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1201 S. Nappanee St.  
Elkhart, Indiana 46516

July 3, 2024

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](mailto:Wayne.Ault@usdoj.gov)  
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Beth Admire at [BADMIRE@idem.IN.gov](mailto: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, 2024, as required by the Consent Decree. If you have any questions, please contact me at (574) 293-2572.

Sincerely,

A handwritten signature in black ink, appearing to read "Tory Irwin".

Tory Irwin, P.E.  
City Engineer



City of Elkhart  
*Public Works and Utilities*

# City of Elkhart Public Works and Utilities

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

January 1 – June 30, 2024

1201 S Nappanee St  
Elkhart, IN 46516  
[www.elkhartindiana.org](http://www.elkhartindiana.org)



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    during the Reporting period

LTCP Six-Month Status Report: January 1 – June 30, 2024

Consent Decree Deadline Compliance

Section VII Paragraph 25(a)

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

The following includes a summary of the City of Elkhart's (the "City's") compliance with applicable Consent Decree deadlines and terms from January 1 – June 30, 2024 (the "Reporting Period").

There were no Consent Decree deadlines during the Reporting Period.

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



LTCP Six-Month Status Report: January 1 – June 30, 2024

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:
    - Construction on a portion of the Upper St. Joseph River CSO Control continued
    - Design of other portions of the Upper St. Joseph River CSO Control continued
    - Construction on a portion of the Oakland Avenue Control continued
    - Design of other portions of the Oakland Avenue Control continued
    - Construction on the additional wastewater treatment plant upgrades continued
  - b. Within the next six-month period:
    - Construction on a portion of the Upper St. Joseph River CSO Control will be completed
    - Design of other portions of the Upper St. Joseph River CSO Control will continue
    - Construction on a portion of the Oakland Avenue Control will be completed
    - Design of other portions of the Oakland Avenue Control will continue
    - Construction on the additional wastewater treatment plant upgrades will be completed

LTCP Six-Month Status Report: January 1 – June 30, 2024

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\*

\* As noted in the last report, the walking bridge previously used for sampling at High Dive Park was demolished. The City of Elkhart Parks Department previously indicated that a pier would replace the demolished bridge; however, the pier may no longer be built. Until a structure to sample from is constructed, samples will be collected by wading into the water. The water is shallow and has coarse, secure substrate. Wading does not appear to increase sediment in the water.

LTCP Six-Month Status Report: January 1 – June 30, 2024

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

Section VII Paragraph 25(a)

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


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

LTCP Six-Month Status Report: January 1 – June 30, 2024

Certification Statement

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

  
\_\_\_\_\_  
Tory S. Irwin, P.E.  
City Engineer

  
\_\_\_\_\_  
Date



LTCP Six-Month Status Report: January 1 – June 30, 2024

Appendix 1

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

CSO Measure	CSO Number	Control Measure Elements	Description	Design Criteria	Performance Criteria	Critical Milestones	Design Date	Bid Date	Date of Full Operation	
<b>Christiana Creek CSO Control</b>							<b>Required Dates</b>	Nov-15-2010	Nov-15-2011	Nov-15-2014
							<b>Compliance Date</b>	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				
							<b>Progress Dates for Elements of Control Measure</b>			
CSO 14			High Dive Park 1 MG Storage			Actual Dates	Aug-5-2008	Mar-10-2010	Apr-27-2011	
CSO 14			High Dive Park Pump Station			Actual Dates	Aug-5-2008	Mar-10-2010	Apr-27-2011	
CSO 14			Force Main: High Dive Park			Actual Dates	Aug-5-2008	Mar-10-2010	Apr-27-2011	

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

<b>WWTP Upgrades*</b>							<b>Required Dates</b>	Nov-15-2015	Nov-15-2017	Nov-15-2024
							<b>Compliance Date</b>	Mar-19-2013	Jul-15-2014	
3	WWTP	WWTP system improvements provide a peak capacity of 60 MGD through secondary or CDMF treatment and disinfection	Modifications to the influent pumping, preliminary treatment, improvements to primary influent channels, diffuser replacement, aeration blower replacement, RAS system replacement, and cloth media disk filtration installation with a capacity of 30MGD.	System improvement designed per Ten State Standards CDMF Filter Area: 5,164.8SF Max. Hydraulic Loading: 4.4gpm/SF Max. Solids Loading: 15.8lbs/d/SF Average TSS Removal: >85%	Provide peak capacity of 60 MGD - a minimum of 30 MGD through secondary, and up to 30 MGD through CDMF treatment, and 60 MGD disinfection. WWTP Outfall shall meet NPDES permit effluent limits.	Design Date- Nov 15, 2015 Bid Date- Nov 15, 2017 Date of Full Operation - Nov 15, 2024				
							<b>Progress Dates for Elements of Control Measure</b>			
WWTP			Preliminary and Additional Disinfection for 60 MGD			Actual Dates	Mar-19-2013	Jul-15-2014	Mar-11-2016	
WWTP			Cloth Media Disks and Piping			Actual Dates	Aug-21-2018	Sep-22-2021		
WWTP			Aeration Process Improvements			Actual Dates	Aug-21-2018	Sep-22-2021		
WWTP			RAS System Replacement and Pump Capacity Improvements			Actual Dates	Aug-21-2018	Sep-22-2021		
WWTP			Primary Clarification System Improvements			Actual Dates	Aug-21-2018	Sep-22-2021		

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

<b>Lower Elkhart River CSO Control</b>							<b>Required Dates</b>	Nov-15-2016	Nov-15-2018	Nov-15-2021
							<b>Compliance Date</b>	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 <sup>3</sup>	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. <sup>3</sup>	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 <sup>3</sup>				
CSO 6 & 7			Direct East Waterfall Dr to Jackson Blvd. Storage Facility			Actual Dates	Nov-5-2013	Jul-15-2014	Jan-1-2016	
CSO 6 & 7			Jackson Street 1.0 MG storage facility			Actual Dates	Nov-5-2013	Jul-15-2014	Jan-1-2016	
CSO 6 & 7			Jackson Street Storage Facility Lift Station			Actual Dates	Nov-5-2013	Jul-15-2014	Jan-1-2016	

CSO Measure	CSO Numbe	Control Measure Elements	Description <sup>1</sup>	Design Criteria <sup>1</sup>	Performance Criteria <sub>2</sub>	Critical Milestones	Design Date	Bid Date	Date of Full Operation
<b>Oakland Avenue Control</b>						<b>Required Dates</b>	Nov-15-2021	Nov-15-2023	Nov-15-2028
						<b>Compliance Date</b>	Oct-20-2020	<b>May-11-2023</b>	
5	24 & 37	CSO 24 - LS 1.1 MG Storage and Pump Force Main from CSO 24 LS to WWTP	Construction of a 1.1 MG off-line storage and pump tank with system additions to allow the redirection of flow to CSO 24 & 37 LS and then to the WWTP to reduce overflows at CSOs 24 & 37	Provide storage capacity of 1.1 MG with lift station and system improvements designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the system upgrades, no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2021 Bid Date - Nov 15, 2023 Date of Full Operation - Nov 15, 2028			
						<b>Progress Dates for Elements of Control Measure</b>			
CSOs 24 & 37			Force Main from Oakland Ave. LS to WWTP		Actual Dates	Oct-20-2020	May-11-2023		
CSOs 24 & 37			Interceptor of CSO 37 Overflow (CSO 37.0 )		Actual Dates	Oct-20-2020			
CSOs 24 & 37			Interceptor of CSO 37 Overflow (CSO 37.02)		Actual Dates	Oct-20-2020			
CSOs 24 & 37			Interceptor of CSO 37 Overflow (CSO 37.03)		Actual Dates	Oct-20-2020			
CSOs 24 & 37			Interceptor of CSO 37 Overflow + Jackson LS		Actual Dates	Oct-20-2020			
CSOs 24 & 37			Interceptor of Flow to CSO#24 L-TUFF 1		Actual Dates	Oct-20-2020			
CSOs 24 & 37			Interceptor of Flow to CSO#24 L-TUFF 1B		Actual Dates	Oct-20-2020			
CSOs 24 & 37			LS 8 Force Main To Oakland Ave. Storage facility		Actual Dates	Oct-20-2020			
CSOs 24 & 37			CSO 24 LS 1.1 MG Storage and Pump		Actual Dates	Oct-20-2020			

<b>Upper St Joe River CSO Control</b>						<b>Required Dates</b>	Nov-15-2022	Nov-15-2023	Nov-15-2026
						<b>Compliance Date</b>	Aug-2-2022	Nov-9-2023	
6	13, 25, 29 & 39	Basin Separations, Lift Station Improvements, system improvements and CSO eliminations	Separation, flow redirection and rehabilitation of sewers to reduce stormwater flow and minimize or eliminate CSOs	System modifications designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the system upgrades, no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2022 Bid Date - Nov 15, 2023 Date of Full Operation - Nov 15, 2026			
						<b>Progress Dates for Elements of Control Measure</b>			
CSO 13			Separation - Partial		Actual Dates	Aug-2-2022			
CSO 25			Effluent Line Upgrade: CSO 25 to Interceptor		Actual Dates				
CSO 29			Plug Overflow (Jefferson)		Actual Dates				
CSO 28			Plug Overflow (Washington)		Actual Dates				
CSO 39			Separation		Actual Dates	Oct-25-2022	Nov-9-2023		

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

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

LTCP Six-Month Status Report: January 1 – June 30, 2024

Appendix 2

Copies of all information generated during the Reporting Period



# City of Elkhart

## River Water Quality Data

**1/30/2024**

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
<b>Elkhart River</b>	CR 18	248	12.0	6.8												4	4.0	4.0	
	YMCA	488	11.8	7.7												2	4.0	4.0	
<b>St. Joseph River</b>	Ash Rd	261	12.8	8.1												1	4.0	4.0	
	Lexington Ave	276	12.8	7.7												1	4.0	4.0	
	Six Span	196	12.6	7.1												2	4.0	3.0	
<b>Christiana Cree</b>	High Dive	88	13	7.5												3	4	2.0	
	High Dive 2	101	12	7.5												1	4	2.0	

Comments

**2/6/2024**

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
<b>Elkhart River</b>	CR 18	80	12.6	8.3												4	3.0	2.0	
	YMCA	82	12.4	8.4												3	3.0	4.0	
<b>St. Joseph River</b>	Ash Rd	64	12.8	8.3												3	3.0	1.0	
	Lexington Ave	71	13.2	8.2												3	3.0	1.0	
	Six Span	45	12.4	8.2												4	3.0	1.0	
<b>Christiana Cree</b>	High Dive	15	11	8.1												5	3	1.0	
	High Dive 2	27	13	8.2												4	3	1.0	

Comments

3/4/2024

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	18	10.8	7.7												11	3.0	1.0	
	YMCA	56	11.1	8.3												11	3.0	1.0	
St. Joseph River	Ash Rd	13	11.2	8.3												11	2.0	1.0	
	Lexington Ave	45	11.2	8.3												11	2.0	1.0	
	Six Span	15	10.8	8.0												11	3.0	1.0	
Christiana Cree	High Dive	18	11	8.1												11	3	1.0	
	High Dive 2	21	11	8.1												10	3	1.0	

Comments

4/2/2024

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	4106	10.4	7.2												9	3.0	4.0	3
	YMCA	3683	10.6	7.7												9	5.0	4.0	3
St. Joseph River	Ash Rd	1633	10.4	7.6												9	4.0	4.0	3
	Lexington Ave	1454	11.0	7.8												9	5.0	4.0	3
	Six Span	1034	11.0	7.7												9	3.0	1.0	
Christiana Cree	High Dive	63	10	7.9												9	4	1.0	
	High Dive 2	49	11	7.8												9	4	1.0	

Comments

4/15/2024

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
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4/15/2024

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
<b>Elkhart River</b>	CR 18	55	9.8	8.0												17	1.0	1.0	
	YMCA	50	9.2	8.2												17	1.0	3.0	
-----																			
<b>St. Joseph River</b>	Ash Rd	28	10.0	8.1												16	1.0	2.0	
	Lexington Ave	39	9.8	8.2												18	1.0	3.0	
	Six Span	21	9.8	8.2												17	1.0	1.0	
-----																			
<b>Christiana Cree</b>	High Dive	48	10	7.9												17	1	1.0	
	High Dive 2	51	11	8.2												15	1	1.0	

Comments

5/13/2024

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
<b>Elkhart River</b>	CR 18	141	9.7	7.8												21	1.0	3.0	
	YMCA	101	8.6	7.7												20	1.0	3.0	
-----																			
<b>St. Joseph River</b>	Ash Rd	53	8.6	7.7												21	1.0	2.0	
	Lexington Ave	66	8.6	7.9												20	1.0	3.0	
	Six Span	21	8.8	7.0												21	1.0	1.0	
-----																			
<b>Christiana Cree</b>	High Dive	387	9	7.4												21	1	1.0	
	High Dive 2	75	9	7.6												21	1	1.0	

Comments

5/21/2024

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
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5/21/2024

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	83	7.6	7.8												22	1.0	2.0	
	YMCA	162	7.4	8.0												22	1.0	2.0	
St. Joseph River	Ash Rd	54	7.0	7.9												24	1.0	1.0	
	Lexington Ave	52	7.6	7.9												24	1.0	3.0	
	Six Span	59	7.2	8.0												23	1.0	1.0	2
Christiana Cree	High Dive	172	8	7.8												21	1	1.0	
	High Dive 2	248	8	8.0												22	1	1.0	

Comments

6/10/2024

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	74	9.8	7.3												19	1.0	1.0	
	YMCA	98	9.0	8.9												19	1.0	3.0	
St. Joseph River	Ash Rd	31	8.0	8.9												21	1.0	1.0	
	Lexington Ave	58	9.0	8.9												19	1.0	1.0	
	Six Span	55	7.8	8.4												20	1.0	1.0	
Christiana Cree	High Dive	131	7	8.7												19	1	1.0	1
	High Dive 2	172	9	8.6												19	1	1.0	

Comments

6/24/2024

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
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6/24/2024

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	225	7.2	7.6												24	1.0	1.0	3
	YMCA	488	9.2	7.9												25	1.0	4.0	
St. Joseph River	Ash Rd	59	8.0	7.8												27	1.0	2.0	
	Lexington Ave	113	8.4	8.1												26	1.0	1.0	
	Six Span	55	7.4	7.9												26	1.0	1.0	
Christiana Cree	High Dive	1414	5	7.4												22	1	3.0	1,7
	High Dive 2	276	8	8.0												24	1	1.0	

Comments

6/26/2024

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	5172	7.0	7.7												23	3.0	3.0	
	YMCA	12997	7.0	7.8												22	3.0	3.0	
St. Joseph River	Ash Rd	2282	7.0	7.8												24	3.0	3.0	
	Lexington Ave	1733	7.4	7.8												24	3.0	4.0	
	Six Span	613	6.8	7.8												24	3.0	1.0	
Christiana Cree	High Dive	3255	5	7.4												21	3	3.0	
	High Dive 2	435	8	7.6												23	3	3.0	

Comments

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

4=light rain  
 6=light snow  
 8=windy

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

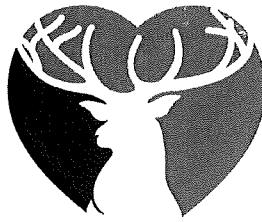
\*\*\*Additional appearance notes  
 1=large floatables present  
 3=brown color observed  
 5=strong odor observed  
 7=large amounts of algae present  
 9=other

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

LTCP Six-Month Status Report: January 1 – June 30, 2024

Appendix 3

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



City of Elkhart  
Public Works and Utilities

Date Jan 25, 2024  
Memo To Board of Public Works  
Memo From Laura Kolo, Utility Services Manager *lk*  
Subject Wastewater Utility Monthly Report of Operations  
for the month of December, 2023

**Wastewater MRO Highlights**

Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	6	30
cBOD5 mg/L	3	25
Phosphorus mg/L	0.72	1.0
Ammonia mg/L	0.26	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	14.18	Design - 20
Total Monthly Flow MGD	440	Report

**Incident Reports Filed**

Date	Location	Volume (gal)	Cause
11/5/23	WWTP	239,194	pump fail
11/17/23	WWTP	1,750	construction

**Wet Weather Overflows**

Number of Events	Total Overflow Volume (MG)
2	0.0609

Mercury annual rolling average = 1.78 ng/L, permit limit = 1.6 ng/L

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

 **Signing Process Confirmation - CDX Activity ID: \_d07eeeab-b9d3-4d85-b952-ffed6e091bd4**

Your DMRs are undergoing the Signing Process



IN0025674	ELKHART WWTP 005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	12/31/23	01/28/24
IN0025674	ELKHART WWTP 006	006-C	CSO- JACKSON, N OF BRIDGE, JF ELKHART RIVER	12/31/23	01/28/24
IN0025674	ELKHART WWTP 007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	12/31/23	01/28/24
IN0025674	ELKHART WWTP 008	008-C	CSO- HUG/EAST BLVD	12/31/23	01/28/24
IN0025674	ELKHART WWTP 009	009-C	CSO- NIBCO PRKWAY - FKA JR. ACHIEVEMENT (Y DR N)	12/31/23	01/28/24
IN0025674	ELKHART WWTP 011	011-C	CSO- ELKHART/FRANKLIN	12/31/23	01/28/24
IN0025674	ELKHART WWTP 012	012-C	CSO- CASSOPOLIS/BEARDSLEY	12/31/23	01/28/24
IN0025674	ELKHART WWTP 013	013-C	CSO- JOHNSON/BEARDSLEY	12/31/23	01/28/24
IN0025674	ELKHART WWTP 014	014-C	CSO- DAM AT CONE/ERWIN	12/31/23	01/28/24
IN0025674	ELKHART WWTP 015	015-C	CSO- MICHIGAN/FULTON	12/31/23	01/28/24
IN0025674	ELKHART WWTP 016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	12/31/23	01/28/24
IN0025674	ELKHART WWTP 017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	12/31/23	01/28/24
IN0025674	ELKHART WWTP 018	018-C	CSO- MCNAUGHTON PARK WEST	12/31/23	01/28/24
IN0025674	ELKHART WWTP 019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	12/31/23	01/28/24
IN0025674	ELKHART WWTP 020	020-C	CSO- BRIDGE AND HUDSON	12/31/23	01/28/24
IN0025674	ELKHART WWTP 023	023-C	CSO- FRANKLIN/8TH	12/31/23	01/28/24
IN0025674	ELKHART WWTP 024	024-C	CSO- INDIANA/FRANKLIN	12/31/23	01/28/24
IN0025674	ELKHART WWTP 025	025-C	CSO- POTTAWATOMI/SECOND	12/31/23	01/28/24
IN0025674	ELKHART WWTP 026	026-C	CSO- MAIN/POTTAWATOMI	12/31/23	01/28/24
IN0025674	ELKHART WWTP 027	027-C	CSO- EDGEWATER/NAVAJO	12/31/23	01/28/24
IN0025674	ELKHART WWTP 028	028-C	CSO- WASHINGTON AT RIVER	12/31/23	01/28/24
IN0025674	ELKHART WWTP 029	029-C	CSO- JEFFERSON AT THE RIVER	12/31/23	01/28/24
IN0025674	ELKHART WWTP 031	031-C	CSO- ELIZABETH/LUSHER	12/31/23	01/28/24
IN0025674	ELKHART WWTP 032	032-C	CSO- EDGEWATER/OKEMA	12/31/23	01/28/24
IN0025674	ELKHART WWTP 033	033-C	CSO- EVANS/GRACE	12/31/23	01/28/24
IN0025674	ELKHART WWTP 034	034-C	CSO- LEXINGTON/6TH	12/31/23	01/28/24
IN0025674	ELKHART WWTP 035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	12/31/23	01/28/24
IN0025674	ELKHART WWTP 035	035-AQ	QUARTERLY REPORTING	12/31/23	01/28/24
IN0025674	ELKHART WWTP 037	037-C	CSO- FRANKLIN/KRAU	12/31/23	01/28/24
IN0025674	ELKHART WWTP 039	039-C	CSO- WEST HIGH AT RIVER	12/31/23	01/28/24
IN0025674	ELKHART WWTP 040	040-C	CSO- MCNAUGHTON PARK SOUTH	12/31/23	01/28/24





Code	Name	Value 1	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
01119	Copper, tc recoverable									
	G - Raw Sewage Influent									
Season:	0									
NODI:	-									

**Submission Note**

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

**Edit Check Errors**

No errors.

