na				MI e		
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		
C .	24	24	04		24	4 1		0.4	0.4	0.4	0.4	40	6	
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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 Fo	rm 10829 (Facility	R4 / 01-20) Permit Num	ber	Month		Year		7								
Elkhart		IN0025	674	Dece	mber	20	21									
		Su	bstitute for	State Form			,_ ,	1								
		Final	Effluent								T .					
	Chl	oride	Total	Vitrogen												
Day Of Month	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day	Ag - Influent mg/l	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
3									ļ							
5 6 7 8					0.0002	0.0001	0.0002	0.0002	0.0040	0.0020	0.0183	0.0019	0.0278	0.0048	22.40	1.18
9																
10 11																
12		İ														
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14 15									0.0026	0.0026			0.0365	0.0041		
16																
17																
18 19																
20									0.0020	0.0020						
21 22													0.0259	0.0045		
23	*****															
24																
25 26																
27									0.0020	0.0020						
28								***					0.0238	0.0065		
29 30																
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3					0.0000	0.0004	0.0000	0.0000	0.000	0.000	0.045	0.05/				
Avg. Max.					0.0002	0.0001 0.0001	0.0002	0.0002	0.0027 0.0040	0.0022	0.0183 0.0183	0.0019	0.0285	0.0050	22.40 22.40	1.18 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 Name	Form 10829 of Facility	Permit Num)) ber	Month		Year		7								
Elkha	пt	IN0025	674	Dece	ember	20	21									
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Day Of Month	Ni - Influent mg/L	Ni - Effluent mg/L	Pb - Influent mg/L	Pb - Effluent mg/L	Zn - Influent mg/L	Zn - Effluent mg/L										
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National Pollutant Discharge Elimination System (NPDES) CSO Monthly Report of Operation (CSO MRO) State Form 50546 (R4 / 9-15) INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Elkhart									Page	1 of	9			ern'	nit Number	: IN	0025574				
Facility:	Elkhart P	ublic Wor	ks & Utilitie	s					Public Notification Requirements Met? Y													
Monitor	ing Perlod	: De	cember	2021							E	nter "x" i	f nc	CSO disci	ıarg	e occurred	for	the month				
Design	Peak Hour	ly Flow (N	/IGD):	44	Design Av	erage Flow	Measured/Metered (M) or Estimated (E) must be specified															
WWT	Influent	Data		Pro	ecipitation [Data	SO Outfall	No.	005			006	Bilita District									
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)	Measureme nt Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharg e (MG)	M or E		M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	e M			
1	13.80	16.98	3:36 PM	0,50	0.03	0.08	15 min		Γ						Ī		T		Ī			
2	13.37	16.97					15 min												1			
3	13.44	17.97	6:06 AM	9.17	0,02	0.04	15 min								<u> </u>				T			
4	13.21	15,93					15 min										T		\top			
5	16.22	30,58	12:01 PM	10.30	0.50	0.32	15 min		ļ				 				╁		+			
6	13,85	19.21					15 min										┢		+			
7	13.44	16,15					15 min								T		T		\dagger			
8	13,85	16.86					15 min		\vdash		П		H		T		t^{-}		+			
9	13.55	16.12					15 min				П						+		+			
10	14.92	34.90	9:21 AM	14.72	0.32	0.32	15 min				Н				╁				+-			
11	16,60	44.07	12:01 AM	7.80	0.46	0.96	15 min		\vdash		Н			12:20 044		0.00		0.0000	1.			
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13	13.72	16,80					15 min		_		Н						-		+			
14	13.66	16.70					15 min				Н		Н				├-		+			
15	14.43	20.03	1:01 AM	11.72	0.13	0.20	15 min						Н				H		+			
16	13.72	15.83	1.017(14)	11.72	0,13	0,20											\vdash		+			
17	13.06	15.62	11:16 PM	0.80	0.01	0.04	15 min										\vdash	***************************************	+-			
18	17.24	30.21	2:09 AM	12.78	0.48		15 min		Н		\dashv						-		+-			
19	13.36	17.25	12:39 PM	0.87		0.16	15 min		H		\vdash		\dashv		Н		\vdash		+-			
20	13.61	15.87	12.39 FIV	0.07	0.01	0.04	15 min				\exists		-				-		+			
21							15 min		\dashv				_		\vdash		H		\vdash			
22	13.64	15.63					15 min		\vdash		-		-				\vdash		+			
23		15.28					15 min		\vdash		\dashv				\vdash		\vdash		-			
24	12.81	15.79	40.20 44	0.00	0.04	0.64	15 min		\dashv		\dashv		\dashv		\vdash		H		-			
25	12.60	17.22	10:36 AM	0.08	0.01	0.04	15 min						-		\vdash		Н		+			
26	13.49	29.66	1:39 AM	12.00	0.31	0,32	15 min				\dashv		\dashv		$\vdash \mid$		Н		\vdash			
27	12.05		10:19 AM	0.20	0.01	0.04	15 min		-				_				\vdash		+-			
28	15.46	29.94	12:49 AM	10.58	0.34	0.24	15 min				\dashv		-		-		-		+			
29	13.36	18.78	4:06 PM	7.72	0,23	80.0	15 min				-		4		\vdash		-		1			
30	13.69	17.09	12:16 AM	10.58	80.0	0.04	15 min				_		_		\dashv				igspace			
	13.45	17.53	9:21 PM	1.80	0.01	0.04	15 min				\dashv		-		_		\sqcup		igspace			
31	13.29	16,98			1		15 min		Da		gás l	Significants.			D-1	gleggs (4) (100 cm)	Aman		a Same			
otals:	429.28			111.62	2.95			0	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

			or Enviro	2141111	ENTAL MAI	YAG	CINCINI						New York						SERVER SUP	4					
	City: Elkhart Facility: Elkhart Public Works & Utilities													Page 2 of 9 Permit Number: IN0025574 Public Notification Requirements Met? Y											
				3414								SWS.													
57600001460	ing Period:	-24	Decem		2021												Victoria de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela composici		discharg	115,115		or t	ne month	; 	
Design	Peak Flow	Maria		90.50	44	58								Measured/Metered (M) or Estimated (E) must be specified											
		CS	O Outfall	No.	007	133	CSO Outfa			II No. 008			CSO Outfall No			No	009		CSO Outfall			l No.	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		M or E	Duration	M or E	Discharge	M or E	Time Discharge Began	M or E	Duration			e 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

INDIANA	DEPARTME	ENT	OF ENVIRO	ONM	ENTAL MA	NAC	SEMENT						T NAMES OF THE PARTY	estitu"			Assistance of	3500			,				
City: Elkhart												Page 3 of 9 Permit Number: IN0025574													
Facility:	acility: Elkhart Public Works & Utilities												Public Notification Requirements Met? Y												
Monitor	ing Period	:	Decem	ber	2021										Ent	er "	'x" if no C	sc) discharg	ео	ccurred	for ti	ne month		
Design	Peak Flow	(Ho	urly) (MG	D);	44		Design F	low	(MGD):		20		Measured	/Me	tered (M)	or E	Estimated	(E)	must be sp	eci	fied				
		CSC	Outfall	No.	012		CSO Outfall No. 013								O Outfall		3	13/3	CSO Outfall No. 015						
Day of Month	Time Discharge Began	mq≅	Event Duration (Hours)	M	Event Discharge (MG)	M	Discharge	M or E		M or E	Event Discharge		Discharge	M	Event Duration	M	Event Discharge		Discharge	M	Event Duration	M	Event Discharge	N e c	
1	Degun	<u> </u>	(Frouta)		(MO)	T	Degail] <u>-</u>	(HOBIS)	=	(MG)	E	Began	E	(Hours)	E	(MG)	E	Began	E	(Hours)	or E	(MG)	1	
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City:	Elkhart				Page: 9 of 9	Permit Number: IN	0025574
Facility	: Elkhart Public Works & Utilities				Public Notifi	ication Requirements Met? Y	
Monito	ring Period: December 20	021			Enter "x" if n	o CSO discharge occurred for	the month:
Design	Peak Hourly Flow (MGD);	14 C	Design Average Flow (MGD):	20			
Day of							
Month 1	Confinents (further explanation	n as to	why each CSO event occurred				
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MARKETING AND DISTRIBUTION ANNUAL REPORT FORM

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

PERMIT NO.:	INLA 000680	0890	FACILITY NAME:	NAME: _		Elkha	Elkhart Public Works & Utilities	orks & Utilit	ies	K	YEAR:	December 202	r 2021
Month January February March April May June July August September	Dry Tons	Lab. No.	(Lab No. corresponds to lab data entered below)	Class A Patho Check appropriate 327 X A A A A Cleck appropriate Check appropriate 327	Pathogen Reduction ppriate box, give explans 327 LAC 6.1-4-13 Alternative 1 Alternative 2 Alternative 3 Alternative 4 Alternative 5 Alternative 5 Alternative 5 Alternative 6 Alternative 6 Alternative 7 Alternative 7 Alternative 7 Alternative 7 Alternative 7 Alternative 8 Alternative 9 Alternativ	Class A Pathogen Reduction Method (attach sample received appropriate box, give explanation if more than one is applicable 327 IAC 6.1-4-13 X Alternative 1 Alternative 2 Alternative 3 Alternative 3 Check appropriate box, give explanation if more than one is applicable 327 IAC 6.1-15	hod (attach one is nore than one is nore than one is nore than one is	applicable applicable sample resu applicable	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 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 Option 1 2003350	_	No Distribution		
October November December Analytical Results:	B	nter heavy	Op Enter heavy metals results as dry weights	ts as dry we	Option 2 Option 3 Option 3 Option 4	38% Ana Aero SOU	ench ch tection limit	when result i	erobic/Bench Option 6 Alkali obic/Bench Option 7 75% Solids JR Option 8 90% Solids Enter detection limit when result is nondetectable	olids olids			
	Lab Nos.:	1	2	3	4	2	9	7	8	6	10	11	12
Sample Report Date	ıte												
Arsenic (As)													
Cadmium (Cd) Copper (Cu)								*					
Lead (Pb) Mercury (Hg)								3					
Molybdenum (Mo) Nickel (Ni)							6						
Selenium (Se) Zinc (Zn)													
		Enter all r	Enter all nutrient results as percent dry	ts as percer	nt dry weights	ts							
Total N (TN) Ammonium N (NH4-N)	<u> </u>				S								
Nitrate N (NO3-N) Phosphorus (P) Potassium (K)													
PCB		Enter PCE	Enter PCB results as dry weight	ry weight									
Signature:		3	Surver (C)	2			Date:		127/27	1			

Kolo, Laura

m:

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

্রি Vlaw Alf Copies of Submissions | এ DMf rch Results গ্রু Vlaw DMR Signing Status

Signing Process Confirmatio... JDX Activity ID: _f0bc1f5b-e8d3-4967-a736-f47a32b308c0

Deks are underplay the Signing Process
mil 10 feellix Remitted tearum bichares Z Dischares Description Exolibring Process Description 25504 ELDWATTWATT 033 03-C GO POTTWAND-4158COND 11/2021 12/2021

Kolo, Laura

رm:

Beason, Steven E <SEBeason@idem.IN.gov>

Sent:

Monday, January 31, 2022 12:43 PM

To:

Kolo, Laura

Cc: Subject: McDaniel, Rose; DEMMINGS, HELEN; IDEM Netdmr 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 wironmental 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



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	Construcition
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 Overlfow Volume
None	n/a

Indiana DEM

ব্রি 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

Permit ID	Facility.	Permitted Feature	Discharge #	Discharge Description	Monitoring Period End Date	DMR Due Date
IN0025674	ELKHART WWTP	200	005-C	CSO- ARCH/BAR	01/31/22	02/28/22
IN0025674	ELKHART WWTP	900	D-900	CSO- JACKSON, WEST OF BRIDGE	01/31/22	02/28/22
IN0025674	ELKHART WWTP	2007	007-C	CSO- JACKSON, EAST OF BRIDGE	01/31/22	02/28/22
IN0025674	ELKHART WWTP	800	008-C	CSO- HUG/EAST BLVD	01/31/22	02/28/22
IN0025674	ELKHART WWTP	600	D-600	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	034-C	CSO- LEXINGTON/6TH	01/31/22	02/28/22
IN0025674 ELKH, WWTP 035	035-A	20 MGD CLASS IV ACTIVATEE	01/31	02/28/22
IN0025674 ELKHART WWTP 037	037-C		01/31	
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		02/28/22

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🥓 View Certification | 👼 Download COR

DMR Copy of Submission

Permit

IN0025674 Permit ID:

ELKHART WWTP

Permittee:

Facility:

ELKHART WWTP

Permittee Address:

Major:

Facility Location:

Discharge:

035 - External Outfall

1201 S NAPPANEE ST ELKHART, IN46516

1201 S NAPPANEE ST ELKHART , IN46516

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

Report Dates & Status Monitoring Period:

Permitted Feature:

From 01/01/22 to 01/31/22

NetDMR Validated

Status:

DMR Due Date:

02/28/22

Considerations for Form Completion

REPORT QUARTERLY PARAMETERS ON 035-AQ NETDMR. MUNICIPAL MAJOR ELKHART COUNTY

Principal Executive Officer

Utility Services Manager Laura First Name:

Title:

574-293-2572 Last Name: Telephone:

Kolo

No Data Indicator (NODI)

Form NODI:

Parameter	L	NODI	Quan	Quantity or Loading			Quality or Concentration	entration		正 #	Freq. of	Smpl.
Code Name	ā		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	alysis	Type
00300 Oxygen, dissolved [DO]	[00]	Smpl.			: :	2.6=			19 - ma/l			
1 - Effluent Gross		•							i i)		
Season: 0		Reg.				>=4.0 DLYAVMIN			19 - mg/L	01 Da	01/01 - G3 - Daily GRAB-3	G3 - GRAB-3
NODI: -		NODI		7						1		
00400 pH												

0

12 - SU

=8.0

=7.1

Smpl.

1 - Effluent Gross

		,	•						of Analysis		Type
Code Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ēx.		
Season: 0	Req.				NM کالحت 0.6=<		<=9.0 DAILY MX	12 - SU	C Daily	- GR - GRAB	AB
NODI: -	NODI										
00530 Solids, total suspended 1 - Effluent Gross	Smpl.	=667.0	=911.0	26 - Ib/d		=7.0	-9.0	19 - mg/L	0		
Season: 0	Req.	<=7511.0 MO AVG	<=11266.0 MX WK AV	26 - lb/d		<=30.0 MO AVG	<=45.0 MX WK AV	19 - mg/L	01/01 Daily		24 - COMP24
NODI: -	NODI										
00610 Nitrogen, ammonia total [as N] 1 - Effluent Gross	Smpl.	=11.0	=25.2	26 - lb/d		=0.13	=0.74	19 - mg/L	0		
Season: 2	Req.	<=1102.0 MO AVG	<=2554.0 DAILY MX	26 - 1b/d		<=4.4 MO AVG	<=10.2 DAILY MX	19 - mg/L	01/01 - Daily	: 1	24 - COMP24
NODI: -	NODI										
00665 Phosphorus, total [as P]	Smpl.					=0.71		19 - mg/L	0		
1 - Effluent Gross											
Season: 0	Reg.					<=1.0 MO AVG		19 - mg/L	01/01 - Daily		24 - COMP24
NODI: -	NODI										
00722 Cyanide, free [amenable to chlorination]	Smpl.	=0.273	=0.592	26 - 1b/d		<=0.003	=0.0053	19 - mg/L	0		
Season: 0	Req.	<=3.7 MO AVG	<=7.3 DAILY MX	26 - 1b/d		<=0.022 MO AVG	<=0.044 DAILY MX	19 - mg/L	01/07 - Weekly	' - GR - ly GRAB	- AB
NODI: -	NODI										
00722 Cyanide, free [amenable to chlorination] G-Raw Sewage Influent	Smpl.					<=0.003	=0.0053	19 - mg/L	0		
Season: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L	01/07 - Weekly	' - GR - ly GRAB	- AB
NODI: -	NODI										
01119 Copper, total recoverable	Smpl.	=0.481	=0.773	26 - 1b/d		=0.0049	=0.007	19 - mg/L	0		
1 - Effluent Gross				i I							

National National		1	,	•				1			
Competitive Notes Competitive Notes Competitive Notes Competitive Comp	Code Name			Value 2	Units	Value 1	Value 2	Value 3			
Seconds Influent Simple	Season: 0	Req.	<=6.0 MO AVG	<=12.0 DAILY MX	26 - lb/d		<=0.036 MO AVG	<=0.073 DAILY MX	19 - mg/L	ر Week	
Feet Feet	NODI: -	NODI				:					
1	01119 Copper, total recoverable G - Raw Sewage Influent	Smpl.					=0.0443	=0.0578		C	
Nobit Nobi	Season: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L	01/07 Week	
Part Part	NODI: -	NODI									
1. 1. 1. 1. 1. 1. 1. 1.	50050 Flow, in conduit or thru treatment plant	Smpl.	=11.643		03 - MGD					C	
Feet, Real Mon NO AVG AVG	1 - Effluent Gross										
F. colf. colony F. colf. colf. colony F. colf. colf. colony F. colf. c	Season: 0	Req.	Req Mon MO AVG		03 - MGD					01/0. Daily	
E. colit colovy Credition of the color o	NODI: -	NODI		:							
Figure F	51041 E. coli, colony forming units [CFU]	Smpl.					=16.0	=37.0	ĺ	0	
Figure F	1 - Effluent Gross										
F. coli, colony forming units forming unit	Season: 2	Req.					Req Mon MO GEO	Req Mon DAILY MX	3Z - CFU/100mL	03/07 Three Per W	~
E. coli, colony Informing units Informing units Informing units Informing units Informing units Informing units Informing units Informing units Informing units Informing units Informing units Informing units Information Inf	NODI: -	NODI									
Fed Mon DAILY MX Sape	51041 E. coli, colony forming units [CFU]	Smpl.						=37.0		C	
Feq. Mon DALLY MX ST-1/100mL Daily Dai	Y - Effluent Gross (Supplementary)				:						
Nobi Number of Events Smpl. =13.0 53 - # =0.0	Season: 0	Req.						Req Mon DAILY MX	3Z - CFU/100mL	01/0. Daily	
Number of Events Smpl. =13.0 53 - # =0.0 4X - # Proceed Proceed <t< td=""><td>NODI: -</td><td>NODI</td><td></td><td></td><td></td><td></td><td>:</td><td></td><td></td><td></td><td></td></t<>	NODI: -	NODI					:				
Simple Simple Signature	51484 Number of Events			Ç				c		c	
Req Mon MO TOTAL 53 - # Req Mon MO TOTAL 4X - # 01/30 -	Y - Effluent Gross (Supplementary)			- T2:0				0.0		.	
- NODI BOD, Smpl. =230.0 =316.0 26 =2.0 =3.0 19 - mg/L carbon accouns [5] 19 - mg/L	Season: 0	Req.		Req Mon MO TOTAL	53 - #			Reg Mon MO TOTAL	4X - # exceed	01/3(Mont	
BOD, Smpl. =230.0 =316.0 26 - =2.0 =3.0 19 - mg/L carbonaceous [5] Ib/d Ib	NODI: -	NODI									
	80082 BOD, carbonaceous [5	ł		=316.0	26 - lb/d		=2.0	=3.0		o	

	:		,	•						4		- -
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	₩.	or Analysis Ex.	lype
1 - Effluent Gross	Ŋ											
Season: 0		Req.	<=6259.0 MO AVG	<=10014.0 MX WK AV	26 - lb/d		<=25.0 MO AVG	<=40.0 MX WK AV 19 - mg/L	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -		NODI										
81012 Phosphorus, total percent removal	orus, ercent el	Smpl.			11	=81.6			23 - %	0		
K - Percent Removal	oval								:			
Season: 0		Req.			^	>=75.0 MO AV MN			23 - %		01/30 - CA - Monthly CALCTD	CA - CALCTD
NODI: -		NODI										
82220 Flow, total 1 - Effluent Gross	otal s	Smpl.		=361.0	80 - Mgal/mo					0		
Season: 0		Req.		и МО ТОТАL	80 - Mgal,						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

Size	139881.0		1299692.0		985256.0	270281.0	236332.0	109130.0
Туре	pdf	pdf	Jpd	pdf	pdf	pdf	Jpd	pdf
Name	674_INC_RPT_2022_01_3.pdf	IN0025674_INC_RPT_2022_01_4.pdf	IN0025674_CSO_MRO_2022_01.pdf	IN0025674_INC_RPT_2022_01_6.pdf	IN0025674_035a_MRO_2022_01.pdf	IN0025674_INC_RPT_2022_01_1.pdf	IN0025674_INC_RPT_2022_01_2.pdf	IN0025674_INC_RPT_2022_01_5.pdf

Report Last Saved By

ELKHART WWTP

User: Name:

Payton88 Laura Kolo

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

By Report Last Sig

Date/Time:

User:

Name:

Laura Kolo Payton88

E-Mail:

Date/Time:

laura.kolo@coei.org 2022-02-25 12:46 (Time Zone:-05:00)

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MONTHLY REPORT OF OPERATION ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility			Permit Nun	nber		
Elkhart			IN00256	674		
Month	Year	Plant Desi	ign Flow	Telephone	e Number	
January	2022	20.00	mgd	5	74/293	-2572
E-mail address:	laura.kolo@coei.d	org		"	035	Α
Certified Operator: N	lame	Class	Certificate	Number	Expi	ration Date
Laura E. Kolo		l IV	150	94	06/	30/2023

				,						Laura E.	NUIU			IV	150	134	100/	30/2023
				Total=			CH	IEMICAI	LS									
				0.33	1			USED					RAV	SEWA	GE	т	т	
Month	of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Inches	Bypass At Plant Site("x" If Occurred)	Sanitary Sewer Overflow("x" If Occurred)	ʻday	Ferrous Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	(ate GD			ay	mg/l	lbs/day	l/gr	//	
Day Of Month	Day of	n-Hours a s less tha only)	nperatu	Precipitation - Inches	s At Plant S Occurred)	Sanitary Sewer flow("x" If Occu	Chlorine - Lbs/day	is Chlor or Gal	os/Day	Influent Flow Rate (if metered) MGD		CBOD5 - mg/l	CBOD5 - lbs/day	Solids - mg/l	Solids - lbs/day	Phosphorus - mg/l	lia - mg/l	
		Ma (Plant	Air Ten	Precipi	Bypas	S Overfl	Chlorin		=		Hd			Susp.	Susp.		Ammonia	
1	Sat							266		12.440	7.4	59	6,163	48	4,980	2.53	15.76	<u></u>
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					Х		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			0.04	ļ			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				213 198		13.418	7.2	123	13,751	112	12,533	2.54	14.04	
10	Mon			-				236		13.060	7.3 7.3	66	7,227	112	12,199	3.08	17.76	
11	Tue			0.02		V		198		13.096 13.307	7.3	91 95	9,887 10,519	118 138	12,888 15,315	4.10	18.76 17.36	
12 13	Wed			0.02		Х		220		13.307	7.3	104	11,460	156	17,120	4.05 3.71	14.88	
14	Thu					-		198		12.304	7.3	126	12,945	142	14,571	3.87	17.88	
15	Fri							204		11.859	7.2	93	9,185	106	10,484	3.95	14.76	
16	Sat 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					Х		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		Х		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			<u> </u>				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			1				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		Χ		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		18.08	
31	Mon			0.01				243		11.171	7.3	109	10,124	136	12,671	4.27	18.44	
Aver								166		12.229		102	10,398	120		3.85	18.13	
	mum							289		13.533	7.4	150	16,076	160				
Minir	num			0.01				0		10.680	7.1	59	6163	48	4980	2.51	11.44	
									1000		100							
# of			0	1			0	31	0	31	31	31	31	31	31	31	31	0
		tify under prepared i								Prepared by	or under	the directio	n of (Certifie	d Operato		Date (mo	onth, day,	year)

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.

Laura Kolo

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)

Date (month, day, year)

Laura Kolo

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

				11400200		variu	ω. <i>j</i>			-								
	PRIMAR				ΑE	RATIO	N			SECON	DARY			ΞΙΝΔΙ Ε	EFFLUE	:NT		
	EFFLUE	NT	MIXED LI	QUOR				RETURN S	LUDGE	EFFLUE	ENT	888		11176				···
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
1	45	45	218	2,588	84	5.3	12	7.785	6,560			<u>.</u>			7.4		9.2	
2	59	41	206	2,148	96	6.3	13	7.785	4,300						7.3		9.5	
3	70 63	55 56	198	2,360	84 90	5.7	13	7.785	5,720					26	7.6 7.7		9.6	
5	57	69	210 210	2,340 2,556	82	4.2 5.2	13 13	7.785 7.785	6,940 5,840					12 37	7.6		9.8	
6	64	84	218	2,660	82	4.9	13	7.785	5,860					31	7.6		9.6 9.3	
7	61	52	218	2,632	83	5.3	12	7.785	6,120						7.0		9.6	
8	72	63	215	2,340	92	5.5	12	7.785	5,760						7.2		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 78	54 72	288	2,756 2,816	104 90	5.7 5.8	12 12	7.785 7.785	5,220 5,800					16	7.5 7.6		10.3	
26 27	97	69	253 268	2,648	101	4.6	12	7.774	5,780					15	7.6		10.0 9.7	
28	96	60	268	3,080	87	5.9	12	7.774	4,620						7.0		10.0	
29	90	44	288	2,780	104	6.4	12	7.774	6,640						7.1		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			93	5.4	12	8	5,836					18	1,0		9.7	
Max	102	94			110	6.4	13	8	6,940					37		8.0	10.3	
Min.	39	37			82	4.2	12	8	4300					4		7.10	9.2	
	Max												3	37				
	Days abo	ve 235												0				
Data		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

State Form 10829 (R4 / 01-20)			
Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	January	2022

							F	NAI FF	FLUENT	•							
		Flow		BOD		***************************************			uspende		 }	Ammon	ia			Phosph	orus
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs/day	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs/day	Ammonia - Ibs/day Weekly Average	Phosphorus - mg/l	Phosphorus - Ibs/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
	Wed	10.684		2		190		7		624		0.08		7.1		0.81	72
	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
	Sun	11.161		2		180		6		540		0.06		5.6		0.98	91
	Mon	11.592		3		290		4		435		0.74		21.3		0.74	72
Avg		11.643	40	2		230		7		667		0.13		11.0		0.71	68.1
Max		13.875	12.520		3.14	427	management of the contract of	12	9.10		911.41		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	1	31	4	31	4	31	4	31	4	31	4	31	4	31	4	31	31

	MONTHLY RE	MOVAL SUMI	WARY		Total Monthly Flo	w:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)	361
Primary Treatment	28.77	50.0				
	NA	NA			Percent Capacity	
Secondary Treatment	96.6	88.5			(actual flow/design)	58%
Overall Treatment	97.61	94.3	99.3	81.6		
Phosphorus limit would be	75	% removal.	(compliance a	achieved)		

Page 3 of 6

MONTHLY REPORT OF OPERATION ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT

State Form 10829 (F	84 / 01-20)		
Name of Facility	Peπnit Number	Month	Year
Elkhart	IN0025674	January	2022

	SLUDG	E TO				DIGI	ESTER	OPERAT	ION					
	DIGES1	ER	Anaerol	bic Only										
Day Of Month	Primary SludgeGal. x 100	Waste Act. Sludge Gal. x 1000	Нд	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	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	- 1		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			
-	27.50		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.		196.68			91	17.32		3.91	2.06	76.80		103.45		
Max.		201.60	7.60		94	28.30		5.86	CONTRACTOR DESCRIPTION	88.61	CALIFORNIA CONTRACTOR	139.72		
Min.	10.56	194.40	7.10		85	0.00		0.70	1.59	72.98	54.29	50.66		
				12.0				a tracast						
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 For	m 10829 (F	4 / 01-20) Permit Numb	per	Month		Year		1								
Elkhart		IN00256		Janu	ion/	20	22									
				State Form		20	<i></i>									
		Final	Effluent													
	Chlo	ride	Total N	litrogen												
Day Of Month	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day	Ag - Influent mg/l	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
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	10.49															
15															×2	
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					0.000	0.000	0.0	0.000	0.000	0.000	0.000		0000	0.05::		
Avg.														0.0049		
Max. Min.														0.0070 0.0034		
Data	0	0	0	0												0

WASTEWATER TREATMENT PLANT

State F Name o	orm 10829 f Facility	(R4 / 01-20) Permit Numb		Month		Year		1								
Elkhart		IN00256	574	Jan	uarv	20	22									
				State For				-								
														=		
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										
2																
3																
	0.0123	0.0069	0.0010	0.0002	0.1800	0.0333										
5 6								ļ						ļ		ļ
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31											1					
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									7	
Data	1	1	1,	1	1	1	0	0	0	0	0	0	0	0	0	