**Comments**

**Attachments**

Name	Type	Size
IN0025674_035a_MRO_2023_12.pdf	pdf	1093732.0
IN0025674_CSO_MRO_2023_12.pdf	pdf	1353680.0
IN0025674_INC_RPT_2023_12.pdf	pdf	109746.0

**Report Last Saved By**

**ELKHART WWTP**

User: Payton88  
 Name: Laura Kolo  
 E-Mail: laura.kolo@coei.org  
 Date/Time: 2024-01-25 12:46 (Time Zone:-05:00)

**Report Last Signed By**

User: Payton88  
 Name: Laura Kolo  
 E-Mail: laura.kolo@coei.org  
 Date/Time: 2024-01-25 12:47 (Time Zone:-05:00)

**Permit**

**Permit ID:** IN0025674      **Major:** 035 - External Outfall  
**Permittee:** ELKHART WWTP      **Permittee Address:** 1229 SOUTH 2ND ST  
ELKHART , IN46516  
**Facility:** ELKHART WWTP      **Facility Location:** 1201 S NAPPANEE ST  
ELKHART , IN46516  
**Permitted Feature:** 035 - External Outfall      **Discharge:** 035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER

**Report Dates & Status**

**Monitoring Period:** From 12/01/23 to 12/31/23      **DMR Due Date:** 01/28/24  
**Status:** NetDMR Validated

**Considerations for Form Completion**

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

**Principal Executive Officer**

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

**No Data Indicator (NODI)**

**Form NODI:** -

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

**DMR Copy of Submission**

Showing COR 14 of 31  [10](#) [11](#) [12](#) [13](#) **14** [15](#) [16](#) [17](#) 









**Submission Note**

If a parameter codes not contain any values for the Sample nor Effluent Trading, then one of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

**Edit Check Errors**

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

**Comments**

Mercury samples was collected Nov 1, 2023

**Attachments**

Name	Type	Size
IN0025674_035a_MRO_2023_12.pdf	pdf	1093732.0
IN0025674_CSO_MRO_2023_12.pdf	pdf	1353680.0
IN0025674_INC_RPT_2023_12.pdf	pdf	109746.0

**Report Last Saved By**

ELKHART WWTP

User:

Payton88

E-Mail:

laura.kolo@coei.org

Date/Time:

2024-01-25 12:47 (Time Zone: -05:00)

**Report Last Signed By**

User:

Payton88

Name:

Laura Kolo

E-Mail:

laura.kolo@coei.org

Date/Time:

2024-01-25 12:47 (Time Zone: -05:00)

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

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



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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart			Permit Number IN0025674		
Month December	Year 2023	Plant Design Flow 20.00 mgd	Telephone Number 574/293-2572		
E-mail address: <u>laura.kolo@coei.org</u>				035	A
Certified Operator: Name Laura E. Kolo		Class IV	Certificate Number 15094	Expiration Date 06/30/2024	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total=	Bypass At Plant Site("x" If Occurred)	Sanitary Sewer Overflow("x" If Occurred)	CHEMICALS USED			RAW SEWAGE						
				2.95			Precipitation - Inches	Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day
1	Fri			0.68		X		201	15.075	7.4	149	18,733	236	29,671	4.43	16.28
2	Sat			0.08				200	9.600	7.5	85	6,805	104	8,327	3.12	17.80
3	Sun			0.17				173	10.233	7.4	114	9,729	100	8,534	2.77	17.16
4	Mon			0.04				194	10.717	7.3	100	8,938	122	10,904	3.35	19.68
5	Tue			0.10					11.158	7.4	126	11,725	146	13,586	4.15	21.32
6	Wed							243	10.617	3.9	117	10,360	172	15,230	4.47	20.60
7	Thu							270	11.200	7.5	115	10,742	140	13,077	4.27	22.16
8	Fri							203	11.100	7.4	105	9,720	126	11,664	3.62	18.56
9	Sat			0.04				206	9.958	7.6	103	8,554	140	11,627	3.92	19.72
10	Sun			0.07				198	9.942	7.4	110	9,121	92	7,628	3.06	17.04
11	Mon							203	10.217	7.5	102	8,691	124	10,566	4.31	19.40
12	Tue							200	10.467	7.4	132	11,523	176	15,364	4.36	22.44
13	Wed							197	10.600	7.4	152	13,437	248	21,924	5.48	21.28
14	Thu							200	10.558	7.5	174	15,321	400	35,221	6.85	21.52
15	Fri							203	11.055	7.7	132	12,170	130	11,986	4.01	20.80
16	Sat			0.20				200	10.300	7.8	99	8,504	108	9,277	7.71	18.72
17	Sun			0.10				198	11.783	7.5	119	11,694	110	10,810	2.97	17.20
18	Mon			0.07				198	10.358	7.4	124	10,712	140	12,094	3.20	17.72
19	Tue			0.05					9.870	7.3	105	8,643	142	11,689	5.50	21.76
20	Wed			0.02				198	10.333	7.6	172	14,822	214	18,442	4.38	21.92
21	Thu							200	9.642	7.6	163	13,108	138	11,097	4.11	21.28
22	Fri			0.43				194	11.583	7.5	143	13,814	160	15,456	3.48	24.12
23	Sat			0.11				172	11.750	7.5	107	10,485	84	8,232	2.73	20.20
24	Sun			0.01				172	9.325	7.0	117	9,099	113	8,788	3.10	19.00
25	Mon			0.14				100	9.420	7.4	123	9,663	104	8,171	3.50	19.20
26	Tue			0.01					10.433	8.3	121	10,528	105	9,136	2.85	16.68
27	Wed			0.01				227	10.000	7.2	146	12,176	132	11,009	3.70	23.04
28	Thu			0.54				200	13.775	7.6	119	13,671	259	29,755	2.90	17.40
29	Fri			0.06				200	9.592	7.2	124	9,920	77	6,160	3.38	18.48
30	Sat							197	9.225	7.4	101	7,771	80	6,155	3.34	18.64
31	Sun			0.02				173	9.416	7.5	121	9,502	81	6,361	3.05	18.16

1	Fill in January's effluent data on page 3 as needed for weekly average calculations.															
2																
3																
Average								197	10.623		123	10,958	145	13,159	3.94	19.65
Maximum								270	15.075	8.3	174	18,733	400	35,221	7.71	24.12
Minimum			0.01					100	9.225	3.9	85	6,805	77	6,155	2.73	16.28

# of Data	0	21	1	1	0	28	0	31	31	31	31	31	31	31	31	0
-----------	---	----	---	---	---	----	---	----	----	----	----	----	----	----	----	---

<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>	Prepared by or under the direction of (Certified Operatc <i>Laura Kolo</i>	Date (month, day, year) 1/25/24
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) 1/25/24

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

Slate Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month December	Year 2023
-----------------------------	----------------------------	-------------------	--------------

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR				RETURN SLUDGE			CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
1	105	80	178	2,305	77	2.9	16	6.487	4,980						7.4		9.0	
2	67	64	182	2,290	79	3.0	14	6.487	4,580						7.5		8.9	
3	79	62	175	5,085	34	3.2	14	6.487	4,620						7.6		8.8	
4	69	61	181	5,220	35	3.0	14	6.487	4,780				3		7.6		9.0	
5	80	84	176	2,275	77	1.6	15	8.456	4,980				6		7.6		8.6	
6	85	102	176	2,300	77	2.0	15	9.542	2,800				4		7.6		9.1	
7	86	68	90	1,915	467	1.6	15	11.159	5,020						7.7		8.5	
8	70	74	164	2,315	71	2.0	15	12.974	4,780						7.5		8.4	
9	65	72	166	2,380	70	4.2	15	12.974	4,940						7.6		8.8	
10	70	64	170	3,515	48	3.6	14	12.974	4,840						7.7		9.1	
11	66	70	170	3,950	43	2.3	15	12.974	3,500				8		7.6		8.8	
12	83	72	159	2,390	67	4.2	14	12.974	4,640				5		7.6		9.0	
13	88	58	172	2,470	70	4.6	14	12.974	4,920				3		7.9		8.5	
14	78	84	163	2,560	64	4.4	15	12.974	5,400						7.7		8.8	
15	86	54	140	2,345	60	4.7	15	12.974	5,540						7.7		9.2	
16	71	62	165	5,170	32	5.5	14	12.974	5,560						7.7		9.3	
17	83	51	155	3,485	44	5.4	14	12.974	4,500						7.6		9.8	
18	92	58	152	3,300	46	5.3	14	4.564	4,060				19		7.7		9.7	
19	71	70	152	2,610	58	4.3	14	0.000	2,760				34		7.0		9.2	
20	98	76	200	4,580	44	4.1	14	4.960	5,360				24		7.6		9.7	
21	104	70	205	3,305	62	6.1	14	12.893	3,840						7.8		9.9	
22	95	81	218	4,115	53	5.4	14	12.974	3,940						7.7		9.2	
23	81	62	202	5,395	38	5.4	13	12.974	4,480						7.4		9.3	
24	83	60	219	4,610	47	5.5	14	12.974	3,640						7.4		9.6	
25	82	64	205	4,875	42	5.7	14	12.974	3,920						7.2		9.3	
26	77	56	200	2,955	68	5.2	14	12.974	3,880				12		7.8		9.4	
27	92	55	210	2,690	78	4.8	14	12.965	3,420				20		7.2		9.3	
28	119	153	131	1,530	86	4.5	14	10.078	3,880				12		7.4		8.8	
29	103	69	204	2,525	81	4.1	14	12.974	3,820						7.4		8.3	
30	76	52	202	2,780	73	5.0	13	12.974	4,180						7.6		8.5	
31	84	46	180	6,620	27	6.30	14	12.974	3760						7.5		9.2	
Avg	83	69	176	3,350	72	4.2	14	11	4,365				13				9.1	
Max	119	153	219	6,620	467	6.3	16	13	5,560				34		7.9		9.9	
Min	65	46	90	1,530	27	1.6	13	0	2,760				3		7.0		8.3	
Daily Max													34					
# of Days above 235													0					
Date	31	31	31	31	31	31	31	31	31	0	0	1	0	12	31	0	31	0

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

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month December	Year 2023
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		FINAL EFFLUENT															
Day Of Month	Day of Week	Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Fri	18.201		3		455		4		607		0.16		24.3		0.75	114
2	Sat	12.230		3		306		5		530		0.06		6.1		0.72	73
3	Sun	12.741		2		213		4		393		0.06		6.4		0.53	56
4	Mon	13.199		2		220		4		407		0.13		14.3		0.48	53
5	Tue	13.952		3		349		5		593		0.49		57.0		0.71	83
6	Wed	13.570		3		340		8		905		1.12		126.8		1.02	115
7	Thu	13.592		3		340		5		601		1.52		172.3		0.62	70
8	Fri	13.796		2		230		4		483		0.07		8.1		0.51	59
9	Sat	12.679	13.361	2	2.43	211	272	5	4.99	518	557	0.06	0.49	6.3	55.9	0.63	67
10	Sun	12.715		3		318		4		445		0.05		5.3		0.63	67
11	Mon	13.389		2		223		4		447		0.07		7.8		0.60	67
12	Tue	13.434		2		224		6		639		0.06		6.7		0.64	72
13	Wed	13.428		2		224		5		605		0.07		7.8		0.67	75
14	Thu	13.422		3		336		5		593		0.10		11.2		0.70	78
15	Fri	14.066		2		235		8		927		0.14		16.4		0.65	76
16	Sat	13.170	13.375	3	2.43	330	270	8	5.79	879	648	0.08	0.08	8.8	9.2	0.62	68
17	Sun	13.674		2		228		5		536		0.08		9.1		0.64	73
18	Mon	13.970		4		466		6		711		0.07		8.2		0.61	71
19	Tue	15.310		3		383		7		855		0.06		7.7		0.72	92
20	Wed	15.813		3		396		9		1,161		0.06		7.9		0.81	107
21	Thu	15.215		3		381		7		888		0.05		6.3		0.77	98
22	Fri	18.639		4		622		10		1,477		0.52		80.8		0.74	115
23	Sat	15.123	15.392	3	3.14	378	408	7	7.16	921	935	0.19	0.15	24.0	20.6	0.61	77
24	Sun	13.726		2		229		3		309		0.08		9.2		0.60	69
25	Mon	15.174		3		380		5		658		0.05		6.3		0.90	114
26	Tue	13.349		2		223		5		601		0.06		6.7		1.06	118
27	Wed	13.918		2		232		6		638		0.70		81.3		0.86	100
28	Thu	16.968		5		708		17		2,434		1.56		220.8		1.05	149
29	Fri	13.887		3		347		7		822		0.12		13.9		0.71	82
30	Sat	13.792	14.402	4	3.00	460	368	7	7.17	817	897	0.07	0.38	8.1	49.4	0.86	99
31	Sun	13.373		3		335		5		569		0.88		6.7		0.88	98
1		12.61		2				8		652.14		0.06		6.31		0.84	88
2		10.46		2				8		462.44		0.56		48.86		0.78	68
3		12.37		4		412.80		8		577.92		1.99		205.37		0.85	88
Avg		13.970		3		335		6		725		0.34		36.6		0.70	85
Max		18.639	15.392	5	3	708	408	17	7	2,434	935	1.99	0.49	220.8	55.9	1.1	149
Min		10.462	13.361	2	2	211	270	3	5	309	557	0.05	0.08	5.3	9.2	0.5	53
Data		31	4	31	4	31	4	31	4	31	4	31	4	31	4	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons)
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	440
Primary Treatment	32.25	52.2			
Secondary Treatment	96.7	91.0			Percent Capacity (actual flow/design) 70%
Overall Treatment	97.76	95.7	98.3	82.2	
Phosphorus limit would be	75 % removal. (compliance achieved)				

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

Slate Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	December	2023

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 100	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	24.30	237.60	7.1		79	10.611		5.72	2.13	73.01	63.06			
2	25.51	237.60	7.1		79	10.611		7.69	2.03	77.28	62.83			
3	27.03	237.60	7.1		78			4.72	2.01	75.05	62.30			
4	26.80	237.60	7.0		78			6.07	1.88	77.57	63.08	95.00		
5	27.57	237.60	7.1		78	7.074		2.36	2.00	74.32	62.66	92.87		
6	33.51	237.60	7.2		75	10.611		2.28	2.21	75.74	62.50	92.44		
7	34.58	227.52	7.2		76	3.537		6.14	2.25	75.87	60.71	92.70		
8	30.17	223.20	6.9		78	0.000		6.80	2.33	76.23	60.96			
9	24.24	223.20	7.1		78	21.222		4.94	2.30	74.33	61.70			
10	28.09	223.20	7.1		79			5.17	2.32	78.00	60.29			
11	28.42	223.20	7.1		79	14.148		4.74	2.29	79.31	61.96	93.52		
12	25.30	223.20	7.0		72	7.074		3.94	2.67	77.73	70.73	92.94		
13	31.06	223.20	7.1		77	7.074		4.28	2.28	78.63	62.75	92.35		
14	27.56	190.08	7.2		78	10.611		4.48	2.21	74.80	64.06	92.14		
15	25.46	223.20	7.1		78	0.000		3.76	2.24	71.69	60.62			
16	30.32	223.20	7.1		78			5.37	2.06	73.82	62.03			
17	27.25	223.20	7.1		79	0.000		5.85	1.71	76.45	62.67			
18	29.37	234.72	7.1		78	60.129		2.47	2.05	84.21	64.23			
19	19.67	131.04	7.1		78			3.48	2.02	80.38	62.20	94.29		
20	25.49	131.04	7.1		77			5.77	2.04	79.25	61.59	93.21		
21	30.62	158.40	7.1		77			5.39	2.11	77.50	61.43	93.01		
22	32.14	223.20	7.2		77			5.74	2.05	76.66	60.40	53.53		
23	29.14	223.20	7.0		78	17.685		5.39	2.11	78.07	61.74			
24	25.51	223.20	7.1		78	10.500		5.38	2.01	79.79	61.67			
25	18.58	223.20	7.0		78			4.48	1.83	82.76	63.57			
26	33.94	223.20	7.0		78			2.25	2.00	85.38	62.89	96.04		
27	27.20	223.20	7.1		79	17.685		2.83	2.04	82.88	62.04	93.83		
28	34.54	223.20	7.1		77	14.148		3.37	2.13	82.11	62.04	93.64		
29	23.23	223.20	7.1		77	0.000		3.05	2.12	80.20	61.43	52.48		
30	24.03	223.20	7.1		78	24.759		3.73	2.19	81.62	62.26			
31	12.32	223.20	7.1		78			1.58	6.56	83.57	17.61			
Avg.	27.19	217.39			78	12.374		4.49	2.26	78.20	60.97	88.37		
Max.	34.58	237.60	7.2		79	60.129		7.69	6.56	85.38	70.73	96.04		
Min.	12.32	131.04	6.9		72	0.000		1.58	1.71	71.69	17.61	52.48		
Data	31	31	31	0	31	20	0	31	31	31	31	16	0	0

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

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	December	2023

Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Influent mg/l	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2																
3																
4					0.0003		0.0006				0.0086		0.0943			
5			19.90	2,316		0.0002		0.0002				0.0020		0.0074		
6																
7																
8																
9																
10	177	18,770														
11					0.0004											
12						0.0002										
13																
14																
15																
16																
17																
18					0.0002											
19						0.0002										
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Avg.	177	18,770	20	2,316	0.0003	0.0002	0.0006	0.0002			0.0086	0.0020	0.0943	0.0074		
Max.					0.0004	0.0002	0.0006	0.0002			0.0086	0.0020	0.0943	0.0074		
Min.	177	18,770	19.90	2315.56	0.0002	0.0002	0.0006	0.0002			0.0086	0.0020	0.0943	0.0074		
Data	1	1	1	1	4	4	1	1	0	0	1	1	1	1	0	0



# WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	December	2023

Substitute for State Form 30530

Day Of Month	Ni - Influent mg/L	Ni - Effluent mg/L	Pb - Influent mg/L	Pb - Effluent mg/L	Zn - Influent mg/L	Zn - Effluent mg/L											
1																	
2																	
3																	
4	0.0207		0.0021		0.1350												
5		0.0069		0.0010		0.0180											
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Avg.	0.0207	0.0069	0.0021	0.0010	0.1350	0.0180											
Max	0.0207	0.0069	0.0021	0.0010	0.1350	0.0180											
Min.	0.0207	0.0069	0.0021	0.0010	0.1350	0.0180											
Data	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart				Page 1 of 9				Permit Number: IN0025574												
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																
Monitoring Period: December 2023				Enter "x" if no CSO discharge occurred for the month: X																
Design Peak Hourly Flow (MGD): 44				Design Average Flow (MGD): 20				Measured/Metered (M) or Estimated (E) must be specified												
WWTP Influent Data			Precipitation Data					CSO Outfall No. 005			CSO Outfall No. 006									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	15.08	35.00	1:01 AM	22.67	0.68	0.24	15 min													
2	9.60	11.10	12:36 AM	21.75	0.08	0.04	15 min													
3	10.23	12.20	1:21 AM	21.75	0.17	0.12	15 min													
4	10.72	12.60	12:36 AM	9.08	0.04	0.04	15 min													
5	11.16	13.40	6:26 AM	8.47	0.10	0.04	15 min													
6	10.62	13.10					15 min													
7	11.20	12.60					15 min													
8	11.10	15.20					15 min													
9	9.96	12.20	2:16 AM	5.75	0.04	0.08	15 min													
10	9.94	13.10	2:26 PM	4.88	0.07	0.08	15 min													
11	10.22	12.00					15 min													
12	10.47	13.10					15 min													
13	10.60	12.20					15 min													
14	10.56	12.40					15 min													
15	11.06	12.80					15 min													
16	10.30	13.40	7:56 PM	4.13	0.20	0.12	15 min													
17	11.78	16.10	12:01 AM	23.17	0.10	0.08	15 min													
18	10.36	13.10	2:51 AM	11.75	0.07	0.04	15 min													
19	9.87	12.00	9:49 AM	5.67	0.05	0.08	15 min													
20	10.33	12.00	12:36 PM	2.00	0.02	0.04	15 min													
21	9.64	11.40					15 min													
22	11.58	22.30	12:36 AM	23.42	0.43	0.12	15 min													
23	11.75	22.60	12:01 AM	19.58	0.11	0.08	15 min													
24	9.33	10.70	11:06 AM	2.13	0.01	0.04	15 min													
25	9.42	16.70	7:06 PM	4.38	0.14	0.16	15 min													
26	10.43	12.30	12:01 AM	0.08	0.01	0.04	15 min													
27	10.00	12.00	10:01 AM	0.08	0.01	0.04	15 min													
28	13.78	29.50	2:16 AM	21.00	0.54	0.20	15 min													
29	9.59	12.20	3:26 PM	4.00	0.06	0.04	15 min													
30	9.23	10.90					15 min													
31	9.42	11.10	11:29 AM	5.78	0.02	0.04	15 min													
<b>Totals:</b>	329.30			221.52	2.95			0	Days	0.00		0		0	Days	0.00		0		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 2 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: December 2023										Enter "x" if no CSO discharge occurred for the month: X															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 007					CSO Outfall No. 008					CSO Outfall No. 009					CSO Outfall No. 011										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 3 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: December 2023										Enter "x" if no CSO discharge occurred for the month: X															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 012					CSO Outfall No. 013					CSO Outfall No. 14B					CSO Outfall No. 015										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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Totals:		0	Days	0.00	0.0000		0	Days	0.00	0.0000		0	Days	0.00	0.0000		0	Days	0.00	0.0000		0	Days	0.00	0.0000



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 4 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: December 2023										Enter "x" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 016						CSO Outfall No. 017						CSO Outfall No. 018					CSO Outfall No. 019								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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28													5:10 AM	M	1.08	M	0.0319	M							
29																									
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<b>Totals:</b>	0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		1	Da ys	1.08		0.0319		0	Da ys	0.00		0.0000		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 5 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: December 2023										Enter "x" if no CSO discharge occurred for the month: X															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 020						CSO Outfall No. 023						CSO Outfall No. 024						CSO Outfall No. 025							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574											
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y																
Monitoring Period: December 2023										Enter "x" if no CSO discharge occurred for the month: X																
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified																
CSO Outfall No. 026					CSO Outfall No. 027					CSO Outfall No. 028					CSO Outfall No. 029											
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
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31																										
Totals:		0	Da	0.00		0.0000	0	Da	0.00		0.0000	0	Da	0.00		0.0000	0	Da	0.00		0.0000	0	Da	0.00		0.0000



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: December 2023										Enter "x" if no CSO discharge occurred for the month: <input checked="" type="checkbox"/> <i>lk</i>														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 031						CSO Outfall No. 032						CSO Outfall No. 033					CSO Outfall No. 034							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1							11:50 AM	M	0.17	M	0.0290	M												
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31																								
<b>Totals:</b>	0	Da ys	0.00		0.0000		1	Da ys	0.17		0.0290		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000	





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

Slate Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 8 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: December 2023										Enter "x" if no CSO discharge occurred for the month: X															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 037					CSO Outfall No. 039					CSO Outfall No. 040					CSO Outfall No.										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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29																									
30																									
31																									
Totals:	0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		



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

City: Elkhart	Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: December 2023	Enter "x" if no CSO discharge occurred for the month: X	
Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	precipitation
2	
3	
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5	
6	
7	
8	
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13	
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21	
22	
23	
24	
25	
26	
27	
28	precipitation
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent <b>Laura E. Kolo, Utilities Services Manager</b>	Telephone <b>574-293-2572</b>
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent <i>Laura Kolo</i>	Date (mm/dd/yy) 01/25/24



# BYPASS / OVERFLOW INCIDENT REPORT

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

*copy after submitted*  
 Follow-up to Bypass report  
previously sent on: 07/15/23

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 12/1/23 10:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 12/1/23 12:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 2040 Prairie Street	(9) Latitude (Deg Min Sec) 41 40 2 N	(9) Longitude (Deg Min Sec) 85 57 54 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 5386 Gallons			(11) WWTP Flow During Release 11.35 MG MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release		(14) Describe any damage to aquatic life or receiving stream: n/a			
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches <i>X GREASE</i>					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) basement back-up		(17) Additional Description of the Bypass / Overflow Event: call came in at 10:40 of sewage back-up. Crews found main plugged with grease. Obstruction cleared at 12:40 pm.		(18) Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:  n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Pretreatment team making visit to upstream FSE. We will also be mailing information to residents in basin (only a handful) on proper grease disposal.					
(22)					

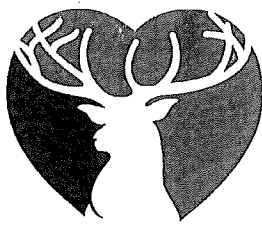
CERTIFICATION AND SIGNATURE			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)			
SIGNATURE: <i>Laura Kolo</i>		DATE (month, day, year): 12/1/23	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email <a href="mailto:laura.kolo@coei.org">laura.kolo@coei.org</a>	Date (month, day, year) / Time IDEM Notified 12/1/23 appx 2:45 pm <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

**Kolo, Laura**

---

**From:** postmaster@state.in.us  
**Sent:** Friday, December 1, 2023 2:57 PM  
**To:** Kolo, Laura  
**Subject:** EXTERNAL: Relayed: IN0025674\_INC\_RPT\_2023\_12  
**Attachments:** EXTERNAL: Relayed: IN0025674\_INC\_RPT\_2023\_12

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



City of Elkhart  
*Public Works and Utilities*

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

***Wastewater MRO Highlights***

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

***Incident Reports Filed***

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

***Wet Weather Overflows***

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

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

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

Your DMRs are undergoing the Signing Process

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

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

**DMR Copy of Submission**



**Permit**

**Permit ID:** IN0025674      **Major:** 4  
**Permittee:** ELKHART WWTP      **Permittee Address:** 229 SOUTH 2ND ST  
ELKHART , IN46516  
**Facility:** ELKHART WWTP      **Facility Location:** 1201 S NAPPANEE ST  
ELKHART , IN46516  
**Permitted Feature:** 035 - External Outfall      **Discharge:** 035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER

**Report Dates & Status**

**Monitoring Period:** From 01/01/24 to 01/31/24      **DMR Due Date:** 02/28/24

**Status:** NetDMR Validated

**Considerations for Form Completion**

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

**Principal Executive Officer**

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

**No Data Indicator (NODI)**

**Form NODI:** -



Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	of Analysis	Type	
Season: 0		Req. <=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d			<=0.00077 DAILY MX	19 - mg/L		01/07 - Weekly	24 - COMP24	
NODI: -		NODI										
01079	Silver total recoverable						=0.00033	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24	
	G - Raw Sewage Influent											
Season: 0		Req.	Req Mon MO AVG	Req Mon DAILY MX	Req Mon MO AVG	Req Mon DAILY MX	Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - COMP24	
NODI: -		NODI										
50050	Flow, in conduit or thru treatment plant			03 - MGD					0	01/01 - Daily	TM - TOTALZ	
	1 - Effluent Gross		Smpl. =16.51									
Season: 0		Req.	Req Mon MO AVG	03 - MGD						01/01 - Daily	TM - TOTALZ	
NODI: -		NODI										
51041	E. coli, colony forming units [CFU]						=63.0	3Z - CFU/100mL	0	03/07 - Three Per Week	GR - GRAB	
	1 - Effluent Gross						=32.0					
Season: 2		Req.	Req Mon MO GEO	Req Mon DAILY MX	Req Mon MO GEO	Req Mon DAILY MX	Req Mon DAILY MX	3Z - CFU/100mL		03/07 - Three Per Week	GR - GRAB	
NODI: -		NODI										
80082	BOD, carbonaceous [5 day, 20 C]			26 - lb/d			=3.0	19 - mg/L	0	01/01 - Daily	24 - COMP24	
	1 - Effluent Gross		Smpl. =368.0				=3.0					
Season: 0		Req.	<=6259.0 MO AVG	<=10014.0 MX WK AV	<=25.0 MO AVG	<=40.0 MX WK AV	<=40.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - COMP24	
NODI: -		NODI										
81012	Phosphorus, total percent removal						=83.6	23 - %	0	01/30 - Monthly	CA - CALCTD	
	K - Percent Removal											
Season: 0		Req.	>=75.0 MO AV MN					23 - %		01/30 - Monthly	CA - CALCTD	
NODI: -		NODI										

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
82220	Flow, total			80 - Mgal/mo					0	01/30 - Monthly	RT - RCOTOT
1 -	Effluent Gross	=512.0									
Season: 0	Req.	Req Mon MO TOTAL		80 - Mgal/mo						01/30 - Monthly	RT - RCOTOT
NODI: -	NODI										

**Submission Note**

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

**Edit Check Errors**

No errors.

**Comments**

**Attachments**

Name	Type	Size
IN0025674_035a_MRO_2024_01.pdf	pdf	938174.0
IN0025674_CSO_MRO_2024_01.pdf	pdf	1161102.0
IN0025674_INC_RPT_2024_02_01.pdf	pdf	115249.0
IN0025674_INC_RPT_2024_02_02.pdf	pdf	110031.0
IN0025674_INC_RPT_2024_02_03.pdf	pdf	112580.0

**Report Last Saved By**

**ELKHART WWTP**

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

**Report Last Signed By**

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



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

State Form 10829 (R4 / 01-20)

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

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 2.79 Precipitation - Inches	Bypass At Plant Site("X" If Occurred)	Sanitary Sewer Overflow("X" If Occurred)	CHEMICALS USED			RAW SEWAGE						
							Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l
1	Mon			0.06				178	9.192	7.5	79	6,056	86	6,593	3.15	18.28
2	Tue							201	10.058	7.6	132	11,073	162	13,589	4.00	20.24
3	Wed			0.02				199	9.850	7.6	161	13,226	210	17,251	4.02	20.40
4	Thu							200	9.050	7.5	125	9,435	164	12,378	3.59	19.72
5	Fri							195	10.250	7.8	170	14,532	148	12,652	4.72	22.64
6	Sat							192	9.700	7.6	116	9,384	120	9,708	4.00	23.60
7	Sun			0.07				298	9.208	7.4	107	8,217	128	9,830	2.97	18.72
8	Mon			0.01		X		192	9.858	7.3	109	8,962	190	15,621	3.34	18.40
9	Tue			0.84		X		194	15.533	7.2	138	17,877	204	26,427	3.49	14.88
10	Wed			0.08				228	12.091	7.3	117	11,798	140	14,117	3.34	22.52
11	Thu			0.03				200	10.900	7.3	145	13,181	220	19,999	3.91	22.28
12	Fri			0.17				185	10.658	7.8	111	9,867	140	12,444	3.51	25.24
13	Sat							191	10.300	7.5	95	8,161	84	7,216	3.01	18.28
14	Sun								9.708	7.5	106	8,582	78	6,315	3.02	18.24
15	Mon								11.483	7.3	76	7,278	146	13,982	2.72	18.00
16	Tue							200	12.433	7.4	85	8,814	128	13,272	3.90	14.72
17	Wed							249	13.200	7.9	109	12,000	140	15,412	3.49	15.04
18	Thu			0.02				200	11.936	7.3	131	13,041	110	10,950	3.35	16.88
19	Fri			0.08				198	12.666	7.1	101	10,669	130	13,732	3.44	18.40
20	Sat			0.01				182	11.091	7.4	94	8,695	62	5,735	2.84	18.04
21	Sun							210	10.992	7.6	130	11,918	68	6,234	2.77	24.12
22	Mon							140	11.883	7.4	101	10,010	142	14,073	3.32	30.88
23	Tue			0.02				182	15.391	7.4	110	14,120	164	21,051	3.23	24.64
24	Wed			0.32				167	18.441	7.3	102	15,687	174	26,761	3.14	19.16
25	Thu			0.46				250	15.983	7.4	96	12,797	176	23,460	3.14	17.84
26	Fri			0.20		X		261	22.366	7.4	99	18,467	188	35,068	2.12	11.32
27	Sat			0.08				224	14.883	7.2	91	11,295	76	9,433	2.64	14.20
28	Sun			0.25				200	17.783	7.0	84	12,458	66	9,788	1.82	10.32
29	Mon							209	17.108	7.2	73	10,416	98	13,983	2.24	12.28
30	Tue			0.07				210	16.616	7.4	70	9,700	72	9,978	2.33	13.12
31	Wed							200	16.575	7.0	90	12,441	104	14,376	2.70	13.28
Average				0.16				205	12.812		108	11,295	133	14,240	3.20	18.57
Maximum				0.84				298	22.366	7.9	170	18,467	220	35,068	4.72	30.88
Minimum				0.01				140	9.050	7.0	70	6056	62	5735	1.82	10.32

# of Data	0	18	0	3	0	29	0	31	31	31	31	31	31	31	31	0
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator) <i>Laura Kolo</i>	Date (month, day, year) 2/23/24
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) 2/23/24