City:	Elkhart		DEPARTMENT							Page '	1 of	9		P	erm	it Number:	INC	025574	
Facility:	Elkhart P	ublic Wor	ks & Utilitie:	5							ŀ	Public No	lific	ation Requ	rem	ents Met?	Υ		
Monitori	ing Period	: J	anuary	2022		en de la comp		200 J. VI	ige ger		E	nter "x" i	no	CSO disch	arg	e occurred	for	the month:	Χ
Design I	Peak Hour	ly Flow (N	/IGD):	44	Design Av	erage Flow	(MGD):	20		Measured/	Met	ered (M) o	or E	stimated (E) mi	ust be spec	ifie		
WWTF	Influent	Data		Pro	cipitation E	Data			c	SO Outfall	No.	005			C	SO Outfall	No.	006	
Day of Month	Average Daily Flow (MGD)	erage Peak laily Hourly P low Flow E IGD) (MGD) (a		Precip. Duration (Hours)	Total Daily Precip, (inches)	Peak Intensity (inch/hr)	Measureme nt Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E				M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1	12.44	(MGD) (MGD) (am					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		Π				Γ						
8	12.75	15.86	10:09 PM	1.33	0.01	0.04	15 min		Г				Г						T
9	13.42	17.80	12:01 AM	8.97	0.08	0,08	15 min				Γ		Γ						
10	13,06	17,15					15 min		Г		Г								Т
11	13,10	17.02					15 min										 		T
12	13,31	19.59	11:01 AM	1,50	0,02	0,04	15 min										ļ		T
13	13.16	15.93	11.017.101	1,00	U,UL	0,01	15 min												T
14	12.30	17.61					15 min												T
15	11.86	15.09					15 min												T
16	11.07	13,33					15 min				 								T
17	12.37	16.14					15 min		\vdash		ļ						†	,	T
18	11.82	15.17					15 min				\vdash								
19	12.11	14.95					15 min		-								\vdash		\vdash
20	11.98	14.93	11:36 AM	0.08	0.01	0.04	15 min						-						\vdash
21	12.06	15.01	11,50 AW	0.00	0.01	0.04	15 min												1
22							15 min												\vdash
23	11.69 11.23	13.96	12:34 PM	0,08	0.01	0.04	15 min						Н				T		<u> </u>
24	11.72	14.09	12,34 [10]	0,00	10,0	0.04							\vdash						T
25			12:10 DM	0.08	0.01	0,04	15 min												
26	11.55	13.87	12:19 PM	0,00	0.01	0.04	15 min		\vdash		-		\vdash		Н		\vdash		
27	11.88	16.05	2,00 514	0.00	0.04	0.04	15 min				-				\vdash		-	.,	_
28	11.60	13.94	2:09 PM	80,0	0.01	0.04	15 min		Н						Н		\vdash		
29	11.42	13.90	4.04 54	0.00	0.04	004	15 min		Н		\vdash		-		\vdash				\vdash
30	10.68	13.28	1:31 PM	0.08	0.01	0.04	15 min				\vdash		H		\vdash		\vdash		\vdash
31	10.76	13.27	12:26 PM	1.92	0.02	0.04	15 min		-				-		\vdash		\vdash		\vdash
Y.	11.17	13,48	1:46 PM	80,0	0,01	0,04	15 min		Da			100000000000000000000000000000000000000			Da				
Totals;	379.11			27.41	0.33		l	0	Da ys	0.00		0,0000		0	y 5	0.00	188	0.0000	



INDIANA	DEPARTME	NT C	F ENVIRO	ONME	NTAL MAN	IAG	EMENT						ESCOSSESSION	essa a			I Haringina			ı				
	Elkhart												Page 2			Årani.			nit Number:		0025574	desist.		ereges.
Facility	Elkhart P	<u>ubli</u>	c Works	& L	Itilities			S1134		eeneni	constitution	1015		1	Public No	tific	ation Requ	irer	nents Met?	Υ				
wissing agent	ing Period:	nalidas.	Janu	(3)/451.1	2022										En	ter	"x" if no C	SSC	discharg	e o	ccurred f	or th	e month:	<u>: X</u>
Design	Peak Flow	(Hoı	urly) (MG	D):	44	1880	Design Fi	low	(MGD):		20	i ka Sa	Measured/	Met	ered (M) (or E	stimated (E	<u>=) m</u>	ust be spec	ifie	d			
		CS	O Outfall	No.	007			CS	O Outfall	No.	008			cs	O Outfall	No.	009		5.04.75	C	SO Outfal	No.	011	ACTION OF
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National Pollutant Discharge Elimination System (NPDES) CSO Monthly Report of Operation (CSO MRO) State Form 50546 (R4 / 9-15)

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City: Elkhart		Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities		Public N	lotification 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): 2	10	
Day of Month Comments (further explanation as	to why each CSO event occurred)		
1 2 3 4			
5 dry weather overflow - construction 6 7			
8 9 10			
11 dry weather overflow - construction 13			
14 15 16			
17 18 dry weather overflow - construction 19			
20 21 22			
23 24 25			
26 27 28			
29 30 31			
Typed or Printed Name and Title of Principal Exec	cutive Officer or Authorized Agent		Telephone
	lo, Utilities Services Mana	ger	574-293-2572
I CERTIFY UNDER PENALTY OF LAW THAT THIS WITH A SYSTEM DESIGNED TO ASSURE THAT O INQUIRY OF THE PERSONS WHO MANAGE THE: SUBMITTED IS, TO THE BEST OF MY KNOWLED SUBMITTING FALSE INFORMATION, INCLUDING	DOCUMENT AND ALL ATTACHMENTS W RUALIFIED PERSONNEL PROPERLY GATH SYSTEM OR THOSE PERSONS DIRECTLY GE AND BELIEF, TRUE, ACCURATE, AND	ERE PREPARED UNDER MY DE REPARED UNDER MY DE LE REPARED EN PER DE LE REPARED EN PERE DE	ORMATION SUBMITTED. BASED ON MY RING THE INFORMATION; THE INFORMATION HAT THERE ARE SIGNIFICANT PENALTIES FOR
Signature of Principal Executive Officer or Author			Date (mm/dd/yy)
10.00	1, 57-		0/0///00

2/24/22

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 www.eports@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.

		,			,						
					L INFORMATIO						
(1) Facility Name (Organization)			1	(2) Mailing Address (reporting organization)				County		(4) NPDE	S Permit
Elkhart Public Works			1201 S. I	1201 S. Nappanee Street			Ell	Elkhart		IN0002	25674
			RELEASE INFORMATION (Location 1)								
(5) Outfall Number	(6) Date <i>(mm/dd/yy)</i> Release Began							(9) Longiti (Deg Min	ude Sec)		
n/a	01/05/22 5:40	☐ AM ☑ PM (01/05/22 8:34 AM CSO 18 - McNaugton Park West 41 40 44 N				85 59	50 W			
(10) Amount of Flow Released (Always provide a volume.) (11) WWTP Flow During Release (12) WWTP Per							Flow Rate				
Check one:		Actual	173,715 (16.42 MGD			44.0 MG	D	
(13) Overflow Type (Select one.) Sanitary Sewer Overflow Treatment Bypass (at wastewater plant) Prohibited Combined Sewer Overflow Dry Weather Combined Sewer Overflow											
(15) Reason f	Sewer System Rele or Bypass / Overflo	w (Select on	e or more)								
☑ Construction		Power Failu		ent Failure	☐ Unknown	☐ Excee	ded Max Ca	apacity	☐ Precipita	ition	Inches
✓ Construction Related Power Failure ✓ Equipment Failure Unknown Exceeded Max Capacity Precipitation (16) System Component(s) (Select one or more.) (17) Additional Description of the Bypass / Overflow Event: (18) Description of the Area (Check all that apply.) Weather flow capacity. Pumps were found to be ragged up which reduced capacity at dry but high flow times. □ Affected Private Property □ Basement Backup □ Occurred at Treatment P □ Reached Public Land □ Reached Receiving Water In n/a □ Influent Structure □ Influent Structure □ Air Relief Valve Name of Receiving Water In n/a				ea Impacto erty nt Plant <i>V</i> ater	ed						
Contractor pu	r: (in the box below mps lost capacity										
(19) Additional organizations notified by facility, if necessary (Select one or more.) ☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☑ Other:											
											n/a
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) ☐ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☑ Other ☐ Lime ☐ Clean-Up Debris 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 mprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)											
SIGNATURE: (aura (1)) DATE (month, day, year): 01/06/22							06/22				
Individual Making Report (printed) Laura E. Kolo Telephone Number (574)293-2572 Contact Email (574)293-2572 Laura.kolo@coei.org Date (month, day, year) / Time IDEM Notified 01/06/22 appx 1:00 pm						☐ AM ☑ 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 repor
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.

For an	ny locations identifie	d in the N	PDES permit, includ	le the Ou	tfall number for that location from the	permit.				
RELEASE INFORMATION (Location 2)										
Outfall Number	Date <i>(mm/dd/yy) a</i> Release Began	dd/yy) and Time Date (mm/dd/yy) and Time 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	☐ AM ☑ PM		☐ AM ☑ PM	CSO 40 - McNaughton Park S		41 40 37 N	85 59 45 W		
	Flow Released ed ☑ Actual	Descripti	on of the Area Impa led Private Property	cted <i>(Cl</i> □ F	neck all that apply.) Basement Backup		of Receiving Water e River	^r Impacted		
11,076 G			hed Public Land		Reached Receiving Water	3130	e Rivei			
			REI	EASE IN	FORMATION (Location 3)					
Outfall Number	tfall Date (mm/dd/yy) and Time Date (mm/dd/yy) and Time L			Location of Release (streets addres Manhole, Lift Station, Force Main et	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)				
40	01/05/22 7:25	□ AM ☑ PM	01/05/22 7:30	□ AM ☑ PM	CSO 40 - McNaughton Park S	South	41 40 37 N	85 59 45 W		
	Flow Released ed ☑ Actual		on of the Area Impa		neck all that apply.) Basement Backup		of Receiving Water	Impacted		
	allons		hed Public Land		Reached Receiving Water	St Joe River				
100			PEI	EASEIN	EORMATION (Leasting 4)					
Outfall	Date (mm/dd/yy) a	and Time	Date (mm/dd/yy) a		FORMATION (Location 4) Location of Release (streets addres	s or	Latitude	Longitude		
Number	Release Began		Release Stopped		Manhole, Lift Station, Force Main et		(Deg Min Sec)	(Deg Min Sec)		
40	01/05/22 7:40	☐ AM ☑ PM		☐ AM ☑ PM	CSO 40 - McNaughton Park S			85 59 45 W		
	Flow Released ed ☑ Actual		on of the Area Impa ed Private Property	cted <i>(Cl</i> □ F	neck all that apply.) Basement Backup		of Receiving Water e River	r Impacted		
1 —	alions		hed Public Land	Z F	Reached Receiving Water	3,00	e itivei			
			RFI	EASE IN	FORMATION (Location 5)		Carrier Contract			
Outfall	Date (mm/dd/yy) a	and Time	Date (mm/dd/yy) a			s or	Latitude	Longitude		
Number	Release Began		Release Stopped		Manhole, Lift Station, Force Main et	'c.)	(Deg Min Sec)	(Deg Min Sec)		
		☐ AM ☐ PM		☐ AM ☐ PM						
	Flow Released ed ☐ Actual	Descripti	on of the Area Impaced Private Property		neck all that apply.) Basement Backup	Name	of Receiving Water	Impacted		
	allons ·		hed Public Land		Reached Receiving Water					
			WASSEL DEL	EASEIN	FORMATION (Location 6)		Naget Committee			
Outfall	Date (mm/dd/yy) a	and Time	Date (mm/dd/yy) ai		Location of Release (streets addres	Latitude	Longitude			
Number	Release Began	☐ AM	Release Stopped	□ АМ	Manhole, Lift Station, Force Main et	c.)	(Deg Min Sec)	(Deg Min Sec)		
Amount of I	Flow Released	☐ PM	on of the Area Impa	PM	neck all that apply.)	Nama	of Doopiuing Water	Imposted		
	ed Actual		ed Private Property	<u></u> □ E	Basement Backup	Ivallie	me of Receiving Water Impacted			
G	Gallons Reached Public Land Reached Receiving Water									
					FORMATION (Location 7)		NE ELECTRONISME DE LA COMP			
Outfall Number	Date (mm/dd/yy) a Release Began	and Time	Date (mm/dd/yy) a Release Stopped	nd Time	Location of Release (streets addres Manhole, Lift Station, Force Main et		Latitude (Deg Min Sec)	Longitude		
Namber	Release began	□ AM □ PM	Kelease Stoppeu	☐ AM ☐ PM	wannole, Liit Station, Force wall et	<i>c.)</i>	(Deg Will Sec)	(Deg Min Sec)		
Amount of I	low Released		on of the Area Impa		neck all that apply.)	Name	of Receiving Water	Impacted		
l 	ed 🗌 Actual		ed Private Property		Basement Backup		· ·	·		
G	allons	Keacr	ned Public Land		Reached Receiving Water					
(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.										
1.0										
SIGNATUR	F. C	eura	$\mathcal{I}\cup\mathcal{I}\cup\mathcal{I}$			D/	ATE (month, day, ve	ar). 01/06/22 appx 1:00 pm		

Kolo, Laura

m:

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 Flkhart, IN 46516 .ra.kolo@coei.org (574) 293-2572

BYPASS / OVERFLOW INCIDENT REPORT

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(1) English No.	me (Organization)		(2) Mailing (L INFORMATI		200 200 20	(2) (2)			AL NIDDE	O Dames!
1					porting organi	zauon)		(3) C	_		(4) NPDE	
Elknart Pt	ıblic Works				ee Street			Elkł	nart		IN0002	25674
(E) Outfall	(0) 5				RMATION (L				(-)			
(5) Outfall Number	(6) Date (mm/dd/yy) Release Began	Ř	Release Stopped Manhole, Lift Station, Force Main etc.) (Deg Min Sec) ((9) Longit (Deg Min			
n/a	01/12/22 11:35		1/12/22 3:24	☐ AM ☑ PM	CSO 18 - 1	McN augton			41 40 44 N 85 59 50			
1	of Flow Released		s provide a volu	ume.)		(11) WWTP F		g Relea	ise	(12) WWTP F	_	Flow Rate
Check one:	」⊨stimated ✓ /pe (Select one.)	Actual	181,588		any damage t	14.22 MG		ina etr		44.0 MG	ט	
☐ Sanitary So☐ Treatment☐ Prohibited☐ Dry Weath	ewer Overflow Bypass (at waster Combined Sewer Cer Combined Sewer Sewer System Rel	Overflow r Overflow	no	•	any damage o	o aqualle me v	or receiv	nig and	cam.			
	or Bypass / Overflo		or more.)									
☑ Construction		Power Failur								☐ Precipita		Inches
(16) System C			ditional Descrip							otion of the A	ea Impact	ed
(Select one or ☐ Manhole	more.)		ater Lift Statior or flow capacity							<i>that apply.)</i> Private Prop	ertv	
│			ached this basi							nt Backup	y	
☐ Pipe Failur ☐ Pump Stati			pump capacity				tho I			d at Treatmer		
Treatment			sed station.			·				d Public Land d Receiving V		
☑ Other										- · · · · · · · · · · · · · · · · ·		
☐ Influent Str							- 1		of Re	eceiving Wate	r Impacted	i :
Sewer Clea								n/a				
-	r: (in the box below	n										
	actor pump capacit	·										
(19) Additiona	l organizations noti	fied by facility	if necessary (S	Select one	or more.)	***************************************	ı.					
☐ IDEM Eme	rgency Response	☐ Health D	ept. [DNR Fis	sh and Wildlife	☐ Local E	mergen	cy Man	nager	nent 🗹 Oth	ner:	
												n/a
(20) Actions T	aken to Prevent, M	inimize or Mi	igate Damage i	includina C	lean_un and T	reatment of A	Affected /	\rea				
	more of the followi				nearr-up and r	realinent of A	illected F	nca				
Removed E	Blockage 🔲 Re	paired Pipe	☐ Repaired F	ump Statio		r 🔲 Lime		Clean-	Up D)ebris		
The new Edg	ewater Lift station :	should be put	on line before t	he next ba	ckwash is nee	ded at South	Wellfield	•				
(21) Resolution	n: Actions Taken o	Planned to F	revent Recurre	nce								
	eld will be run as lo				before the ne	xt backwash.	The nev	v Edge	wate	r lift station is	now sche	duled to
be put in serv	ice on January 18,	2022.										
(22)												
(44)			CEF	RTIFICATION	ON AND SIGN	ATURE						
I certify under	penalty of law that	this documen					n or sun	ervisio	n in a	accordance w	ith a syste	m
designed to as	sure that qualified	personnel pro	perly gather an	d evaluate	the informatio	n submitted.	Based o	n my ir	nquiry	y of the perso	n or perso	ns who
	stem, or those per											
	curate, and comple	ns. (<i>The ar</i>	e that there are ea below is for	a handwrit	ten signature d	submitting fatt or an electroni	se miorn ic substit	iation, fute the	ıncıu en fax	ung me poss cor scan to P	DF for em	ie and ailing.)
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SIGNATURE:	Report (printed)		one Number	Contac	t Email		Date (m	DA onth d	ı⊏ (f	nonth, day, ye ear) / Time IDE	A Notified	
Laura E. I			1)293-2572		a.kolo@co	ei.org	01/1	3/22	ap	px 11:30	am	☑ AM □ PM
							L			·		



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.

For ar	ny locations identifie	d in the N	PDES permit, include the Out	tfall number for that location from the	permit.		
File a comment			RELEASE IN	FORMATION (Location 2)			
Outfall Number	Date (mm/dd/yy) : Release Began		Date (mm/dd/yy) and Time Release Stopped			Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
40	01/12/22 12:10	☐ AM ☑ PM	01/12/22 1:50 ☐ AM ☐ PM	CSO 40 - McNaughton Park		41 40 37 N	85 59 45 W
Amount of Flow Released □ Description of the Area Impacted (Check all that apply.) □ Name of Receiving Water Impacted □ St Joe River							
30,047 G			hed Public Land 📈 🥅 F	Reached Receiving Water	300	e Mvei	
				FORMATION (Location 3)			19 To 19 10 10 10 10 10 10 10 10 10 10 10 10 10
Outfall Number	Date (mm/dd/yy) a Release Began		Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets addres Manhole, Lift Station, Force Main et		Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
18	01/12/22 4:20	☐ AM ☑ PM	01/22/22 10:55 AM	CSO 18 - McNaugton Park			85 59 50 W
	Flow Released ed ☑ Actual			heck all that apply.) Basement Backup		of Receiving Wate e River	r Impacted
107,712 G				Reached Receiving Water	51 30	e River	
107,712			DELEASE IN	EODMATION (Location 4)		· .	
Outfall	Date (mm/dd/yy)	and Time	Date (mm/dd/yy) and Time	FORMATION (Location 4) Location of Release (streets address	ss or	Latitude	Longitude
Number	Release Began		Release Stopped	Manhole, Lift Station, Force Main et		(Deg Min Sec)	(Deg Min Sec)
		☐ AM ☐ PM	☐ AM ☐ PM				
	Flow Released			neck all that apply.)	Name	of Receiving Water	r Impacted
1 —	ed □ Actual allons			Basement Backup Reached Receiving Water			
	alions		<u> </u>	•			
Outfall	Date (mm/dd/yy) a	and Time	Date (mm/dd/yy) and Time	FORMATION (Location 5) Location of Release (streets address)	e or	Latitude	Longitude
Number	Release Began	and mine	tc.)	(Deg Min Sec)	(Deg Min Sec)		
		☐ AM ☐ PM	☐ AM ☐ PM				
	Flow Released			neck all that apply.)	Name	of Receiving Water	r Impacted
	ed 🗌 Actual allons			Basement Backup Reached Receiving Water			
		-	RELEASE IN	FORMATION (Location 6)			
Outfall	Date (mm/dd/yy) a	and Time	Date (mm/dd/yy) and Time	Location of Release (streets addres		Latitude	Longitude
Number	Release Began		Release Stopped	Manhole, Lift Station, Force Main et	tc.)	(Deg Min Sec)	(Deg Min Sec)
		☐ AM ☐ PM	☐ AM ☐ PM				
	Flow Released ed □ Actual			neck all that apply.) Basement Backup	Name	of Receiving Water	r Impacted
	allons			Reached Receiving Water			
			REI EASE IN	FORMATION (Location 7)			P 2
Outfall	Date (mm/dd/yy) a	nd Time		Location of Release (streets addres	s or	Latitude	Longitude
Number	Release Began		Release Stopped	Manhole, Lift Station, Force Main et	c.)	(Deg Min Sec)	(Deg Min Sec)
		☐ AM ☐ PM	☐ AM ☐ PM				
	Flow Released			neck all that apply.)	Name	of Receiving Water	Impacted
1 —	ed		· · · · =	Basement Backup Reached Receiving Water			
	alions			Todoriou reconving vvalor			
			(ATTACH ADDITIO	NAL SHEETS IF NECESSARY.)			
			CERTIFICA	TION AND SIGNATURE			
			cument and all attachments we	ere prepared under my direction or su ate the information submitted. Based			
manage the	system, or those p	ersons dir	ectly responsible for gathering	g the information, the information sub	mitted i	s, to the best of my	knowledge and
belief, true,		olete. I an		ant penalties for submitting false info		, including the poss	ibility of fine and
imprisornie	THE TOT KITOWING WOLD		10			1/13/	22
SIGNATUR	E:	14	ama KJW		DA	ATE (month, day, ye	

Kolo, Laura

m:

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

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BY State India Office

BYPASS / OVERFLOW INCIDENT REPORT

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response oc	stion spili response	iiile at. (o	117) 233-7743 01 (0	i iiee wilii	iii iiidiaila at (c	100) 200-1140	J.				
					LINFORMATI						
1	me (Organization)				porting organi	zation)	1 ' '	Count	· I	(4) NPDE	
Elkhart Ρι	ıblic Works		L L		ee Street		E	khart	:	IN0002	25674
ALCOHOLD STATE			RELE	ASE INFO	RMATION (L						
(5) Outfall Number	(6) Date (mm/dd/yy) Release Began		(7) Date (mm/dd/yy) Release Stopped			Release (stree Station, Force M			_atitude g Min Sec)	(9) Longit (Deg Min	
											50 W
1 ' '	(10) Amount of Flow Released (Always provide a volume.) (11) WWTP Flow During Release (12) WWTP Peak Design Flow Rate Check one: ☐ Estimated										
(13) Overflow Ty Sanitary So Treatment Prohibited Dry Weath Combined	Check one: ☐ Estimated ☑ Actual 53,675 Gallons 9.29 MGD 44.0 MGD (13) Overflow Type (Select one.) ☐ Sanitary Sewer Overflow ☐ Treatment Bypass (at wastewater plant) ☐ Prohibited Combined Sewer Overflow ☐ Dry Weather Combined Sewer Overflow ☑ Combined Sewer System Release										
				"		r					
(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.) (Select one or more.) (Manhole ☐ House Lateral ☐ Pipe Failure ☐ Unknown ☐ 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. □ Treatment Bypassed ☐ Other ☐ Influent Structure ☐ Air Relief Valve ☐ Sewer Clean Out □ Describe Other: (in the box below)											ted
	actor pump capacity organizations noti		ility, if necessary (S	elect one	or more.)	***************************************	I				
☐ IDEM Eme	rgency Response	☐ Healtl	h Dept.	DNR Fis	sh and Wildlife	☐ Local E	mergency M	lanage	ment 🗹 Oth	ег:	
											n/a
(20) Actions T	aken to Prevent M	inimize or	Mitigate Damage i	acludina C	lean-un and T	reatment of A	ffected Area				11/4
(Select one or ☐ Removed E Last time this part was dela	more of the following Blockage ☐ Rejin happened we had yed and we had to	ng, then ac paired Pipe hoped the backwash	dd a written descrip e ☐ Repaired P new Edgewater Li SWF before the ne	tion.) ump Statio t station s w permar	on 🗹 Othe hould be put o	er	☐ Clea	an-Up [outh Well	field. A
South Wellfile	(21) Resolution: Actions Taken or Planned to Prevent Recurrence South Wellfileld 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.										
(22)			16 363 1-16 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The same of the sa			- W	Service Control of th		
designed to as manage the sy belief, true, ac imprisonment SIGNATURE:	sure that qualified stem, or those perscurate, and comple for knowing violatio	personnel persons direct te. I am avns. (The	nent and all attachm properly gather and the responsible for gowere that there are the area below is for a ephone Number	ents were I evaluate athering t significan	the information he information, t penalties for s ten signature o	er my directio n submitted. , the informati submitting fals	Based on mon submitte se information substitute	y inquir d is, to on, inclu then fa DATE (y of the perso the best of my Iding the poss	n or perso knowledg ibility of fir DF for ema ear): 01/1	ns who ge and ne and ailing.)
Laura E. I	Kolo		74)293-2572		a.kolo@co	ei.org			px 11:55		☑ AM □ PM

Kolo, Laura

m:

Kolo, Laura

Sent:

Tuesday, January 18, 2022 11:51 AM

To:

wwreports@idem.in.gov inc rpt 011822 CSO 18

Subject: 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

> furgot to tay with delivery receipt when it was emailed to IDEM.

> > 1/18/22

Indiana Department of Environmental Management Office of Water Quality

BYPASS / OVERFLOW INCIDENT REPORT State Form 48373 (R7 / 4-16)

☐ Follow-up to Bypass report
previously sent on:

INSTRUCTIONS:

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

rresponse de	ottori spiri response	iiile at. (C	517) 233-7745 OF (O	ii ii ee wilii	in indiana at (c	388) 233-774	o.					
(A)		1 1 1 1 1 1 1 1 1	Bar S		L INFORMATI							
	me (Organization)		1 ' ' =	(2) Mailing Address (reporting organization)				(3) County			(4) NPDES Permit	
Elkhart Pu	ıblic Works		1201 S. I	1201 S. Nappanee Street					•	IN000	25674	
RELEASE INFORMATION (Location 1)												
(5) Outfall Number	(6) Date (mm/dd/yy) Release Began		(7) Date (mm/dd/yy) Release Stopped	·	(8) Location of Manhole, Lift S						tude Sec)	
										1187.3		
(10) Amount of Flow Released (Always provide a volume.) (11) WWTP Flow During Release (12) WWTP Peak Design Flow Rate Check one: ☑ Estimated ☐ Actual 60 Gallons 12.8 MGD 44 MGD											ı Flow Rate	
(13) Overflow T Sanitary So Treatment Prohibited Dry Weath Combined (15) Reason 6 Construction (16) System C	pe (Select one.) ewer Overflow Bypass (at wastev Combined Sewer Cer Combined Sewer Sewer System Releor Bypass / Overfloon Related	vater plant Overflow r Overflow ease w (Select o Power Fa	(14) nor nore or more.)	Describe ne Meant Failure	□ Unknow	o aquatic life	or receiving st	pacity Descri	✓ ☐ Precipita	ation	Inches ted	
(16) System Component(s) (Select one or more.) Manhole											d:	
☐ IDEM Eme	rgency Response	☐ Healt		DNR Fis	sh and Wildlife		mergency Ma	nager	ment 🗹 Oth	ner:	n/a	
	more of the following		· Mitigate Damage in dd a written descrip e □ Repaired P	tion.)		reatment of A r □ Lime	.ffected Area ☐ Clear	al In F) Ahrie			
	kage of grease	odirod i ipe	о Плоранов г	ump otati		. Ц инс		1- 0 p	Jebi is			
(21) Resolution	n: Actions Taken or	· Dlannad i	to Provent Beautrer	200						***************************************		
	(21) Resolution: Actions Taken or Planned to Prevent Recurrence This is primarily a residentail basin. We will continue to eduacte residents on proper grease disposal methods by providing informational fliers.											
(22)												
designed to as manage the sy belief, true, ac	sure that qualified stem, or those pers curate, and comple for knowing violatio	personnel sons direct te. I am a ns. (<i>The</i>	cent and all attachm properly gather and tly responsible for g ware that there are a area below is for a	ents were I evaluate athering th significant	the information ne information, t penalties for s	er my direction submitted. the information	Based on my on submitted se information	inquir is, to t , inclu	y of the perso he best of my ding the poss	n or perso knowledg ibility of fil	ns who ge and ne and	
SIGNATURE:	Cau		47/0				D/	ATE (month, day, ye	_{ear):} 1/21	/22	
Individual Making Laura Kolo	Report (printed)		lephone Number 74) 293-2572	Contac	t Email .kolo@coei.	org	Date (month,	day, ye	ear) / Time IDEN 022 appx 1	/ Notified	☐ AM ☐ PM	

Kolo, Laura

∍m:

Kolo, Laura

Sent:

Friday, January 21, 2022 12:58 PM

To: Subject: wwreports@idem.in.gov 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 www.eports@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.

Trooperioe ee	зион ори георопае	- III C at. (0	117) 200-7740 01 10			•	J.				
(1) Eacility Na	me (Organization)		(2) Mailing A		L INFORMATI		(2) (County		(4) NDDE	O D!t
1	ıblic Works			(2) Mailing Address (reporting organization) 1201 S. Nappanee Street					- 1	(4) NPDE	
Likitart Pt	IDIIC WOIKS					41 41	⊏IK	Elkhart			25674
RELEASE INFORMATION (Location 1) (5) Outfall (6) Date (mm/dd/yy) and Time (7) Date (mm/dd/yy) and Time (8) Location of Release (streets address or (9) Latitude									atitudo	(9) Longit	udo
Number	Release Began	T =	Release Stopped	T =	Manhole, Lift S	Station, Force M	fain etc.)		Min Sec)	(Deg Min	
035											
(10) Amount of Flow Released (Always provide a volume.) (11) WWTP Flow During Release (12) WWTP Peak Design											Flow Rate
(13) Overflow Ty Sanitary So Treatment Prohibited Dry Weath Combined	Check one:										
☐ Construction		Power Fal		ent Failure	Unknow	n 🗆 Exce	eded Max Ca	pacity	☐ Precipita	tion	Inches
(Select one or Manhole	(16) System Component(s) (Select one or more.) ✓ Manhole — House Lateral — Pipe Faillure — Pump Station Failure — Treatment Bypassed (17) Additional Description of the Bypass / Overflow Event: 18" main plugged with grease (Check all that apply.) — 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 — 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 — 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 — 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 — 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 — 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 — 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 — 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 — 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 — 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 — 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 — Call recieved around 1:10 pm. manhole 00000632 overflowed an unknown volume when upstream lift										
	kage of grease in 1	paired Pipe 18" line	e □ Repaired P	ump Statio	on LI Otne	r 🗌 Lime	☐ Clean	-Up D	ebris		
	(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 dispoal .										
(22)				TIELOATA	NI AND GION	ATUDE					
designed to as manage the sy belief, true, ac	sure that qualified stem, or those persourate, and comple or knowing violatio	personnel p sons direct te. I am av ns. (<i>The</i>	ent and all attachm properly gather and ly responsible for g ware that there are a area below is for a	nents were d evaluate pathering the significant	the information ne information, penalties for s	er my direction n submitted. the informati submitting fal	Based on my ion submitted i se information ic substitute the	inquiry s, to tl , inclui en fax	of the person he best of my ding the possi or scan to Pl	n or persor knowledge bility of fin DF for ema	ns who e and e and ailling.)
SIGNATURE:	Report (printed)	aura	<u> </u>	Contac	Email		DA	TE (n	nonth, day, ye	ar): 1/28/	
Laura Kol			ephone Number 574) 293-2572		a.kolo@cc	ei.org	1/28/22		<i>ar) </i> Time IDEM x 7:50	Notified	☑ AM □ PM

Kolo, Laura

m:

Kolo, Laura

Sent:

Friday, January 28, 2022 7:52 AM

To: Subject: wwreports@idem.in.gov 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:

INSTRUCTIONS:

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.