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

Slate Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month January	Year 2024
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Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR				RETURN SLUDGE			CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
1	60	51	160	4,960	32	5.5	13		3,420						7.7		9.4	
2	88	67	188	2,275	83	5.8	13		3,360					21	7.5		9.1	
3	112	124	163	2,196	74	5.3	13		2,600					28	7.5		8.7	
4	83	78	161	2,112	76	5.1	14		2,480					36	7.6		9.0	
5	105	124	181	2,255	80	6.5	13		3,720						7.5		9.0	
6	90	70	186	2,440	76	5.4	13		3,240						7.5		8.4	
7	74	52	162	3,480	47	6.1	13		3,380						7.6		9.1	
8	69	72	150	4,308	35	5.7	13		3,280					14	7.7		9.4	
9	87	100	210	2,470	85	6.2	13		4,160					40	7.6		8.4	
10	77	70	144	2,168	66	5.5	12		7,160					41	6.9		9.0	
11	108	88	166	2,552	65	5.3	12		4,820						7.7		8.9	
12	88	94	173	2,376	73	5.5	12		5,100						7.7		9.4	
13	78	58	183	2,360	78	5.9	12		5,060						7.7		9.5	
14	79	79	170	4,632	37	6.4	11		4,640						7.6		10.2	
15	58	65	169	2,288	74	5.8	11		3,820						7.7		9.5	
16	60	68	172	2,312	74	6.2	10		4,840					30	7.8		9.9	
17	61	74	154	2,248	69	6.7	11		6,220					43	7.7		9.9	
18	110	71	148	2,208	67	6.5	11		4,880					44	7.6		10.3	
19	65	48	147	2,088	70	6.2	11		2,740						7.7		10.1	
20	73	50	147	2,032	72	5.9	11		3,800						7.6		9.7	
21	88	51	141	3,140	45	6.2	11		3,580						7.5		10.1	
22	85	65	138	3,524	39	4.7	12		3,740					17	7.5		10.1	
23	72	82	138	1,880	73	5.4	12		3,700					23	7.4		9.3	
24	76	120	126	1,876	67	5.4	12		4,160					54	6.9		9.7	
25	86	94	142	1,908	74	5.1	11		4,080						6.9		9.4	
26	82	112	108	2,240	48	5.6	10		5,120						6.9		9.0	
27	81	56	157	2,424	65	5.7	11		5,260						7.4		9.7	
28	63	45	142	2,564	55	6.1	11		5,540						7.0		10.1	
29	70	86	145	4,192	35	5.2	12		5,200					26	7.6		10.0	
30	74	56	160	2,324	69	6.1	12		5,240					41	7.5		9.7	
31	90	76	177	2,684	66	5.50	12		4,000					63	7.4		10.0	
Avg.	80	76	158	2,662	64	5.8	12		4,269					35			9.5	
Max	112	124	210	4,960	85	6.7	14		7,160					63		7.8	10.3	
Min.	58	45	108	1876	32	4.7	10		2480					14		6.90	8.4	
Daily Max														63				
# of Days above 235														0				
Data	31	31	31	31	31	31	31	0	31	0	0	1	0	15	31	0	31	0

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

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month January	Year 2024
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Day Of Month	Day of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Mon	12.612		2		210		6		652		0.06		6.3		0.84	88
2	Tue	10.462		2		175		5		462		0.56		48.9		0.78	68
3	Wed	12.374		4		413		6		578		1.99		205.4		0.85	88
4	Thu	12.203		2		204		6		580		0.74		75.3		0.80	81
5	Fri	14.417		3		361		7		890		0.34		40.9		0.66	79
6	Sat	15.979	13.060	2	2.57	267	280	6	5.86	760	642	0.17	0.56	22.7	58	0.63	84
7	Sun	20.468		2		341		4		717		0.06		10.2		0.46	79
8	Mon	23.074		2		385		5		1,001		0.15		28.9		0.58	112
9	Tue	26.034		3		651		6		1,259		1.68		364.8		0.61	132
10	Wed	16.416		2		274		6		780		0.63		86.3		0.53	73
11	Thu	14.116		3		353		5		636		0.70		82.4		0.56	66
12	Fri	15.020		2		251		6		689		0.08		10.0		0.47	59
13	Sat	15.183	18.616	2	2.29	253	358	5	5.29	658	820	0.07	0.48	8.9	84	0.53	67
14	Sun	15.129		2		252		4		492		0.05		6.3		0.55	69
15	Mon	16.420		3		411		5		685		0.05		6.8		0.69	94
16	Tue	16.948		2		283		5		678		0.11		15.5		0.51	72
17	Wed	17.195		2		287		5		717		0.11		15.8		0.43	62
18	Thu	15.523		3		388		5		621		0.29		37.5		0.44	57
19	Fri	15.179		2		253		5		684		0.08		10.1		0.40	51
20	Sat	14.566	15.851	3	2.43	364	320	5	4.87	632	644	0.07	0.11	8.5	14	0.46	56
21	Sun	14.123		3		353		5		577		0.22		25.9		0.47	55
22	Mon	13.877		2		231		6		637		1.16		134.3		0.43	50
23	Tue	19.017		3		476		6		999		2.53		401.3		0.37	59
24	Wed	18.899		3		473		9		1,419		3.17		499.6		0.45	71
25	Thu	17.251		3		432		8		1,151		1.17		168.3		0.53	76
26	Fri	22.239		4		742		8		1,558		0.80		148.4		0.40	74
27	Sat	15.528	17.276	4	3.14	518	461	8	7.10	984	1,046	0.13	1.31	16.8	199	0.44	57
28	Sun	18.792		4		627		5		815		0.10		15.7		0.43	67
29	Mon	17.843		2		298		5		729		0.20		29.8		0.30	45
30	Tue	18.024		3		451		6		827		0.34		51.1		0.30	45
31	Wed	16.896	17.610	3	2.86	423	421	4	5.07	634	745	0.37	0.16	36.6	23	0.37	52
Avg		16.510		3		368		6		790		0.59		84.5		0.52	71
Max		26.034	18.616	4	3.14	742	461	9	7.10	1,558	1,046	3.17	1.31	499.6	199	0.9	132
Min		10.462	13.060	2	2.29	175	280	4	4.87	462	642	0.05	0.11	6.3	14	0.3	45
Data		31	5	31	5	31	5	31	5	31	5	31	5	31	5	31	31

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

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	January	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 100	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	13.85	223.20	7.1		81	7.074		3.82	2.05	91.59	63.87			
2	21.98	223.20	7.1		77	3.537		3.95	2.08	81.55	62.38	96.18		
3	29.43	174.24	7.1		77	7.074		4.52	2.17	81.88	62.86	92.64		
4	24.79	221.76	6.9		76	7.074		4.48	2.20	79.35	61.21	91.27		
5	25.07	181.44	7.1		76	3.537		3.37	2.21	74.27	63.16	52.62		
6	24.85	244.80	7.1		75	42.444		4.95	2.23	79.64	61.95			
7	30.05	252.00	7.1		74			4.16	1.90	78.37	64.80			
8	27.06	252.00	7.1		76	28.296		2.20	1.98	79.45	63.41			
9	33.44	192.96	7.1		77	17.685		2.28	2.06	73.87	61.15	92.84		
10	32.93	252.00	7.1		77	7.074		4.68	2.12	73.28	61.86	84.33		
11	25.05	208.80	7.1		76	35.370		4.26	2.16	75.77	62.07	92.72		
12	31.56	252.00	7.1		74	7.074		4.28	2.13	76.17	64.57	52.03		
13	27.34	267.84	7.1		76	21.000		4.66	2.09	76.95	62.24			
14	27.15	273.60	7.1		77			5.09	1.96	78.46	63.49			
15	26.10	273.60	7.1		76	35.370		4.16	2.01	81.37	62.58			
16	29.40	273.60	7.0		75			3.86	2.04	79.40	61.69	92.85		
17	31.58	273.60	7.0		74	0.000		3.82	2.20	74.27	62.57	90.15		
18	27.42	273.60	7.0		74	10.611		4.09	2.10	74.40	60.00	90.01		
19	29.78	273.60	7.1		73	0.000		2.92	2.01	75.59	65.55	64.76		
20	28.54	273.60	7.1		74	10.611		3.53	2.10	74.78	62.36			
21	31.31	273.60	7.0		73			3.54	2.18	73.43	64.44			
22	29.60	273.60	7.0		74	38.907		1.77	2.09	77.57	62.90			
23	33.37	273.60	7.1		73	3.537		4.24	2.15	77.91	64.03	91.66		
24	24.63	273.60	7.0		74	14.148		4.44	2.19	74.83	62.50	90.74		
25	27.97	273.60	7.0		74	10.611		4.85	2.15	74.94	64.23	89.80		
26	31.86	246.24	7.1		74	3.537		4.42	2.20	72.96	63.95	52.65		
27	28.27	244.80	7.0		57			4.60	2.22	76.10	62.18			
28	26.14	244.80	7.0		75			2.56	1.96	78.14	64.63			
29	14.34	244.80	7.0		74	38.907		0.87	2.17	82.89	62.56			
30	19.71	87.84	7.0		73	10.611		2.48	2.25	78.06	62.94	92.76		
31	30.23	177.12	7.0		75	7.074		2.69	2.30	77.40	62.92	91.00		
Avg.	27.25	241.13			75	14.847		3.73	2.12	77.57	62.94	83.39		
Max.	33.44	273.60	7.1		81	42.444		5.09	2.30	91.59	65.55	96.18		
Min.	13.85	87.84	6.9		57	0.000		0.87	1.90	72.96	60.00	52.03		
Data	31	31	31	0	31	25	0	31	31	31	31	18	0	0

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



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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	January	2024

Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Influent mg/l	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2			19.30	1,684	0.0002	0.0002	0.0002	0.0002	0.0156	0.0036	0.0024	0.0020	0.0435	0.0102		
3															147.0000	2.6500
4																
5																
6																
7																
8					0.0003											
9						0.0002										
10	315	43,126														
11																
12																
13																
14																
15																
16					0.0003	0.0002										
17																
18																
19																
20																
21																
22					0.0002											
23						0.0002										
24																
25																
26																
27																
28																
29					0.0002											
30						0.0002										
31																
Avg.	315	43,126	19.30	1,684	0.0002	0.0002	0.0002	0.0002	0.0156	0.0036	0.0024	0.0020	0.0435	0.0102	147.0000	2.6500
Max.	315	43,126			0.0003	0.0002	0.0002	0.0002	0.0156	0.0036	0.0024	0.0020	0.0435	0.0102	147.0000	2.6500
Min.	315	43,126	19.30	1684	0.0002	0.0002	0.0002	0.0002	0.0156	0.0036	0.0024	0.0020	0.0435	0.0102	147.0000	2.6500
Data	1	1	1	1	5	5	1	1	1	1	1	1	1	1	1	1

# WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	January	2024

Substitute for State Form 30530

Day Of Month	Ni - Influent mg/L	Ni - Effluent mg/L	Pb - Influent mg/L	Pb - Effluent mg/L	Zn - Influent mg/L	Zn - Effluent mg/L												
1																		
2	0.0021	0.0036	0.0010	0.0010	0.0397	0.0137												
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
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25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg.	0.0021	0.0036	0.0010	0.0010	0.0397	0.0137												
Max.	0.0021	0.0036	0.0010	0.0010	0.0397	0.0137												
Min.	0.0021	0.0036	0.0010	0.0010	0.0397	0.0137												
Data	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0



# BYPASS / OVERFLOW INCIDENT REPORT

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

*1/11/24 after submitted*

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

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 1/8/24 6:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 1/8/24 8:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 726 Middlebury	(9) Latitude (Deg Min Sec) 41 40 53N	(9) Longitude (Deg Min Sec) 85 57 31W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 247 Gallons			(11) WWTP Flow During Release 11.6 MG MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: na		
(15) Reason for Bypass / Overflow (Select one or more.) <i>OBSTRUCTION</i> <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) basement back-up		(17) Additional Description of the Bypass / Overflow Event: call came in at appx 6:30 pm. of sewage back-up. Crews found main plugged with grease. Obstruction cleared at 8:45 pm and flows returned to normal		(18) Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Upstream is primarily a residential area. We will be mailing information to residents in basin on proper grease disposal.					

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <i>Laura Kolo</i>				DATE (month, day, year): 1/8/24
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 1/8/24 appx 6:00 pm	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

**Kolo, Laura**

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**From:** postmaster@state.in.us  
**Sent:** Tuesday, January 9, 2024 6:05 PM  
**To:** Kolo, Laura  
**Subject:** EXTERNAL: Relayed: Emailing: IN0025674\_INC\_RPT\_2024\_01  
**Attachments:** EXTERNAL: Relayed: Emailing: IN0025674\_INC\_RPT\_2024\_01

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



# BYPASS / OVERFLOW INCIDENT REPORT

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

*ck 1/10/24 after submitted*

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

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

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

GENERAL INFORMATION								
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street			(3) County Elkhart		(4) NPDES Permit IN00025674	
RELEASE INFORMATION (Location 1)								
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 1/9/24 5:40 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 1/9/24 6:08 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1201 S. Nappanee St		(9) Latitude (Deg Min Sec) 41 40 45N	(9) Longitude (Deg Min Sec) 86 00 7W		
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 39,200 Gallons				(11) WWTP Flow During Release unknown MGD		(12) WWTP Peak Design Flow Rate 44.0 MGD		
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: na/					
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches								
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) pump fail led to partial power loss		(17) Additional Description of the Bypass / Overflow Event: pump fail led to partial power loss at WWTP			(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input checked="" type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: n/a			
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:  n/a								
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris Removed pump from service and reset breaker								
(21) Resolution; Actions Taken or Planned to Prevent Recurrence Upstream is primarily a residential area. We will be mailing information to residents in basin on proper grease disposal.								
(22)								

CERTIFICATION AND SIGNATURE			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)			
SIGNATURE: <u>Laura Kolo</u>		DATE (month, day, year): <u>1/10/24</u>	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 1/10/24 appx 6:30 pm <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

**Kolo, Laura**

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

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



# BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report  
previously sent on: \_\_\_\_\_

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 1/25/24 est 11:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 1/26/24 est 3:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1201 S. Nappanee St	(9) Latitude (Deg Min Sec) 41 40 45N	(9) Longitude (Deg Min Sec) 86 00 7W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual <5000 Gallons			(11) WWTP Flow During Release 45.1 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: na		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: Mixed liquor splitter box to final clarifiers overflowed into excavation. None of the mixed liquor reached the reviewign stream. The cause of the overflow of the splitter box is unknown at this time.  Incident start and end time are times not below are of max flow during wet weather event. The actual time of the release remains unknown.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input checked="" type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:  n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris no action taken					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence no action taken to resolve the issue, the cause remains unknown.					

(22)

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <u>Laura Kolo</u>			DATE (month, day, year): <u>1/26/24</u>	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 1/26/24 appx 2:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

**Kolo, Laura**

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

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

[wwreports@idem.in.gov](mailto:wwreports@idem.in.gov) (wwreports@idem.in.gov)

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





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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart				Page 1 of 9				Permit Number: IN0025574												
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																
Monitoring Period: January 2024				Enter "x" if no CSO discharge occurred for the month: X																
Design Peak Hourly Flow (MGD): 44				Design Average Flow (MGD): 20				Measured/Metered (M) or Estimated (E) must be specified												
WWTP Influent Data			Precipitation Data					CSO Outfall No. 005			CSO Outfall No. 006									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	9.19	11.10	1:16 AM	10.00	0.06	0.04	15 min													
2	10.06	12.20					15 min													
3	9.85	11.10	10:06 AM	2.33	0.02	0.04	15 min													
4	9.05	11.20					15 min													
5	10.25	14.10					15 min													
6	9.70	12.00					15 min													
7	9.21	10.70	11:31 AM	4.08	0.07	0.04	15 min													
8	9.86	12.20	4:09 AM	7.20	0.01	0.04	15 min													
9	15.53	29.30	8:09 AM	15.37	0.84	0.16	15 min													
10	12.09	14.20	12:29 AM	10.28	0.08	0.04	15 min													
11	10.90	13.70	9:36 AM	4.58	0.03	0.04	15 min													
12	10.66	12.60	2:34 AM	20.70	0.17	0.04	15 min													
13	10.30	13.10					15 min													
14	9.71	12.20					15 min													
15	11.48	14.10					15 min													
16	12.43	15.20					15 min													
17	13.20	14.80					15 min													
18	11.94	16.10	1:46 PM	3.00	0.02	0.04	15 min													
19	12.67	15.10	11:19 AM	3.37	0.08	0.08	15 min													
20	11.09	13.50	12:31 PM	0.08	0.01	0.04	15 min													
21	10.99	13.10					15 min													
22	11.88	14.10					15 min													
23	15.39	25.30	1:26 PM	8.83	0.02	0.04	15 min													
24	18.44	40.20	12:49 AM	21.53	0.32	0.12	15 min													
25	15.98	26.80	12:51 AM	23.22	0.46	0.20	15 min													
26	22.37	45.10	12:01 AM	21.08	0.20	0.16	15 min													
27	14.88	17.50	1:06 AM	22.97	0.08	0.04	15 min													
28	17.78	23.10	12:26 AM	14.17	0.25	0.08	15 min													
29	17.11	22.00					15 min													
30	16.62	19.00	5:16 AM	6.00	0.07	0.04	15 min													
31	16.58	19.00					15 min													
<b>Totals:</b>	397.19			198.79	2.79			0	Days	0.00		0.0000		0	Days	0.00		0.0000		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart						Page 2 of 9						Permit Number: IN0026574														
Facility: Elkhart Public Works & Utilities						Public Notification Requirements Met? Y																				
Monitoring Period: January 2024						Enter "x" if no CSO discharge occurred for the month: X																				
Design Peak Flow (Hourly) (MGD): 44						Design Flow (MGD): 20						Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 007						CSO Outfall No. 008						CSO Outfall No. 009						CSO Outfall No. 011								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
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<b>Totals:</b>	0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000			



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 3 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: January 2024										Enter "x" if no CSO discharge occurred for the month: X															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 012						CSO Outfall No. 013						CSO Outfall No. 14B						CSO Outfall No. 015							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		



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

Slate Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 4 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: January 2024										Enter "x" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 016					CSO Outfall No. 017					CSO Outfall No. 018					CSO Outfall No. 019										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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2																									
3																									
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5																									
6																									
7																									
8																									
9													3:34 PM	M	8.40	M	1.0714	M							
10													12:00 AM	M	3.48	M	0.1429	M							
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24													3:00 PM	M	2.08	M	0.0829	M							
25													9:55 PM	M	2.08	M	0.2261	M							
26													12:00 AM	M	3.15	M	0.2224	M							
27																									
28																									
29																									
30																									
31																									
<b>Totals:</b>	0	Da	0.00		0.0000		0	Da	0.00		0.0000		5	Da	19.19		1.7457		0	Da	0.00		0.0000		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 5 of 9		Permit Number: IN0025574											
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y													
Monitoring Period: January 2024					Enter "x" if no CSO discharge occurred for the month:																		
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified													
CSO Outfall No. 020					CSO Outfall No. 023					CSO Outfall No. 024					CSO Outfall No. 025								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E					
1																							
2																							
3																							
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9										4:20 PM	M	2.17	M	0.2128	M								
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25										10:25 PM	M	0.83	M	0.0088	M								
26										12:30 AM	M	0.42	M	0.0009	M								
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<b>Totals:</b>	0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		3	Da ys	3.42		0.2225		0	Da ys	0.00		0.0000



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: January 2024										Enter "x" if no CSO discharge occurred for the month: X															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 026					CSO Outfall No. 027					CSO Outfall No. 028					CSO Outfall No. 029										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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31																									
Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		



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

Slate Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: January 2024										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 031					CSO Outfall No. 032					CSO Outfall No. 033					CSO Outfall No. 034									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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25							11:10 PM	M	0.33	M	0.0361	M												
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27																								
28																								
29																								
30																								
31																								
<b>Totals:</b>	0	Days	0.00		0.0000		2	Days	1.08		0.0870		0	Days	0.00		0.0000		0	Days	0.00		0.0000	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 8 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: January 2024										Enter "X" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 037						CSO Outfall No. 039						CSO Outfall No. 040						CSO Outfall No.							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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9													3:52 PM	M	8.13	M	0.4590	M							
10													12:02 AM	M	0.25	M	0.0024	M							
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25	9:57 PM	M	2.08	M	0.6479	M	9:42 PM	M	1.33	M	0.0453	M	10:27 PM	M	1.58	M	0.0444	M							
26	12:02 AM	M	2.25	M	0.6364	M	12:02 AM	M	0.83	M	0.0251	M	12:02 AM	M	1.23	M	0.0264	M							
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31																									
<b>Totals:</b>	2	Da ys	4.33		1.2843		2	Da ys	2.16		0.0704		4	Da ys	11.19		0.5322		0	Da ys	0.00		0.0000		





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

City: Elkhart	Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: January Year: 2024	Enter "x" if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	

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

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

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

Signature of Principal Executive Officer or Authorized Agent <i>Laura Kolo</i>	Date (mm/dd/yy) <b>2/23/24</b>
-----------------------------------------------------------------------------------	-----------------------------------

**Permit**

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

**Report Dates & Status**

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

**Status:** NetDMR Validated

**Considerations for Form Completion**

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

**Principal Executive Officer**

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

**No Data Indicator (NODI)**

**Form NODI:** -



Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type	
Season: 0	Req.	<=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d			<=0.00077 DAILY MX	19 - mg/L		01/07 - Weekly	24 - COMP24	
NODI: -		NODI: -										
01079	Silver total recoverable						=0.0003	19 - mg/L	0	02/30 - Twice Per Month	24 - COMP24	
G - Raw Sewage Influent												
Season: 0	Req.				Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - COMP24	
NODI: -		NODI: -										
50050	Flow, in conduit or thru treatment plant			03 - MGD					0	01/01 - Daily	TM - TOTALZ	
1 - Effluent Gross												
Season: 0	Req.	Req Mon MO AVG		03 - MGD						01/01 - Daily	TM - TOTALZ	
NODI: -		NODI: -										
51041	E. coli, colony forming units [CFU]						=91.0	3Z - CFU/100mL	0	03/07 - Three Per Week	GR - GRAB	
1 - Effluent Gross												
Season: 2	Req.				Req Mon MO GEO		Req Mon DAILY MX	3Z - CFU/100mL		03/07 - Three Per Week	GR - GRAB	
NODI: -		NODI: -										
X 71901	Mercury, total recoverable						=2.65	3M - ng/L	1	01/60 - Once Every 2 Months	GR - GRAB	
1 - Effluent Gross												
Season: 0	Req.				<=1.6 ANNL AVG		Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB	
NODI: -		NODI: -										
71901	Mercury, total recoverable						=147.0	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB	
G - Raw Sewage Influent												
Season: 0	Req.				Req Mon DAILY MX		Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB	
NODI: -		NODI: -										

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
80082	BOD, carbonaceous [5 day, 20 C]	Smpl. =313.0	=370.0	26 - lb/d	=3.0	=3.0	=3.0	19 - mg/L	0	01/01 - Daily	24 - COMP24
1 - Effluent Gross											
Season: 0	Req.	<=6259.0 MO AVG	<=10014.0 MX WK AV	26 - lb/d	<=25.0 MO AVG	<=40.0 MX WK AV		19 - mg/L		01/01 - Daily	24 - COMP24
NODI: -											
81012	Phosphorus, total percent removal	Smpl.			=86.4			23 - %	0	01/30 - Monthly	CA - CALCTD
K - Percent Removal											
Season: 0	Req.				>=75.0 MO AV MN			23 - %		01/30 - Monthly	CA - CALCTD
NODI: -											
82220	Flow, total	Smpl.	=400.0	80 - Mgal/mo					0	01/30 - Monthly	RT - RCOTOT
1 - Effluent Gross											
Season: 0	Req.		Req Mon MO TOTAL	80 - Mgal/mo						01/30 - Monthly	RT - RCOTOT
NODI: -											

**Submission Note**

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

**Edit Check Errors**

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

**Comments**

mercury sampled on January 3, 2024

**Attachments**

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

**Report Last Saved By**

**ELKHART WWTP**

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

**Report Last Signed By**

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

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

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

Your DMRs are undergoing the Signing Process

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





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

State Form 10829 (R4 / 01-20)

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

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 0.71 Precipitation - Inches	Bypass At Plant Site("X" if Occurred)	Sanitary Sewer Overflow("X" if Occurred)	CHEMICALS USED			RAW SEWAGE						
							Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l
1	Thu							200	16.842	7.2	96	13,484	86	12,080	2.90	14.04
2	Fri								16.283	7.0	70	9,506	112	15,210	2.63	13.72
3	Sat							218	15.042	7.5	85	10,663	58	7,276	2.23	11.12
4	Sun							200	14.975	7.2	94	11,740	74	9,242	2.29	10.28
5	Mon							204	15.100	7.3	94	11,838	112	14,105	2.55	12.60
6	Tue							200	14.633	7.2	82	10,007	96	11,716	3.10	14.68
7	Wed							200	14.867	7.2	101	12,523	164	20,334	3.39	16.56
8	Thu							209	15.003	7.6	80	10,010	110	13,764	2.91	14.12
9	Fri			0.01		X		228	14.125	7.5	76	8,953	108	12,723	3.90	15.92
10	Sat							222	13.775	7.6	91	10,454	78	8,961	2.50	14.96
11	Sun							218	13.975	7.3	96	11,189	70	8,159	2.24	13.00
12	Mon							182	14.242	7.1	103	12,234	124	14,729	3.21	15.72
13	Tue							224	13.783	7.1	117	13,449	118	13,564	3.50	17.36
14	Wed							225	13.116	7.3	84	9,189	104	11,376	3.16	17.28
15	Thu			0.14				225	14.266	7.3	115	13,683	140	16,657	4.09	17.68
16	Fri							215	13.658	7.2	90	10,252	130	14,808	2.98	18.48
17	Sat							170	12.350	7.2	87	8,961	104	10,712	2.98	17.80
18	Sun							183	12.416	7.3	95	9,837	76	7,870	2.18	14.48
19	Mon							100	12.883	7.2	83	8,918	116	12,464	2.80	17.20
20	Tue					X		648	12.442	7.2	91	9,443	116	12,037	3.03	18.36
21	Wed							198	12.708	7.5	106	11,234	148	15,686	3.64	24.56
22	Thu			0.32				200	14.508	7.0	128	15,488	162	19,601	3.17	16.64
23	Fri			0.05				218	12.008	7.2	123	12,318	100	10,015	3.33	17.56
24	Sat			0.10				213	12.282	7.2	87	8,912	90	9,219	2.76	14.48
25	Sun							240	11.100	7.2	115	10,646	98	9,072	2.72	12.64
26	Mon							227	11.633	7.2	88	8,538	144	13,971	3.59	15.64
27	Tue			0.01					12.667	7.5	120	12,677	124	13,100	3.57	30.32
28	Wed			0.08				198	11.203	7.7	96	8,970	128	11,959	3.57	23.64
29	Thu							225	11.425	130.5	106	10,100	136	12,959	3.43	21.96
30																
31																
Average				0.10				222	13.562		97	10,869	111	12,530	3.05	16.65
Maximum				0.32				648	16.842	130.5	128	15,488	164	20,334	4.09	30.32
Minimum				0.01				100	11.100	7.0	70	8538	58	7276	2.18	10.28

# of Data	0	7	0	2	0	27	0	29	29	29	29	29	29	29	29	0
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<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>	<p>Prepared by or under the direction of (Certified Operatc</p> <p><i>Laura Kolo</i></p>	<p>Date (month, day, year)</p> <p>3/28/24</p>
	<p>Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)</p> <p><i>Laura Kolo</i></p>	<p>Date (month, day, year)</p> <p>3/28/24</p>

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month February	Year 2024
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Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR				RETURN SLUDGE			CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
1	85	76	179	2,736	65	6.4	12	2.456	4,820						7.0		9.3	
2	64	74	188	2,692	70	6.0	12	1.297	5,140						7.4		9.5	
3	62	39	194	2,664	73	6.2	12	1.297	4,820						7.5		9.8	
4	62	36	192	2,840	68	6.6	12	1.297	4,920						7.5		10.1	
5	86	45	182	2,716	67	5.8	12	1.297	4,640					29	7.7		9.6	
6	70	62	186	2,292	81	5.8	12	1.266	4,100					34	7.6		9.7	
7	70	63	185	2,636	70	5.1	12	1.297	5,080					56	7.0		10.1	
8	59	72	146	3,240	45	6.4	13	0.759	4,020						6.7		9.6	
9	62	50	195	3,000	65	5.6	13	1.297	4,100						7.6		9.6	
10	69	50	203	2,660	76	6.2	12	1.297	5,260						7.5		9.8	
11	63	49	178	2,920	61	6.2	12	1.297	5,300						7.6		10.1	
12	65	50	180	6,908	26	4.0	12	1.370	5,640					25	7.4		9.3	
13	64	51	205	2,572	80	5.8	12	1.297	6,420					56	7.3		8.6	
14	65	70	202	2,644	76	5.4	12	1.297	5,180					55	6.9		9.5	
15	82	70	198	2,628	75	6.4	12	1.297	5,120						7.0		10.1	
16	71	54	170	3,216	53	6.3	12	1.297	4,420						7.5		10.1	
17	67	66	202	2,920	69	6.1	12	1.297	5,180						7.6		10.0	
18	59	45	202	2,728	74	5.1	12	1.297	4,820						7.6		9.2	
19	64	44	200	2,472	81	6.4	12	1.297	4,240					43	7.0		9.4	
20	76	68	194	2,220	87	5.2	12	0.951	5,780					56	7.5		9.8	
21	76	102	175	2,564	68	5.4	13	0.761	3,480					91	7.4		10.1	
22	84	76	190	2,340	81	5.6	12	1.297	6,160						6.8		9.9	
23	102	58	197	2,736	72	5.9	13	1.297	5,980						7.5		9.8	
24	75	68	199	2,612	76	6.8	10	1.297	5,780						7.5		10.2	
25	81	51	158	2,672	59	6.2	12	1.297	4,920						7.5		10.2	
26	69	69	161	6,740	24	6.3	13	1.297	5,780					21	7.6		9.8	
27	95	70	152	2,836	54	4.6	13	1.297	5,260					37	7.6		9.4	
28	70	54	174	1,804	97	5.9	10	1.293	3,860						7.5		9.5	
29	70	67	174	2,544	68	5.8	12	4.395	4,120					36	6.9		9.9	
30																		
31																		
Avg.	72	60	185	2,950	68	5.8	12	1.396	4,977					45			9.7	
Max	102	102	205	6,908	97	6.8	13	4.395	6,420					91		7.7	10.2	
Min.	59	36	146	1804	24	4.0	10	0.759	3480					21		6.70	8.6	
Daily Max														91				
# of Days above 235														0				
Data	29	29	29	29	29	29	29	29	29	0	0	1	0	12	29	0	29	0

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

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month February	Year 2024
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		FINAL EFFLUENT															
Day Of Month	Day of Week	Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Thu	18.004		3		450		6		841		0.11		16.5		0.34	51
2	Fri	17.742		2		296		4		621		0.05		7.4		0.32	47
3	Sat	15.966		3		399		6		746		0.04		5.3		0.45	60
4	Sun	15.800		3		395		4		593		0.04		5.3		0.46	61
5	Mon	16.291		3		408		4		611		0.07		9.5		0.40	54
6	Tue	15.755		3		394		5		670		0.07		9.2		0.42	55
7	Wed	16.048		3		402		6		857		0.15		20.1		0.58	78
8	Thu	16.539		2		276		5		703		0.21		29.0		0.49	68
9	Fri	15.320		2		256		6		818		0.01		1.3		0.49	63
10	Sat	13.773	15.647	4	2.86	459	370	6	5.36	632	698	0.01	0.08	1.1	11	0.54	62
11	Sun	13.677		3		342		4		399		0.00		0.0		0.51	58
12	Mon	13.781		3		345		5		529		0.12		13.8		0.46	53
13	Tue	13.757		3		344		5		597		0.12		13.8		0.44	50
14	Wed	13.733		2		229		4		515		0.06		6.9		0.36	41
15	Thu	14.578		2		243		5		632		0.06		7.3		0.41	50
16	Fri	12.758		4		426		5		564		0.06		6.4		0.40	43
17	Sat	12.288	13.510	2	2.71	205	305	6	4.84	574	544	0.06	0.07	6.1	8	0.43	44
18	Sun	12.274		2		205		5		481		0.06		6.1		0.31	32
19	Mon	12.395		2		207		4		362		0.05		5.2		0.37	38
20	Tue	11.261		3		282		5		441		1.40		131.5		0.37	35
21	Wed	12.734		3		319		5		573		0.12		12.7		0.41	44
22	Thu	14.701		3		368		4		552		0.05		6.1		0.39	48
23	Fri	12.134		3		304		6		597		0.09		9.1		0.33	33
24	Sat	11.753	12.465	2	2.57	196	268	5	4.80	480	498	0.08	0.26	7.8	26	0.35	34
25	Sun	11.376		2		190		3		323		0.07		6.6		0.39	37
26	Mon	11.485		3		287		4		345		0.05		4.8		0.34	33
27	Tue	11.915		3		298		5		527		1.12		111.3		0.37	37
28	Wed	11.217		3		281		4		337		0.65		60.8		0.46	43
29	Thu	11.328	11.247	3	2.86	283	269	5	4.29	453	405	0.07	0.30	6.6	29	0.40	38
30																	
31																	
Avg		13.806		3		313		5		565		0.17		18.2		0.41	48
Max		18.004	15.647	4	2.86	459	370	6	5.36	857	698	1.40	0.30	131.5	29	0.6	78
Min		11.217	11.247	2	2.57	190	268	3	4.29	323	405	0.00	0.07	0.0	8	0.3	32
Data		29	4	29	4	29	4	29	4	29	4	29	4	29	4	29	29

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

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	February	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 100	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	22.85	190.08	7.0		74	7.074		5.08	2.32	81.74	63.95	86.54		
2	30.44	244.80	7.0		74	0.000		3.72	2.38	75.33	63.83	64.90		
3	26.73	244.80	7.0		75	28.296		2.73	2.28	78.97	62.20			
4	29.24	244.80	7.0		76	0.000		5.86	2.21	88.87	63.79			
5	17.21	244.80	7.0		76	0.000		1.87	2.30	82.48	64.47	85.53		
6	26.72	244.80	7.0		76	21.222		4.06	2.15	79.67	62.58	91.73		
7	26.36	244.80	7.1		76	7.074		4.50	2.22	78.47	60.67	89.81		
8	25.83	180.00	7.2		76	0.000		3.10	2.11	76.96	61.15	89.52		
9	21.10	244.80	7.1		76	17.685		4.71	2.15	77.39	60.49	52.04		
10	32.53	244.80	7.0		77	17.685		4.93	2.10	79.26	62.12			
11	27.95	241.92	7.0		76	0.000		4.66	2.11	82.87	61.94			
12	21.86	246.24	6.9		77	0.000		4.26	1.99	84.35	66.42			
13	24.62	244.80	6.9		77	14.148		4.91	2.09	83.13	62.59	90.53		
14	30.80	244.80	7.0		77	0.000		3.87	2.12	78.35	62.03	91.60		
15	31.44	254.88	7.0		76	10.611		4.33	2.10	77.44	63.51	90.28		
16	32.51	259.20	7.1		75			4.60	1.92	77.63	67.16	64.57		
17	31.52	259.20	7.1		76	24.759		3.93	2.06	77.01	61.97			
18	30.73	259.20	7.1		76			3.37	2.02	76.44	61.31			
19	29.07	259.20	7.0		75	17.685		3.93	2.04	78.93	61.86			
20	29.18	260.64	7.1		76			2.13	2.02	81.67	62.07	91.46		
21	30.43	194.40	6.9		77	7.074		4.38	2.08	79.69	62.32	91.18		
22	30.10	237.60	6.9		77	10.611		4.42	2.10	78.54	60.96	90.38		
23	27.01	252.00	6.9		76			3.79	2.09	77.00	63.27	64.11		
24	29.75	252.00	7.0		77			4.42	2.06	77.19	62.03			
25	32.56	252.00	7.0		77			1.49	2.01	81.37	62.77			
26	29.01	252.00	7.1		78	3.537		2.66	1.91	81.87	62.89			
27	24.82	252.00	7.1		77			3.53	2.02	79.76	65.56	93.14		
28	17.32	192.96	7.1		79	10.611		3.71	2.10	76.82	62.95	89.97		
29	30.00	205.92	7.1		77	0.000		4.79	1.15	78.09	62.86	90.14		
30														
31														
Avg.	27.58	239.64			76	9.003		3.92	2.08	79.56	62.82	83.75		
Max.	32.56	260.64	7.2		79	28.296		5.86	2.38	88.87	67.16	93.14		
Min.	17.21	180.00	6.9		74	0.000		1.49	1.15	75.33	60.49	52.04		
Data	29	29	29	0	29	22	0	29	29	29	29	18	0	0