Response Se	ction spill response line a	t: (317) 2	233-7745 or toll	free with	in Indiana at (888	3) 233-7745.	•				
				GENERA	L INFORMATIO	N Aller C	V 1 9 6	1 1	AMATAN A SAS		
(1) Facility Na	me (Organization)		(2) Mailing Address (reporting organization)				(;	(3) County			S Permit
Elkhart Pı	ublic Works		1201 S. N	1201 S. Nappanee Street					t	IN0002	25674
		National Control			RMATION (Loc		*				
(5) Outfall Number	(6) Date (mm/dd/yy) and Ti Release Began	Release Stopped Manhole, Lift Station, Force Main etc.)						Latitude g Min Sec)	(9) Longit (Deg Min		
1									W Flow Pate		
(10) Amount of Flow Released (Always provide a volume.) (11) WWTP Flow During Release (12) WWTP Peak Design Flow Release Check one: Estimated Actual 0 Gallons 11.0 MGD 44.0 MGD										riow rate	
(13) Overflow T Sanitary S Treatment Prohibited Dry Weath Combined (15) Reason f	ype (Select one.) ewer Overflow Bypass (at wastewater p Combined Sewer Overfloe er Combined Sewer Ove Sewer System Release or Bypass / Overflow (Se	plant) bw flow lect one c	or more.)	Describe e		· · · · · · · · · · · · · · · · · · ·					
Construction (16) System Construction (Select one on the properties of the propert	component(s) - more.) eral e ion Failure	went ou	itional Descripti t called in at 9:5 t and found mai d and flows retu e out of the toile	on of the 58 am. T in plugge rned to n et or any	Bypass / Overflo ollet was slow to d with grease. O ormal at 11:15 al drains.	w Event: flush. Crew bstruction m. Sewage	vs (18 (C did)	8) Descr Check all Affected Baseme Occurre	Precipital Precipital Private Arguly.) I Private Propert Backup and at Treatmen d Public Land d Receiving W	ea Impact erty nt Plant	Inches ed
☐ Influent Str☐ Air Relief \☐ Sewer Clea	/alve				ρ'	rt b	per	of R	eceiving Wate	r Impacted	1:
Describe Othe	er: (in the box below)				2e \	Nove.	(-,6				
	l organizations notified by rgency Response	/ facility, i lealth De	f necessary <i>(Se</i> pt.	eleri - 4 W	id not	۔ بھی در	\$\ \{\partial}{2}	ſ	' Oth	er:	n/a
	aken to Prevent, Minimiz more of the following, th Blockage ☐ Repaired	en add a	gate Dam. written des. ☐ Repaired	KS Snew	sur periodical solutions of the Konstantino S	- - 910	. W	1\2	5/22 -		
	n: Actions Taken or Plan ducate customers on pro	ned to Proper greas	e disposal.	ce s	\o\\e\ 		V				
(22)			055	ELE LO A TA	37.AVB)			St.			
designed to as manage the s belief, true, ac	penalty of law that this desure that qualified persons to those persons ocurate, and complete. It for knowing violations.	nnel prop lirectly re am aware	and all attachme erly gather and sponsible for ga that there are s	evaluate athering t significan	e prepared u the information,	d. E. rormatic. mitting fals	Based on a on submitt e informat	my inqui ed is, to tion, incl		n or perso knowledg ibility of fir	ns who le and ne and
SIGNATURE:	<u>(aura</u>	W	41_	γ				DATE (month, day, ye	_{∍ar):} _01/2	
Individual Makin Laura E.	g Report <i>(printed)</i> Ko l o		ne Number)293 - 2572	Contac	t Email a.kolo@coe	i.org			ear) / Time IDEN k 11:50 am	1 Notified	☑ AM □ PM

MARKETING AND DISTRIBUT NANNUAL REPORT FORM

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

PERMIT NO.: INLA 000680		FACILITY NAME:		Elkha	Elkhart Public Works & Utilities	orks & Utili	ies	YEAR:		Sanvary 202	202
Month Dry Tons January	Lab. No. (Lab No. corresponds		Class A Pathogen Reduction Method (attach sample r Check appropriate box, give explanation if more than one is applicable	u ction Meth xplanation if m	od (attach s ore than one is	ample resu applicable	Class A Pathogen Reduction Method (attach sample results when applicable) Check appropriate box, give explanation if more than one is applicable	(el		7	
February	to lab data	,	327 IAC 6.1-4-13	4-13				Ž			
March	entered helow)	×	Alternative 1	Ţ			Alternative 4	Distribution	ion		
April	Sector 7		Alternative 2	2			Alternative 5				
June			Alternative 3	.r.			Alternative 6				
July		Vector Att	raction Redu	uction Meth	od (attach s	samnle resn	Vector Attraction Reduction Method (attach sample results when annlicable)	[e]			
August		Check appropr	Check appropriate box, give explanation if more than one is applicable	xplanation if mo	ore than one is	applicable	as was apparan	(a)			
September			327 IAC 6.1-15	.15							
October		×		38%VSR			Option 5 Aerobic	ic			
December			Option 2 A.	Anaerobic/Bench Aerobic/Bench	ach h		Option 6 Alkali	90			
				SOUR	1		Option 8 90% Solids	olids			
Analytical Results:	Enter heavy metals results as dry wei	ults as dry weig	ghts	Enter dete	ction limit v	when result	Enter detection limit when result is nondetectable				
Lab Nos.:	1 2	3	4	ĸ	9	7		9 10	11		12
Sample Report Date											
Percent Total Solids											
Arsenic (As)											
Cadmium (Cd)											
Copper (Cu)											
Lead (Pb)						7					
Mercury (Hg)											
Molybdenum (Mo)					-						
Nickel (Ni)					-						
Selenium (Se)				4	>						
Zinc (Zn)				63							
	Enter all nutrient results as percent dry wa	sults as percent	dry we phts								
Total N (TN)											
Ammonium N (NH4-N)			. 2								
Nitrate N (NO3-N)		9								-	
Phosphorus (P)		1									
Potassium (K)											
	Enter PCB results as dry weight	dry weight						_			
rcs											
Signature:	lawa Kilis				Date:	22-1	-25-22				



Date

Mar 24, 2022

Memo To

Board of Public Works

Memo From

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 OverIfow Volume (MG)
2	5.27

✓ View Certification |
☐ Download COR

DMR Copy of Submission

Permit

IN0025674 Permit ID:

Permittee:

ELKHART WWTP

ELKHART WWTP

Facility:

Permittee Address:

Major:

Facility Location:

Discharge:

035 - External Outfall

Permitted Feature:

1201 S NAPPANEE ST ELKHART , IN46516

1201 S NAPPANEE ST ELKHART , IN46516

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

Report Dates & Status Monitoring Period:

DMR Due Date: From 02/01/22 to 02/28/22

03/28/22

NetDMR Validated

Status:

Considerations for Form Completion

REPORT QUARTERLY PARAMETERS ON 035-AQ NETDMR. MUNICIPAL MAJOR ELKHART COUNTY

Principal Executive Officer

Last Name: Utility Services Manager Laura First Name: Title:

Telephone:

574-293-2572

Kolo

No Data Indicator (NODI)

Form NODI:

Param	Parameter NODI	NODI	Quantit	Quantity or Loading			Quality or Concentration	ntration			Freq. of	Smpl.
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	₽ Ÿ.	Analysis	Mbe
00300 o	00300 Oxygen, dissolved [DO]	Smpl.			11	=9.1			19 - ma/L 0		01/01 - G3 -	G3 -
1 - Effluent Gross		: : : : : : : : : : : : : : : : : : : :							i i		Jaily	GKAB-3
Season: 0		Req.				>=4.0 DLYAVMIN			19 - mg/L		01/01 - Daily	G3 - GRAB-3
NODI: -	11 Nov. (1971)	NODI				ma manusari						- - -
00400 pH		-				, 1		7	į		1/01 -	GR -
1 - Effluent Gross		idillo			11	=/.1		۳./=	12 - 50	5	Daily GRAB	GRAB

	ı	•							o	Analysis	Type
Code		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ξ.		1
Season: 0	Req.				>=6.0 DALLY MN		<=9.0 DAILY MX	12 - SU		01, Daily	GR - GRAB
NODI: -	NODI										· 16
00530 Solids, total suspended 1 - Effluent Gross	Smpl.	=854.0	=1175.0	26 - Ib/d		=6.0	=7.0	19 - mg/L	0	01/01 - Daily	24 - COMP24
Season: 0	Req.	<=7511.0 MO AVG	<=11266.0 MX WK AV	26 - 1b/d		<=30.0 MO AVG	<=45.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -	NODI	And the state of t					a contra a manufact, and the manufact at the contract and the contract at the				
00610 Nitrogen, ammonia total [as N]	Smpl.	=181.0	=972.0	26 - 1b/d		=1.2	=2.6	19 - mg/L	0	01/01 - Daily	24 - COMP24
1 - Effluent Gross				,							č
Season: 2	Req.	<=1102.0 MO AVG	<=2554.0 DAILY MX	26 - lb/d		<=4.4 MO AVG	<=10.2 DAILY MX	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -	NODI										
00665 Phosphorus, total [as P] 1 - Effluent Gross	Smpl.					=0.63		19 - mg/L	0	01/01 - Daily	24 - COMP24
Season: 0	Req.					<=1.0 MO AVG		19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -	NODI										
00722 Cyanide, free [amenable to chlorination]	Smpl.	=0.367	=0.507	26 - Ib/d		<=0.003	=0.0038	19 - mg/L	0	01/07 - Weekly	GR - GRAB
Season: 0	Req.	<=3.7 MO AVG	<=7.3 DAILY MX	26 - 1b/d		<=0.022 MO AVG	<=0.044 DAILY MX	19 - mg/L		01/07 - Weekly	GR - GRAB
NODI: -	NODI						To secure common to contact a ma commonwealth of the secure of the secur	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
00722 Cyanide, free [amenable to chlorination]	Smpl.					<=0.003	=0.004	19 - mg/L	0	01/07 - Weekly	GR - GRAB
G - Raw Sewage Influent											
Season: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/07 - Weekly	GR - GRAB
NODI: -	NODI										
01119 Copper, total recoverable 1 - Effluent Gross	Smpl.	=1.527	=4.831	26 - Ib/d		=0.009	=0.0238	19 - mg/L	0	01/07 - Weekly	24 - COMP24

	ı	;	1						,	; * ; •	• , 1
Code Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	ŗă	Analysis	Туре
Season: 0	Req.	<=6.0 MO AVG	<=12.0 DAILY MX	26 - lb/d		<=0.036 MO AVG	<=0.073 DAILY MX	19 - mg/L		01, Weekly	24 - COMP24
NODI: -	NODI										. ,
01119 Copper, total recoverable G - Raw Sewage Influent	Smpl.					=0.0559	=0.0619	19 - mg/L	0	01/07 - Weekly	24 - COMP24
Season: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		01/07 - Weekly	24 - COMP24
NODI: -	NODI								ĺ		
50050 Flow, in conduit or thru treatment plant	Smpl.	=15.749		03 - MGD					0	01/01 - Daily	TM - TOTALZ
1 - Effluent Gross	:										
Season: 0	Reg.	Req Mon MO AVG		03 - MGD						01/01 - Daily	TM - TOTALZ
NODI: -	NODI									111111111111111111111111111111111111111	
51041 E. coli, colony forming units [CFU] 1 - Effluent Gross	Smpl.		:			=10.0	=33.0	3Z - CFU/100mL	0	03/07 - Three Per Week	GR - GRAB
Season: 2	Req.					Req Mon MO GEO	Req Mon DAILY MX	3Z - CFU/100mL		03/07 - Three Per Week	GR - GRAB
NODI: -	NODI										
51041 E. coli, colony forming units [CFU] Y - Effluent Gross (Supplementary)	Smpl.						=33.0	32 - CFU/100mL	0	01/01 - Daily	GR - GRAB
Season: 0	Req.						Req Mon DAILY MX	3Z - CFU/100mL		01/01 - Daily	GR - GRAB
51484 Number of Events Y - Effluent Gross (Supplementary)	Smpl.		=12.0	53 - #			=0.0	4X - # exceed	0	01/30 - Monthly	RT - RCOTOT
Season: 0	Req.		Req Mon MO TOTAL	53 - #			Req Mon MO TOTAL	4X - # exceed		01/30 - Monthly	RT - RCOTOT
NODI: -	NODI							: :			
71901 Mercury, total recoverable	Smpl.					=1.14	=0.87	3M - ng/L	0	01/60 - Once	GR - GRAB

Code		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ŗŏ.	Analysis	Туре
1 - Effluent Gross					· · · · · · · · · · · · · · · · · · ·					Ev . Montins	
Season: 0	Req.					<=1.6 ANNL AVG	Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
NODI: -	NODI									:	:
71901 Mercury, total recoverable G - Raw Sewage Influent	Smpl.						=22.2	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
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] 1 - Effluent Gross	Smpl.	=298.0	=386.0	26 - Ib/d		=2.0	=2.0	19 - mg/L	0	01/01 - Daily	24 - COMP24
Season: 0	Req.	<=6259.0 MO AVG	<=10014.0 MX WK AV	26 - 1b/d		<=25.0 MO AVG	<=40.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -	NODI										
81012 Phosphorus, total percent removal K - Percent Removal	Smpl.			II	=83.7			23 - %	0	01/30 - Monthly	CA - CALCTD
Season: 0 NODI: -	Req.				>=75.0 MO AV MN			23 - %		01/30 - Monthly	CA - CALCTD
82220 Flow, total 1 - Effluent Gross	Smpl.		=441.0	80 - Mgal/mo					0	01/30 - Monthly	RT - RCOTOT
Season: 0	Red.		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

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	Size	lf 896260.0		259318.0
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The second secon	Name	IN0025674_035a_MRO_2022_02.pdf	IN0025674_CSO_MRO_2022_02.pdf	IN0025674_INC_RPT_2022_02.pdf

Report Last Saved By

ELKHART WWTP

User: Payton88 Name: Laura Kolo

laura.kolo@coei.org

2022-03-24 10:00 (Time Zone:-04:00)

Report Last Signed By

Date/Time:

E-Mail:

Payton88

Laura Kolo

Name:

User:

E-Mail:

laura.kolo@coei.org

2022-03-24 10:03 (Time Zone:-04:00)

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Date/Time:

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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	900	D-900	CSO- JACKSON, WEST OF BRIDGE	02/28/22	03/28/22
IN0025674	ELKHART WWTP	200	007-C	CSO- JACKSON, EAST OF BRIDGE	02/28/22	03/28/22
IN0025674	ELKHART WWTP	800	008-C	CSO- HUG/EAST BLVD	02/28/22	03/28/22
IN0025674	ELKHART WWTP	600	D-600	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- CASSOPOLIS/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

			Annual Control of Street Contr		
IN0025674 ELKHART WWTP 034	034	034-C	CSO- LEXINGTON/6TH	02/28/22	03/28/22
IN0025674 ELKHA /WTP 035	035	035-A		1 RIVER 02/28/22	03/28/22
IN0025674 ELKHART WWTP 037	037	037-C	CSO- FRANKLIN/KRAU	02/28/22	03/28/22
IN0025674 ELKHART WWTP 039	039	039-C	CSO- WEST HIGH AT RIVER	02/28/22	03/28/22
IN0025674 ELKHART WWTP 040	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			Permit Nur	nber		
Elkhart			IN0025	674		
Month	Year	Plant Des	ign Flow	Telephone	e Number	
February	2022	20.00	mgd	5	74/293	-2572
E-mail address:	laura.kolo@	ocoei.org		•	035	Α
Certified Operator: N	lame	Class	Certificate	Number	Expi	ration Date
Laura F Kolo		177	150	194	l 06/	30/2023

										Laura E.	Kolo			IV_	150	94	06/3	30/2023
				Total=			Cł	IEMICAL	_S									
				2.39				USED					RAW	SEWA	AGE			
th	₩	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	sət	Bypass At Plant Site("x" If Occurred)	Sanitary Sewer Overflow("x" If Occurred)		Ferrous Chloride Lbs/Day or Gal./Day	Gal./Day					_	Solids - Ibs/day	_		
Of Month	Day of Week	s at	<u> </u>	Precipitation - Inches	At Plant S Occurred)	Se	Chlorine - Lbs/day	s Chloride Ll or Gal./Day	ō	Influent Flow Rate (if metered) MGD			ag	Solids - mg/l	/sq	Phosphorus - mg/l	l/g	
등	of	ours s ss the only)	atn	1	문공	χ".	/sq	lor Sal.	a	×Σ		J/6	CBOD5 - lbs/day	ı (O	ΐ		m g	
Day	á	부활	Ser	Itioi	₹ö	w("	7	2 2	Lbs/Day	Flo ed)		CBOD5 - mg/l	요	흗	i ii	<u>ខ</u> ្	1	
۵		nts	Ē) ita	SS	Sa	ij.	sno	Ϋ́	nt I		2	5	တိ	S	ક્	Ammonia	
		ΣĒ	≝		/ba	, ei	o	erro		lue me	_	Ö	iii	Susp.	Susp.	lso	Ē	
<u></u>		D	Ϋ́	4	<u>ത</u> '	0	ਨ				Ä			S	nS S		Æ	
1	Tue			0.15				228 216	····	12.855	7.2	150	16,066	142	15,224	6.13	19.88	
2				0.06				228		11.916	7.3 7.1	93	9,195	180	17,888	5.61 3.59	21.92 16.28	
3				0.00				190		11.051	7.1	114	10,496	102	9,401	3.59	18.00	
4	Fri			0.22				237		10.975 10.626	7.3	142	12,954	124	11,350	3.78	17.16	
5				0.09				234		10.626	7.2	116 136	10,264 11,973	108 86	9,571 7,565	3.49	15.16	
6 7				0.07				198		11.090	7.3	111	10,276	120	11,099	4.59	20.08	
	Mon			0.00				205		12.030	7.3	144	14,402	270	27,089	5.32	21.20	
8				0.00				205		10.573	7.2	124	10,934	136	11,992	4.08	15.92	
10				0.04				190		11.828	7.2	127	12,570	136	13,416	4.21	26.16	
11				0.01				205		14.982	7.2	114	14,244	152	18,992	4.47	16.92	
12	Fri			0.00				205		10.924	7.1	117	10,618	130	11,844	4.47	19.08	
13	Sat			0.00				271		10.924	7.1	115	10,466	98	8,946	3.65	17.00	
14	Sun			0.07				198		11,170	7.4	99	9,202	128	11,924	4.06	17.68	
15	Mon			0.00				204		11,170	7.2	153	14,274	138	12,881	4.79	20.48	
16				0.16				228		17.256	7.2	113	16,280	162	23,314	4.36	18.64	
17				0.78		Х		220		25.210	7.0	104	21,950	240	50,460	3.80	10.28	
18	Thu Fri			0.21				251		17.469	7.0	77	11,269	102	14,861	3.08	12.08	
19				0.00			· · · · · · · · · · · · · · · · · · ·	222		15.828	6.9	79	10,373	110	14,521	3.17	11.48	
20				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																		
Ave	age			0.09				215		14.408		105	12,145	125	15,172	3.84	16.33	
Max	imum			0.78				271		25.210	7.4	153	21,950	270	50,460	6.13	26.16	
Mini	mum			0.00				152		10.547	6.9	65	8948	60	7565	2.16	8.76	
		4 7											,		r			
# of			C				0		0	28	28	28	28	28	28	28	28	0
		tify under prepared								Prepared by	or under	the direction	on of (Certifie	d Operato		Date (mo	onth, day,	year)

were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather 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.

Laura Do

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)

Date (month, day, year)

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
10.000		h	·

	PRIMAF EFFLUE				AE	RATIO	V			CECON	DARW							
-	EFFLUE		l							SECON			F	INAL E	FFLUE	NT		
		2N I	MIXED LI	QUOR				RETURN S	LUDGE	EFFLUE	ENT							
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
1	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 58	68 64	328	3,196	103 102	6.2	10	7.785	8,020					7	7.4		9.8	
23	87	66	314 366	3,072	118	6.9 4.4	10 10	7.785 7.764	8,080					13 15	7.3 7.2		10.0 9.2	
24 25	56	66	342	3,096 3,252	105	4.4	10	7.785	7,600 8,040					15	7.2		9.2	
26	60	55	282	2,956	95	3.8	10	7.785	6,980						7.9		9.3	
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	70	70	0,0	0,000	120	7.7		7,700	0,020					- 00	- '		5.1	
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	2456	95	3.8	8	8	5100					2		7.10	9.1	
	Max						-	-						33				
	Days abo	ove 235												0				
Data	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	Permit Number	Month	Year
Elkhart	IN0025674	February	2022
	1140020077	1 Gordary	ZUZZ

					***************************************		FI	NAL EFI	FLUENT					~~~~			
		Flow	-34403	BOD				Total Su			3	Ammon	ia			Phosph	orus
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs/day	Ammonia - Ibs/day Weekly Average	Phosphorus - mg/l	Phosphorus - ibs/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
	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		10.870		2		173		7		616		0.05		4.5		0.68	62
7		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		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		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	<u></u>		14 15 14 15 14 14 14 14 14 14 14 14 14 14 14 14 14				1.1.0		/ 11 - 12 - 12								
Avg		15.749		2		298		6		854		1.19		181.4		0.63	82.1
Max	(28.491	20.595	3	2.30		386.47	16	7.27		,174.82	7.01	2.60			0.95	
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
															J.E.		
Data	a	28	4	28	4	28	4	28	4	28	4	28	4	28	4	28	28

	MONTHLY	REMOVAL SUMI	MARY		Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 441
Primary Treatment	25.74	45.1	CATALOG SE		
	NA	NA			Percent Capacity
Secondary Treatment	97.0	91.1			(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

	SLUDG					DIG	ESTER	DPERAT	ION	г				
	DIGEST	ER	Anaero	bic Only									l	
Day Of Month	Primary SludgeGal. x 100	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	33.68	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	Ĺ	
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		L	
28	25.22	259.20	7.1		82			5.95	2.07	77.72	58.52	139.35		
29														
30														
31														
Avg.	27.44				85	32.114		4.63	2.33	74.57	57.80	98.38		
Max.	38.74				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		
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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 For	m 10829 (F acility	R4 / 01-20) Permit Numb	per	Month		Year]								
Elkhart		 N00256	674	Febr	uarv	20	22									
		Sul	stitute for	State Form												
			Effluent			i										
	Chlo	oride	Total N	litrogen												
Day Of Month	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- Ibs/day	Ag - Influent mg/l	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
1					0.0005	0.0005	0.0010	0.0002	0.0020	0.0038	0.0601	0.0030	0.0576	0.0042		
2 3																
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7															22.2000	0.8700
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Avg.						0.0005									22.2000	
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(VIIII.				L	0.0000	3,0000	0,0010	0,0002	0.0020	0,0020	3,0001	0.0000	0.0000	0.003	FZ.Z000	0.0700
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WASTEWATER TREATMENT PLANT

State F Name o	Form 10829 of Facility	(R4 / 01-20) Permit Numb	er	Month		Year										
Elkhari	ı	IN00256	674	Febr	uary	20:	22									
		L		State For												
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										
	0.0392	0.0089	0.0024		0.3820	0.0720										
2	5,0002	5,0000	5,00E-1	3.0010	5,0020	3,0720										
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31	0.0200	0.0000	0.0004	0.0040	0.2000	0.0700										
Avg.	0.0392	0.0089	0.0024	0.0010	0.3820	0.0720 0.0720										
Min	0.0382	0,0009	0.0024	0.0010	0.3620 0.3820	0.0720										
IVIII.	0.0352	0.0009	0.0024	0.0010	0.0020	0.0720				L						
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National Pollutant Discharge Elimination System (NPDES) CSO Monthly Report of Operation (CSO MRO) State Form 50546 (R4 / 9-15) INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Elkhart									Page 1	of	9		F	erm	it Number:	INC	0025574	
Facility:	Elkhart Pi	ublic Wor	ks & Utilities	5							F	Public Not	ific	ation Requ	lren	ents Met?	Υ		
Monitor	ing Period	: F	ebruary	2022							E	nter "x" it	no	CSO disch	ıarg	e occurred	for	the month:	х
Design	Peak Hour	ly Flow (N	/IGD):	44	Design Av	erage Flow	(MGD):	20		Measured/	Met	ered (M) c	r E	stimated (E) m	ust be spec	ifie	1	
wwti	Influent	Data		Pro	cipitation E)ata			С	SO Outfall I	No.	005			С	SO Outfall	No.	006	
Day of Month	Average Dally Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measureme nt Interval (hr, 30 m, 15 m)	Time Discharge Began	№ 6 E	Event Duration (Hours)	M or E	Event Discharg e (MG)	M or E	Time Discharge Began	M of 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	Design Average Flow (MGD): 20 Meast														
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	February 2022																
18	17,469	25.025	9:39 AM	5.70	Precipitation Data														
19	15.828	23.333		Precipitation Data															
20	16.114	27.032	March Marc																
21	17.968	25.975	Procedure Proc																
22	19.289	Precipitation Data																	
23	19.489	Restrict February 2022																	
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			110.04	2 20			0		0.00					Da	0.00		0	
		Name and	Title of Prin			r or Author	rized Agent	0	ys j	0,00					ys	0,00		U	
			Laura	E. Kol	o, Utiliti	es Sei	rvices N	/lanage	r						57	4-293-	25	72	
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National Pollutant Discharge Elimination System (NPDES) CSO Monthly Report of Operation (CSO MRO) State Form 50546 (R4 / 9-15) NT OF ENVIRONMENTAL MANAGEMENT

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City:	Elkhart												Page 2	2 of	9	vegeta (F	ern	nit Number:	IN	0025574	lare Select	36532-2532-553	inger elve
Facility	Elkhart P	ubli	c Works	& L	Jtilities .			200 COL		0.000	anessa Acean at Laguage	3,6000		J	Public No	tific	ation Requ	ìren	nents Met?	Υ				
Monitor	ing Period	•	Febru	ary	2022										En	ter	"x" if no C	csc	discharge	e 01	ccurred f	or th	e month:	0,000
Design	Peak Flow	(Ho	urly) (MG	D):	44	.85	Design Fl	ow	(MGD):		20	J150000000	Measured/	Met	ered (M)	or E	stimated (E	<u>=) m</u>	ust be spec	ifie	d			
No.		cs	O Outfall	No.	007			cs	O Outfall	No.	008			cs	O Outfall	No.	009			C	SO 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)	vent M Event M ration or Discharge or Ours) E (MG) E I					Event Duration (Hours)		Event Discharge (MG)	M or E	Time Discharge Began	M or E		M or E		M or E
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17	2:40 AM	М	3,65	М	0,6056	м							2:56 AM	М	2.92	м	0.1162	м						
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National Pollutant Discharge Elimination System (NPDES) CSO Monthly Report of Operation (CSO MRO) State Form 50546 (R4 / 9-15) NT OF ENVIRONMENTAL MANAGEMENT

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City:	Elkhart												Page 3	of	9	200	P	ern	it Number:	IN	0025574	E975482		FACE I
Facility	Elkhart P	ubli	c Works	& I	Utilities	_	European Service	58454	SS AND SECTION			0.0450	3. 10. 1. 10.00	Pı		3000			nents Met?	1641	Sea Laste		Haraba (g.	
Monitor	ing Period		Febru	ıary	2022										Ente	r"	x" if no C	sc	discharge	9.00	curred f	or th	e month:	
Design	Peak Flow	(Ho	ırly) (MG	D):	44	Secretar	Design Fl	ow	(MGD):		20	asiner	Measured/	Met	tered (M) c	or E	stimated (E) .	must be spe	ecif	ed			
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Day of Month	Time Discharge Began		Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		M or E	Event Duration (Hours)	M or E	Discharge	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E			Event Discharge (MG)	M or E
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Totals:

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 Public Notification Requirements Met? Y Facility Elkhart Public Works & Utilities Monitoring Period: February Enter "x" if no CSO discharge occurred for the month: Measured/Metered (M) or Estimated (E) must be specified Design Peak Flow (Hourly) (MGD): Design Flow (MGD): 44 20 CSO Outfall No. 016 CSO Outfall No. 017 CSO Outfall No. 018 CSO Outfall No. M or E M Event or Duration E (Hours) Time Event М Day of Month Discharge (MG) Discharge or E Discharge (MG) Discharge (MG) Discharge Began or E Duration M (Hours) or E Discharge Duration or E Discharge or E or E or E Duration Discharge Began Began (Hours) Began (Hours) (MG) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 12:20 AM M 3.83 M 0.2169 M 12:54 AM M 2.75 M 0.1637 18 19 20 21 22 23 24 25 26 27 28 29 0.2169 0,00 0.0000 0.1637 0.0000



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

City: Elkhart Page 5 of 9 Permit Number: IN0025574 Facility: Elkhart Public Works & Utilities Public Notification Requirements Met? Y February Enter "x" if no CSO discharge occurred for the month: Monitoring Period: Design Flow (MGD): Design Peak Flow (Hourly) (MGD): 44 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. M or E Event Event Time M or E or Duration E (Hours) Discharge (MG) or E Duration (Hours) or E Discharge Began Duration (Hours) Discharge (MG) Day of Month Discharge Duration Discharge Discharge Discharge Discharge (MG) or E M or E or E or E Began (Hours) (MG) Began Began 1 2 3 5 6 7 8 9 10 11 12 13 14 15 16 11:06 PM M 0.67 M 0.0172 M 17 2:30 AM м 0.0764 M 12:21 AM M 2,50 М 0.1670 M 2:39 AM M 1.58 M 0.0646 M 2:28 AM M 0.75 M 0.0400 M 18 19 20 21 22 23 24 25 26 27 28 29 0.0764 0.1842 0,0646 0,0400



National Pollutant Discharge Elimination System (NPDES) CSO Monthly Report of Operation (CSO MRO) State Form 50546 (R4 / 9-16) INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

	DEPARTME	NIC	JF ENVIRO	INME	NIAL MAI	VAG	EMENT													į				
City:	Elkhart												Page	6 of	9			ern	nit Number:	IN	0025574	40000		
Facility:	Elkhart P	ubli	c Works	& L	Jtilities		Logicalisation	dalam)		13935785		18.44		F	ublic Not	ifica	ition Requ	iren	nents Met?	Υ				
Monitor	ing Period		Febru	ary	2022										Ent	er "	'x" if no C	so	discharge	00	curred fo	or th	e month:	
Design	Peak Flow	(Ho	urly) (MG	D):	44	F2334	Design F	low	(MGD):		20	e Suesda	Measured/	Met	ered (M) c	r E	stimated (<u>E) n</u>	ust be spe	cìfie	ed .			
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Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	М 67 Е	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Duration	M or E	Event Discharge (MG)	M or I
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National Pollutant Discharge Elimination System (NPDES) CSO Monthly Report of Operation (CSO MRO) State Form 50546 (R4 / 9-16) INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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City:	Elkhart												Page	7 of	9	Specie		err	nit Number:	i IN	0025574	745500	GALLES ANDRES	2000-12
Facility:	Elkhart P	ubli	c Works	& (Jtilities :		I secondo	Por Line		2000			925 %	F	ublic Not	lfica	ation Requ	ilrer	ments Met?	Υ				
Monitor	ing Period:		Febru	ıary	2022										Ent	er'	x" if no C	sc	discharge	9 00	curred fo	or th	e month:	
Design	Peak Flow	(Ho	urly) (MG	D);	44	283071	Design Fl	ow	(MGD):		20	10.7.50	Measured/	Met	ered (M)	or E	stimated (E) n	ust be spe	cifi	ed			
		cs	O Outfall	No.	031			cs	O Outfall	No.	032			cs	O Outfall	No.	033			C	SO Outfal	l No.	034	
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M of E	Time Discharge Began	M 하 E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		M OI E	Duration	M or E	Event Discharge (MG)	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

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

	Elkhart Elkhart Public Works & Utilities		Page: 9 of 9	Permit Number: IN0025574 ification Requirements Met? Y
acmiy, i			Public Nou	ncation Requirements Met 7 Y
ionitorir	ng Period: February 2022		Enter "x" if	no CSO discharge occurred for the month:
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Day of Month	Comments (further explanation as	s to why each CSO event occurred)		
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	Printed Name and Title of Principal Ex-	ecutive Officer or Authorized Agent		Telephone
yped or		DIO, Utilities Services ivianager		5/4-293-25/2

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	71	} -		Date (mm/dd/yy)	
(aua l	الر	u	<u>, </u>		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 www.eports@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.