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

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	February	2024

Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Influent mg/l	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2																
3																
4																
5			12.10	1,644	0.0002		0.0002				0.0218		0.0406			
6						0.0002		0.0002				0.0020		0.0060		
7																
8																
9																
10																
11																
12																
13					0.0003	0.0002										
14	203	23,250														
15																
16																
17																
18																
19																
20					0.0003	0.0002										
21																
22																
23																
24																
25																
26					0.0002	0.0002										
27																
28																
29																
30																
31																
Avg.	203	23,250	12.10	1,644	0.0003	0.0002	0.0002	0.0002			0.0218	0.0020	0.0406	0.0060		
Max.	203	23,250			0.0003	0.0002	0.0002	0.0002			0.0218	0.0020	0.0406	0.0060		
Min.	203	23,250	12.10	1644	0.0002	0.0002	0.0002	0.0002			0.0218	0.0020	0.0406	0.0060		
Data	1	1	1	1	4	4	1	1	0	0	1	1	1	1	0	0

# WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	February	2024

Substitute for State Form 30530

Day Of Month	Ni - Influent mg/L	Ni - Effluent mg/L	Pb - Influent mg/L	Pb - Effluent mg/L	Zn - Influent mg/L	Zn - Effluent mg/L												
1																		
2																		
3																		
4																		
5	0.0179		0.0010		0.0491													
6		0.0047		0.0010		0.0216												
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
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23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg.	0.0179	0.0047	0.0010	0.0010	0.0491	0.0216												
Max.	0.0179	0.0047	0.0010	0.0010	0.0491	0.0216												
Min.	0.0179	0.0047	0.0010	0.0010	0.0491	0.0216												
Data	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart			Page 1 of 9			Permit Number: IN0025574														
Facility: Elkhart Public Works & Utilities			Public Notification Requirements Met? Y																	
Monitoring Period: February 2024			Enter "x" if no CSO discharge occurred for the month: X																	
Design Peak Hourly Flow (MGD): 44		Design Average Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																
WWTP Influent Data			Precipitation Data				CSO Outfall No. 005			CSO Outfall No. 006										
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	16.84	23.10					15 min													
2	16.28	19.20					15 min													
3	15.04	18.20					15 min													
4	14.98	18.10					15 min													
5	15.10	18.10					15 min													
6	14.63	16.20					15 min													
7	14.87	17.80					15 min													
8	15.00	17.50					15 min													
9	14.13	16.80	10:51 PM	0.08	0.01	0.04	15 min													
10	13.78	15.60					15 min													
11	13.98	15.40					15 min													
12	14.24	16.00					15 min													
13	13.78	16.20					15 min													
14	13.12	15.80					15 min													
15	14.27	26.10	5:51 AM	3.25	0.14	0.16	15 min													
16	13.66	15.70					15 min													
17	12.35	14.10					15 min													
18	12.42	15.10					15 min													
19	12.88	15.10					15 min													
20	12.44	15.00					15 min													
21	12.71	15.70					15 min													
22	14.51	28.30	2:29 AM	11.78	0.32	0.20	15 min													
23	12.01	14.70	9:19 PM	0.95	0.05	0.08	15 min													
24	12.28	16.30	12:11 AM	21.30	0.10	0.08	15 min													
25	11.10	13.50					15 min													
26	11.63	15.00					15 min													
27	12.67	16.10	9:16 AM	0.08	0.01	0.04	15 min													
28	11.20	13.70	3:46 AM	4.72	0.08	0.12	15 min													
29	11.43	13.10					15 min													
<b>Totals:</b>	393.31			42.16	0.71			0	Days	0.00		0		0	Days	0.00		0		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 2 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: February 2024										Enter "x" if no CSO discharge occurred for the month: X															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 007						CSO Outfall No. 008						CSO Outfall No. 009					CSO Outfall No. 011								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1																									
2																									
3																									
4																									
5																									
6																									
7																									
8																									
9																									
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21																									
22																									
23																									
24																									
25																									
26																									
27																									
28																									
29																									
<b>Totals:</b>	0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		





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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 3 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: February 2024										Enter "x" if no CSO discharge occurred for the month: X															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 012					CSO Outfall No. 013					CSO Outfall No. 14B					CSO Outfall No. 015										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)

Slate Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 4 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: February 2024					Enter "x" if no CSO discharge occurred for the month: X																				
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 016						CSO Outfall No. 017						CSO Outfall No. 018						CSO Outfall No. 019							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 5 of 9					Permit Number: IN0025574								
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? : Y													
Monitoring Period: February 2024										Enter "x" if no CSO discharge occurred for the month: X													
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified													
CSO Outfall No. 020					CSO Outfall No. 023					CSO Outfall No. 024					CSO Outfall No. 025								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E					
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National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: February 2024										Enter "x" if no CSO discharge occurred for the month: X															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 026					CSO Outfall No. 027					CSO Outfall No. 028					CSO Outfall No. 029										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)

Slate Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: February 2024										Enter "x" if no CSO discharge occurred for the month: X															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 031					CSO Outfall No. 032					CSO Outfall No. 033					CSO Outfall No. 034										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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National Pollutant Discharge Elimination System (NPDES)  
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 8 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: February 2024										Enter "x" if no CSO discharge occurred for the month: X															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 037					CSO Outfall No. 039					CSO Outfall No. 040					CSO Outfall No.										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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**National Pollutant Discharge Elimination System (NPDES)  
CSO Monthly Report of Operation (CSO MRO)**  
State Form 50546 (R4 / 9-15)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart	Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: February 2024	Enter "x" if no CSO discharge occurred for the month: X	
Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	

Day of Month	Comments (further explanation as to why each CSO event occurred)
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Laura E. Kolo, Utilities Services Manager	Telephone 574-293-2572
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent <i>Laura Kolo</i>	Date (mm/dd/yy) 03/28/24



# BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report  
previously sent on: \_\_\_\_\_

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

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

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

RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 2/9/24 5:44 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 2/9/24 5:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1201 S. Nappanee St	(9) Latitude (Deg Min Sec) 41 40 45N	(9) Longitude (Deg Min Sec) 86 00 7W

(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 1000 Gallons	(11) WWTP Flow During Release 16.0 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD
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(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release	(14) Describe any damage to aquatic life or receiving stream: na
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(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches <i>operator error</i>
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(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below)	(17) Additional Description of the Bypass / Overflow Event: Operator error - grit tank was put into service but effluent gate was closed	(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input checked="" type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: n/a
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(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:  n/a
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris <i>Write SOP and train new Operators on procedures for properly put grit tanks in and out of service</i>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

(21) Resolution: Actions Taken or Planned to Prevent Recurrence <i>train all operators on procedure</i>
------------------------------------------------------------------------------------------------------------

## (22) CERTIFICATION AND SIGNATURE

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

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



**Kolo, Laura**

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

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# BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report  
previously sent on: \_\_\_\_\_

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 02/20/24 12:28 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 02/20/24 2:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1966 Sterling	(9) Latitude (Deg Min Sec) 41 40 7 N	(9) Longitude (Deg Min Sec) 85 57 6 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual <10 gal Gallons			(11) WWTP Flow During Release 12.5 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: n/a		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) sewer main plugged		(17) Additional Description of the Bypass / Overflow Event: received call at 12:28 pm of backup 3-4' diameter around 2 floor drains of 1966 Sterling. Crews found obstruction between downstream manholes 486 and 483. Obstruction was cleared and flows returned to normal at 2:15 pm		(18) Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:  n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris jetted line and obstruction cleared					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence continue routine cleaning and televising schedule					

(22)

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <u>Laura Kolo</u>				DATE (month, day, year): <u>2/21/24</u>
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 2/21/24 appx 8:15	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

**Kolo, Laura**

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**From:** postmaster@state.in.us  
**Sent:** Wednesday, February 21, 2024 8:21 AM  
**To:** Kolo, Laura  
**Subject:** EXTERNAL: Relayed: IN0025674\_INC\_RPT\_02\_2024\_02  
**Attachments:** EXTERNAL: Relayed: IN0025674\_INC\_RPT\_02\_2024\_02

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

Your DMRs are undergoing the Signing Process

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

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

**DMR Copy of Submission**

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

**Permit**

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

**Considerations for Form Completion**

REPORT MONTHLY SAMPLING ON THE 001-A NETDMR. MUNICIPAL MAJOR ELKHART COUNTY

**Principal Executive Officer**

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

**No Data Indicator (NODI)**

**Form NODI:** -

**Major:**

**Permittee Address:** 229 SOUTH 2ND ST  
ELKHART, IN46516

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

**Discharge:** 035-AQ - QUARTERLY REPORTING

**DMR Due Date:** 04/28/24







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

**Submission Note**

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

**Edit Check Errors**

No errors.

**Comments**

**Attachments**

No attachments.

**Report Last Saved By**

**ELKHART WWTP**

User: Payton88

Name: Laura Kolo

E-Mail: laura.kolo@coei.org

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

**Report Last Signed By**

User: Payton88

Name: Laura Kolo

E-Mail: laura.kolo@coei.org

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

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**DMR Copy of Submission**

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



Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
00300	Oxygen, dissolved [DO]										
1 - Effluent Gross	Smpl.	=9.1						19 - mg/L	0	01/01 - Daily	3R - 3GR24H
Season: 0	Req.	>=4.0 DLYAVMIN						19 - mg/L		01/01 - Daily	3R - 3GR24H
NODI: -	NODI										
00400	pH										
1 - Effluent Gross	Smpl.	=6.7						12 - SU	0	01/01 - Daily	GR - GRAB
Season: 0	Req.	>=6.0 DAILY MN						12 - SU		01/01 - Daily	GR - GRAB
NODI: -	NODI										
00530	Solids, total suspended										
1 - Effluent Gross	Smpl.	=933.0	=1404.0	26 - lb/d				19 - mg/L	0	01/01 - Daily	24 - COMP24
Season: 0	Req.	<=7511.0 MO AVG	<=11266.0 MX WK AV	26 - lb/d				<=45.0 MX WK AV		01/01 - Daily	24 - COMP24
NODI: -	NODI										
00600	Nitrogen, total [as N]										
1 - Effluent Gross	Smpl.	=1838.0		26 - lb/d				19 - mg/L	0	01/30 - Monthly	24 - COMP24
Season: 0	Req.	Req Mon MO AVG	Req Mon MO AVG	26 - lb/d				19 - mg/L		01/30 - Monthly	24 - COMP24
NODI: -	NODI										
00610	Nitrogen, ammonia total [as N]										
1 - Effluent Gross	Smpl.	=12.9	=83.4	26 - lb/d				19 - mg/L	0	01/01 - Daily	24 - COMP24
Season: 2	Req.	<=1102.0 MO AVG	<=2554.0 DAILY MX	26 - lb/d				<=4.4 MO AVG		01/01 - Daily	24 - COMP24
NODI: -	NODI										
00665	Phosphorus, total [as P]										
1 - Effluent Gross	Smpl.	=72.0		26 - lb/d				19 - mg/L	0	01/01 - Daily	24 - COMP24
Season: 0	Req.	Req Mon MO AVG	Req Mon MO AVG	26 - lb/d				<=1.0 MO AVG		01/01 - Daily	24 - COMP24
NODI: -	NODI										
01079	Silver total recoverable										
1 - Effluent Gross	Smpl.	<0.019	<0.019	26 - lb/d				19 - mg/L	0	01/07 - Weekly	24 - COMP24

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type	
Season: 0		Req. <=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d			<=0.00077 DAILY MX	19 - mg/L		01/07 - Weekly	24 - COMP24	
NODI: -		NODI										
01079	Silver total recoverable						=0.00078	19 - mg/L	0	01/07 - Weekly	24 - COMP24	
	G - Raw Sewage Influent											
Season: 0		Req.			Req Mon MO AVG	Req Mon DAILY MX		19 - mg/L		02/30 - Twice Per Month	24 - COMP24	
NODI: -		NODI										
50050	Flow, in conduit or thru treatment plant			03 - MGD					0	01/01 - Daily	TM - TOTALZ	
	1 - Effluent Gross	Smpl. =13.662										
Season: 0		Req. Req Mon MO AVG		03 - MGD						01/01 - Daily	TM - TOTALZ	
NODI: -		NODI										
51041	E. coli, colony forming units [CFU]						=67.0	3Z - CFU/100mL	0	03/07 - Three Per Week	GR - GRAB	
	1 - Effluent Gross						=25.0					
Season: 2		Req.	Req Mon MO GEO		Req Mon DAILY MX			3Z - CFU/100mL		03/07 - Three Per Week	GR - GRAB	
NODI: -		NODI										
80082	BOD, carbonaceous [5 day, 20 C]			26 - lb/d			=5.0	19 - mg/L	0	01/01 - Daily	24 - COMP24	
	1 - Effluent Gross	Smpl. =1110.0	=638.0									
Season: 0		Req. <=6259.0 MO AVG	<=10014.0 MX WK AV	26 - lb/d			<=40.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - COMP24	
NODI: -		NODI										
81012	Phosphorus, total percent removal						=80.2	23 - %	0	01/30 - Monthly	CA - CALCTD	
	K - Percent Removal											
Season: 0		Req.	>=75.0 MO AV MN					23 - %		01/30 - Monthly	CA - CALCTD	
NODI: -		NODI										

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

**Submission Note**

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

**Edit Check Errors**

No errors.

**Comments**

**Attachments**

Name	Type	Size
IN0025674_INC_RPT_2024_03.pdf	pdf	1212233.0
IN0025674_CSO_MRO_2024_03.pdf	pdf	1428922.0
IN0025674_035a_MRO_2024_03.pdf	pdf	1011653.0

**Report Last Saved By**

**ELKHART WWTP**

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

**Report Last Signed By**

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



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

City: Elkhart	Page 1 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: March 2024	Enter "x" if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data					CSO Outfall No. 005						CSO Outfall No. 006						
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	11.70	13.50					15 min													
2	10.66	12.20					15 min													
3	10.56	12.50					15 min													
4	10.69	15.10					15 min													
5	11.95	17.10	4:19 AM	5.78	0.21	0.36	15 min													
6	11.33	12.60	8:56 AM	0.08	0.01	0.04	15 min													
7	11.09	12.60					15 min													
8	14.52	22.20	9:44 AM	14.28	0.68	0.28	15 min													
9	14.49	30.20	12:04 AM	0.70	0.04	0.08	15 min													
10	10.83	15.00	12:01 PM	0.08	0.01	0.04	15 min													
11	11.23	13.20					15 min													
12	11.03	13.00					15 min													
13	10.88	12.60					15 min													
14	17.68	29.10	1:29 AM	15.58	1.10	0.56	15 min							11:23 AM	M	0.25	M	0.0308	M	
15	11.18	13.10					15 min													
16	11.45	14.00					15 min													
17	10.33	11.50	2:46 PM	0.08	0.01	0.04	15 min													
18	12.35	14.10	12:36 PM	3.75	0.07	0.04	15 min													
19	11.98	14.10	11:36 AM	0.08	0.01	0.04	15 min													
20	12.00	14.10					15 min													
21	11.70	13.80					15 min													
22	11.11	13.10					15 min													
23	11.06	13.10					15 min													
24	10.71	13.00					15 min													
25	11.64	13.50					15 min													
26	13.80	22.10	1:11 AM	13.50	0.42	0.80	15 min													
27	10.50	12.60					15 min													
28	10.94	12.60					15 min													
29	10.39	13.70					15 min													
30	14.98	43.20	1:16 AM	6.75	0.85	0.40	15 min													
31	10.48	13.50	8:29 PM	3.58	0.35	0.24	15 min													
<b>Totals:</b>	365.21			64.24	3.76			0	Days	0.00		0		1	Days	0.25		0.0308		

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

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

Signature of Principal Executive Officer or Authorized Agent <i>Laura Kolo</i>	Date (mm/dd/yy) 04/22/24
-----------------------------------------------------------------------------------	-----------------------------





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

Slate Form 50546 (R4 / 9-16)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 2 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: March 2024										Enter 'x' if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 007					CSO Outfall No. 008					CSO Outfall No. 009					CSO Outfall No. 011										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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14	11:12 AM	M	1.00	M	0.1737	M							11:16 AM	M	1.00	M	0.0409	M							
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<b>Totals:</b>	1	Da ys	1.00		0.1737		0	Da ys	0.00		0.0000		1	Da ys	1.00		0.0409		0	Da ys	0.00		0.0000		