Response Sec	ction spili response	iline at. (317) 233-7743 OF to	ii iree wiiii	in indiana at (o	00) 233-7740	J.					
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1	me (<i>Organization</i>)		-		porting organiz	zation)		(3) Co	-		(4) NPDES	
Elkhart Ρι	ıblic Works		1201 S.	Nappar	iee Street			Elkh	art		IN0002	5674
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(5) Outfall Number	(6) Date <i>(mm/dd/yy)</i> Release Began	R	') Date <i>(mm/dd/yy)</i> elease Stopped		(8) Location of Manhole, Lift S	Release (street tation, Force M	ts address fain etc.)	or		ntitude <i>Min Sec)</i>	(9) Longitu (Deg Min	
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	of Flow Released		ys provide a voli ~2			(11) WWTP F 33,8 MG		Releas		(12) WWTP PO 44.0 MG		Flow Rate
	pe (Select one.) ewer Overflow] Actual	(14	Gallons) Describe one	any damage to			ng stre		TT.0 MO		
Prohibited	Bypass (at waster Combined Sewer (er Combined Sewe	Overflow										
	Sewer System Rel											
(15) Reason fo	or Bypass / Overflo	w (Select one										
Construction			re 🔲 Equipm				eded Ma	x Capa	city	☐ Precipita	ition	Inches
(16) System C		(17) A	dditional Descrip	otion of the	Bypass / Over	flow Event:				tion of the Ar	ea Impacte	ed
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☐ House Late		findin	g that our sewer	was block	ed with constru	uction debris t				nt Backup ⊢at Treatmen	st Dlant	
Pump Stati			ent sewer constr				17			Public Land		
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☐ Other☐ Influent Str	ructure	a.iii.						Name o	of Red	ceiving Water	r Impacted	:
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	Lynn Brab	•	Digitally signe					D 47	re /	nonth, day, ye	oorl, 2/17	/2022
Individual Makin	g Report (printed)		/_Date: 2022.03 hone Number		t Email		Date (m	Onlh, da	_⊏ (m ıy, yea	nontn, aay, ye ar) / Time IDEN	<i>Jar)─r</i> 177 ✓ Notified	□ AM
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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 repor
previously sent on:

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(1) Facility Na	me (Organization)	The Arman Village	(2) Mailing A		L INFORMATION Properting Organization		(3)	County	,	(4) NPDE	S Permit
1 ' '	ıblic Works			-	ee Street	ationy		khart	l l	IN0002	
Likitarti	iblic Works	400 al 15	1		RMATION (Lo	ocation 1)	Li	VII ali		1140002	-0014
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035	2/17/2022@8:00		2/17/2022@9:45	M AM □ PM	1119 N M			1	41' 52.3674"	1	44.436"
	f Flow Released	,	ys provide a volt	•		(11) WWTP FI		ease	(12) WWTP P		Flow Rate
☐ Sanitary Solution Treatment ☐ Prohibited ☐ Dry Weath ☑ Combined (15) Reason for ☐ Construction (16) System Construction ☐ Manhole ☑ House Late ☐ Pipe Failur ☐ Pump Statt ☐ Treatment ☑ Other ☐ Influent Str ☐ Air Relief Now ☐ Sewer Clear	rpe (Select one.) ewer Overflow Bypass (at wastev Combined Sewer Cer Combined Sewer Cer Combined Sewer Cer Combined Sewer Cer Combined Sewer System Releon Related Component(s) more.) eral e on Failure Bypassed ucture //alve	Overflow r Overflow ease w (Select on Power Faill (17) A Gard toilets mana plumi call th 8:00 was b const was r	e or more.)	ent Failure otion of the the texperie ts beginnir vas an inte ved about ate that po- lated the p struction dea. Pumpe	enced sewage to ag at 3:45 am. ernal problem a 4 hrs later and ssibility. We re- erroblem finding ebris from a recertruck was mo	n Excertiow Event: back-ups through the apartmer and called a he suggested the cauthat our sewer obtilized and the suggested the cauthat our sewer obtilized and the	eded Max Ca (18) ugh (Che nt B d she II at R R Nam	apacity Descrieck all ffected aseme courre eache	Precipitate ption of the Arthat apply.) Private Propert Backup d at Treatmer d Public Land d Receiving Wate	ution rea Impact erty ut Plant /ater	
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(Select one or ✓ Removed I An emergence jetted the plue (21) Resolutio	aken to Prevent, M more of the following Blockage Repay response compa gged manhole and manhole and response compay response c	ing, then add paired Pipe ny was empl the rest of the r Planned to	a written descrip ☐ Repaired F byed by the apar e affected line re Prevent Recurre	otion.) Pump Station tment come moving significe	on 🗹 Othe nplex to clean the gnificant constr	r ☐ Lime he affected ap	☐ Clea partments an	d the l	nallways. The		ed and
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SIGNATURE:	Lynn Brab	ec	Digitally signed Date: 2022.02				С	ATE (month, day, ye	ear): 02/17	7/2022
	g Report (printed)	Telep	hone Number 12932572	Contac	t Email 1.brabec@	coei.org	Date (month, 2/17/20	day, y	e <i>ar) </i> Time IDEN	/ Notified	☐ AM ☑ PM

Kolo, Laura

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a 1 , . . .

Brabec, Lynn

Sent:

Thursday, February 17, 2022 3:29 PM

To: Cc: 'wwreports@idem.IN.gov' 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



City Elkhart
1940 Markand Cross Lynn Brabec

Environmental Compliance Mgr

1201 S. Nappanee St.

Elkhart, IN 46516

Phone: 574-293-2572

rect: 574-322-4782

FAX: 574-975-2715

Live today because tomorrow is not promised.



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 if 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

MARKETING AND DISTRIBUT NANNUAL REPORT FORM (Complete and submit this form to Irmin's by January 31 of each year)

PERMIT NO.: INLA C	INLA 000680	FACILITY NAME:	NAME:		Elkha	Elkhart Public Works & Utilities	orks & Utilit	ies		YEAR:	Felivion	February, 2022.
MonthDry TonsJanuaryFebruaryMarchAprilMayMay	Lab. No.	(Lab No. corresponds to lab data entered below)	Class A Pa	Class A Pathogen Reduction Method (attach sample r Check appropriate box, give explanation if more than one is applicable 327 LAC 6.1-4-13 Alternative 1 Alternative 2 Alternative 3	uction Meth xplanation if m -4-13 1 2	od (attach s	ample resu) pplicable	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 5	licable)	No Distribuison		· ·
June July August September October November December Analytical Results:	Enter heavy	Vector Attract Check appropriate 327 327 X Option Enter heavy metals results as dry weights	Vector Att Check approp X	Vector Attraction Reduction Method (attach sample 1 Check appropriate box, give explanation if more than one is applicable 327 IAC 6.1-15 X Option 1 38%VSR Option 2 Anaerobic/Bench Option 3 Aerobic/Bench Option 4 SOUR as dry weights Enter detection limit when rese	eduction Method e explanation if more ti .1-15 38%VSR Anaerobic/Bench Aerobic/Bench SOUR	tod (attach s ore than one is a nch lack	ample resu	Vector Attraction Reduction Method (attach sample results when applicable) Check appropriate box, give explanation if more than one is applicable 327 IAC 6.1-15 X Option 1 38%VSR Option 2 Anaerobic/Bench Option 3 Aerobic/Bench Option 4 SOUR Sa div weights Finter detection limit when recult is non-detectable	ve o pplicable) Aerobic Alkali 75% Solids 90% Solids			
Lab Nos.:	1	2	3	4	5	9	7	8 Nonucicular	6	10	11	12
inds lids (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Enter PCE	Enter all nutrient results as percent dry	S as percent y weight				70	0				
Signature:	awa	(27)			ı	Date:	3	उद्या				



Date

Apr 28, 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 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 Overifow Volume (MG)
4	0.34

Permit Violation:

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

্রি View All Copies of Submissions | ত্রু DMR/COR Search Results 😤 View DHR Signing Status

Signing Process Confirmation - CDX Activity ID: _bea489ae-6ac3-4d70-8746-92a6b2a4a6af DMs ar undergoing the Signing Process

025674	ELCHART WWTP	500	902-C	CSO- ARCH/BAR	03/11/22	04/28/22
225674	ELICHART WWTP	900	D08-C	CSO-JACKSON, WEST OF BRIDGE	63/1/22	04/28/22
025674	ELICHART WWTP	200	007-C	CSO- JACKSON, EAST OF BRIDGE	03/31/22	04/28/22
125574	ELICHART WWTP	800	D-800	CSO- HUG/EAST BLVD	22/10/50	22/82/10
325574	ELICHART WWTP	600	009-C	CSO- NIBCO PRKWY - FKA JR, ACHIEVEMENT (Y DR N)	03/31/22	04/28/22
025674	ELKHART WWTP	110	011-C	CSO- ELICHART/FRANKLIN	22/12/22	04/28/22
025674	ELICHART WWTP	210	012-C	CSO- CASSOPOLIS/BEARDSLEY	22/15/22	04/28/22
025674	ELICHART WWTP	510	913-¢	CSO-JOHNSON/BEARDSLEY	22/15/50	04/28/22
025674	ELICHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	27/17/22	04/28/22
025674	ELICHART WWTP	910	016-C	CSO- DAN @ GOSHEN/SUPERIOR	03/31/22	04/28/22
025674	ELXHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	03/24/22	04/28/22
225674	ELKHART WWTP	01.8	018-C	CSO- NONALIGHTON PARK WEST	22/11/22	04/28/22
025674	ELICHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	22/17/20	04/28/22
025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	03/11/22	04/28/22
025674	ELICHART WWTP	023	SH	CSO- FRANKLIN/8TH	22/11/22	04/28/22
025674	ELICHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	03/31/22	D4/28/22
922674	ELKHART WWTP	520	025-C	CSO- POTTAWATOMI/SECOND	52/172	04/28/22
125674	ELKHART WWTP	026	026-C	CSO- HALN/POTTAWATOMI	25/15/50	04/28/22
125674	ELICHART WWTP	270	027-C	CSO- EDGEWATER/NAVAJO	03/15/50	04/28/22
125574	ELICHART WWTP	820	028-C	CSO- WASHINGTON AT RIVER	03/31/22	04/28/22
125674	EDCHART WWTP	020	029-C	CSO-JEFFERSON AT THE RIVER	03/31/22	04/28/22
225674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	03/21/22	04/28/22
125674	ELKHART WWTP	032	035-C	CSO- EDGEWATER/OKEMA	22/10/00	04/28/22
25674	ELICHART WWTP	033	937	CSO- EVANS/GRACE	22/15/25	04/28/22
125674	ELICHART WWTP	034	034-C	CSO- LEXINGTON/STH	22/11/23	04/28/22
125574	ELICHART WWTP	300	4-5E0	20 MGD CLASS IV ACTIVATED SLLIDGE - TO ST JOSEPH RIVER	03/21/22	22/82/40
025674	ELKHART WATP	035	035-AQ	QUARTERLY REPORTING	03/31/22	04/28/22
22674	ELICHART WWTP	200	037-C	CSO- FRANKLIN/RAU	22/15/20	04/28/22
\$25674	ELKHART WWTP	600	039-C	CSO- WEST HIGH AT RIVER	03/11/22	04/28/22
125574	ELICHART WATP	8	040-C	CSO- MCNAUGHTON PARK SOUTH	03/31/22	04/28/22

্ৰিView All Copies of Submissions | এ DHR/COR Search Results & View DHR Signing Status

Signing Process Confirmation - CDX Activity ID: _fe64888a-5d52-4fb8-b360-34b50328c6ff

DMts are undergoing the Signing Process

miliz Enclin: Perminel secure Described Month

汉View All Coples of Submissions | 型DMR/COR Search Results 亞View DMR Signing Status

Signing Process Confirmation - COX Activity ID: _Sc6ebb98-4d56-466e-ad7d-f5da8beca9e3

DHIs are undergoing the Signing Process
mit.10 facility Permitted Leasure December December December December Operation Confirmation Confir

Permit Permit 1D:	IND025674		Hejon		¥ 1				
Permittee:	ELKHART WWTP		Permittee Address:	Address:	1201 S NAPPANEE ST ELKHART, IN46516				
Facility:	ELKHART WWTP		Facility Location:	ation:	1201 S NAPPANEE ST ELXHART, IN46516				
Permitted Feature:	035 - External Outfall		Discharge:		035-AQ - QUARTERLY	REPORTING			
Report Dates & Status Monitoring Period:	From 01/01/22 to 03/31/22	1/23	DMR Due Date:	ator	04/28/72				
Nectors services for Form Completed Considerations for Form Completed REPORT WAVE ELKHART COUNTY REPORT WAVE ELKHART COUNTY	SA IS NETDMR, MUNICIPAL MAJO	OR ELICHART COUNTY							
Principal Executive Officer First Name:	Paner		Last Name		Kaio				
Title: No Data Indicator (MODI) Form NODE:	Utility Services Manager		Теюрьопет		574-293-2572				
ы	Hong Idon	Quantity or Loading		Quality or Concentration	ntration		# of Freq. of	John	
ly de la constant de la constant de la constant de la constant de la constant de la constant de la constant de	Value 1	Value 2	Units Value 1		Cantey		- 1	5	
	Smpl.	=1.065	26 - 15/d		€800°0=		0 01/90 - Quarterly		,
0		Req Man DAILY MX	26 - lb/d		Req Mon DATLY MX	19 - mg/l.	01/90 - Quarterly	24 - COMP24	
coverable	MODE			cre o.	com c.	19-	-06/10	24 -	
wage Influent	į.								
Season: 0 Rec	Req.			Req Mon MO AVG	Req Mon DAILY MX	19- mg/L	Quarterly	COMP24	
Silver total racoverable		<=0.069	26 - 15/d		<=0.051	19 - mg/L	0 01/90 - Quarterly	24 - COMP24	
	Z. S. S. S. S. S. S. S. S. S. S. S. S. S.	Red Mon DATLY MC	26-		Rea Man DAILY MX	19	- 05/10		
			ib/d			mg/t	Quarterly		
overable	Sapt.			<-0.0005	-0.0005	19-	0 01/90 -	24 -	ı
wage Influent						19-	01/30		,
Season: 0 Rec NODI: - NODI: - NODI	Req.			Req Man 90 AVG	Req Hon DAILY MX	mg/L	Quarterly	COMP24	
Zinc, total recoverable		-8.615	26 - Ib/d		-0.072	19 -	0 01/90 - 0 Quarterly	24 - COMP24	
Cress			26-			19-	01/90 -	i	
Soason: 0 Rec	Req.	Reg Man DAILY MX	p/q		Req Man DAILY MX	mg/L	Quarterly		
rerable	Smpl.			-0.228	=0,382	19	0 01/90 -	24-	
wage Influent						1		İ	
•	Req.			Req Men MO AVG	Req Mon DAILY MX	mg/L	Quarterly	COMP24	
01113 Cadmium, total	NODI					1			
	Smpl.	-0,382	26 - lb/d		<0.0002	19 - mg/L	a 01/90 - Quarterly	24 - COMP24	
0		Req Mon DAILY MX	26 - 15/d		Req Hon DAILY HX	19 - mg/L	01/90 - Quarterly	24 - COMP24	
	NODI								1
racoverable Smr	SmpL			-0.0415	=0.0601	19 - mg/L	0 01/90 - Quarterly	24 - COMP24	
	Req.			Reg Man MO AVG	Req Mon DAILY MX	19 - mg/L	01/90 - Quarterly	24 - COMP24	
- 1	NODI			-					,
01114 Lead, tobal recoverable Sm; 1 - Effluent Gross	Smpl.	<=0.138	26 - Ib/d		<=0.138	19 · 0 mg/L 0	01/90 - Quarterly	24 - COMP24	
Scason: 0 Res		Req Mon DAILY HOC	26 - lb/d		Req Hon DALLY HX	19 • mg/L	01/90 - Quarterly	24 - COMP24	
: 1	MODI								. 1
01114 Lead, total recoverable Smj G-Raw Sewage Influent	мар.			~0.0015	-0.0024		0 Quarterly	24 - COMP24	
	Roq.			Reg Mon MO AVG	Req Hon DATLY HX	19 - mg/L	01/90 - Quarterly	24 - COMP24	
1	Nobi								1
01118 - Chrondum, total recoverable Sm 1 - Effluent Gross	Smpl.	=0.726	26 + lb/d		-0.0058	19- mg/l	0 01/90 - Quarterly	24 - COMP24	
	Resp.	Req Hon DATLY HOC	26 - 15/d		Req Mon DATCY HCC	19 - ma/L	01/90 - Ouarterly	24 - COMP24	
	NODI					,			
:	Smpt			=0.0415	-0.0601	19 - mg/L	0 01/90 - Quarterly	24 - COMP24	
G - Raw Sewage Influent Season: 0 Res	Req.			Req Mon MO AVG	Req Mon DAILY MX	19 -	01/90 - Cuarterly		
	MODI					a John		; ;	

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ELCHARY WWTP
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Payton88
Lunn Kolo
Bura-kodo@codorg
2022-44-28 14:24 (Time Zame::04:00)
Payton86
Lunn Kolo
Bura-kodo@codorg
2022-64-28 14:29 (Time Zame::04:00)



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

State Form 10829 (R4 / 01-20)

Name of Facility			Permit Nun	nber	·	
Elkhart			IN00256	57 4		
Month	Year	Plant Des	ign Flow	Telephone	Number	
March	2022	20.00	mgd	5	74/293	-2572
E-mail address:	laura.kolo@	coei.org			035	А
Certified Operator; N	ame	Class	Certificate	Number	Expi	iration Date
Laura E. Kolo		l iv	150)94	06/	30/2023

		,	,	·	γ	r,				Laura E.	KOIO			IV	150	94	06/	30/2023
				Total=			CH	IEMICAL	_S									
				2.95	1			USED					RAW	SEWA	GE			
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site("x" If Occurred)	Sanitary Sewer Overflow("x" If Occurred)	ay	Ferrous Chloride Lbs/Day or Gal./Day	or Gal./Day	ate D			5	- mg/l	Solids - Ibs/day	g/l		
Ϋ́	of W	ours a ss tha only)	attre	<u>-</u>	At Plant S Occurred)	Ç.">	Chlorine - Lbs/day	loric sal./		Influent Flow Rate (if metered) MGD		J/6	CBOD5 - lbs/day	<u> </u>) - ib	Phosphorus - mg/l	Ammonia - mg/l	
<u>چ</u>	ay (유	e c	l ig	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nita V(")	7	s Ch or G	Lbs/Day	g (s		CBOD5 - mg/l	<u>ĕ</u>	Solids .	<u>li</u> ds	ZD.	-	
اۃ		rg st	Ë	<u>ig</u> .	SS /	Sal	<u>e</u>	sn o	sq-	nt F tere		5-	- 50	လိ	လိ	암	<u>;</u> ë	
		اع کے	<u> </u> e	Sc.	pa	Ver	ōri	원	_	neı		0	0	g.	Ġ.	dsc	ΙĔ	
		<u> </u>	Air	Pre	മ	0	<u> </u>	<u>я</u>		Infl (if	Hd			Susp.	Susp.	Ph		
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			0.00						13.776	7.4	89	10,271	114	13,098	5.02	15.84	
11	Fri	-		0.20						14.366	7.6 7.3	94 95	11,238	148	17,732	4.08	16.20	
12 13	Sat			0.02						13.281 13.363	7.3	86	10,478 9,618	70 84	7,753 9,362	4.38 3.34	15.44 11.48	
14	Sun			0.02						13.626	7.5	69	7,787	116	13,182	4.02	12.48	***************************************
15	Mon							220		13.812	7.5	111	12,835	130	14,975	5.19	15.20	
16	Tue							228		14.260	7.6	95	11,271	122	14,509	4.21	14.00	
17	Wed							228		13.669	7.6	90	10,254	162	18,468	5.46	16.64	
18	Thu Fri			0.59				220		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			1				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			
31	Thu			0.21				319		17.520	7.7	56	8,229	94	13,735			
	rage			0.18				223		14.834		89	11,059	123	15,333		15.71	
	<u>imum</u>			0.59				319		18.038	7.8	138	18,444	224	33,698			
Mini	mum			0.01				0		13.198	7.0	56	7169	63	6934	1.99	11.48	
					16													
# of	Data		0				0	22	0	31	31	31	31	31	31	31	31	0
	I cer	tify under	penalty	of law t	hat this	s docu	ment and	all attacl	nments	Prepared by	or under	the direction	on of (Certifie	d Operato		Date (mo	onth, day,	year)

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 submitting false information, including the possibility of fine and imprisonment for knowing violations.

Date (month, day, year)

Signature of principal executive officer or authorized agent

Date (month, day, year)

aura Wo

MONTHLY REPORT OF OPERATION ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT

 State Form 10829 (R4 / 01-20)
 Permit Number
 Month
 Year

 Elkhart
 IN0025674
 March
 2022

	PRIMAR				AE	RATIO	N			SECON			F	INALE	FFLUE	ENT		
	EFFLUE	ENT	MIXED LI	IQUOR I				RETURN S	LUDGE	EFFLU	ENT							
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
1	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	L
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	L
7	58 92	102 65	350 350	2,796 2,952	125 119	5.8 6.2	11 12	7.785 8.000	6,620					30	7.6		10.0	
9	78	60	352	2,860	123	4.7	12	7.785	6,160 5,200					28 36	7.3 7.2		10.1 9.6	
10	80	74	322	2,828	114	5.6	12	7.785	6,200	-				30	7.2	-	9.3	
11	76	80	306	2,676	114	5.5	12	7.785	6,460						7.3		10.2	ļ
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				i i	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 82	74 66	294 320	2,576	114 110	5.5 4.7	12 13	7.785	4,340				-		7.4		9.7	
23	59	98	238	2,908 2,528	94	5.2	12	7.785 7.785	5,600 5,860					52 22	7.3 7.4		9.4 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	ļ
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		ļl
Min.	54	46	238	2328	93	4.6	11	8	4340					19		7.00	8.7	
Daily		ove 235												106 0				
Data	31 Jays		31	31	31	31	31	31	31	0	0	1 1	0	13	31	o	31	0
Paid	J1	J1	J 1	ال	ال	J	JI	ا ا	اد			L	<u>. </u>	13	اد	. U	ا ا ت	

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

MONTHLY REPORT OF OPERATION ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)			
Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	March	2022
V-1/A/			

	[·			······	***************************************	FI	NAL EF	FLUENT	-							
		Flow		BOD						d Solids	3	Ammon	ia			Phosph	iorus
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs/day	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs/day	Ammonia - Ibs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
	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
	Tue	15.000		4		509		17		2,152		1.00		125.1		0.86	108
	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	Eri	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	74771	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	Tuo	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	I (lu	21.117		5		893		23		4,103		1.35		237.8		1.21	213
19	EII	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	Cup	13.525	101110	4		418		21		2,391	0,000	0.10	0.00	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		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	riiu rii	16.459		3		402		13		1,812		0.72		98.8		0.86	118
26	Cot Cot	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	Med	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	1119	16.641		4		520		16		2,202	_,	1.21		183.0		1.0	143
Max		23.608	19.918		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		278	295	5	7.97	748	1,079	0.08	0.68	9.3	99	0.6	84
Data		31			5		5		5				5				

	MONTHLY RE	MOVAL SUMI	WARY		Total Monthly Flor	w:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)	516
Primary Treatment	21.02	44.4				
	NA	NA			Percent Capacity	
Secondary Treatment	94.8	76.4			(actual flow/design)	83%
Overall Treatment	95.88	86.9	92.3	74.2		
Phosphorus limit would be	75	% removal.	(compliance r	not achieved)	•	

MONTHLY REPORT OF OPERATION ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT

L														
1 1	SLUDG					DIGE	ESTER	DPERAT	ION			1	·	
l :	DIGEST	ER	Anaero	bic Only								_	.	
Day Of Month	Primary SludgeGal. x 100	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	33.52	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		
	30.00	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 BLANT

Max.

Min.

Data

23,196

1

0

2

0

2

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

0.0005 | 0.0005 | 0.0005 | 0.0002 | 0.0050 | 0.0049 | 0.0395 | 0.0002 | 0.0688 | 0.0095

0.0005 | 0.0005 | 0.0004 | 0.0002 | 0.0020 | 0.0022 | 0.0297 | 0.0002 | 0.0464 | 0.0036

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WASTEWATER TREATMENT PLANT

Name		(R4 / 01-20) Permit Numb		Month		Year]							
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Day Of Month	ţ	ant .	ent	eut	eut .	eut			1						
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S	Ni - Influent mg/L	Ni - Effluent mg/L	Pb - Influent mg/L	Pb - Effluent mg/L	Zn - Influent mg/L	Zn - Effluent mg/L									
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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									
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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	INDIANA D	EPARIMENI	OF ENVIRC	NMENTAL MA	ANAGEMEN	1			Page 1	1 of	9		P	erm	it Number:	IN	0025574	
	Elkhart Pe	ublic Worl	s & Utilities	·									tific	ation Requ					
Version and	ing Period		March	2022										CSO disch				the month:	X
Design I	Peak Hour	ly Flow (N	IGD):	44	Design Ave	rage Flow	(MGD):	20		Measured/	Met	ered (M)	or E	stimated (E) mı	ust be spec	ifie	d	
WWTF	o Influent	Data		Pro	ecipitation D	ata			С	SO Outfall	No.	005			C	SO Outfall	No.	006	
	Average	Peak	Time				Measureme												
Day of Month	Daily Flow (MGD)	Hourly Flow (MGD)	Precip. Began (am/pm)	Precip. Duration (Hours)	Total Dally Precip. (Inches)	Peak Intensity (Inch/hr)	nt Interval (hr, 30 m, 15 m)	Time Discharge Began	М 67 Е	Event Duration (Hours)	M or E	Event Discharg e (MG)	M or E		M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1	14.776	20.528					15 min										Π		
2	14.646	17.694	9:26 PM	1.55	0.04	0.12	15 min												T
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								П		Π		
7	16.444	27.114	1:39 AM	16.33	0.34	0.16	15 min										Π		
8	14.100	16.700	12:26 PM	0.08	0.01	0.04	15 min										1		T
9	13.962	16.426					15 min										Ī		1
10	13.776	15.710					15 min								T		T		1
11	14.366	19,321	10:04 AM	6,12	0.20	0.12	15 min								T		T		\top
12	13,281	15,232	, - , - , , , , , ,				15 min								T		T		T
13	13.363	16.657	11:46 AM	1.75	0.02	0.04	15 min										T		T
14	13.626	15.958					15 min						T		Г		T		T
15	13.812	16.946					15 min						Г		T		T		T
16	14.260	18.845					15 min						Г				T		1
17	13,669	16,755				***************************************	15 min						T				T		T
18	18.038	51,449	4:24 PM	6,33	0,59	0.40	15 min						Г				T		+
19	15.153	19.220	12:28 AM	22,42	0.22	0.08	15 min										\vdash		+-
20	13,198	15.618	5:06 AM	1.37	0.01	0.04	15 min										T		T
21	14.335	23.867	0.00 AIVI	1.01	0.01	0.04	15 min								 		\vdash		+-
22	16.060	46.617	6:01 PM	6.05	0.34	0.12	15 min				-				\vdash		1		t^-
23	17.809	47.392	12:01 AM	19.58	0.34	0.12	15 min		_		-				\vdash		<u> </u>		T
24	14.195	17.772	2:56 PM	7.72	0.36	0.44	15 min								\vdash		t		T
25	14.195	17.451	1:26 AM			0.04							\vdash		\vdash		1		+
26				17.38	0.11		15 min		Н				\vdash				1		+
27	14.470		12:04 AM	7.28	0.03	0.04	15 min				 		\vdash		-		 		+
28	15.316	20.651					15 min					L	\vdash		\vdash		1		+
29	15.466	18.964					15 min				\vdash		\vdash		-		1-		+
30	15.622	19.041		40			15 min		-		-				\vdash		 		+
31	18.018	37.488	1:29 PM	10.25	0.30	0.20	15 min		\vdash						\vdash		┼		-
υı	17.520	31.420	12:09 AM	23,75	0.21	0.36	15 min		Da						Da				
Totals:	459,86			150.24	2,95			0	Da ys	0,00		0	180	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) INT OF ENVIRONMENTAL MANAGEMENT

		NTC	OF ENVIRO	ONME	NTAL MAN	VAG	EMENT										38.68.68.2			1				
400 K	Elkhart												Page 2			Self-re	es es la colo la deserva	144	nit Number:	3	0025574	Nobel		
Facility	Elkhart P	ubli	c Works	<u>& L</u>	Itilities		Libera de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la c	(SW)		in in		Carrier Carrier		- 1	i versa i sina				nents Met?					7
Monitor	ing Period:	•	M	arch	2022										En	ter'	"x" if no C	csc	discharge	e o	ccurred f	or th	e month:	X
Design	Peak Flow	(Ho	urly) (MG	D);	44	kowa:	Design Fl	ow	(MGD):		20		Measured/	Met	ered (M) (or E	stimated (E	E) m	ust be spec	cifie	d			No.
		CS	O Outfall	No.	007			cs	O Outfall	No.	008			cs	O Outfall	No.	009			C	SO Outfall	No.	011	
Day of	Time Discharge	M or	Event Duration	M M	Event Discharge	M	Time Discharge	M or	Event Duration	M or	Event Discharge	M or	Time Discharge Began	M or	Event Duration	M or	Event Discharge	M or	Time Discharge	M	Event Duration	м	Event Discharge	М
Month 1	Began	E	(Hours)	E	(MG)	트	Began		(Hours)	E	(MG)	E	Began	<u> </u>	(Hours)	E	(MG)	<u> </u>	Began	E	(Hours)	OFE	(MG)	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) ENT OF ENVIRONMENTAL MANAGEMENT

		1V1 C	P ENVIRC	NMI	ENTAL MAN	VAG	EMENT					7												
City:	Elkhart			_	1411141							4	Page 3	N-160				: L	it Number:		JU25574			
	Elkhart P													PL			tion Regulre							,
	ing Period	(10.5)		arch			48.0										x" if no CS					or th	e month:	
Design	Peak Flow					1980	Design F				20						stimated (E) r	nust be spe					
		CSC	Outfall	No.	012			CS	O Outfall	No.	013			CSC	Outfall I	No.	14B			C:	SO 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	Discharge	M or E	Time Discharge Began	돌	Event Duration (Hours)	M or E	Discharge	M or E	Time Discharge Began	M or E	Event Duration (Hours)		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) NT OF ENVIRONMENTAL MANAGEMENT

	DEPARTME Elkhart	NIO	PENVIRU	INME	NIAL MAN	AG	EMENI						Page	4 of	9			Pern	nit Number	: IN	0025574			
	Elkhart P	ublic	Works	& U	tilities									1000	Surface Survey	ifica			nents Met7	98				
	ing Period:	1000		ırch	2022														discharg		curred fo	or th	e month);
Design I	Peak Flow	(Hou	rly) (MG	D);	44		Design Fi	ow	(MGD):		20		Measured/	Met	ered (M)	or E	stimated (E) n	ust be spe	cifi	ed			
		cs	O Outfall	No.	016			cs	O Outfall	No.	017			cs	O Outfall	No.	018		1000	c	SO Outfal	l No.	019	
Day of	Time Discharge	M or	Event Duration	M or	Event Discharge	M	Time Discharge	M or	Event Duration	M or	Event Discharge	M	Time Discharge	M or		M	Event Discharge	M		M	Event Duration	М	Event Discharg	je M
Month	Began		(Hours)		(MG)	E	Began	E	(Hours)	E	(MG)	E	Began	E	(Hours)	E	(MG)	E	Began	E	(Hours)	or E	(MG)	or
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National Pollutant Discharge Elimination System (NPDES) CSO Monthly Report of Operation (CSO MRO) State Form 50546 (R4 / 9-15) NT OF ENVIRONMENTAL MANAGEMENT

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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

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

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

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National Pollutant Discharge Elimination System (NPDES) CSO Monthly Report of Operation (CSO MRO) State Form 50546 (R4 / 9-16) INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Pacility: Elikhart Public Works & Utilities Public Notification Requirements Met? V	City:	Elkhart		Page: 9 of 9	Permit Number: IN0025574
Design Peak Hourly Flow (MGD): 44 Design Average Flow (MGD); 20 Day of Meanh Comments (further explanation as to why each CSO event occurred)	Facility:	Elkhart Public Works & Utilities		Public Notifi	cation Requirements Met? Y
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Laura E. Kolo, Utilities Services Manager 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		precinitation			
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent 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					
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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				•	
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	I CERTIF				CTION OR SUPERVISION IN ACCORDANCE
	WITH A	SYSTEM DESIGNED TO ASSURE THAT C	NUALIFIED PERSONNEL PROPERLY GATHER A	ND EVALUATE THE INFORM	MATION SUBMITTED. BASED ON MY

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) 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 www.eports@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 Na	me (Organization)		(2) Mailing A		(3)	County	(4) NPDES	S Permit			
	ublic Works		1201 S.		khart	N0002					
Zikriarer	abile Works			ASE INFO	mare	1110002	0011				
(5) Outfall Number	(6) Date <i>(mm/dd/yy)</i> and T Release Began		Date (mm/dd/yy) lease Stopped		(8) Location of Release (stree Manhole, Lift Station, Force M		(9) Latitude (Deg Min Sec)	(9) Longitu (Deg Min			
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mh 152-76 not flowing (19) Additional organizations notified by facility, if necessary (Select one or more.) □ IDEM Emergency Response □ Health Dept. □ DNR Fish and Wildlife □ Local Emergency Management □ Other: n/a											
(Select one of Removed unable to loc. is complete a (21) Resolution unable to loc.	r more of the following, the Blockage ☐ Repaired ate line leaving manhole nd manhole 152-76 ope	nen add a d Pipe Investig rators pro aned to P	written descrip Repaired Fation is ongoin operly. Trevent Recurre	otion.) Pump Stati ig. Will ch	Clean-up and Treatment of A on ☑ Other ☐ Lime eck mannole daily and pump eck manhole daily and pump	☐ Clea o out as need					
(22)											
I certify under designed to a manage the s belief, true, ac imprisonment SIGNATURE:	ssure that qualified persons ystem, or those persons curate, and complete. I for knowing violations. (Aura) 19 Report (printed)	onnel pro directly n am awar (<i>Th</i> e an	and all attachr perly gather an esponsible for e that there are	ments were d evaluate gathering t e significan a handwrii	ON AND SIGNATURE e prepared under my directic the information submitted, he information, the informati t penalties for submitting fal tten signature or an electron et Email a.kolo@coei.org	Based on my on submitted se information ic substitute to Date (month,	inquiry of the persons, is, to the best of myon, including the poss	on or person y knowledgesibility of fine PDF for emander (ear): 03/3	ns who e and le and ailing.) 1/22 MAM		
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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:

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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 repor
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INSTRUCTIONS:

Complete all parts of this form and email signed copies to www.eports@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.

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(5) Outfall	(0) D-t- ((-14)				RMATION (Lo					
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	ewer Overflow		noi		any damage to	aquatic ille c	or receiving str	eam:		
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	Combined Sewer Cer Combined Sewe									
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(22)										
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	g Report (printed)		phone Number		t Email		Date (month, o	day, year) / Time IDE	M Notified	☑ AM
Laura Kolo			74) 293-2572	laura	.kolo@coei.	org	4/1/22 8:3			PM

Kolo, Laura

From:

postmaster@state.in.us

Sent:

Friday, April 1, 2022 8:41 AM

To:

Kolo, Laura

Subject:

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MARKETING AND DISTRIBUT NANNUAL REPORT FORM

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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 Conta Biomonitor Melody Myers-Kinzie	ct:		Report <u>Due</u> Date:			Report Date: March 2022		
WETT Reporting Frequency or Type: (mark one)	Monthly	Quarterly	Semi- annual X	Annual	TRE	Post TRE	First (per Reporting Frequency)	

Test Organism	Test	Endpoint [1]	Units	Result	Compliance Value in TUs	Pass/Fail	Reporting	
Ceriodaphnia 7-day Survival and Reproduction		NOTC Committee	%	50				
		NOEC Survival	TU₀	2	1			
	Definitive	NOTOR	%	25	1			
	Static-Renewal	NOEC Reproduction	TU₀	4	1			
		1005 0	%	41	NA NA		Laboratory Report	
		IC25 Reproduction	TUc	2.4	1			
		401 1050	%	>100	1			
		48 hr. LC50	TUa	<1		nisita)		
		Toxicity (acute)	TU₃	<1	1.0	Pass	Laboratory Report <u>and</u> NetDMR (Parameter Code 61425)	
		Toxicity (chronic)	TUc	4.0	8.0	Pass	Laboratory Report <u>and</u> NetDMR (Parameter Code 61426)	
Pimephales 7-day Larval				l		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
promelas	Survival and Growth Definitive Static-Renewal	NOEC Survival	%	50	-			
promeias		-	TUc	2	_			
		NOEC Growth	%	100	1			
			TUc	1	NA		Laboratory Report	
		IC25 Growth	%	100	_			
			TU₅	1	-			
		96 hr. LC50	%	>100	-			
			TUa	<1				
		Toxicity (acute)		<1	1.0	Pass	Laboratory Report <u>and</u> NetDMR (Parameter Code 61427)	
		Toxicity (chronic)	TUc	2.0	8.0	Pass	Laboratory Report <u>and</u> 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:

Quality Assurance Officer

Morely Myers Raje

Greg R. Bright

Date: 3/31/22

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 LC_{50} to be greater than 100% effluent (a TU_a not to exceed 1.0). The effluent samples passed the acute toxicity limits during this testing period for 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

<u>Table I</u> 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

<u>Table II</u> 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

5

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

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Section 3 Test Methods and Results

CERIODAPHNIA SURVIVAL AND REPRODUCTION TEST

Table IV METHODOLOGY Ceriodaphnia Survival and Reproduction Test

Toxicity test method used:

Ceriodaphnia survival and reproduction test

Endpoints of test:

Survival and reproduction (LC₅₀, 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

Scientific name:

Ceriodaphnia dubia

Age:

<24 hours

Life stage:

neonates

Mean length and weight:

Not applicable

Source

Laboratory culture in moderately hard reconstituted

water

Diseases and treatment

Not applicable

Table VI RESULTS Ceriodaphnia Survival and Reproduction Test

Raw Data:

See Table 8

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

Reference Toxicant used and source: Copper chloride, reagent grade, from Carolina

Biological

Date and time of most recent test: March 8-14, 2022

<u>Dilution water used in test:</u> Moderately hard synthetic water

Results: 48-hr LC₅₀ = 75 μ g/L as Cu

NOEL (reproduction) = $40 \mu g/L$ 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	Day		ſ	Numl	oer of	f You	ng Re	eproc	duced	ł		Young	Total Live
Concentration	No.					Repl	icate					Per	Breeders
Concentration	NO.	Α	В	С	D	Ε	F	G	Н	ı	J	Female	breeders
	1	0	0	0	0	0	0	0	0	0	0		10
	2	0	0	0	0	0	0	0	0	0	0		10
Control	3	4	5	2	4	4	0	4	3	3	4	19.1	10
Control	4	0	0	0	0	8	5	0	0	0	0	13.1	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
	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
6.25%	3	4	2	1	4	4	3	0	2	2	2		10
0.23/0	4	0	0	6	6	7	8	0	3	0	0	10,5	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
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	1	0	0	0	0	0	0	0	0	0	0		10
	2	0	0	0	0	0	0	0	0	0	0		10
12.5%	3	4	3	4	4	2	4	0	3	2	3	19.5	10
12.3/0	4	0	0	5	0	8	7	0	0	0	0	10.0	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

ARCH 2022 12

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

Effluent	Day		[Numl	oer of	f You	ng Re	eproc	duced	l		Young	Young Total Live
Concentration	Day No.	Replicate						Per	Breeders				
Concentration	INO.	Α	В	С	D	Е	F	G	Н	ı	J	Female	Dieeders
	1	0	0	0	0	0	0	0	0	0	0		10
	2	0	0	0	0	0	0	0	0	0	0		10
25%	3	4	2	2	4	4	2	4	3	3	0	19.5	10
23 /0	4	0	0	0	0	7	5	0	0	0	3	15.5	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
	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
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	5	7	5	0	5	0	0	5	0	3	3		10
	6	7	7	7	0	8-	-	6	0	8	11		8
	1	0	0	0	0	0	0	0	0	0	0		10
	2	0	0	0	-	0	0	0	0	0	0		9
100%	3	0	0	0	-	0	-	0	0	0	0	0	8
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MARCH 2022 13

Table IX WATER CHEMISTRY Ceriodaphnia Survival and Reproduction Test

Effluent Concentration	D.O. <u>Range</u> mg/L	Temp. Range °C	pH <u>Range</u> S.U.	Alk. Range CaCO ₃	Hardness Range CaCO ₃	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

		Abadell 740 No.

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

Endpoints of test: 96-hr LC₅₀ and no observable effect level (NOEL) for

survival and growth. TUc for survival and growth.

Reference method: EPA-821-R-02-013

Deviations from method: No Deviations

Date and time test initiated: March 22, 2022 10:30 a.m.

Date and time test terminated March 29, 2022 10:30 a.m.

Type of test chambers: Polyethylene 300 ml

Volume of solution used per chamber: 250 ml

Number of organisms per chamber: ten

Number of replicate chambers per

treatment:

four

<u>Test temperature range:</u> 25°C (no deviations)

Table XI ORGANISMS USED Fathead Minnow Survival and Growth Test

Scientific name: Pimephales promelas

Age: <24 hours

<u>Life stage:</u> larvae

Mean length and weight: Not applicable

Source AquaTox Inc. (Hot Springs, Arkansas)

Diseases and treatment Not applicable

Table XII RESULTS Fathead Minnow Larval Survival and Growth Test

Raw Data:

See Table 14

LC₅₀ or NOEL obtained:

96-hr LC₅₀ = >100% effluent

NOEL for survival = 50% effluent

NOEL for growth = 100% effluent

Control survival and growth fell within the acceptable

range

Methods used to calculate endpoints:

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

Reference Toxicant used and source: Potassium chloride, reagent grade,

from Sigma-Aldrich

Date and time of most recent test: March 8-15, 2022

<u>Dilution water used in test:</u> Moderately Hard Synthetic Water

Results: 96-hr LC₅₀ = 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>% Sı</u>	ırvival in I	Each Repli	<u>cate</u>	Average Dry Weight (μg) in Each <u>Replicate</u>			
Concentration	Α	В	С	D	Α	В	С	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

MARCH 2022 20

Table XV WATER CHEMISTRY Fathead Minnow Larval Survival and Growth Test

Effluent Concentration	D.O. <u>Range</u> mg/L	Temp. Range °C	pH <u>Range</u> S.U.	Alk. Range CaCO ₃	Hardness Range CaCO ₃	Cond. <u>Range</u> 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

MARCH 2022 21

Biomonitor

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

SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: E	lkhart WWTP					
PURPOSE OF SAMPLE: W	hole Effluent Toxicity Test	Effluent Toxicity Test				
SAMPLE IDENTIFICATION:	Elkhart – 1	Monday	Mar. 2022			
DESCRIPTION: Outfall	2002-269					
DATE SAMPLE COLLECTED	D: Start Date 3/20/22	Start Time	1:00 AM			
	End Date 3 20 22	End Time	111.00 PM			
NAME OF PERSON COLLEC	TING SAMPLE:Seco	mdary Ops	-			
SAMPLE VOLUME:	8 Liters	O				
NUMBER OF CONTAINERS:	Two, HDPE					
SAMPLE STORAGE:	Refrigerated/iced					
PRESERVATIVES:	nohe					
Relinquished by:	flull					
Date: 3/21/20	Ti	me: <u>100 pm</u>				
Received by:	70	<i>V</i>				
Date: 32	Ti	me: 100 p-				
Relinquished by:						
Date:	Ti	me:				
Received by:						
Date:	Tin	me:				
Sample Temperature When Rec COMMENTS:	eived 87° °C					

Biomonitor

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

SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME:	Elkhart WWTP		
PURPOSE OF SAMPLE:	Whole Effluent Toxicity Te	est	
SAMPLE IDENTIFICATION		Wednesday	Mar. 2022
DESCRIPTION: Outfall	2022-0270	>	
DATE SAMPLE COLLECTI		aa Start Time	1:00pm
	End Date 3 22	End Time	11:00 pm
NAME OF PERSON COLLE	ECTING SAMPLE:S	jecondary Ops	•
SAMPLE VOLUME:	8 Liters	<i>.</i>	
NUMBER OF CONTAINER	S: Two, HDPE		
SAMPLE STORAGE:	Refrigerated/iced		
PRESERVATIVES:	none /		
Relinquished by: Da	y Mell		
Date: $\frac{3}{23}$		Time: 1:05 pm	
Received by:	The		
Date:	3/23/22	Time: (105p-	
Relinquished by:		V	
Date:		Time:	
Received by:			
Date:		Time:	
Sample Temperature When R COMMENTS:	eceived 15°C		
COMMEN 19:			

Biomonitor

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

SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME:	Elkhart WWTP		
PURPOSE OF SAMPLE:	Whole Effluent Toxicity Te	st	
SAMPLE IDENTIFICATION	N: Elkhart – 3	Friday	Mar. 2022
DESCRIPTION: Outfall			
DATE SAMPLE COLLECT	ED: Start Date 3 24	22 Start Tin	ne1200 AM
	End Date 324	End Tim	e 11:00 PM
NAME OF PERSON COLLE	_		-
SAMPLE VOLUME:	8 Liters	\mathcal{O}	
NUMBER OF CONTAINER	S: Two, HDPE		
SAMPLE STORAGE:	Refrigerated/iced		
PRESERVATIVES:	none		
Relinquished by:	zwell		
Date: 3/25/	22	Time: 12.45	· pn
Received by:	C FL		•
Date:	32522	Time: (2:45	A
Relinquished by:	·	,	
Date:		Time:	
Received by:			
Date:		Time:	
Sample Temperature When R COMMENTS:	eceived o C		
COMMENTO:			

Ceriodaphnia dubia

Reference Toxicant - Copper sulfate/chloride as Cu

Dilution Water - Moderately Hard Reconstituted Water

LC ₅₀	NOEL	LOEL	IC ₂₅	
48-hr μg/L	μg/L (repro.)	μg/L (repro.)	μg/L (repro.)	
65	40	80	34	
65	40	80	52	
75	40	80	39	
104	40	80	24	
65	40	80	46	
86	40	80	51	
65	10	20	15	
106	40	80	44	
98	40	80	50	
87	40	80	23	
92	40	80	49	
73	40	80	52	
113	80	160	59	
75	40	80	48	
105	40	80	54	
75	40	80	51	
84	Mode 40	80	43	
		55		
	80	160		
	48-hr μg/L 65 65 75 104 65 86 65 106 98 87 92 73 113 75	48-hr μg/L μg/L (repro.) 65 40 65 40 75 40 104 40 65 40 86 40 65 10 106 40 98 40 87 40 92 40 73 40 113 80 75 40 115 40 105 40 75 40 16 16 80	48-hr μg/L μg/L (repro.) μg/L (repro.) 65 40 80 65 40 80 75 40 80 104 40 80 65 40 80 65 10 20 106 40 80 98 40 80 87 40 80 87 40 80 87 40 80 113 80 160 75 40 80 115 40 80 116 80 116 80	48-hr μg/L μg/L (repro.) μg/L (repro.) μg/L (repro.) 65 40 80 34 65 40 80 52 75 40 80 39 104 40 80 46 86 40 80 51 65 10 20 15 106 40 80 44 98 40 80 50 87 40 80 23 92 40 80 23 92 40 80 49 73 40 80 52 113 80 160 59 75 40 80 48 105 40 80 51 16 59 75 40 80 52 113 80 56 75 40 80 52 115 59 75 40 80 51 16 59 75 40 80 51 16 75 40 80 51 16 80 51

Pimephales promelas

Reference Toxicant - Potassium chloride

Dilution Water - Moderately Hard Reconstituted Water

Date	LC ₅₀	NOEL	LOEL	IC ₂₅
mm/yy	96-hr mg/L	mg/L (grwth)	mg/L (grwth)	mg/L (grwth)
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	040		40-0	
·	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
Average	993	Mode \$00	1000	764
St. Dev.	184	14100E 300	1000	764 187
Upper Limit	1361	1000	2000	
Lower Limit	625	250		1139
FOAMEL CILLIII	023	250	500	389

Client:	Elkhart WWTP				
Project #					
Analysts:	ММК	, MMB, MN, AF			
	Start Date:	3/22/2022			
<u>fes</u>	Start Time:	0968			
Test Dates	End Date:	3/28/22			
	End Time:	1140			
Template #		<u>B</u>			
Comments:					

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

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	0060	1140
K, MN, AF		
MMB, MMK, MN, AF	3/22/22	3/28/22
Analyst:	Test Start- Date/Time:	Test Stop- Date/Time:
Elkhart WWTP	Elkhart, IN	3/20,22,24/22
Discharger:	Location:	Date Sample Collected:

				_				 	
Young per	Adult	0.0	0.0	3.3	1.3	6.4	8.1	19.1	
No. of	Adults	10	10	10	10	10	10	10	
No. of	Young	0	0	33	13	64	81	191	
MAN Paris	9	0	0	4	0	_ 7	6	20	
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	Dav	T	2	3	4	5	9	Total	
	Conc.	4. 经营业	1			Control			

Young per Adult	0.0	0.0	2.4	3.0	3.4	9.7	18.5
No. of Adults	10	10	10	10	10	10	10
No. of Young	0	0	24	30	34	97	185
10	0	0	2	0	9	6	17
6	0	0	2	0	7	14	23
8	0	0	2	₆	0	11	16
7	0	0	0	0	9	6	15
icate 6	0	0	3	8	0	11	22
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12%	9	0	9	0	0	5	5	7	8	44	10	4.4
6 10	7	13	8	8	10	13	4	13	16	102	10	10.2
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						Replicate	cate		:			No. of	No. of	Young per
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L	2	0	0	0	0	0	0	0	0	0	0	0	10	0.0
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1	2	6	4	7	9	0	0	7	5	7	7	52	10	5.2
	9	11	11	13	10	13	13	8	10	11	0	100	10	10.0
	Total	24	17	77	70	24	20	19	18	21	10	195	10	19.5
4						1								
	الشفا					Repl	Replicate					No. of	No. of	Young per
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Ļ	m	4	4	0	2	0	2	0	2	2	7	18	10	1.8
	4	0	0	4	0	9	9	0	0	0	1	17	10	1.7
L_	5	7	2	0	5	0	0	2	0	3	3	28	10	2.8
1	9	7	7	7	0	/ 8	/0	9	0	8	11	54	80	5.4
L														
1	Total	18	16	11	7	14	8	11	2	13	17	117	8	11.7
1														0 10 10 10 10 10 10
			がはいほう	部がある。			Replicate		影響が	というない		No. of	No. of	Young per
<u>_</u>	Day		2	8	7	5	9		- 8	6	10	Young	Adults	Adult
-	1	0	0	0	0	0	0	0	0	0	0	0	10	0.0
L,	2	0	0	0	/ 0	0	0	0	0	0	0	0	6	0.0
Ļ	m	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
<u>L_</u>	9	/0	/0	/0	/0	/ 0	/ 0	/ 0	/ 0	/ 0	/ 0	0	0	0.0
<u> </u>														
L	Total	0	0	0	0	0	0	0	0	0	0	0	0	0.0

SUMMARY OF FISHERS EXACT TESTS

GROUP	IDENTIFICATION	NUMBER EXPOSED	NUMBER DEAD	SIG (P=.05)
1 2 3 4 5	CONTROL 6.25% 12.5% 25% 50% 100%	10 10 10 10 10	0 0 0 0 2 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 OBSERVED	4.020 5	14.520 7	22.920 32	14.520 14	4.020 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 Bartletts test for homogeneity of variance

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

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

Elkhart 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 2	control 6.25%	17.656 21.611	4.202 4.649	1.329
3	12.5%	16.500	4.062	1.470 1.285
5	25% 50%	16.500 24.900	4.062 4.990	1.285 1.578
6 	100%	0.000	0.000	0.000

Elkhart 3.22

File: ceriorep Transform: NO TRANSFORMATION

	STEELS MANY-ONE RAI	NK TEST .	- но	:Control<	reatmen	t
GROUP	IDENTIFICATION	TRANSFORMED MEAN	RANK SUM	CRIT. VALUE	df	SIG
1	control	19.100			halfe have many quart party	
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.	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	Test Dates:	3/22/22 - 3/2 ⁸ /22
Location:	Elkhart, IN	Analysts:	MMK, MMB, MN, AF

					Day				
Conc:	Control	1	2	3	4	5	6	7	Remarks
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.8	8.4	9.0	8.8	8.9	8.8		Template B
	Final	8.2	8.7	8.7	9.0	9.1	9.0		
рН	Initial	7.7	7.8	81	7.9	7.9	8.1		
-	Final	7.8	8.0	7.9	7.8	8.1	8.1		
Alkalin	ity	50		40		40			
Hardne		100		110		116			
Condu	ctivity	376		350		370			
Chlorin	ne							<u> </u>	

					Day	: "			
Conc:	6,25%	1	2	3	4	5	6	7	Remarks
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8,8	8.4	9.1	8.9	4.0	8.9		
	Final	8.2	8.6	7.8	٩,٥	9.1	9.0		
рH	Initial	7.7	7.8	8.1	7.9	7.8	8.0	<u> </u>	
_	Final	7.8	8.0	7.9	7.8	8.1	8.8		
Alkalin	ity								
Hardne	ess								
Condu		388		390		380			
Chlorin	ne								

					Day				
Conc:	12.5%	1	2	3	4	5	6	7	Remarks
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.8	8.4	9.0	8.9	9.1	9.0		
	Final	8.2	8.8	8.6	8.9	9.0	9.0		
Hq	Initial	7.7	7.8	8-1	7.8	7.8	6.0	<u> </u>	
-	Final	7.8	8.8	7.9	7.8	8.0	8.0		
Alkalini	ty								
Hardne									
Conduc	tivity	410		440		420			
Chlorin	е								

Discharger:	Elkhart WWTP	Test Dates:	3/22/22 - 3/ \ 28/22
Location:	Elkhart, IN	Analysts:	MMK, MMB, MN, AF

					Day				
Conc:	25%	1	2	3	4	5	6	7	Remarks
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.7	8.5	6.8	8.9	9.3	9,2		
	Final	8.2	8.8	8.6	8.9	9.0	857		
рн	Initial	7.6	7.8	8.0	8.	7.7	7,9		
	Final	7.7	8.0	7.8	7.7	8,0	8.0		
Alkalini	ty								
Hardne	SS								
Conduc	tivity	490		520		510			
Chlorin	e								

			***		Day				
Conc:	50%	1	2	3	4	5	6	7	Remarks
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	8.4	8.9	8.9	8-8		
рН	Initial	7.6	7.6	7.9	7.7	7,6	7.8		
	Final	7.7	7.9	7.8	7.7	7.9	0.8		
Alkalini	ty						,		
Hardne	55								· · · · · · · · · · · · · · · · · · ·
Conduc		(20		72.0		630			
Chlorine									

					Day				
Conc:	100%	1	2	3	4	5	6	7	Remarks
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		
рН	Initial	7.4	7.5	7.6	7.6	7.5	7.7		
_	Final	7.8	7:.8	8.6	٦.٦	J \2	7.9		
Alkalin	ity	140		140		130			
Hardne	SS	275		275		200			
Condu	tivity	920		10 10	, :	880			
Chlorin		0.2		0.2	1,317	0,2			
Ammo	nia	NVR		4.0		4.0]		

Discharger: Elkhart WWTP Test Dates 3/22/22 - 3/29/22
Location: Elkhart, IN Analysts: MMK, MMB, MN, AF

			No.	Survi		Organi	sms		
1					Day				
Conc:	Rep.#	1	2	3	4	5	6	7	Remarks
	A	10	10	10	10	10	10	<u>()</u>	
Control	В	10	10	9	9	٩	9	9	
CONTION	Ç		10	io	10	10	10	lo	
	D	10	10	10	(0	اها	10	10	
	Α	10	9	9	9	9	9	9	
6.25%	В	10	10	10	10	10	10	10	,
0,2378	C	10	10	10	10	10	10	10	
	D	10	16	10	(0	10	10	10	
-	Α	[0	10	10	10	OI	10	10	
12.5%	В	10	10	10	10	10	9	9	
16,576	С	10	10	10	-10	10	10	10	
	D	10	10	10	10	10	10	10	
	_ A	10	10	10	10	10	la	10	
25%	В	10	10	10	10	10	10	10	
23/8.	Ç	10	10	10	10	10	ai	9	
	D	10	10	10	٩	٩	9	9	
	A	9	9	9	9	9	X	8	
50%	В	10	9+1	9	9	9	9	9	
3078	C	10	10	10	10	10	10	10	
	D	10	10	10	10	10	9	9	
	Α	10	10	10	10	10	6	6	
100%	В	9	.8	~	7	7	7	5	
100%	С	10	10	લ	9	٩	9	9	
	D	9	9	9	9	8	6	Ц	

Comments: Start Time:

1030

FHM Source:

<u> Tab. Gultures</u>

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
                 Transform: ARC SINE(SQUARE ROOT(Y))
File: fhmsurv
Bartletts test for homogeneity of variance
                          6.52
Calculated B statistic =
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))

TRANSFORMED MEAN CALCULATED IN ORIGINAL UNITS T STAT SIG O.975 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 *		DUNNETTS TEST - TA	BLE 1 OF 2	Ho: Control <treatment< th=""></treatment<>				
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	GROUP	IDENTIFICATION			T STAT	sig		
	•	6.25% 12.5% 25% 50%	1.371 1.371 1.331 1.254	0.975 0.975 0.950 0.900	0.000 0.442 1.269	*		

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 <t< th=""><th>reatment</th></t<>	reatment
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

100 ဖ Drying Temp (°C): Drying Time (h): 3/22-29/2022 3/30/22 Test Date(s):
Weighing Date: Elkhart, IN MMB, MMK, MN, AF Elkhart WWTP Discharge: Location: Analyst:

	Rep. No.	Wgt. of boat (g)	Dry wgt: foil and larvae (g)	Total dry wgt of larvae (mg)	No. of Iarvae	Mean dry wgt of Iarvae (g)	Remarks
+	4	0.94420	0.94760	3.40	10	0.340	
۰	8	0.95090	0.95340	2.50	6	0.250	
	د	0.94040	0.94350	3.10	10	0.310	
Щ	٥	0.96820	0.97180	3.60	10	0360	
\vdash	4	0.95370	0.95660	2.90	6	0.290	
	В	0.94390	0.94680	2.90	10	0.290	
	C	0.94680	0.94970	2.90	10	0.290	
Щ.	D	0.95470	0.95750	2.80	10	0.280	A THE PARTY OF THE
	A	0.93060	0.93350	2.90	10	0.290	
	В	0.95630	0.95860	2.30	6	0.230	
	U	0.94710	0.94980	2.70	10	0.270	
	۵	0.95240	0.95520	2.80	10	0.280	
1	A	0.95950	0.96230	2.80	10	0.280	
	В	0.94540	0.94770	2.30	10	0.230	
	J	0.93310	0.93590	2.80	6	0.280	
	D	0.94270	0.94540	2.70	6	0.270	
	A	0.94430	0.94660	2.30	8	0.230	
_	В	0.95840	0.96080	2.40	6	0.240	
	C	0.96120	0.96390	2.70	10	0.270	
	D	0.94600	0.94830	2.30	6	0.230	
	A	0.94370	0.94530	1.60	9	0.160	
	ω	0.95300	0.95480	1.80	5	0.180	
	C	0.93880	0.94190	3.10	6	0.310	
-	Q	0.94250	0.94340	06.0	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 OBSERVED	1.608	5.808 7	9.168 10	5.808 7	1.608 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 \Longrightarrow R (# groups) = 6, df (# reps-1) = 3 Actual values \Longrightarrow 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

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	GRP	IDENTIFICATION	N	MIN	MAX	MEAN
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	1	control	4	0.250	0.360	0.315
4 25% 4 0.230 0.280 0.265 5 50% 4 0.230 0.270 0.243	2	6.25%	4	0.280	0.290	0.287
5 50% 4 0.230 0.270 0.243	3	12.5%	4	0.230	0.290	0.268
	4	25%	4	0.230	0.280	0.265
6 100% 4 0.090 0.310 0.185	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 1	12.5% 25%	0.001 0.001	0.026 0.024	0.013 0.012
5	50%	0.000	0.019	0.012
6	100%	0.008	0.092	0.046

Elkhart 3.22

File: fhm grow Transform: NO TRANSFORMATION

	STEELS MANY-ONE RA	NK TEST -	- Но	:Control<	reatmen!	t	
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	Test Dates:	3/22/22 - 3/29/22
Location:	Elkhart, IN	Analysts:	MMK, MMB, MN, AF

	l	,			Day				
Conc: C	ontrol	1	2	3	4	5	6	7	Remarks
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.1	8.6	9.1	90	٩ <u>.١</u>	8,9	8.9	
	Final	7.4	7.8	7.9	8.3	8.4	8.0	7.4	
рН	Initial	7.8	7.9	7.9	8.0	7.8	8.1	7.9	
-	Final	7.9	7.9	8.0	7.8	8.1	8.1	7.6	
Alkalinity	<i>i</i> .	50		40		40			
Hardness		100		110		110			
Conducti	vity	350		350		340			
Chlorine									

	1				Day				
Conc:	6.25%	1	2	3	4	5	6	7	Remarks
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.1	8.6	9.1	9.0	9.2	9.0	9.0	
	Final	7.4	7.8	7.7	8.2	8.3	8.0	7,4	
рН	Initial	7.8	7.9	7.8	8.0	7.7	8,0	7.8	
•	Final	7.8	7.9	8,6	7.8	8.0	8.1	7.5	
Alkalin	ity								
Hardne									
Condu	ctivity	380		390		390			
Chlorin									

					Day				
Conc:	12.5%	1	2	3	4	5	6	7	Remarks
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.2	8.7	9.1	8.8	9.4	9.2	9.1	
	Final	7.1	7.7	76	8.1	8.2	8.0	7.3	
рН	Initial	7.7	7.9	7.8	7.9	7.7	8.0	7.8	
•	Final	7.7	7.8	7-9	7.7	8.0	8.1	7.5	
Alkalin	ity								
Hardne									
Conduc		420		440		430		<u> </u>	
Chlorin									

Discharger:	Elkhart WWTP	Test Dates:	3/22/22 - 3/29/22	
Location:	Élkhart, IN	Analysts:	MMK, MMB, MN, AF	

			A second		Day				
Conc:	25%	1	2	3	4	5	6	7	Remarks
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	
рН	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	0.8	1 7:4	***************************************
Alkalini	ty					 	1 4.0		
Hardne	SS								
Conduc		490	1	530		510			
Chlorine	9	1				 	<u> </u>		

					Day				
Conc:	50%	1	2	3	4	5	6	7	Remarks
Temp. D.O.		25	25	25	25	25	25	25	
D.O.	Initial	٥	8.8	9.2	8.8	9.7	9.7	9.4	
	Final	6.8	7.5	7.5	7.4	7.8	7.8	7.0	
рн	Initial	7.6	7.7	7.5	7.8	7.5	7.8	7.6	
	Final	7.6	7.7	7.8	7.4	7.9	8.0	7.4	
Alkalini	ty								
Hardne	SS				1	1			
Conduc	tivity	630		710	1	650			
Chlorin	e				1	<u> </u>			

					Day				7
Conc:	100%	1	2	3	4	5	6	7	Remarks
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	10.0	9.4	9.6	9.2	10.5	16.7	9.7	
	Final	7.0	7.6	7-1	73.3	7.5	7.4	7.0	
pН	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	
Alkalini	ty	140		146		130			
Hardne	SS	275		275		200			
Conduc	tivity	930		1040		960			
Chlorin	е	0.7		0.2		0.2			
Ammor	nia	N.D.		4.0		4.0			



Date

May 26, 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 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 Overlfow Volume (MG)
6	1.5617

Permit Violation:

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

②View All Copies of Submissions | ③ DMR/COR Search Results ② View DMR Signing Status

Signing Process Confirmation - CDX Activity ID: _408b90a5-f4c6-42e1-bbe6-199154105f44 OMIS ar undargate the Signing Process

Proces	
Signing	
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undergoing	
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MRs	

025674	ELICHART WWTP	500	005-C	CSO- ARCH/BAR	04/30/22	05/28/22
025674	EUCHART WWTP	900	2900	CSO- JACKSON, WEST OF BRIDGE	04/30/22	05/28/22
025674	ELICHART WWTP	200	007-C	CSO- JACKSON, EAST OF BRIDGE	04/30/22	05/29/22
025674	ELKHART WWTP	900	008-C	CSO- HUG/EAST BLVD	04/30/72	05/28/22
025674	ELIOHART WWTP	600	D-600	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR. N.)	04/30/22	05/28/22
025674	ELIOYART WWTP	011	011-C	CSO- ELICHART/FRANKLIN	04/70/22	22/82/50
025674	ELICHART WYTP	012	012-C	CSD- CASSOPOLIS/BEARDSLEY	94/30/22	05/28/22
025674	ELKHART WWTP	613	013-C	CSO- JOHNSON/BEARDSLEY	94/30/22	22/82/50
025674	ELICHART WWTP	014	014-C	CSO- DAM AT CONE/ERMIN	04/70/22	22/82/50
025674	EUCHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	04/36/22	05/28/22
025674	ELICHART WWTP	910	016-C	CSO- DAN @ GOSHEN/SUPERIOR	04/30/22	22/62/50
025674	ELICHART WWTP	710	017-C	CSO- W. BOULEVARD/MCNAUGHTON	04/10/22	22/82/50
025674	ELICHART WWTP	018	018-C	CSO- MCMUGHTON PARK WEST	04/30/22	22/82/50
025674	ELICHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	04/30/22	05/28/22
025674	ELICHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	04/30/22	05/28/22
025674	ELIOMART WWTP	520	50.0	CSO- FRANKLIN/8TH	04/30/22	05/28/22
025674	ELKHART WWTP	024	024-C	CSO-INDIANA/FRANKLIN	04/30/22	22/82/50
025674	ELICHART WWTP	025	025-C	CSO- POTTAWATOML/SECOND	04/30/22	22/82/50
025674	ELIOMART WWTP	970	026-C	CSO- MAIN/POTTAWATOMI	04/30/22	22/62/50
025674	ELICHART WWTP	027	027-C	CSO- EDGEWATER/NAVAID	04/30/22	22/82/50
025674	ELICHART WWTP	028	029-C	CSO- WASHINGTON AT RIVER	04/30/22	22/82/50
025574	ELIOYART WWTP	620	029-C	CSO- JEFFERSON AT THE RIVER	04/30/22	22/82/50
025674	ELKHART WWTP	150	031-C	CSO- EUZABETH/LUSHER	04/30/22	05/28/22
025674	ELICHART WWTP	032	032-C	CSO- EDGEWATER/OXEMA	04/30/22	22/82/50
025674	ELICHART WWTP	033	93.4C	CSD- EVANS/GRACE	04/30/22	05/28/22
025574	ELKHART WWTP	500	034·C	CSO- LECINGTON/STH	04/30/22	22/82/50
025674	ELKHART WWTP	035	4,50	20 MGD CLASS IV ACTIVATED SLLIDGE - TO ST JOSEPH RIVER	R 04/30/22	05/28/22
025674	ELICHART WATP	200	037-C	CSD- FRANKLIN/KRAU	04/30/22	22/22/50
025674	ELKHART WWTP	600	D39-C	CSO- WEST HIGH AT RIVER	04/30/22	05/29/22
025674	ELXHART WWTP	980	980-C	CSO- MCNAUGHTON PARK SOUTH	D4/30/22	05/28/22

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IR Copy of Submission

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26 - 10/4 26 - 1	26 - 12/4 25 - 1	OGE - TO ST JOSEPH RIVER.	2 of Fret, of Analysis Value 3 Units Ex. 159 mg/L 0 01/01 - Duly 159 mg/L 0 01/01 - Duly	-7.8 12-5U 0 02/01-Dally <-9.0 DAILY MX 12-5U 02/01-Dally	Ajeq - 10/70 0 13 - 118/10 0 10/70 - 20/81 - 20/81 0 51-	Value - 10/10 0 Jenn - 91	79-mg/L 0 0,201-0uil/	-0.001	-0.002 19 - mg/L 0 0.007 - weeky ten bolity Pc 19 - mg/L 0.007 - weeky	-0.0139 19-mg/L 0 03/07-Weedy -0.073 DAILY MX 19-mg/L 0.207-Weedy	=0.0453 19 - mg/L 0 01/07 - Weedy	Alea - 10/10 Alea - 70/10 0	-111.0 X2 DUG1 - Daily cont. VXC - 235.0 DUG1 - Daily VXC - 235.0 DUIL WX X2 DUG1 - Daily VXC - 235.0 DUG1 - DAILY VXC - 235.0 DUG1 - DAILY VXC -	-1.66 3H - 19/1 0 0.160 - Dine Every Rig Han DALEY NX 3H - 19/1 0 0.060 - Dine Every Rig Han DALEY NX 3H - 19/1 2 Honths
25 - 26 - 26 - 27 - 27 - 27 - 27 - 27 - 27	26 - 26 - 26 - 26 - 26 - 26 - 26 - 26 -	20 SOUTH 20 ST BEAMET, THRESTIG COS-A - 20 MCD CLASS IV ACTIVATED SLUDGE - TO ST 20SEM RAVER 05-A - 20 MCD CLASS IV ACTIVATED SLUDGE - TO ST 20SEM RAVER 05/28/22	Quality or Concentr Value 2		1	HO AVG	=0.B <=1.0 ND AVG	D AVG	:	HD AVG	NO AVG	1	=47.0 <=125.0 MO GEO	ANNL AVG
	### CALL CALL ###	Major Parmitte Address: Pracility Lecaution: Discharge: DRR Due Dates: RT COUNTY Last Name: Talephone:	Leits	27.4 5.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	1		1			DAILY MX				

Season: 0	Req				Req Mon DAILY MX	3M - ng/L	01/60 - Once Every 2 Months	eg eg
NODI: -	NODI							
arbonaceous [5 day, 2	5mpt574.0	-668.0	26 + 15/d	6.	-5.0	19 - mg/L 0	19 + mg/L 0 01/01 - Daily	24 - COMP24
Season: 0	Req. <=6259.0 MD AVG	<=10014.0 MX WK AV	26 - 15/4	<=25.0 MO AVG	<=40.0 MX WX AV	19 - mg/L	01/01 - Datly	24 - COMP24
NODI: -	NOBI							
X Phosphorus, total percent 81012 removal s	Smpl.		9.€7.≖			20-%	23 - % 1 03/30 - Monthly	5 5 6
	Req.		>=75.0 MO AV MN			% 'A	01/30 + Honthly	្ស ទ
NDOI: -	иоом							
82220 Flow, total s 1 - Effluent Gross	Smpl.	0.012=	80 – Mgal/mo			0	0 01/20 - Monthly	RCOTOT
Season: 0	Req.	Reg Mon NO TOTAL	60 – От/JegM				VI/20 - Monthly	RCDIOT

NOB!

Submission Nob

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 Excusions, Frequency of Analysis, and Sample Type.

Paramotor Code Name	Manitoring Location	Held	1		Description		Acknowledge
81012 Phosphorus, total percent removal	K - Percent Removal	Quality or Concentration Sample Value 1	208	81012 Prosphorus, total percent removal K - Percent Removal Quality or Concentration Sample Value 1 Soft The provided sample value is outside the permit finit. Places verily that the value year laws provided is correct.	nit. Mease versy that the	value you have provided is correct.	
Comments							
Attachments							
Name					7ype	Shr	
IN0025674_035A_2022_04.pdf				•		912349.0	
TND025674_CSO_MR0_2022_04.pdf						1278057.0	
INDD25674_INC_RPT_2022_04_01.pdf	:				1	111712.0	
TND025674_INC_RPT_2022_04_02.pdf				•	pol	229875.0	
Report Last Saved By							
ELKHART WWTP							
User:	Payton88						
Name:	Laura Kolo						
E-Mall:	taura.kolo@coei.org	. fu					
Date/Time:	2022-05-27 07:5	2022-05-27 07:56 (Time Zone:-04:00)					
Report Last Signed By							
User:	PaytonBB						
Name:	Laura Kolo						
E-Mail:	laura.kolo@coei.org	Erc.					
Date/Time:	2022-05-27 07-5	2022-05-27 07:58 (Time Zone:-D4:00)					

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

Signing Process Confirmation - CDX Activity ID: _6823786c-ca4f-4731-a1d2-cb96894fda599

DH4s are undergoing the Signing Process
ant.D. Fadily. Permitted Leaves bisching a Bestimon Description | Membering Parties End Rate part Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description |



State Form 10829 (R4 / 01-20)

Name of Facility			Permit Nun	nber		
Elkhart			IN00256	674		
Month	Year	Plant Des	ign Flow	Telephone	e Number	
April	2022	20.00	mgd	5	74/293-	2572
E-mail address:	laura.kolo@coei.	org			035	Α
Certified Operator: N	lame	Class	Certificate	Number	Expir	ation Date
Laura F. Kolo		1 11/	150	194	06/3	เก/วกวร

			T	Total-	1		CI	HEMICA		Laula E.	NOIO			I IV	150	134	1 00/	30/2023
				Total= 4.18			O.	USED	LO				RAV	V SEW	AGE			
		30 t	nal)		± 	(pa			Day									
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches	Bypass At Plant Site("x" 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		CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - Ibs/day	Phosphorus - mg/l	Ammonia - mg/l	
			Æ		ю́.	0	_ ပ်				Hd	CE			Su			*********
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																		
Aver	age			0.21				198		16.504		87	12,006	114	15,913	3.07	13.47	
Maxi	mum			0.79				319		21.812	8.0	126	17,965	170	30,561	3.98	20.12	
Minir	num			0.01				0		14.391	7.3	44	5586	59	7206	1.72	8.64	
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		tify under μ prepared ι								Prepared by	or under	the direction	n of (Certifie	d Operato		Date (mo	onth, day,	year)

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.

Laura Po

5/20/22

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)

Date (month, day, year)

aura Kolo

5/26/22

State Form 10829 (R4 / 01-20)			
Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	April	2022

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1 1	PRIMAF		MANAGE	101100	AE	RATIO	N			SECON				F	FINAL E	EFFLU	ENT		
	EFFLUE	:NI	MIXED LI	QUOR	-			RETURN S	LUDGE	EFFLUI	ENT	88							
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l		Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
1	88	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 80	88 78	259	2,432 2,480	106	5.8 5.7	14	7.785	5,260						104	7.6		9.3	
14 15	51	60	298 229	2,480	120 92	5.7	14 14	7.779 7.785	6,880 6,340						35 81	7.5 7.8		9.0	
16	50	39	229	2,460	88	5.2	13	7.785	5,840						69	7.6		9.5	
17	65	41	232	2,544	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	18.	V. 124	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															111				
	Days abo	ove 235									315				0				
Data	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.):

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	April	2022

							FI	NAL EF	FLUENT	•							
		Flow		BOD						d Solids	3	Ammor	ıia			Phosph	iorus
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs/day	Ammonia - Ibs/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	Iuo	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	Моп	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		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
	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	10.010	3	0.44	478		22	47.00	3,075	0 70 /	0.18	0.04	25.2		0.82	115
	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		40.000	9.70 (1447) 13		Tagaign an	574		40		0.004		0.50	11,141,14	70.0			445
Avg		18.002	40.040	4	4.70	574	CCO	16	10.07	2,384	0.704	0.50	0.77	73.0	440	0.80	115
Max		28.166	18.616		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
_		0.0	4	00	,	0.01		0.01	,	0.0	4	0.0	4	0.0		0.0	00
Data	1	30	4	30	4	30	4	30	4	30	4	30	4	30	4	30	30

	MONTHLY	REMOVAL SUMI	MARY		Total Monthly Flow	v:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)	540
Primary Treatment	19.40	40.3				
	NA	NA			Percent Capacity	
Secondary Treatment	94.6	76.5	4.05年16.	18 (19 (19 (19 (19 (19 (19 (19 (19 (19 (19	(actual flow/design)	90%
Overall Treatment	95.64	85.9	96.3	73.9		
Phosphorus limit would be		75 % removal.	(compliance i	not achieved)	•	

State Form 10829 (F	R4 / 01-20)		
Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	April	2022

			I											
	SLUDG					DIGE	ESTER	OPERAT	ION	1	1	T		1
	DIGES	IER	Anaero	bic Only		-								
Day Of Month	Primary SludgeGal. x 100	Waste Act. Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	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	i	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		
														10 10
Data	30	30	30	o	30	16	o	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

State For Name of F	m 10829 (F facility	R4 / 01-20) Permit Numl	ber	Month		Year]								
Elkhart		IN0025	674	Ap	ril	20	22									
				State Form												
		Final	Effluent													
	Chlo	oride	Total N	Vitrogen					:							
Day Of Month	Chloride - mg/l	Chloride - Ibs/day	Total Nitrogen- mg/l	Total Nitrogen- Ibs/day	Ag - Influent mg/l	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
1																
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	10.0000	1.0000
6																
7																
8																
9																
10																
11									0.0000	0.0024			0.0440	0.0000		****
12 13							***************************************		0.0020	0.0031			0.0440	0.0088		
14	136	22,187														
15		22,107														
16									******							
17																
18									0.0020	0.0020						
19							w						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.		22,187													16.0000	
Min.	136	22,187													16.0000	
		li li								100						
Data	1	1	0	0	1	1	1	1	4	4	1	1	4	4	1	1

WASTEWATER TREATMENT PLANT

State I	orm 10829 of Facility	(R4 / 01-20 Permit Num) ber	Month		Year		1								
Elkhar	t	IN0025	37 4	Δ.	pril	20	122									
			ostitute for					1								
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																
3																
4																
5	0.0152	0.0007	0.0012	0.0010	0.3670	0.0576										
6																
7																
8																
9	***************************************															
10 11																
12																ļ
13																-
14	***************************************															
15																
16							***************************************									
17																
18 19										***************************************						
20																
21														-		
22																
23																
24																
25 26	***************************************						L									
26																
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	U.UUU/	0.0012	0,0010	0.3670	U.U5/6							100			
Data	1	1	1	1	1	1	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 <a href="www.emailto.com/www.emailt

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.

1408AG (2) 1500 18 1860	Sangara da da da da da da da da da da da da da			OENEDA		ON THE RESERVE OF THE				Çasara biya 19ga
(1) Facility Na	me (Organization)		(2) Mailing /		L INFORMATION Properting Organization		(3) C	ounty	(4) NPDE	S Permit
1 ' '	ublic Works		' '	•	nee Street	-ationy	' '	hart	IN0002	
Likitaiti	IDIIC AAOLK2					4:4\	LIK.	liari	INUUUZ	20074
(5) Outfall	(6) Date (mm/dd/yy)	and Time	(7) Date (mm/dd/yy		(8) Location of	Release <i>(street</i> :	s address or	(9) Latitude	(9) Longit	tude
Number	Release Began	4114 711110	Release Stopped	rana milo		tation, Force Ma		(Deg Min Sec)	(Deg Min	
035	4/5/22 8:16	☐ AM ☑ PM	4/5/22 9:30	☐ AM ☑ PM	3214 S. M	ain		41 39 12 N	85 56	30 W
1 ' '	f Flow Released	(Al	lways provide a vol		-	, ,	ow During Relea	1 ' '	eak Design	Flow Rate
Check one:] Actual	unknown			16.1 MG		44 MG	jD	
☐ Sanitary Se ☐ Treatment ☐ Prohibited ☐ Dry Weath ☑ Combined	ppe (Select one.) ewer Overflow Bypass (at waster Combined Sewer (er Combined Sewer Sewer System Rel	Overflow er Overflow lease	t) v) Describe	any damage to					
	or Bypass / Overflo	•		"		use ob				
(16) System C		Power Fa	ailure					escription of the A		Inches
(Select one or Manhole House Late Pipe Failur Pump Stati	more.) eral e ion Failure	Cal gre) Additional Description of the control of the cont	pm. Crews	s found main lin	ne plugged wth	\(\big(Chec\) \(\big)\) Affiliat 9: \(\big)\) Ba: \(\big)\) Oc	escription of the A bek all that apply.) ected Private Prop sement Backup curred at Treatmer ached Public Land ached Receiving V	erty nt Plant I	.ea
☐ Influent Str							Name n/a	of Receiving Wate	er Impacted	d:
Sewer Clea	n Out									
Describe Othe grease	er: (in the box below	v)								
1 ' '	l organizations noti rgency Response	ified by fac ☐ Healt	cility, if necessary (\$ th Dept. [or more.) sh and Wildlife	☐ Local Er	mergency Mai	nagement 🗹 Oth	ner:	n/a
(20) Actions T	aken to Prevent M	linimize or	r Mitigate Damage	including C	loan up and T	reatment of Af	ffootod Aroa			
	more of the follow		ndd a written descrij	ption.)		r ☐ Lime		-Up Debris		
(21) Resolution	n: Actions Taken o	r Planned	to Prevent Recurre	nce						
Continue to e	ducate residents o	n proper gr	rease disposal							
(00)								MIRSON. 1		
(22)			CEI	TIEIC ATA	ON AND SIGN	ATURE		The Agriculture		
designed to as manage the sy belief, true, ac	sure that qualified vstem, or those per curate, and comple for knowing violation	personnel sons direc ete. I am a ons. (The	ment and all attachr properly gather an otly responsible for a ware that there are e area below is for	ments were d evaluate gathering the significant	the informatior he information, t penalties for s	er my directior n submitted. E the information submitting fals	Based on my i on submitted is e information,	nquiry of the persons, to the best of my including the poss	on or perso y knowledg sibility of fir	ons who ge and ne and
SIGNATURE:	lau	Na	Wie				DA	TE (month, day, y	_{ear):} 4/6/2	22
	g Report (printed)		elephone Number 574) 293-2572	Contac laura	t Email i.kolo@coei.	.org	Date (month, c	day, year) / Time IDEI ox 8:15 am	vi Notified	☐ AM ☐ PM

Kolo, Laura

From:

postmaster@state.in.us

Sent:

Wednesday, April 6, 2022 8:36 AM

To:

Kolo, Laura

Subject: Attachments:

EXTERNAL: Relayed: Emailing: IN0025674_INC_RPT_2022_04

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 www.eports@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 reparaligidem.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.

Tresponse de	зиот эрш теаропае	meat. (o	717) 233-7743 01 10		`		'•				
(1) Eacility No.	me (Organization)		(2) Mailing A		L INFORMATI porting organia		/3)	Count	,	(4) NPDE	S Parmit
' '	ıblic Works		' '			zauonj	1	kharl	1	IN0002	
Elknart Pt	IDIIC WORKS				nee Street			Knan		1110002	:5074
(5) Outfall	(6) Date (mm/dd/yy)	and Time	(7) Date (mm/dd/yy)		RMATION (L	ecation 1) Release (street	ls address or	(9)	_atitude	(9) Longit	ude
Number	Release Began		Release Stopped			Station, Force M			g Min Sec)	(Deg Min	
029	04/29/22 7:14	☑ AM □ PM	04/29/22 7:34	I AM □ PM	CSO 29				1 41 16 N		57 W
1	of Flow Released	_	ways provide a volu			(11) WWTP FI 14.9 MG	-	ease	(12) WWTP P	_	Flow Rate
☐ Sanitary S☐ Treatment ☑ Prohibited ☐ Dry Weath ☐ Combined	ype (Select one.) ewer Overflow Bypass (at wasteu Combined Sewer C er Combined Sewe Sewer System Rel	Overflow r Overflow ease	(14) nor	Gallons) Describe ne	any damage t			tream		J.	
(15) Reason f	or Bypass / Overflo	w <i>(Select c</i> Power Fai		ont Foilure	e □ Unknow	□ Evoc	adad May C	anaaltı	/ ☐ Precipita	tion	Inches
(16) System C (Select one or Manhole House Late Pipe Failur Pump Stat Treatment Other Influent Str Sewer Clear Describe Othe AEP power is	eral e ion Failure Bypassed ructure /alve in Out	cau tran ove Lift Jack was 11:5	Additional Descrip P was performing h using Lexington lift s nsferred to generate erflows. When AEP station at 11:46 am ekson lift station pur is transferred to gen 56 am.	otion of the maintenand station pur or power e corrected n, it had a mps to run	Bypass / Over ce and reverse mps to run in re ending the the f this situation a cascading affe backwards. J	everse. We first roudn ov affecting Lexin act and caused ackson lift sta	gton G F tion	eck all ffected aseme eccurre eache eache	ption of the Ar that apply.) I Private Prope ent Backup id at Treatmen d Public Land d Receiving W eceiving Wate I River	erty it Plant /ater	
` . '	l organizations noti rgency Response	fied by faci ☐ Healtl	illity, if necessary (S th Dept. [<i>or more.)</i> sh and Wildlife ntacted IDE			•	ment □ Oth see at 7;24	50	-/29/22 ,
(Select one or Removed AEP power w	more of the following the second seco	ing, then ac paired Pipe ternoon of	Mitigate Damage i dd a written descrip e Repaired P 4/29/22 and the sta	otion.) Pump Station ation was	•			in Up	لاب Debris power,		
	n: Actions Taken of	AEP.	to Prevent Recurre	nce							.,
(22)		ان سنا	CEL	TIEICATI	ON AND CICH	ATUDE					
designed to as manage the s belief, true, ac	ssure that qualified ystem, or those per curate, and comple for knowing violatio	personnel sons direct ete. I am av ons. (The	nent and all attachn properly gather and titly responsible for g ware that there are e area below is for	nents were d evaluate gathering t e significan	the informatio he information it penalties for	ler my direction submitted. In submitted. In the information the information of the infor	Based on monon submitted se information in substitute	/ inqui l is, to n, incli then fa	ry of the perso the best of my uding the poss ox or scan to P	n or perso knowledg ibility of fir DF for em	ns who je and ne and ailing.)
SIGNATURE:	_laure		. NW	'				ATE (month, day, ye	_{ear):} 05/0	2/22
Individual Makin Laura E. Ko	g Report <i>(printed)</i> DIO		lephone Number 574) 293-2572		t Email a.kolo@coei	.org	Date (month 05/02/22	, day, y	ear) / Time IDEN	// Notified	☐ AM ☑ 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 repor
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.

, 0, 4,,	y rodatione rachtime		•	tial number for that location from the	pomi.	· · · · · · · · · · · · · · · · · · ·	
1, 1, 1, 1				FORMATION (Location 2)			
Outfall Number	Date <i>(mm/dd/yy)</i> Release Began		Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets addres Manhole, Lift Station, Force Main et		Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
028	4/29/22 7:23	☑ AM □ PM	4/29/22 7:28	CSO 28		41 41 21 N	85 58 52 W
	Flow Released ed			heck all that apply.) Basement Backup	Name St Jo	of Receiving Wate seph River	r Impacted
2,806 ^G	allons	Reac	hed Public Land 🔽 F	Reached Receiving Water			
				FORMATION (Location 3)			
Outfall Number	Date <i>(mm/dd/yy)</i> Release Began		Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets addres Manhole, Lift Station, Force Main et		Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
025	4/29/22 7:13	IZI AM □ PM	4/29/22 7:33 ☐ AM ☐ PM	CSO 25		41 41 31 N	85 58 39 W
	Flow Released ed 🗹 Actual			heck all that apply.) Basement Backup	Name St Jos	of Receiving Water seph River	· Impacted
14,054 G				Reached Receiving Water			
			RELEASE IN	FORMATION (Location 4)			
Outfall	Date (mm/dd/yy)	and Time	Date (mm/dd/yy) and Time	Location of Release (streets addres	s or	Latitude	Longitude
Number	Release Began		Release Stopped	Manhole, Lift Station, Force Main et		(Deg Min Sec)	(Deg Min Sec)
007	4/29/22 11:46	☑ AM □ PM	4/29/22 11:56 AM	CSO 007		41 41 17 N	85 58 19 W
	Flow Released ed ☑ Actual			heck all that apply.) Basement Backup	Name Elkha	of Receiving Water rt River	Impacted
20,192 G				Reached Receiving Water			
			RELEASE IN	FORMATION (Location 5)			
Outfall Number	Date (mm/dd/yy) a Release Began	and Time	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets addres Manhole, Lift Station, Force Main et	s or	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
Mambol	Troicase Degan	☐ AM	AM	Marmore, Em Otation, 1 orde Mari Ce	0.)	(Deg Will Gee)	(Deg will dee)
						L	
☐ Estimate	Flow Released ed	☐ Affect	ed Private Property 🔲 🖺	neck all that apply.) Basement Backup Reached Receiving Water	Name	of Receiving Water	Impacted
			RELEASE IN	FORMATION (Location 6)			
Outfall	Date (mm/dd/yy) a	and Time	Date (mm/dd/yy) and Time	Location of Release (streets addres	s or	Latitude	Longitude
Number	Release Began		Release Stopped	Manhole, Lift Station, Force Main et		(Deg Min Sec)	(Deg Min Sec)
		AM PM	☐ AM ☐ PM				
	low Released	Descripti	on of the Area Impacted (Ch	neck all that apply.)	Name	of Receiving Water	Impacted
	ed			Basement Backup Reached Receiving Water			
			DELEASE	FORMATION (Location 7)			
Outfall	Date (mm/dd/yy) a	and Time	Date (mm/dd/yy) and Time		e or	Latitude	Longitude
Number	Release Began	and mine	Release Stopped	Manhole, Lift Station, Force Main et		(Deg Min Sec)	(Deg Min Sec)
		☐ AM ☐ PM	☐ AM	, , , , , , , , , , , , , , , , , , , ,	/	\	1==9
Amount of F	low Released			l neck all that apply.)	Name	I of Receiving Water	Impacted
	d			Basement Backup	Hamo	or recouring viator	Impacted
— Ga	allons	Reach	ned Public Land	Reached Receiving Water			
			(ATTACH ADDITIO	NAL SHEETS IF NECESSARY.)			
			CERTIFICA	TION AND SIGNATURE			
I certify und	er penalty of law th	at this doc	ument and all attachments we	ere prepared under my direction or su	pervisi	on in accordance w	th a system
				ate the information submitted. Based			
				g the information, the information sub ant penalties for submitting false infor			
	accurate, and comp nt for knowing viola		0,	ant penalies for submitting laise infor	mation	, including the poss	bility of lifte and
SIGNATUR	e: Lae	va	5. (J2)	····	DA	ATE (month, day, ye	_{ear):} 05/02/22

Kolo, Laura

From:

Kolo, Laura

Sent:

Monday, May 2, 2022 3:22 PM

To:

wwreports@idem.in.gov

Cc:

Iraisor@idem.in.gov

Subject: Attachments:

Emailing: inc rpt 042922 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)

City:	Elkhart	INDIANA	DEPARTMEN ⁻	I OF ENVIRO	JNMENTAL M	ANAGEMEN	11			Page 1	l of	9			erm'	ılt Number	: IN	0025574	
Facility:	Elkhart P	ublic Wo	rks & Utilitle	s							ı	Public No	tific	ation Requ	iren	ents Met?	Υ		
Monitor	ing Perloc	i.	April	2022			Salaha.				E	nter "x" l	f no	CSO disci	targ	e occurred	for	the month	1
Design	Peak Hour	ty Flow (MGD);	44	Design Av	erage Flow	(MGD);	20		Measured/I	Met	ered (M)	or E	stimated (E	E) m	ust be spe	cifle	d	
WWTE	Influent	Data		Pr	ecipitation [)ata			С	SO Outfall i	No.	005			C	SO Outfall	No.	006	
Day of Month	Average Dally Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip, Began (am/pm)	Precip. Duration (Houra)	Total Dally Precip. (inches)	Peak Intensity (Inch/hr)	Measureme nt Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	e S ∈	Event Discharg e (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
-	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								Ш		Ш		
4	16.42	21.82	4:36 AM	3,98	0.14	80,0	15 min										$oxed{oxed}$		
5	15,66	18.48					15 min												
6	20.71	50.98	6:16 AM	12.47	0,53	0,40	15 min										Ш		
7	15.88	20.50	4:41 PM	1.83	0,05	0.08	15 min										Ш		
8	16.39	20.29	12:21 AM	17.13	0.05	0.08	15 min												<u> </u>
9	15,68	19.65	2:29 AM	10.03	0.09	0.08	15 min											 	<u> </u>
10	15.42	18.50					15 min										Ш		
11	16.24	18.90	2:41 AM	11.08	0,03	0.08	15 min										Ш		
12	16.10	18.80					15 min										Ш		
13	21.81	51,60	9:49 AM	11.68	0,63	0.64	15 min		_					10:07 AM	М	0.17	M	0.0014	М
14	17.64	26.41	12:06 AM	2.63	0.23	0,24	15 mln		_						Ш		Ш		
15	15.09	17.71	8:54 PM	2,35	0.04	80,0	15 min		_						Ш		\sqcup		
16	14.64	17.60					15 min		_				_			<u> </u>	Ш		Ш
17	14.39	16.94					15 min						_				Ц		
18	16.87	24.47	10:01 AM	12.92	0.32	0.16	15 min		_		_				Ш		Н		
19	15.86	18.19	12:19 AM	9.20	0.11	0.04	15 min		\dashv		_				Ц		\sqcup		Ш
20	15,44	20,96	3:56 PM	0.08	0.01	0.04	15 min		\perp		_		_		\sqcup		\sqcup		
21	16.44	19.81	12:36 AM	7.50	0.21	0,24	15 min								\sqcup		Ш		Ш
22	17.15	44,44	9:34 AM	12.03	0.18	0.48	15 min		4		_				Ш		\sqcup		\square
23	15.25	18.98					15 min		4								\sqcup		\sqcup
24	20,11	50.07	5:46 PM	5,63	0.79	0,56	15 min		_		_		_		_		\sqcup		<u> </u>
25	17.80	24.21	5;00 AM	8.02	0.01	0.04	15 min		\dashv		_		_		Ш		Ш		\vdash
26	16.03	19.20					15 min		_		4				Н		\sqcup		
27	15,95	18.68					15 min		4		4		_		Н		Н		<u> </u>
28	15.97	18.93	1:11 AM	80,0	0.01	0.04	15 min		4		_		_		\dashv		\sqcup		
29	15,52	24.45					15 min		_		\dashv		_		\vdash		$\vdash \vdash$		\sqcup
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National Pollutant Discharge Elimination System (NPDES) CSO Monthly Report of Operation (CSO MRO) State Form 50548 (R4 / 9-15) INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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City:	Elkhart												Page	2 of	9	(artisa iri]	Perr	nit Number	: 11	10025574	a. 5, 1 a. a.	Track was discussed to	Market 1
Facility:	Elkhart P	ubli	c Works	& ل	Itilities		Tapangang van dan dis	91,300		10,000		Service S			Public No	tlfic	cation Requ	iirei	nents Met?	Υ				
Monitor	ing Period:			April	2022										Er	iter	"x" if no (osc) discharg	e o	ccurred 1	or ti	ne month:	
Design	Peak Flow	(Hoı	ırly) (MG	D):	44		Design Fl	low	(MGD):		20		Measured	Met	ered (M)	or E	Estimated (I	E) m	ust be spe	cific	ed			
		cs	O Outfall	No.	007			cs	O Outfall	No.	800			CS	O Outfall	No.	. 009			С	SO Outfal	l No.	011	
Day of	Time Discharge	M or	Event Duration	M	Event Discharge	M	Time Discharge	M	Event Duration	M	Event Discharge	M	Time Discharge	M	Event Duration	M	Event Discharge	M		N	Duration	M	Event Discharge	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

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City:	Elkhart						- · · · · · · · · · · · · · · · · · · ·						Page	3 of	9	rivino.	l Po	rn	nit Number:	IN	0025574	Santa Co	e latera Nichologia	division.
Facility	Elkhart P	ubli	c Works	8.1	Utilities		Figuri (temperatu	(Capaci	daga kepada kananan a	de es	Colonia in section is	pástala	0.2023.0110	Pı	ublic Notii	lica	ition Requi	en	nents Met?	Y				
Monitor	ing Period	:		Apri	2022				100000						Ente	er"	'x" if no C	sc) discharg	e o	ccurred f	or th	e month:	
Design	Peak Flow	(Ho	urly) (MG	D):	44		Design F	ow	(MGD):		20		Measured/	Met	tered (M) o	or E	Estimated (I	3) :	must be sp	ecii	ied			
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Day of Month	Time Discharge Began	M S E	Event Duration (Hours)	M or F	Event Discharge (MG)	M or E	Discharge	M or F	Event Duration (Hours)	M or F	Event Discharge (MG)	M or E	Discharge	M or F	Event Duration (Hours)	M or	Discharge	M or E	Discharge				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: April Enter "x" If no CSO discharge occurred for the month: 2022 Design Peak Flow (Hourly) (MGD): Design Flow (MGD): 20 Measured/Metered (M) or Estimated (E) must be specified 44 CSO Outfall No. 016 CSO Outfall No. 017 CSO Outfall No. 018 CSO Outfall No. Event Time Event Event Event Time Event Event Discharge Began Discharge Began Discharge Discharge (MG) Day of Duration or E Discharge (MG) or Duration E (Hours) or E Discharge (MG) or E Duration (Hours) Discharge (MG) or E Discharge Began Duration (Hours) or E M (Hours) Month Began or E 2 3 4 5 6 10:20 AM M 1.25 M 0.0356 M 7 8 9 10 11 12 13 10:49 AM M 1.58 M 0.0745 M 14 15 16 17 18 19 20 21 22 23 24 11:00 PM M 1.05 M 0.0385 M 25 12:04 AM M 0.08 M 0.0000 M 26 27 28 29 30 0,0000 0,00 0.0000 0.1486 0,0000 Totals:



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

City:	DEPARTME Elkhart	INT	OF ENVIR	ONNI	ENTAL MAI	VAG	CMCMI						Page		_		273-215		nit Number	. IN	10005574			
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National Pollutant Discharge Elimination System (NPDES) CSO Monthly Report of Operation (CSO MRO)

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State Form 50546 (R4 / 9-15)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT City: Elkhart Permit Number: IN0025574 Page 6 of 9 Facility: Elkhart Public Works & Utilities Public Notification Requirements Met? Y Monitoring Period: Enter "x" if no CSO discharge occurred for the month: April 2022 Design Peak Flow (Hourly) (MGD): Design Flow (MGD): 20 44 Measured/Metered (M) or Estimated (E) must be specified CSO Outfall No. 026 CSO Outfall No. CSO Outfall No. 027 028 CSO Outfall No. Event M or E Event Event Time Event Event Time Event Event Discharge Began Discharge Began Day of Month Discharge (MG) Discharge (MG) Duration (Hours) or E Discharge (MG) or Duration E (Hours) or E Discharge (MG) Discharge or E Duration Discharge Duration М Began (Hours) Began (Hours) or E 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 0.0028 M 7:23 AM M М 0.08 7:14 AM M 0.33 0.0120 M 30 11:56 PM M 0.08 M 0.0011 M



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

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56.333.33	Elkhart												Page '			2104E	National Control		nit Number:		0025574	A25153	gerice (Sala Unio	gelejš
Facility:	Elkhart P	ubli	c Works	& L	Itilities		i junijesnojoe	a nysé.		(latera	Estaticatura 14	265 104		P	ublic Not	ifica	ation Requ	ilrer	nents Met?	Υ	450 ft.			
Monitor	ing Period			April	2022		100000000000000000000000000000000000000								Ent	er "	x" if no C	so	discharge	OC	curred fo	or th	e month:	X
Design	Peak Flow	(Ho:	urly) (MG	D);	44		Design F	ow	(MGD):		20		Measured/	Met	ered (M) o	or E	stimated (E) n	ust be spe	cifie	ıd			
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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

INDIANA	DEPARTME	NT C	OF ENVIR	ONME	ENTAL MAI	VAG	EMENT							Mar	1			30318						
City:	Elkhart				····		· · · · · · · · · · · · · · · · · · ·						Page	8 of	9	Yeles a	<u> </u>	ern	nit Number:	IN	0025574	N30541		
Facility	Elkhart P	ubli	c Works	& L	Jtilitles		l deskinerenë	Marie C	88832 11 1888	Bouler		vistus)		F	Public Not	ifica	ition Requ	iren	nents Met?	Υ				
Monito	ring Period			April	2022										Ent	er''	x" if no C	so	discharge	9 00	curred fo	or th	e month:	1
Design	Peak Flow	(Ho	urly) (MG	D):	44	1000	Design F	low	(MGD):		20	275000	Measured/	Met	ered (M) o	or E	stimated (E) m	ust be spe	cifie	d			
		cs	O Outfall	No.	037		100 400 511	CS	O Outfall	No.	039			cs	O Outfall	No.	040			C	SO Outfal	No.		
Day of Month	Time Discharge Began		Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Discharge	M or E		M or E	Discharge	M or E		M or E				M or E	Time Discharge Began				Event Discharge (MG)	lV or
1 2																								
3																								
4 5																				ļ				
6 7	9:42 AM	М	1.00	М	0,0386	М	9:04 AM	М	1.92	м	0,0568	М												
8																								L
9 10										_		_								 				
11 12																								
13	10:17 AM	М	1.33	М	0.3256	М	9:59 AM	м	2.25	М	0.0788	М												
14 15																				<u> </u> 				
16 17																								
18																								
19 20																								
21 22																								
23							7:34 PM	М	2.17	М	0.0429	M												
24 25	9:12 PM 12:02 AM		2.00 0.50	M M	0,3300		3:19 PM	м	6.83	M	0,1876	M												
26			0.00	,	5,5020	Ï																		
27 28																								
29 30							11:49 PM	24	0.25	М	0.0097	1.4												
	4	Da ys	4.83		0.7568			Da ys	0.25 13.42	IVI	0.0097	IVI	0	Da ys	0,00	100	0.0000	Y.		Da		NY S		



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	Pul	blic Notification Requirements Met? Y
Monitoring Period: April 2022	Entr	er "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)		A SECOND CONTRACTOR SECOND SEC
1 2		
3		
4		
5		
7 precipitation		
7 precipitation 8		
9		
10		
11		
12 13 precipitation		
14 precipitation		
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18		
20		
21		
22 precipitation		
23		
24 precipitation 25 precipitation		
26 precipitation		
27		
28		
29 power failure 30 precipitation		
31 precipitation		
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Telephone
Laura E. Kolo, Utilities Services Ma	nadar	574-293-2572
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENT	NICOE DEEDABED LINDED	
WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY G	SATHER AND EVALUATE THE	INFORMATION SUBMITTED. BASED ON MY
INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECT SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, A	CTLY RESPONSIBLE FOR GAT AND COMPLETE. IAM AWAR	THERING THE INFORMATION; THE INFORMATION RE THAT THERE ARE SIGNIFICANT PENALTIES FOR
SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRI Signature of Principal Executive Officer or Authorized Agent	SONMENT FOR KNOWING VI	
	ALL LANCES CONTRACTOR STREET, AND ASSESSED OF THE PARTY O	Date (mm/dd/yy)
aua 10		05/26/22

05/26/22

MARKETING AND DISTRIBUT NANNUAL REPORT FORM (Complete and submit this form to IDEM by January 31 of each year)

YEAR: (LOU') 202		12		
Dor!		111		
YEAR: (No Distribution	10		
	licable) 4 5 6 licable) icable) erobic Akali 5% Solids 0% Solids	6	6	
Se	s when applicable) Alternative 4 Alternative 5 Alternative 6 S when applicable) S when applicable Option 5 Aerobic Option 6 Alkali Option 6 Alkali Option 8 90% Solids	90	20	5-26-22
rks & Utilitie	mple result pilicable mple result pilicable	7	7	5-5
Elkhart Public Works & Utilities	tion Method (attach sample results when applicable 13 Alternative 4 Alternative 5 Alternative 5 Alternative 5 Alternative 5 Alternative 5 Alternative 6 Alternative 5 Alternative 6 Alternative 8 Alternative 9 Alternative 8 Alternative 9 Alternative 8 Alternative 9 Alt	9		Date:
Elkhar	cduction Method e explanation if more if 1.4-13 ve 1 ve 2 re 3 eduction Method e explanation if more if 1.1-15 38%VSR Anaerobic/Bench Acrobic/Bench SOUR Enter detection	35		,
	athogen Reductionate box, give explana 327 IAC 6.1-4-13 Alternative 1 Alternative 2 Alternative 3 Alternative 3 Alternative 3 Alternative 3 Alternative 3 Option 1 38%Vi Option 1 38%Vi Option 2 Anaerc Option 3 Aerobi Option 4 SOUR	4	y weights	
VAIME:		3	Enter all nutrient results as percent dry we	
FACILITY NAME:	a a lads	7	Enter all nutrient results as perc	B
	Lab. No. (Lab No. correspon to lab dat entered below)	1	Enter all nut	Ja
INLA 000680		Lab Nos.:		lan
PERMIT NO.:	Month D January February March April May June July August September October November December Analytical Results:	Li	Sample Report Date Percent Total Solids Arsenic (As) Cadmium (Cd) Copper (Cu) Lead (Pb) Mercury (Hg) Molybdenum (Mo) Nickel (Ni) Selenium (Se) Zinc (Zn) Total N (TN) Ammonium N (NH4-N) Nitrate N (NO3-N) Phosphorus (P) Potassium (K)	Signature:



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 Overlfow Volume (MG)
5	2.9559

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JMR Copy of Submission

035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER 1201 S NAPPANEE ST ELKHART , IN46516 229 SOUTH 2ND ST ELKHART , IN46516 06/28/22 Permittee Address: Facility Location: DMR Due Date: Discharge: Major: From 05/01/22 to 05/31/22 035 - External Outfall ELKHART WWTP ELKHART WWTP IN0025674 Report Dates & Status Permitted Feature: Monitoring Period: Permit ID: Permittee: Facility: Permit

NetDMR Validated Status:

Considerations for Form Completion

Form NODI:

THE FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE EVERY TWELVE MONTHS. REPORT QUARTERLY PARAMETERS ON 035-AQ NETDMR. MUNICIPAL MAJOR ELKHART COUNTY

574-293-2572 Last Name: Telephone: Utility Services Manager Principal Executive Officer No Data Indicator (NODI) First Name:

Parameter	NODI	Quar	Quantity or Loading	:		Quality or Concentration	ntration		# of Freq. of Analysis	sis Smpl. Tune
Code Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	¥	adkı
00300 Oxygen, dissolved [DO]	Smpl.				=8.4			19 - mg/L 0	01/01 - Daily	3R - 3GR24H
1 - Endent Gross Season: 0	Red				>=4.0 DLYAVMIN			19 - ma/L	01/01 - Daily	3R -
NODI: -	NODI						i .	i		36K24H
00400 pH										GR -
1 - Effluent Gross	Smpl.				=7.5		=7.7	. 12 - 5U	01/01 - Daily	GRAB
Season: 0	Req.				>=6.0 DAILY MN		<=9.0 DAILY MX	12 - SU	01/01 - Daily	GR-
NODI: -	NODI							:		
00530 Solids, total suspended 1 - Effluent Gross	Smpl. =950.0		=1721.0	26 - Ib/d		=6.0	=10.0	19 - mg/L 0	01/01 - Daily	24 - COMP24
Season: 0	Req. <=7511.0 MO AVG	0 MO AVG	<=11266.0 MX WK AV	26 - lb/d		<=30.0 MO AVG	<=45.0 MX WK AV	19 - mg/L	01/01 - Daily	24 - COMP24
NODI: -	NODI									!
00600 Nitrogen, total [as N] 1 - Effluent Gross	Smpl. =2614.0			. 26 - lb/d		=19.0		19 - mg/L	01/30 - Monthly	: 24 - COMP24
Season: 0	Req. Req Mon MO AVG	η MO AVG		26 - lb/d		Req Mon MO AVG		19 - mg/L	01/30 - Monthly	24 - COMP24
NODI: -	NODI					!				
00610 Nitrogen, ammonia total [as N]	Smpf. =21.2		=33.0	p/ql - 97		. =0.15	=0.18	19 - mg/L 0	01/01 - Daily	24 -
1 - Effluent Gross	\$:									; ; ; ; ;
Season: 1	Req. <=1051.0 MO AVG	0 MO AVG	<=2478.0 DAILY MX	26 - Ib/d		<=4.2 MO AVG	<=9.9 DAILY MX	19 - mg/L	01/01 - Daily	24 - COMP24
	1.									

Code Name	, ,	Value 1	Value 2	. Units	Value 1	Value 2	Value 3	units		ıype
00665 Pho: s, total [as P] 1 - Effluent Gross	Smpl.	=84.0		26 - lb/d	:,	=0.6		. 19 - mg/L 0	01/01 - Daily	24 - COMP24
Season: 0	Req.	Req Mon MO AVG		26 - 1b/d		<=1.0 MO AVG		19 - mg/L	01/01 - Daily	24 - COMP24
NODI: -	NODI									
01079 · Silver total recoverable 1 - Effluent Gross	Smpl.	<0.032	<0.044	26 - lb/d		<0.0002	<0.0002	19 - mg/L	01/07 - Weekly	i 24 - COMP24
Season: 0	Req.	Req. Req Mon MO AVG	Req Mon DAILY MX	26 - lb/d		Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L	01/07 - Weekly	24 - COMP24
NODI: -	NODI							•		
01079 Silver total recoverable G - Raw Sewage Influent	Smpl.					<=0.0003	=0.00078	. 19 - mg/L 0	02/DM - Twice Every Month	. 24 - COMP24
Season: 0	Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L	02/DM - Twice Every Month	24 - COMP24
NODI: -	NDDI									
S0050 Flow, in conduit or thru treatment plant	Smpl.	Smpl. =18.438		03 - MGD	,			0	01/01 - Daily :	TM - TOTALZ
Season: 0	Req.	Req Mon MO AVG		03 - MGD					01/01 - Daily	TM - TOTALZ
NODI: -	NODI									
51041 E. coli, colony forming units [CFU]	Smpt.					=15.0	=54.0	32 - 32 - 0	01/01 - Daily	. GR - GRAB
1 - Effluent Gross									:	3
Season: 1	Req					<=125.0 MO GEO	<=235.0 DAILY MX	3Z - CFU/100mL	01/01 - Daily	GRAB
NODI: -	NODI				1					-
80082 BOD, carbonaceous [5 day, 20 C]	Smpl.	Smpl. =270.0	=503.0	26 - 1b/d		=2.0	=3.0	19 - mg/L 0	. 01/01 - Daily	24 - COMP24
		<=6259.0 MO AVG	<=10014.0 MX WK AV	26 - lb/d		<=25.0 MO AVG	<=40.0 MX WK AV	19 - mg/L	01/01 - Daily	24 - COMP24
NODI: -	NODI									:
81012 Phosphorus, total percent removal	Smpl.			=79.9	ા			. 23 - % 0	01/30 - Monthly	- 8 - 8 - 8
K - Percent Removal										
Season: 0	Req.			Z=<	>=75.0 MO AV MN			23 - %	01/30 - Monthly	CALCTD
NODI: ~	NODI									
82220 Flow, total	Smpl.	who we have a	=572.0	. 80 - . Mgal/mo					. 01/30 - Monthly	RT - RCOTOT
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

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

pqt	pdf	pdf	pdf	pdf	pdf
				pdf	
_05.pdf					
Ic_2022	j	#5	.pdf	.pdf	.pdf
_Avg_Ca	122_05.p	22_05.pi	2_05_01	2_05_02	2_05_03
N0025674_035a_Hg_Roll_Avg_C	N0025674_0	N0025674_C 20_202_05.1	IN0025674_INC_RPT_2022_05_01.F	N0025674_INC_RPT_2022_05_0	IN0025674_INC_RPT_2022_05_0
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119091.0

53201.0 903888.0 1479871.0

Report Last Saved By

IN0025674_INC_RPT_2022_05_03.pdf

ELKHART WWTP	i ser:

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

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

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Date/Time:

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₹ 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	. 500	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	05/31/22	06/28/22
IN0025674	ELKHART WWTP	V 900	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	05/31/22	06/28/22
IN0025674	ELKHART WWTP	200	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	05/31/22	06/28/22
IN0025674	ELKHART WWTP	800	008-C	CSO- HUG/EAST BLVD	05/31/22	06/28/22
IN0025674	ELKHART WWTP	- 600	D-600	CSO- NIBCO PRKWY - 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

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State Form 10829 (R4 / 01-20)

Name of Facility			Permit Nur	mber					
Elkhart			IN0025	674					
Month	Year	Plant Des	ign Flow	Telephon	e Number				
Мау	2022	20.00	mgd	5	574/293-2572				
May 2022 E-mail address: laura.kolo@cc		Ocoei.org			035	Α			
Certified Operator: N	lame	Class	Certificat	e Number	Expiration Date				
Laura F Kolo		1 1/4	150	19 <i>4</i>	06/30/2023				

										Laura E.	K010			IV	150	94	06/3	30/2023
				Total=			CH	IEMICAL	_S				DAVA					
				2.79	-			USED	>				RAW	SEWA	\GE			
onth	eek	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	ches	Bypass At Plant Site("x" If Occurred)	Sanitary Sewer Overflow("x" If Occurred)	ay	Ferrous Chloride Lbs/Day or Gal./Day	r Gal./Day	te D			,	1/6·	s/day	l/6		
Day Of Month	Day of Week	fours a	erature	Precipitation - Inches	At Plant S Occurred)	itary S ("x" If	Chlorine - Lbs/day	s Chloride Ll or Gal./Day	Lbs/Day or	Influent Flow Rate (if metered) MGD		CBOD5 - mg/l	CBOD5 - lbs/day	Solids - mg/l	Susp. Solids - Ibs/day	Phosphorus - mg/l	Ammonia - mg/l	
)a)	Da	[눈종	ğ	Į į	S O	og o	u)	is (l/sc	I E		- 1] - [Ś	jo	E	<u>.</u> ë	
-		Ma	<u>a</u>	<u>i</u> ë.	as	S E	orin	ron	\exists	ieni		Ď		م م	6.0	gs	nor	
		<u>a</u>	٠.	ĕ	Byr	ò	뇃	Fer		nflu if m	Hd)BC	l XX	Susp.	sno	પૂ	ļ ji	
1	Sun			0.07				192		17.578	7.9	85	12,432	140	20,524	2.79	9.84	
2	Mon					х		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		х		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 16.889	7.6 7.6	98 81	15,789 11,402	128 116	20,664 16,339	3.47 2.88	14.16 14.00	
14 15	Sat			0.25				U		16.433	7.7	49	6,650	120	16,446	2.00	12.88	
16	Sun			0.25				0		18.089	7.6	39	5,941	104	15,690	2.11	12.32	
17	Mon Tue		<u> </u>	0.00				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			0.00				129		16.103	7.6	94	12,664	154	20,682	3.74	16.84	
20	Fri		<u> </u>					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			ļ				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		
	Tue			0.00				195		14.354	7.6	90	10,786	102	12,211	3.51	14.28	
Aver				0.23	-			156 304		17.186	8,2	78	11,123	116	16,787	2.99	14.19	
	<u>imum</u> mum			0.74				0		24.011 13.622	0.∠ 7.5	128 39	18,398 4743	210 49	31,868 6021	4.18 2.04	18.52 9.04	
IVIII	num									13.022		ა ყ						
# of			0				0		0	31	31	31	31	31	31	31	31	0
	were syst	tify under prepared em desigr evaluate	under n ned to a	ny direct issure th	tion or nat qua	superv ilified p	vision in a ersonnel	ccordanc properly	e with a gather	'		the direction	on of (Certifie	d Operate	:		onth, day,	
		persons w								1	un	an Il	110			(e	124	122

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 (or attested by NetDMR subscriber agreement)

Date (month, day, year)

Laura Do

6/24/22

State Form 10829 (R4 / 01-20)			
Name of Facility	Permit Number	Month	Year
·		11101101	,,,,,
Elkhart	INIOOOEGZA	84	2022
CIKITATU	IN0025674	May	2022

	PRIMARY AERATION							SECONDARY FINAL EFFLUENT										
	EFFLUE	NT	MIXED LI	QUOR				RETURN S	LUDGE	EFFLUE	NT	800	'	1176	11 LOL	-111		
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
1	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 49	50 49	200	2,648 2,792	76 85	5.3	14	8.000	6,640					36	7.6 7.6		9.6	
8	36	49 84	238	2,792	76	5.4 3.8	14 14	7.785 7.785	8,480 8,120					20 15	7.6		9.5 9.4	
10	48	69	220	2,628	84	3.1	15	8.000	8,000					12	7.5		9.4	
11	76	70	222	2,556	87	3.2	15	7.785	8,460				L	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 86	78 73	196 230	2,720	72 75	3.8	16 16	7.785 7.785	6,560					10	7.6		8.6	
27 28	60	51	229	3,056 2,868	80	3.9 4.8	16	7.785	6,320 6,020					8 10	7.7 7.7		8.9 9.4	
29	53	54	202	2,744	74	6.4	15	7.785	5,100					11	7.7		10.0	ļ
30		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		7 m 14 m	9.1	
Max		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	
	/ Max	·			_									54				
	Days ab	ove 235										15-5		0				
Data		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.):

State Form 10829 (R4 / 01-20)			
Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	May	2022

							FI	NAL EFI	LUENT	•							
		Flow		BOD				Total Su			· · · · · · · · · · · · · · · · · · ·	Ammon	ia			Phosph	orus
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs/day	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs/day	Ammonia - Ibs/day Weekly Average	Phosphorus - mg/l	Phosphorus - Ibs/day
1	Sun	19,995		4		670		14		2,268		0.11		18.3		0.62	103
2		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
		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		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
		19.222		2		393		5		753		0.18		28.9		0.69	111
13		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
	Tue	17.569		2		136		5		791		0.09		13.2		0.54	79
	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
		16.583		2		188		5		705		0.16		22.1		0.58	80
	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
		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	AND S	270	436 719	6	N 1000	950		0.15		21.2	1 2 12, 47	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
										19 19 19							
Data		31	4	31	4	31	4	31	4	31	4	31	4	31	4	31	31
Date	1			<u></u>			7		7	01		1	7	01	_		

	Total Monthly Flo	w:				
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)	572
Primary Treatment	22.08	44.6		200 (1991)		
	NA	NA			Percent Capacity	
Secondary Treatment	96.3	90.8			(actual flow/design)	92%
Overall Treatment	97.09	94.9	99.0	79.9		
Phosphorus limit would be	7	0 % removal.	(compliance	achieved)		

Page 3 of 6

State Form 10829 (F	(4 / 01-20)		
Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	May	2022

SLUDGE TO DIGESTER			1		1410	· <i>y</i>									
DIGESTER		SLUDG	E TO				DIGE	STER (OPERAT	ION					
The color of the				Anaero	bic Only										
1 230.0 230.40 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 90 21.222 4.86 2.01 72.69 54.67 93.15 5 25.01 244.80 7.2 90 21.222 4.86 2.01 72.69 54.67 93.15 6 25.31 244.80 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 2.06 82.46 57.59 96.47 10 22.19 244.80 7.2 93 17.685 4.42 2.17 75.00 58.01 86.44			Sludge 000			Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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 50.01 244.80 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 3.537 4.58 2.04 74.61 55.88 15 34.05 244.80 7.2 93 3.537 4.58 2.04 74.61 55.88 16 20.24 244.80 7.2 93 42.444 3.09 2.04 79.55 55.49 16 20.24 244.80 7.2 93 42.444 3.09 2.04 79.55 55.49 16 20.24 244.80 7.2 93 42.444 3.09 2.04 79.55 55.49 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 10.611 2.73 2.06 76.47 56.31 97.07 17 31.20 244.80 7.2 93 17.685 5.59 2.31 73.97 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 7.3 94 53.055 5.77 2.17 73.14 57.89 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 94 53.055 5.77 2.17 73.14 57.89 23 14.02 244.80 7.3 94 17.685 5.19 2.17 75.66 56.55 56.49 24 45.02 244.80 7.3 94 17.685 5.19 2.17 75.66 56.55 56.49 24 45.02 244.80 7.3 94 17.685 5.59 2.31 73.97 56.91 24 45.02 244.80 7.3 94 17.685 5.59 2.31 73.97 56.91 24 45.02 244.80 7.3 94 17.685 5.19 2.17 75.66 56.55 56.25	1					91	42.444		4.50		73,81	55.33			
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 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 7.2 93 17.685 4.42 2.17 75.00 58.01 86.08 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 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 7.3 92 42.22 6.22 2.18 72.62 56.25 97.12 17 31.02 244.80 7.3 92 42.22 6.22 2.18 72.62 56.25 97.12 18 40.09 243.36 7.3 92 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 56.45 21 45.02 244.80 7.3 94 53.055 5.57 2.17 73.14 57.89 22 44.02 244.80 7.3 94 53.055 5.77 2.17 73.14 57.89 22 24.02 244.80 7.3 94 53.055 5.77 2.17 73.14 57.89 23 44.80 7.3 94 53.055 5.77 2.17 73.14 57.89 24 40.02 244.80 7.3 94 53.055 5.77 2.17 73.14 57.89 24 40.02 244.80 7.3 94 53.055 5.77 2.17 73.14 57.89 24 40.02 244.80 7.3 94 53.055 5.77 2.17 73.14 57.89 24 40.02 244.80 7.2 94 17.685 5.59 2.31 73.97 56.45 23 14.02 244.80 7.2 94 17.685 5.59 2.31 73.97 56.45 24 29.94 244.80 7.3 94 53.055 5.77 2.17 73.14 57.89 24 40.02 244.80 7.3 94 53.055 5.77 2.17 73.14 57.89 24 40.02 244.80 7.2 94 17.685 5.19 2.17 76.56 58.29 127.83 25 25 244.80 7.2 94 17.685 5.19 2.17 76.56 58.5										2.16					
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 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 7.2 93 17.685 4.42 2.17 75.00 58.01 80.68 11 36.01 244.80 7.2 93 4.60 1.98 75.05 55.80 93.00 13 22.10 244.80 7.2 93 3.537 4.58 2.04 74.61 55.80 93.00	3														
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 17.685 4.40 2.14 76.69 57.26 89.64 11 36.01 24.80 7.2 93 17.685 4.42 2.17 75.00 58.01 86.08 11 36.01 24.80 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 55.91 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 3.537 4.58 2.04 74.61 55.88 16 22.44 80 7.2 93 3.537 4.58 2.04 74.61 55.88 16 20.24 244.80 7.2 93 42.444 3.09 2.04 79.55 55.49 16 20.24 244.80 7.3 93 5.83 2.16 74.85 56.91 97.24 18 40.09 243.36 7.3 92 5.66 2.10 73.23 57.06 97.32 19 28.56 244.80 7.2 94 12.22 6.22 1.8 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 94 53.055 5.77 2.17 73.14 57.89 22 44.02 244.80 7.3 94 53.055 5.77 2.17 73.14 57.89 22 44.80 7.3 94 53.055 5.77 2.17 73.14 57.89 22 44.02 244.80 7.3 94 53.055 5.77 2.17 73.14 57.89 22 44.02 244.80 7.3 94 53.055 5.77 2.17 73.14 57.89 22 44.02 244.80 7.3 94 53.055 5.77 2.17 73.14 57.89 22 44.02 244.80 7.3 94 53.055 5.77 2.17 73.14 57.89 22 44.02 244.80 7.3 94 53.055 5.77 2.17 73.14 57.89 22 44.02 244.80 7.3 94 38.907 2.78 2.35 74.19 62.56 121.62 22.29 244.80 7.2 94 17.685 5.19 2.17 76.56 58.29 127.83 26 34.02 244.80 7.2 94 17.685 5.19 2.17 76.56 58.29 127.83 26 34.02 244.80 7.2 94 38.907 2.78 2.35 74.19 62.56 121.62 22.22 244.80 7.2 94 38.907 2.78 2.35 74.19 62.56 121.62 22.22 244.80 7.2 94 38.907 2.78 2.35 74.19 62.56 121.62 22.22 244.80 7.2 94 38.907 2.78 2.35 74.19 62.56 121.62 22.22 244.80 7.2 94 38.907 2.78 2.35 74.19 62.56 121.62 22.22 244.80 7.2 94 38.907 2.78 2.35 74.19 62.56 121.62 22.22 244.80 7.2 94 38.907 2.96 2.17 77.51 56.25 12.80 22.80	4														
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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 For	n 10829 (F	4 / 01-20) Permit Numbe	er [Month		Year		1								
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1									0.0055	0.0059						
2					0.0002	0.0002	0.0008	0.0002	0.0055	0.0059	0.0358	0.0002	0.0670	0.0061		-
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WASTEWATER TREATMENT PLANT

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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 '	l of	9		P	erm	it Number:	INC	025574	
Facility:	Elkhart P	ublic Wor	ks & Utilities	3							F	Public No	tific	ation Requi	rem	ents Met?	Υ	4.1	
Monitor	ing Period		May	2022							E	nter "x" ii	fno	CSO disch	arge	occurred	for t	he month:	
Design	Peak Hour	ly Flow (N	/IGD):	44	Design Ave	rage Flow	(MGD):	20		Measured/	Met	ered (M) o	or E	stimated (E) mı	ust be spec	lfied	1	
WWT	Influent	Data	10	Pr	ecipitation D	ata	de la sur		С	SO Outfall	No.	005		Sala Religion	С	SO 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)	Measureme nt Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharg e (MG)	M of 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	м	0.17	м	0.0101	м
2	17.74	26.32					15 min												
ø	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				L								
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				L								
27	14.61	17.45	4:21 PM	0.58	0.02	0.04	15 min		L.,			L	Ш						
28	13.77	16,31					15 min												
29	13,93	17.55					15 min				L		L						
30	13.62	16.20					15 min				L		Ц						
31	14.35	17.48		**********		100000000000000000000000000000000000000	15 min												
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National Pollutant Discharge Elimination System (NPDES) CSO Monthly Report of Operation (CSO MRO) State Form 50546 (R4 / 9-15) RTMENT OF ENVIRONMENTAL MANAGEMENT

2012/03/20		NTO	F ENVIRO	NME	NTAL MAN	IAGI	EMENT						I							3			·	
	Elkhart												Page 2	Stalls.	**********	wig ta ye	Simbolo-latening	Million III	nit Number	4	0025574			
Several Line	Elkhart P	98.00												ŀ		30166			nents Met?	920	J.			
	ing Perlod:			May	2022	_													discharg			or th	ne month	
Design	Peak Flow				44		Design Fl				20		Measured/					E) m	ust be spe	(VIII)				
		CS	O Outfall	No.	007			CS	O Outfall	No.	008		10.00	cs	O Outfall	No.	009			C:	SO Outfal	No.	011	
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Discharge	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M 하 E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		M or E	Duration		Event Discharge (MG)	
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National Pollutant Discharge Elimination System (NPDES) CSO Monthly Report of Operation (CSO MRO) State Form 50546 (R4 / 9-15) PARTMENT OF ENVIRONMENTAL MANAGEMENT

INDIANA	DEPARTME	NIC	FENVIRO	NME	ENTAL MAN	IAG	EMENT						10000000000000000000000000000000000000	8860			Pagagas se	J-117	11 July 12 State 12 St. 14	2				
City:	Elkhart												Page 3	3 of	9	Section 1	P	erm	it Number:	IN	0025574	estantero	Malagan to Paul Green & S	S-136-1-2
Facility:	Elkhart P	ubli	Works	& L	Jtilities									PL	ıblic Notii	fica	tion Requi	ren	ents Met?	Υ				
Monitor	ing Period:			May	2022										Ente	er "	'x" if no C	so	discharge	9 00	curred f	or th	e month:	
Design	Peak Flow	(Hot	ırly) (MG	D):	44		Design Fl	ow	(MGD):		20		Measured/	Met	ered (M) o	or E	stimated (E) r	nust be spe	cifi	ed			
		csc	Outfall	No.	012			CS	O Outfall I	No.	013			cs	Outfall I	No.	14B		1999	C	SO Outfal	l No.	015	
	Time		Event	М	Event		Time	M	Event	M	Event	М	Time	M	Event	M	Event	М	Time	м	Event		Event	м
Day of Month	Discharge Began	or E	Duration (Hours)	or E	Discharge (MG)	or E	Time Discharge Began	or E	Duration (Hours)				Discharge		Duration	or	Discharge			or E	Duration	M or E	Discharge (MG)	
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National Pollutant Discharge Elimination System (NPDES) CSO Monthly Report of Operation (CSO MRO) State Form 50546 (R4 / 9-15) NT OF ENVIRONMENTAL MANAGEMENT

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National Pollutant Discharge Elimination System (NPDES) CSO Monthly Report of Operation (CSO MRO) State Form 50546 (R4 / 9-16) INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

INDIANA	DEPARTME	NTC	F ENVIRO	NME	NTAL MAN	IAGI	EMENT							0.03		_		Silvi-		_				
City:	Elkhart				· · · · · · · · ·								Page 8	of	9	Santon.	l r	ern	it Number:	IN	0025574	Maria de	dan birin kara	eleter.
Facility:	Elkhart P	ubli	c Works	& U	Itilities		000000000000000000000000000000000000000	*******	0.00% (0.00% 0.00% 0.00%	5500000	ectrodoropois. Sa	2101301	1000	P	ublic Not	lfica	ition Regu	iren	ents Met?	Υ			a super	
Monitor	ing Period:			May.	2022										Ent	er"	x" If no C	so	discharge	oc	curred fo	or th	e month:	
Design	Peak Flow	(Hot	ırly) (MG	D);	44		Design Fl	ow	(MGD):		20		Measured/	Met	ered (M)	or E	stimated (E) m	ust be spec	ifie	d			
		CS	O Outfall	No.	020			cs	O Outfall	No.	023			cs	O Outfall	No.	024			CS	O Outfal	l No.	025	
Day of Month	Time Discharge Began		Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Duration	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)		Event Discharge (MG)	M or E
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2																								
3	10:55 AM	м	0.67	М	0.0399	м	10:39 AM	М	0.92	м	0.0336	м	10:28 AM	м	1.58	м	0.0499	М	10:48 AM	м	0.50	м	0,0078	М
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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		ı	ern	nit Number:	IN	0025574			
Facility:	Elkhart F	ubli	c Works	. & L	Itilities									P	ublic Not	lifica			nents Met?					
34.55	ing Period	E-1014		May															discharge	(350)	curred fo	or th	e month:	The state of the s
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		cs	O Outfal	No.	026			cs	O Outfall	No.	027				O Outfall						SO Outfall	No.	029	
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National Pollutant Discharge Elimination System (NPDES) CSO Monthly Report of Operation (CSO MRO) State Form 50546 (R4 / 9-15) ENT OF ENVIRONMENTAL MANAGEMENT

INDIANA	DEPARTME	NT O	FENVIRO	NME	NTAL MAN	IAG	EMENT						\$5556 ES4566	3000			Lautoversava	SAME						
City:	Elkhart												Page	7 of	9	90633		ern	nit Number:	IN	0025574	al-barrer		
Facility	Elkhart P	ubli	: Works	& U	Itilities			uličana	Notaer Carrier 193	CONSTRUCTION OF THE PARTY OF TH	Spirit sent Civilia	rigoria d	13 12 13 13	P	ublic Not	ifica	ition Requ	ilren	nents Met?	Y				1
Monitori	ng Period:			May	2022		3030303						4000		Ent	er ''	x" If no C	so	discharge	oc	curred fo	or th	e month:	
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Day of	Time Discharge	M or	Event Duration	or	Event Discharge	M	Discharge	M	Event Duration	M	Event Discharge	M	Time Discharge	M or	Event Duration	M	Event Discharge	M or	Discharge	M	Event Duration	М	Event Discharge	a M
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National Pollutant Discharge Elimination System (NPDES) CSO Monthly Report of Operation (CSO MRO) State Form 50546 (R4 / 9-15) INT OF ENVIRONMENTAL MANAGEMENT

	DEPARTME	NT C	F ENVIRO	NME	NTAL MAN	AG	EMENT								_			Verie						
	Elkhart	1 . 1 1	. 15(1411141								Page 8						nit Number:	ì	0025574			
	Elkhart P													- 12				8896	nents Met?					-
26,266	ing Period:			May								******							discharge			er un	e montn:	
Design	Peak Flow				44	li i	Design FI	30.5%			20	1000	Measured/					<u>E) n</u>	ust be spec					
		CS	O Outfall	No.	037			cs	O Outfall	No.	039			cs	O Outfall	No.	040		(4) (1) (1)	C	SO Outfall	No.		ECONE CONTROL
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	Discharge	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M
1 2	12:07 AM	М	1.33	M	0.4692	М	12:04 AM	М	80,0	М	0.0013	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

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California de la compansión de la compan				I	
City:	Elkhart			Page: 9 of 9	Permit Number: IN0025574
Facility:	Elkhart Public Works & Utilities			Public Notifi	cation Requirements Met? Y
Monitor	ing Period: May 2022			Enter "x" if n	o CSO discharge occurred for the month:
Design i	Peak Hourly Flow (MGD): 44	Design Average Flow (MGD):	20		
Day of Month	Comments (further explanation as	to why each CSO event occurred	, allower		
1	Precipitation				
2					
	Precipitation				
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5 6	Precipitation				
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9	Within IDEM definitation of wet weather	r event			
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	n or Printed Name and Title of Principal Exe	ecutive Officer or Authorized Agent			Telephone
13pour		olo, Utilities Services M	anager		574-293-2572
LCERTII				DEDADED LINDED MV DIDE	CTION OR SUPERVISION IN ACCORDANCE
WITH A INQUIR' SUBMIT	SYSTEM DESIGNED TO ASSURE THAT (Y OF THE PERSONS WHO MANAGE THE	QUALIFIED PERSONNEL PROPERLY SYSTEM OR THOSE PERSONS DIRE DGE AND BELIEF, TRUE, ACCURATE,	GATHER AN ECTLY RESPO AND COMPL	D EVALUATE THE INFORM ONSIBLE FOR GATHERING LETE. I AM AWARE THAT	MATION SUBMITTED. BASED ON MY THE INFORMATION; THE INFORMATION THERE ARE SIGNIFICANT PENALTIES FOR
Signatu	re of Principal Executive Officer or Autho	orized Agent			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 www.reports@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.

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1	ublic Works		1		ee Street	,	1 ' '	hart		N0002	
					RMATION (L	ocation 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) Release Began		') Date <i>(mm/dd/yy)</i> elease Stopped		(8) Location of	Release (streets Station, Force Ma			atitude 1 Min Sec)	(9) Longitu (Deg Min S	
035	5/2/22 8:04	□ AM ☑ PM	5/2/22 9:44	☐ AM ☑ PM	1411 Kilbo			1	I 41 11 N	85 59	
1 ' ' _	of Flow Released	•	ys provide a volu	•		(11) WWTP Flo	•	ase	(12) WWTP P		Flow Rate
☐ Sanitary S ☐ Treatment ☐ Prohibited ☐ Dry Weath ☑ Combined	ype (Select one.) ewer Overflow Bypass (at wastev Combined Sewer Overflow er Combined Sewer Sewer System Rele or Bypass / Overflo on Related Component(s) eral re ion Failure Bypassed ructure /alve	Overflow In Overflow Bease W (Select one Power Failu (17) A Call re with g	(14 noi	ent Failure otion of the m. Crews	e	rflow Event: ain line plugged	eded Max Ca (18) E (Che	pacity Descrip ck all fected seme ccurrect eached	☐ Precipita btion of the Ai that apply.) Private Prop nt Backup d at Treatmer d Public Land d Receiving V eceiving Wate	ation rea Impacte erty nt Plant Vater	
basement	er: (in the box below		y, if necessary (\$	Select one	or more.)						
☑ IDEM Eme	ergency Response	☐ Health I	Dept,	DNR Fi	sh and Wildlife	☐ Local Er	mergency Ma	nager	ment 🗌 Oth	ner:	
	•	•	2 at 9:52 pm, talked to		•			2 at 7:25	am, no incident	number has be	en assigned
(Select one of	aken to Prevent, Mr more of the follow. Blockage □ Re Iruction of grease	ing, then add	itigate Damage <i>a written descri_l</i> ☐ Repaired F	otion.)		reatment of Af	fected Area	ı-Up □	Debris		
(21) Resolutic ongoing educ	on: Actions Taken o cation and outreach	r Planned to to residenta	Prevent Recurre I customers on p	ence proper gre	ase disposal	To	I M30	NC G	Nuw Infov	iber med a nbmi	.tlev- tled)
(22)									· · · · · · · · · · · · · · · · · · ·		
designed to a manage the s belief, true, admprisonment	penalty of law that ssure that qualified ystem, or those per courate, and comple for knowing violatio	personnel prosons directly etc. I am award ons. (The a	nt and all attachr operly gather an responsible for	ments were nd evaluate gathering f e significar	e the information the information nt penalties for	der my direction on submitted. I n, the information submitting fals	Based on my on submitted se information countries to substitute to	inquir is, to t i, inclu nen fa	y of the perso the best of my uding the pos	on or person y knowledg sibility of fir PDF for ema	ns who e and ne and ailing.)
SIGNATURE: Individual Makir Laura Kolo	ng Report (printed)	Telep	hone Number 4) 293-2572		ct Email a.kolo@coe	i.org	Date (month, 05/03/22	day, y	<i>ear) </i> Time IDE	M Notified	✓ AM

Kolo, Laura

òm:

Kolo, Laura

Sent:

Tuesday, May 3, 2022 7:30 AM

To: Cc:

wwreports@idem.in.gov

Iraisor@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 www.eports@jdem.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.

Response Se	ction spill response i	ine at: (317)	233-7745 or to	!! free with	in Indiana at (8	888) 233-7748	ο.				
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Elkhart Pu	ıblic Works		1201 S.	Nappar	ee Street		Elk	hart	İ	IN0002	5674
					RMATION (L	ocation 1)	after a training a				Att a line of
(5) Outfall Number	(6) Date <i>(mm/dd/yy) a</i> Release Began) Date <i>(mm/dd/yy)</i> elease Stopped		(8) Location of Manhole, Lift S	Release (stree			atitude Min Sec)	(9) Longitu (Deg Min S	
035	5/5/22 12:43		5/5/22 2:00	☑ AM □ PM	1200 S. M				40 36 N	85 57	
1 ' '	of Flow Released	, ,	rs provide a volu	,		` '	low During Release	ase	(12) WWTP P	_	Flow Rate
Check one:	✓ Estimated ☐	Actual		Gallons	any damaga t		סו or receiving s tr	oom:	44 MGI	<u> </u>	
☐ Sanitary S ☐ Treatment ☐ Prohibited ☐ Dry Weath ☑ Combined	ppe (select one.) ewer Overflow Bypass (at wastew Combined Sewer O er Combined Sewer Sewer System Rele or Bypass / Overfloy	verflow Overflow ase	no	ne	TRUCT	·	or receiving su	eam.			
☐ Construction	• •	Power Failur			Unknow		eeded Max Cap	acity	☐ Precipita	tion	Inches
(16) System C (Select one of Manhole House Lat Pipe Failur Pump Stat Treatment Other Influent St Air Relief Sewer Clea Describe Other grease in ma	Component(s) r more.) eral e ion Failure Bypassed ructure /alve	(17) Ac Call re grease 2:00 p	Iditional Descrit clevd at 12:43 h c. Obstruction r m	otion of the PM. Call n emoved an	Bypass / Ove nar found main nd flow returne	rflow Event: n plugged with d to normal a	h (18) D (Cheat t ☐ Aff ☑ Ba ☐ Oo ☐ Re	Descripck all tected semelecurred achected achected for Re	otion of the Arthat apply.) Private Propert Backup d at Treatmen d Public Land d Receiving Wate	ea Impacte erty t Plant /ater r Impacted	ed
	Called IDE	EM Emergency S	pill Number at 2:27 p	m. Talked to	Scott. He will call b	ack with incident	number. Incident n	umber r	not yet assiged at	time report wa	s submitted.
(Sélect one o Removed Grease	Taken to Prevent, Mir more of the following Blockage Report Report Report Report Report Report Report Report Retions Taken or Educate residenatial	ng, then add paired Pipe	<i>a written descri</i> ☐ Repaired F	<i>ption.)</i> Pump Stati	·	reatment of <i>i</i>	Affected Area ☐ Clear	n-Up D	Jebris		
(22)					· · · · · · · · · · · · · · · · · · ·						
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designed to a manage the s	penalty of law that the ssure that qualified ystem, or those persocurate, and comple for knowing violation	personnel prosons directly te. I am awans. (The a	operly gather ar responsible for re that there are rea below is for	nd evaluate gathering e significar	e the information the information of penalties for	on submitted. I, the informa submitting fa	Based on my tion submitted lse information nic substitute th	inquin is, to t i, inclu nen fax	y of the perso he best of my Iding the poss or scan to P	n or person knowledg sibility of fin PDF for ema	ns who e and ne and ailing.)
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Individual Makii Laura Kolc	ng Report <i>(printed)</i>		hone Number 4) 293-2572		ct Email a.kolo@coe	i.org	Date (month, 05/05/22	day, ye	ear) / Time IDEI	M Notified	☐ AM ☑ PM

Kolo, Laura

postmaster@state.in.us

Sent: Thursday, May 5, 2022 2:48 PM

To: Kolo, Laura

Subject:EXTERNAL: Relayed: Emailing: IN0025674_INC _RPT_2022_05_02Attachments:EXTERNAL: Relayed: Emailing: IN0025674_INC _RPT_2022_05_02

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

☐ Follow-up to Bypass report
previously sent on:

INSTRUCTIONS:

Complete all parts of this form and email signed copies to www.eports@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.

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1	ıblic Works		' '	,	ee Street	zalionj	' '	hart		IN0002	
Likilait Pt	IDIIC VVOIKS			<u> </u>			□IK	Hart		INUUUZ	3074
(5) Outfall	(6) Date (mm/dd/yy)	and Time	(7) Date (mm/dd/yy)		RMATION (L	ocation 1) Release <i>(street</i>	s address or	(0)	atitude	(9) Longit	ude
Number	Release Began	und mino	Release Stopped	and time		Station, Force Ma			g Min Sec)	(Deg Min	
n/a	5/21/22 est 5:00	□ AM ☑ PM	5/23/55 5:00	□ AM ☑ PM	Manhole 6	59-23		4	1 42 29 N	85 56	3 5 W
(10) Amount of	f Flow Released	(Alv	vays provide a volu	me.)	•	(11) WWTP FI	ow During Rele	ase	(12) WWTP P	eak Design	Flow Rate
Check one: 🗓		Actual	<u> </u>	Gallons		avg 16 MGI			44 MG	D	
✓ Sanitary So ☐ Treatment ☐ Prohibited ☐ Dry Weath ☐ Combined	ype (Select one.) ewer Overflow Bypass (at wastev Combined Sewer Cer Combined Sewer Sewer Sewer System Rel	Overflow r Overflow ease	noń	Describe e	any damage t	o aquatic life c	r receiving sti	ream:			
` '	or Bypass / Overflo	•	,	. =	п						
Construction		Power Fai							☐ Precipita		Inches
(16) System C (Select one or Manhole House Late Pipe Failur Pump Stat Treatment Other Influent Str Air Relief \ Sewer Clea	r more.) eral e ion Failure Bypassed ructure /alve	was pm	Additional Descript ver loss or surge on a acknowledge but o on May 23. Pumps y 23.	crew not d	alled to respo	nd until appx 4	:00	ck all fected iseme courre acheo	otion of the Ar that apply.) Private Prope nt Backup d at Treatmer d Public Land d Receiving W acciving Wate h Creek	erty ot Plant /ater	
	er: (in the box belov										
, ,	l organizations noti rgency Response	fied by faci ☐ Health	ility, if necessary <i>(S</i> h Dept.	_	o <i>r more.)</i> sh and Wildlife	☐ Local E	mergency Ma	nager	ment 🗹 Oth	er:	n/a
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(Select one or		ing, then ac	Mitigate Damage in dd a written descrip E □ Repaired Po	tion.)	•	_	□ Clear	n-Up [Debris		
(21) Resolutio SOP for Oper	n: Actions Taken o rators to review all	r Planned t alarms at s	o Prevent Recurrer hift change.	nce							
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SIGNATURE:	g Report (printed)		ephone Number	Contac	t Email				<i>month, day, yo</i> ear) / Time IDEN		
Laura Kolo			74) 293-2572		.kolo@coe	i.o r g	5/24/22			n Monited	☑ AM ☑ PM

Kolo, Laura

postmaster@state.in.us

Sent: Tuesday, May 24, 2022 2:25 PM

To: Kolo, Laura

Subject:EXTERNAL: Relayed: incident reportAttachments:EXTERNAL: Relayed: incident report

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Mercury Final Effluent Rolling Average ng/L

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	22-May				2.12																												
	22-Apr				1.66																												1.66
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James (DE 6 (24/22

MARKETING AND DISTRIBUT NANNUAL REPORT FORM (Complete and submit this form to Provide by January 31 of each year)

PERMIT NO.: INLA 000680	00680	FACILITY NAME:	NAME		Elkh	art Public M	Elkhart Public Works & Utilities	ijes		YEAR:	N. C. J.	2202
MonthDry TonsJanuaryFebruaryMarchAprilMayJuneJuly	Lab. No. (Lab No. correspor to lab dat entered below).	(Lab No. corresponds to lab data entered below).	Class A P Check appro	Class A Pathogen Reduction Method (attach sample results when applicable) Check appropriate box, give explanation if more than one is applicable 327 IAC 6.1-4-13 X Alternative 1 Alternative 2 Alternative 5 Alternative 6 Vertor Aftraction Reduction Method (attach sample results when applicable)	uction Meti xplanation if n -4-13 2 3 serion Meti	ood (attach iore than one is	applicable applicable	lts when applic Alternative 4 Alternative 5 Alternative 6	plicable) e 4 e 5 e 6	No Distribution	7	
╂╌╏╼╂┈┟┈ ╂┈┤	Enter heavy	Check appropriate 3.27 X Op Op Op Enter heavy metals results as dry weights	Check appro	Check appropriate box, give explanation if more than one is applicable 327 IAC 6.1-15 X Option 1 38%VSR Option 2 Anaerobic/Bench Option 3 Aerobic/Bench Option 4 SOUR as dry weights Enter detection limit when res	e explanation if more to 1.1-15 38%VSR Anaerobic/Bench Acrobic/Bench SOUR Enter detecti	ore than one is ruch th	anation if more than one is applicable 5VSR erobic/Bench Option 6 Alk Option 7 759 IR. Enter detection limit when result is nondetectable	Option 5 Aerobi Option 6 Alkali Option 7 75% S Option 8 90% S	Option 5 Aerobic Option 6 Alkali Option 7 75% Solids Option 8 90% Solids nondetectable		,	
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Sample Report Date Percent Total Solids												
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Trans to take	Enter all 1	autrient resul	ts as percen	Enter all nutrient results as percent dry weights						•		
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Signature:	Cause	3	2			Date:	3)	24/2				