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 3 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: March 2024										Enter "x" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 012					CSO Outfall No. 013					CSO Outfall No. 14B					CSO Outfall No. 015										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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14	10:57 AM	M	0.92	M	0.0347	M	11:32 AM	M	0.17	M	0.0027	M							10:50 AM	M	1.33	M	0.1206	M	
15																									
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31																									
<b>Totals:</b>	1	Days	0.92		0.0347		1	Days	0.17		0.0027		0	Days	0.00		0.0000		1	Days	1.33		0.1206		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 4 of 9			Permit Number: IN0025574												
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: March 2024					Enter "x" if no CSO discharge occurred for the month:																				
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 016					CSO Outfall No. 017					CSO Outfall No. 018					CSO Outfall No. 019										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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14							10:08 AM	M	1.17	M	0.1975	M	10:55 AM	M	2.32	M	0.2687	M	10:44 AM	M	1.33	M	0.0120	M	
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30													5:05 AM	M	3.82	M	0.2910	M							
31													11:30 PM	M	0.50	M	0.0501	M							
<b>Totals:</b>	0	Days	0.00		0.0000		1	Days	1.17		0.1975		3	Days	6.64		0.6098		1	Days	1.33		0.0120		



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 5064G (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 5 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: March 2024										Enter "x" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 020					CSO Outfall No. 023					CSO Outfall No. 024					CSO Outfall No. 025										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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14	11:00 AM	M	1.00	M	0.0635	M	10:52 AM	M	0.92	M	0.0279	M	10:45 AM	M	1.50	M	0.1369	M	9:41 AM	M	0.92	M	0.0551	M	
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30	5:00 AM	M	0.25	M	0.0125	M																			
31																									
Totals:	2	Da ys	1.25		0.0760		1	Da ys	0.92		0.0279		1	Da ys	1.50		0.1369		2	Da ys	1.17		0.0580		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: March 2024										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 026					CSO Outfall No. 027					CSO Outfall No. 028					CSO Outfall No. 029									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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14							10:47 AM	M	0.75	M	0.0157	M												
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31																								
<b>Totals:</b>	0	Da	0.00		0.0000		1	Da	0.75		0.0157		0	Da	0.00		0.0000		0	Da	0.00		0.0000	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: March 2024										Enter "X" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 031					CSO Outfall No. 032					CSO Outfall No. 033					CSO Outfall No. 034									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																								
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7																								
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10																								
11																								
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13																								
14							10:55 AM	M	1.47	M	0.2084	M												
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27																								
28																								
29																								
30																								
31							11:25 PM	M	0.50	M	0.0869	M												
<b>Totals:</b>	0	Da	0.00		0.0000		2	Da	1.97		0.2953		0	Da	0.00		0.0000		0	Da	0.00		0.0000	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 8 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: March 2024										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 037					CSO Outfall No. 039					CSO Outfall No. 040					CSO Outfall No.									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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12																								
13																								
14	9:57 AM	M	3.00	M	1.5093	M	9:37 AM	M	2.08	M	0.0791	M	10:52 AM	M	1.92	M	0.1014	M						
15																								
16																								
17																								
18																								
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23																								
24																								
25																								
26	3:12 PM	M	0.33	M	0.0109	M																		
27																								
28																								
29																								
30	5:12 AM	M	2.33	M	0.1726	M	4:46 AM	M	0.33	M	0.0135	M												
31																								
<b>Totals:</b>	3	Da ys	5.66		1.6928		2	Da ys	2.41		0.0926		1	Da ys	1.92		0.1014		0	Da ys	0.00		0.0000	



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

State Form 50546 (R4 / 9-16)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart	Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: March 2024	Enter "x" if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
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11	
12	
13	
14	precipitation
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23	
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25	
26	precipitation
27	
28	
29	
30	precipitation
31	precipitation

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent <b>Laura E. Kolo, Utilities Services Manager</b>	Telephone <b>574-293-2572</b>
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent <i>Laura Kolo</i>	Date (mm/dd/yy) 04/22/24





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

State Form 10829 (R4 / 01-20)

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

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 3.76 Precipitation - Inches	Bypass At Plant Site("X" If Occurred)	Sanitary Sewer Overflow("X" if Occurred)	CHEMICALS USED			RAW SEWAGE						
							Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l
1	Fri							206	11.700	7.4	90	8,782	144	14,051	3.80	21.16
2	Sat							210	10.658	7.5	106	9,422	114	10,133	2.46	18.04
3	Sun							195	10.558	7.2	127	11,183	74	6,516	2.64	15.00
4	Mon							228	10.692	7.2	96	8,560	118	10,522	2.85	16.84
5	Tue			0.21				225	11.950	7.2	132	13,156	166	16,544	3.63	19.28
6	Wed			0.01				228	11.325	7.4	117	11,051	122	11,523	3.16	22.52
7	Thu							231	11.092	7.9	105	9,713	162	14,986	3.12	19.80
8	Fri			0.68					14.516	7.3	105	12,712	160	19,370	3.52	19.12
9	Sat			0.04				223	14.491	7.2	104	12,569	136	16,436	2.64	14.84
10	Sun			0.01				228	10.825	7.2	128	11,556	86	7,764	2.40	15.16
11	Mon							213	11.233	7.3	75	7,026	110	10,305	3.34	17.00
12	Tue							198	11.025	7.3	113	10,390	136	12,505	3.20	20.72
13	Wed							258	10.875	7.4	113	10,249	118	10,702	3.42	20.92
14	Thu			1.10				243	17.675	7.2	87	12,825	150	22,111	2.39	15.96
15	Fri							213	11.175	7.3	122	11,370	112	10,438	3.30	19.68
16	Sat							213	11.450	7.3	98	9,358	98	9,358	2.81	17.20
17	Sun			0.01				213	10.325	7.3	93	8,008	82	7,061	2.18	14.72
18	Mon			0.07				207	12.350	7.2	87	8,961	98	10,094	2.64	17.40
19	Tue			0.01				207	11.983	7.2	108	10,793	108	10,793	3.72	18.56
20	Wed							198	12.000	7.3	121	12,110	130	13,010	3.55	18.88
21	Thu							213	11.700	7.7	117	11,417	124	12,100	4.03	18.68
22	Fri							198	11.108	7.2	112	10,376	142	13,155	3.18	20.52
23	Sat							167	11.058	7.5	108	9,960	116	10,698	2.46	19.16
24	Sun							380	10.708	7.1	96	8,573	90	8,037	2.46	15.24
25	Mon							173	11.642	7.4	106	10,292	132	12,816	3.71	20.76
26	Tue			0.42				532	13.800	7.4	138	15,883	218	25,090	4.21	21.04
27	Wed							250	10.500	7.1	128	11,209	124	10,859	3.17	19.60
28	Thu							200	10.942	7.3	100	9,126	152	13,871	4.55	19.96
29	Fri							200	10.392	7.8	109	9,447	80	6,934	3.20	20.24
30	Sat			0.85		X		228	14.983	7.6	107	13,371	146	18,244	1.87	12.68
31	Sun			0.35				213	10.483	7.5	77	6,732	56	4,896	2.04	13.48
Average				0.31				230	11.781		107	10,522	123	12,288	3.09	18.20
Maximum				1.10				532	17.675	7.9	138	15,883	218	25,090	4.55	22.52
Minimum				0.01				167	10.325	7.1	75	6732	56	4896	1.87	12.68

# of Data	0	12	0	1	0	30	0	31	31	31	31	31	31	31	31	0
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operatc <i>Laura Kolo</i>	Date (month, day, year) 4/22/24
Signature of principal executive officer or authorized agent (or attested by NeIDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) 4/22/24

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month March	Year 2024
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Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR				RETURN SLUDGE			CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)	
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l										
1	67	74	142	4,896	29	5.6	12	6.413	4,560						7.6		9.8		
2	73	76	181	2,636	69	5.7	13	6.487	4,380						7.6		9.6		
3	81	53	168	2,492	67	6.2	13	6.487	4,580						7.4		9.5		
4	71	68	175	2,580	68	6.6	13	6.519	4,380					22	7.0		9.6		
5	104	64	165	2,524	65	5.4	13	6.483	4,820					28	7.6		10.0		
6	82	62	169	2,688	63	5.2	13	6.510	4,780					10	7.6		10.0		
7	84	66	138	2,620	53	5.4	13	6.487	4,980						6.9		9.6		
8	81	78	144	2,468	58	3.8	13	6.487	5,540						6.9		9.3		
9	75	80	156	2,644	59	5.9	12	6.487	5,040						7.0		9.9		
10	98	56	148	2,988	50	5.8	12	6.487	4,980						7.5		9.7		
11	64	86	156	3,320	47	5.6	13	6.487	5,140					14	7.7		9.9		
12	76	64	153	2,944	52	5.6	13	6.487	5,380					14	7.7		10.1		
13	88	53	146	3,060	48	5.7	14	6.474	6,140					29	7.0		9.7		
14	72	76	149	2,928	51	7.0	13	6.487	4,220						7.0		9.6		
15	97	78	149	2,968	50	5.7	14	6.487	5,420						7.0		9.3		
16	76	60	152	3,092	49	5.9	13	6.487	5,480						7.0		9.1		
17	69	41	120	5,220	23	5.6	13	6.487	5,240						7.6		9.6		
18	61	56	158	5,608	28	5.6	12	6.487	5,540					24	7.6		9.1		
19	84	58	104	2,972	35	4.6	13	6.487	6,160					28	7.5		9.8		
20	82	60	133	3,180	42	5.4	12	6.487	4,900					41	7.0		9.4		
21	78	57	139	3,012	46	5.9	13	6.487	6,120						7.0		10.0		
22	85	68	135	2,852	47	5.9	13	6.487	6,120						7.4		10.5		
23	75	59	140	2,936	48	6.3	13	6.487	5,160						7.0		10.1		
24	79	53	126	6,844	18	5.3	13	6.487	5,160						7.7		10.5		
25	81	64	136	5,332	26	4.8	13	6.487	5,140					26	7.5		9.6		
26	86	78	124	3,288	38	4.3	13	6.487	5,640					39	7.4		9.7		
27	100	66	120	2,960	41	4.4	13	6.487	4,240					67	6.7		10.0		
28	82	66	138	3,036	45	5.4	13	6.487	5,500						6.7		10.0		
29	95	60	140	2,968	47	5.4	13	6.487	5,240						6.8		10.1		
30	76	68	138	2,572	54	5.8	12	6.487	7,620						7.0		10.3		
31	68	52	144	5,144	28	6.00	13	6.487	4,500						7.0		10.4		
Avg.	80	65	145	3,380	47	5.5	13	6.486	5,229					29			9.8		
Max	104	86	181	6,844	69	7.0	14	6.519	7,620					67	7.7		10.5		
Min.	61	41	104	2,468	18	3.8	12	6.413	4,220					10	6.70		9.1		
Daily Max															67				
# of Days above 235															0				
Data	31	31	31	31	31	31	31	31	31	0	0	1	0	12	31	0	31	0	

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

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

Slate Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month March	Year 2024
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		FINAL EFFLUENT															
Day Of Month	Day of Week	Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Fri	10.832		2		181		5		416		0.06		5.4		0.43	39
2	Sat	10.575		4		353		5		415		0.06		5.3		0.52	46
3	Sun	10.367		3		259		4		311		0.05		4.3		0.40	35
4	Mon	11.077		3		277		3		314		0.06		5.5		0.38	35
5	Tue	11.155		3		279		4		363		0.05		4.7		0.41	38
6	Wed	10.194		2		170		4		323		0.06		5.1		0.43	37
7	Thu	10.147		3		254		4		339		0.05		4.2		0.50	42
8	Fri	14.620		3		366		9		1,061		0.21		25.6		0.53	65
9	Sat	11.174	11.248	3	2.86	280	269	6	4.81	587	471	0.06	0.08	5.6	8	0.51	48
10	Sun	10.209		3		255		7		570		0.06		5.1		0.50	43
11	Mon	13.779		2		230		5		540		0.08		9.2		0.45	52
12	Tue	14.144		2		236		7		849		0.04		4.7		0.51	60
13	Wed	13.790		3		345		6		690		0.09		10.4		0.56	64
14	Thu	25.400		3		636		9		1,822		0.17		36.0		0.62	131
15	Fri	10.650		3		266		7		622		0.30		26.6		0.48	43
16	Sat	15.348	14.760	4	2.86	512	354	7	6.77	922	859	0.13	0.12	16.6	16	0.56	72
17	Sun	15.077		4		503		7		930		0.07		8.8		0.47	59
18	Mon	16.134		3		404		10		1,292		0.62		83.4		0.62	83
19	Tue	16.718		4		558		10		1,450		0.17		23.7		0.65	91
20	Wed	13.764		3		344		7		849		0.05		5.7		0.60	69
21	Thu	13.146		4		439		12		1,294		0.05		5.5		0.73	80
22	Fri	12.886		3		322		10		1,096		0.05		5.4		0.72	77
23	Sat	11.996	14.246	4	3.57	400	424	10	9.60	1,040	1,136	0.05	0.15	5.0	20	0.68	68
24	Sun	12.028		6		602		7		662		0.05		5.0		0.79	79
25	Mon	12.880		5		537		11		1,182		0.06		6.4		0.94	101
26	Tue	16.282		4		543		10		1,412		0.08		10.9		0.86	117
27	Wed	14.034		4		468		12		1,381		0.17		19.9		0.78	91
28	Thu	14.232		4		475		12		1,377		0.10		11.9		0.88	104
29	Fri	14.650		6		733		11		1,295		0.10		12.2		0.83	101
30	Sat	22.185	15.184	6	5.00	1,110	638	14	10.80	2,516	1,404	0.08	0.09	14.8	12	0.84	155
31	Sun	14.038		6		702		9		1,007		0.79		8.2		0.79	92
Avg		13.662		4		421		8		933		0.13		12.9		0.61	72
Max		25.400	15.184	6	5.00	1,110	638	14	10.80	2,516	1,404	0.79	0.15	83.4	20	0.9	155
Min		10.147	11.248	2	2.86	170	269	3	4.81	311	471	0.04	0.08	4.2	8	0.4	35
Data		31	4	31	4	31	4	31	4	31	4	31	4	31	4	31	31

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

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	March	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary SludgeGal. x 100	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	27.30	200.16	7.1		77	10.611		3.96	2.16	76.47	63.92	64.07		
2	26.50	230.40	7.0		77	53.055		4.20	2.10	76.88	65.00			
3	22.00	230.40	7.0		76			4.33	2.12	77.28	64.52			
4	16.00	230.40	7.0		77			3.45	2.20	75.85	64.02			
5	34.00	230.40	7.0		77			4.08	2.15	75.16	63.46	91.06		
6	22.00	230.40	7.1		78	21.222		4.08	2.12	73.78	62.28	90.19		
7	22.00	208.80	7.1		77			3.43	2.10	73.29	61.90	90.31		
8	29.50	208.80	6.9		78	3.537		4.97	2.10	74.38	63.13	65.27		
9	30.50	187.20	7.1		79	77.814		5.27	2.07	75.85	60.26			
10	29.50	187.20	7.2		79			5.34	1.98	75.52	63.04			
11	26.00	187.20	7.3		78			5.03	1.99	77.80	61.72	110.70		
12	40.06	187.20	7.3		80	7.074		3.88	1.94	75.76	60.48	90.36		
13	31.81	187.20	7.1		80	21.222		2.92	1.89	69.83	61.27	90.66		
14	39.98	187.20	7.2		82	17.685		3.63	1.95	71.38	59.71	87.62		
15	40.14	187.20	7.2		80			5.33	1.99	71.04	60.26	65.13		
16	35.50	187.20	7.0		83			5.12	1.96	73.37	60.83			
17	25.00	187.20	7.2		85			6.39	1.91	75.83	60.47			
18	34.80	187.20	7.1		81	17.685		3.46	1.95	70.32	60.56	123.05		
19	29.16	169.92	7.2		84	7.074		2.75	2.05	74.77	61.78	129.29		
20	32.89	165.60	7.1		84	3.537		3.83	2.03	77.60	61.54	43.44		
21	29.57	165.60	7.1		84	10.611		4.44	2.12	77.98	59.51	67.96		
22	30.00	185.76	7.1		83			4.72	2.11	76.58	60.87	62.78		
23	32.13	187.20	7.0		83			3.93	2.40	74.32	60.69			
24	30.00	187.20	7.1		82	3.537		4.82	2.31	78.17	61.90			
25	30.99	187.20	7.1		93			3.57	2.39	82.30	61.90	88.29		
26	35.41	188.64	7.1		82			2.10	2.50	80.75	61.62	87.76		
27	30.81	216.00	7.1		82	21.222		4.28	2.49	73.81	61.82	122.54		
28	30.26	216.00	7.1		82	14.148		3.31	2.39	74.88	60.78	89.04		
29	29.62	216.00	7.1		84	7.074		4.15	2.22	74.83	66.49			
30	29.92	216.00	7.1		83			3.43	2.18	72.87	60.00			
31	30.23	216.00	7.1		83			5.06	2.19	80.68	61.15			
Avg.	30.12	198.67			81	18.569		4.17	2.13	75.46	61.83	87.34		
Max.	40.14	230.40	7.3		93	77.814		6.39	2.50	82.30	66.49	129.29		
Min.	16.00	165.60	6.9		76	3.537		2.10	1.89	69.83	59.51	43.44		
Data	31	31	31	0	31	16	0	31	31	31	31	19	0	0

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

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	March	2024

Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Influent mg/l	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2																
3																
4			19.90	1,838												
5					0.0003	0.0002	0.0004	0.0002			0.0057	0.0020	0.0523	0.0108		
6															19.6000	1.0300
7																
8																
9																
10																
11																
12					0.0008	0.0002										
13																
14																
15																
16																
17																
18																
19					0.0004	0.0002										
20																
21																
22	185	19,882														
23																
24																
25					0.0007											
26						0.0002										
27																
28																
29																
30																
31																
Avg.	185	19,882	19.90	1,838	0.0006	0.0002	0.0004	0.0002			0.0057	0.0020	0.0523	0.0108	19.6000	1.0300
Max.	185	19,882			0.0008	0.0002	0.0004	0.0002			0.0057	0.0020	0.0523	0.0108	19.6000	1.0300
Min.	185	19,882	19.90	1838	0.0003	0.0002	0.0004	0.0002			0.0057	0.0020	0.0523	0.0108	19.6000	1.0300
Data	1	1	1	1	4	4	1	1	0	0	1	1	1	1	1	1

# WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	March	2024

Substitute for State Form 30530

Day Of Month	NI - Influent mg/L	NI - Effluent mg/L	Pb - Influent mg/L	Pb - Effluent mg/L	Zn - Influent mg/L	Zn - Effluent mg/L												
1																		
2																		
3																		
4																		
5	0.0224	0.0071	0.0040	0.0013	0.1070	0.0395												
6																		
7																		
8																		
9																		
10																		
11																		
12																		
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25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg.	0.0224	0.0071	0.0040	0.0013	0.1070	0.0395												
Max	0.0224	0.0071	0.0040	0.0013	0.1070	0.0395												
Min.	0.0224	0.0071	0.0040	0.0013	0.1070	0.0395												
Data	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0





# BYPASS / OVERFLOW INCIDENT REPORT

State Form 46273 (R7 / 4-18)  
Indiana Department of Environmental Management  
Office of Water Quality

Follow-up to Bypass report  
previously sent on: \_\_\_\_\_

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

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (866) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 3/30/24 4:30 PM	(7) Date (mm/dd/yy) and Time Release Stopped 3/30/24 5:00 PM	(8) Location of Release (street address or Manhole, LID Station, Force Main etc.) 1201 S. Nappanee	(9) Latitude (Deg Min Sec) 41 40 45 N	(10) Longitude (Deg Min Sec) 86 00 7W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 5363 Gallons			(11) WWTP Flow During Release 41 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input checked="" type="checkbox"/> Treatment Bypass (at wastewater plant) tank <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: N/A		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches			(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other operator error		
(17) Additional Description of the Bypass / Overflow Event: operator error - wet weather procedures not followed, incident occurred on 3/30/24 but operator did not inform anyone, incl supervisor until 4/3/24 @ 1 PM.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input checked="" type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: N/A			
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other: N/A					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage Including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input checked="" type="checkbox"/> Clean-Up Debris					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence reviewed procedures with operator other confidential corrective action was taken					

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <u>Laura Kolo</u>		DATE (month, day, year): <u>4/4/24</u>		
Individual Mailing Report (checked)	Telephone Number: (574) 293-2572	Contact Email: laura.kolo@coel.org	Date (month, day, year) / Time IDEM Notified: 4/4/24 @ 10:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM



# BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report  
previously sent on: \_\_\_\_\_

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 3/30/24 4:30	(7) Date (mm/dd/yy) and Time Release Stopped 3/30/24 5	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1201 S. Nappanee	(9) Latitude (Deg Min Sec) 41 40 45 N	(9) Longitude (Deg Min Sec) 86 00 7W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 5363 Gallons			(11) WWTP Flow During Release 41 MGD	(12) WWTP Peak Desgn Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input checked="" type="checkbox"/> Treatment Bypass (at wastewater plant) tank <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: n/a		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation operator error					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out. Describe Other: (in the box below) grit tank		(17) Additional Description of the Bypass / Overflow Event: operator error - wet weather procedures not followed, incident occurred on 3/30/24 but operator did not inform anyone, incl supervisor until 4/3/24 @ 1 pm.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input checked="" type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input checked="" type="checkbox"/> Clean-Up Debris					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence reviewed procedures with operator other confidential corrective action was taken					

(22)

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <u>Laura Kolo</u>		DATE (month, day, year): <u>4/4/24</u>		
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 4/4/24 @ 10:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM



## Kolo, Laura

---

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

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

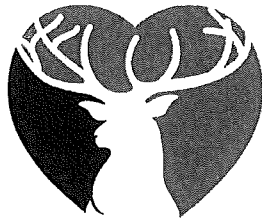
**Kolo, Laura**

---

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

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

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



**City of Elkhart**  
*Public Works and Utilities*

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

***Wastewater MRO Highlights***

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

***Incident Reports Filed***

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

***Wet Weather Overflows***

Number of Events	Total Overflow Volume (MG)
5	8.8203

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

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

Your DMRs are undergoing the Signing Process

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

# Indiana DEM

✓ View Certification |  Download COR

**DMR Copy of Submission**

Expand Notices

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

**Permit**

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

**Report Dates & Status**

**Monitoring Period:** From 04/01/24 to 04/30/24      **DMR Due Date:** 05/28/24

**Status:** **NetDMR Validated**

**Considerations for Form Completion**

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

**Principal Executive Officer**

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

**No Data Indicator (NODI)**

**Form NODI:** -









**Submission Note**

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

**Edit Check Errors**

No errors.

**Comments**

**Attachments**

Name	Type	Size
IN0025674_035a_MRO_2024_04.pdf	pdf	914755.0
IN0025674_CSO_MRO_2024_04.pdf	pdf	1388616.0
IN0025674_INC_RPT_2024_04_1.pdf	pdf	129360.0
IN0025674_INC_RPT_2024_04_2.pdf	pdf	111724.0

**Report Last Saved By**

**ELKHART WWTP**

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

**Report Last Signed By**

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



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

State Form 10829 (R4 / 01-20)

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

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	CHEMICALS USED			RAW SEWAGE								
				Total = 4.18 Precipitation - Inches	Bypass At Plant Site ("x" if Occurred)	Sanitary Sewer Overflow ("x" if Occurred)	Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day
1	Mon			1.03			216	15.675	7.2	68	8,890	118	15,426	2.75	10.48
2	Tue			0.15			228	15.258	7.2	87	11,071	104	13,234	2.55	14.28
3	Wed			0.20			224	13.458	7.8	79	8,867	140	15,714	3.36	14.64
4	Thu			0.06			213	13.842	2.5	111	12,814	140	16,162	3.69	20.40
5	Fri						213	13.475	7.3	79	8,878	99	11,126	3.42	19.16
6	Sat						258	12.891	7.5	63	6,773	114	12,256	2.56	14.80
7	Sun			0.18			228	12.383	7.5	78	8,055	84	8,675	2.64	12.44
8	Mon						220	13.067	7.6	67	7,302	126	13,731	3.17	14.32
9	Tue						228	13.150	7.6	92	10,090	94	10,309	2.93	15.64
10	Wed						200	13.000	7.3	111	12,035	118	12,794	3.60	16.40
11	Thu			0.79			228	19.783	7.6	115	18,974	100	16,499	3.34	13.72
12	Fri			0.01				14.027	7.2	121	14,155	102	11,932	2.78	15.84
13	Sat						200	13.483	7.3	86	9,671	64	7,197	2.58	14.40
14	Sun						216	13.192	7.2	74	8,142	76	8,362	2.24	12.04
15	Mon			0.01			225	14.192	7.2	85	10,061	114	13,493	3.18	16.92
16	Tue						228	14.258	7.2	95	11,297	132	15,696	2.69	17.08
17	Wed			0.09			213	13.975	7.2	97	11,305	108	12,588	3.28	17.72
18	Thu			0.25			200	13.550	7.4	110	12,431	104	11,753	3.35	18.64
19	Fri			0.56	x		234	17.942	7.2	93	13,916	222	33,219	2.38	12.28
20	Sat						200	13.100	7.6	83	9,068	110	12,018	2.28	15.96
21	Sun						228	12.016	7.1	65	6,514	68	6,815	2.28	12.40
22	Mon						228	13.825	7.2	92	10,608	114	13,144	3.08	15.32
23	Tue			0.09			225	13.758	7.2	105	12,048	124	14,228	2.49	15.64
24	Wed			0.01			200	14.200	7.3	104	12,317	102	12,080	3.06	18.92
25	Thu						200	13.475	7.6	124	13,935	90	10,114	2.88	17.92
26	Fri			0.12			219	13.508	7.0	93	10,477	118	13,293	3.29	19.40
27	Sat			0.07			200	13.027	7.3	97	10,539	122	13,255	2.31	16.56
28	Sun			0.55	x		189	17.800	7.0	106	15,736	178	26,424	2.25	9.28
29	Mon			0.01			176	14.133	7.2	105	12,376	150	17,680	3.14	11.76
30	Tue							13.717	7.2	83	9,495	120	13,728	3.32	17.08
31															
Average				0.25			216	14.105		92	10,928	115	13,765	2.90	15.38
Maximum				1.03			258	19.783	7.8	124	18,974	222	33,219	3.69	20.40
Minimum				0.01			176	12.016	2.5	63	6514	64	6815	2.24	9.28

# of Data	0	17	0	2	0	28	0	30	30	30	30	30	30	30	30	0
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operak <i>Laura Kolo</i>	Date (month, day, year) 5/24/24
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) 5/24/24

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month April	Year 2024
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Day Of Month	PRIMARY EFFLUENT		AERATION						SECONDARY EFFLUENT		FINAL EFFLUENT							
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR				RETURN SLUDGE		CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)	
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG										Susp. Solids - mg/l
1	53	64	126	4,392	29	8.7	12	6.487	3,760			3	7.4		10.4			
2	64	44	142	2,948	48	5.7	12	6.487	5,600			20	7.1		9.9			
3	60	68	110	2,796	39	5.6	12	6.487	6,380			27	7.4		10.5			
4	80	92	130	5,200	25	5.8	13	6.487	5,920			11	7.0		10.2			
5	63	52	122	3,632	34	6.5	13	6.487	5,160			29	7.0		10.5			
6	45	55	127	3,020	42	7.1	13	6.316	6,040			33	7.6		10.8			
7	53	49	132	4,316	31	6.6	13	6.487	6,620			30	7.7		11.0			
8	46	51	136	3,372	40	6.6	13	6.474	5,660			45	7.0		11.5			
9	59	55	124	3,420	36	5.1	14	6.487	6,260			36	7.6		10.1			
10	75	64	145	2,852	51	5.4	14	6.438	6,020			93	7.4		10.2			
11	88	70	142	2,764	51	5.4	13	6.487	7,420			142	7.0		9.9			
12	82	48	148	2,816	53	6.0	13	6.487	5,720			88	7.0		10.5			
13	58	47	153	2,916	52	6.5	14	6.487	5,720			118	7.0		10.6			
14	61	49	156	2,888	54	6.4	14	6.487	6,120			67	7.5		10.2			
15	66	56	156	2,708	58	5.7	14	6.487	5,340			32	7.6		9.7			
16	63	52	118	3,696	32	5.9	14	6.487	5,440			64	7.5		9.9			
17	73	52	143	2,656	54	5.6	14	6.487	5,820			27	7.0		9.8			
18	105	82	108	3,700	29	5.0	14	6.487	5,120			44	7.0		10.3			
19	88	124	145	2,596	56	6.2	14	6.487	5,440			54	7.2		10.6			
20	55	57	146	2,860	51	6.6		6.487	6,060			18	7.0		10.6			
21	54	39	128	2,932	44	6.5	14	6.487	5,960			23	7.5		10.9			
22	97	75	127	2,912	44	6.6	14	6.487	6,140			12	7.6		10.4			
23	83	79	118	3,552	33	5.7	14	6.487	5,800			25	7.6		10.1			
24	77	56	145	2,840	51	5.3	14	6.487	5,600			22	7.0		9.3			
25	117	52	132	3,368	39	5.7	14	6.487	6,160			13	7.8		10.8			
26	70	52	141	2,896	49	6.1	14	6.487	5,320			8	7.6		10.2			
27	59	49	143	2,880	50	6.5	14	6.424	5,700			19	7.0		10.0			
28	63	63	130	2,940	44	7.3	15	6.487	5,900			18	7.2		10.1			
29	66	64	116	3,692	31	7.2	15	6.487	5,360			16	7.5		10.7			
30	63	69	140	2,792	50	5.2	15	6.397	5,680			29	7.4		9.9			
31																		
Avg.	70	61	134	3,212	43	6.2	14	6.474	5,775			39			10.3			
Max	117	124	156	5,200	58	8.7	15	6.487	7,420			142		7.8	11.5			
Min.	45	39	108	2596	25	5.0	12	6.316	3760			3		7.00	9.3			
Daily Max												142						
# of Days above 235												0						
Data	30	30	30	30	30	30	29	30	30	0	0	1	0	30	30	0	30	0

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

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month April	Year 2024
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Day Of Month	Day of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Mon	21.546		5		898		9		1,689		1.94		348.6		0.77	138
2	Tue	17.567		9		1,319		12		1,714		1.57		230.0		0.72	105
3	Wed	15.846		4		529		8		1,018		0.13		17.2		0.58	77
4	Thu	14.746		4		492		7		836		0.33		40.6		0.66	81
5	Fri	14.404		4		481		6		721		0.06		7.2		0.54	65
6	Sat	13.888	16.005	3	5.00	347	681	7	8.17	811	1,114	0.03	0.59	3.5	94	0.55	64
7	Sun	15.581		3		390		8		1,014		0.02		2.6		0.48	62
8	Mon	14.411		3		361		5		649		0.05		6.0		0.49	59
9	Tue	14.683		3		367		5		637		0.06		7.3		0.55	67
10	Wed	14.705		3		368		6		724		0.08		9.8		0.48	59
11	Thu	22.293		3		558		7		1,376		0.31		57.6		0.55	102
12	Fri	15.281		3		382		7		841		0.12		15.3		0.36	46
13	Sat	14.306	15.894	3	3.00	358	398	5	6.24	644	841	0.05	0.10	6.0	15	0.47	56
14	Sun	13.997		2		233		4		467		0.05		5.8		0.43	50
15	Mon	14.846		3		371		4		483		0.08		9.9		0.44	54
16	Tue	14.841		3		371		5		594		0.07		8.7		0.44	54
17	Wed	14.652		2		244		4		489		0.06		7.3		0.50	61
18	Thu	14.740		2		246		4		529		0.06		7.4		0.47	58
19	Fri	17.982		3		450		5		780		0.05		7.5		0.37	55
20	Sat	14.117	15.025	2	2.43	235	307	5	4.41	553	556	0.05	0.06	5.9	7	0.35	41
21	Sun	14.095		2		235		4		482		0.04		4.7		0.31	36
22	Mon	14.969		3		375		5		599		0.06		7.5		0.38	47
23	Tue	16.231		3		406		6		785		0.07		9.5		0.38	51
24	Wed	16.687		3		418		5		682		0.06		8.4		0.41	57
25	Thu	17.094		3		428		5		741		0.07		10.0		0.42	60
26	Fri	17.074		2		285		7		940		0.05		7.1		0.41	58
27	Sat	16.228	16.054	3	2.71	406	365	6	5.40	866	728	0.05	0.06	6.8	8	0.51	69
28	Sun	24.349		5		1,015		7		1,503		0.05		10.2		0.54	110
29	Mon	18.406		3		461		10		1,504		0.05		7.7		0.46	71
30	Tue	16.747		3		419		7		1,034		0.05		7.0		0.48	67
31																	
Avg		16.210		3		448		6		857		0.19		29.4		0.48	66
Max		24.349	16.054	9	5.00	1,319	681	12	8.17	1,714	1,114	1.94	0.59	348.6	94	0.8	138
Min		13.888	15.025	2	2.43	233	307	4	4.41	467	556	0.02	0.06	2.6	7	0.3	36
Data		30	4	30	4	30	4	30	4	30	4	30	4	30	4	30	30

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

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	April	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 100	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	31.42	216.00	7.1		85			4.04	2.17	78.98	61.11	114.37		
2	18.40	216.00	7.2		88	17.685			2.13		59.57	114.41		
3	30.00	216.00	7.2		90	10.611			2.12		60.81	134.30		
4	37.20	216.00	7.1		85				2.21		58.27	118.97		
5	30.32	216.00	7.2		85	7.074			2.45		61.29			
6	29.66	216.00	6.8		83	3.537		2.54	2.54	71.43	61.35			
7	24.62	216.00	6.8		82				2.60		60.56			
8	43.99	216.00	6.8		80				2.61		61.40			
9	33.00	216.00	6.8		70	7.074			3.97		69.03	227.48		
10	25.55	216.00	7.0		78	35.370		1.61	2.61	77.06	63.58	99.08		
11	10.26	216.00	7.0		79	3.537		4.83	1.24	74.29	60.00	259.66		
12	59.35	241.92	7.2		75				1.21		63.74	53.43		
13	40.16	249.12	7.0		74			5.47	2.18	74.83	62.73			
14	18.25	249.12	7.0		77			6.33	2.36	77.78	58.89			
15		249.12	7.2		77				2.70		58.05	250.19		
16		249.12	7.2		79				2.70		59.80			
17	9.08	249.12	6.9		76				3.02		60.15	51.12		
18		249.12	6.8		74				2.36		51.80	109.55		
19	119.09	249.12	7.0		74	3.537			2.02		59.59	37.70		
20	169.08	249.12			70			3.48		78.29				
21	17.56	249.12	6.5		63				1.88		60.94			
22	59.46	249.12	6.6		75	10.611		3.34	2.42	85.96	64.29			
23	34.72	249.12	6.5		70			4.23	2.21	77.31	63.46	103.04		
24	63.52	249.12	6.4		71	3.537		4.45	2.28	75.27	63.37	114.47		
25	46.72	249.12	6.5		73			3.61	2.22	73.43	62.58	93.45		
26	77.67	249.12	6.5		76	10.611		1.93	2.20	76.34	63.75	68.58		
27	63.60	249.12	6.6		80	7.074		3.65	2.08	77.68	64.50			
28	67.60	249.12	6.7		81			2.94	2.07	73.53	63.87			
29	53.82	249.12	6.8		82			3.49	2.01	75.34	62.34	100.39		
30	35.42	249.12	6.9		84			1.48	1.99	75.24	61.02	120.60		
31														
Avg.	46.28	236.74			78	10.022		3.59	2.30	76.42	61.44	120.60		
Max.	169.08	249.12	7.2		90	35.370		6.33	3.97	85.96	69.03	259.66		
Min.	9.08	216.00	6.4		63	3.537		1.48	1.21	71.43	51.80	37.70		
Data	27	30	29	0	30	12	0	16	29	16	29	18	0	0

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

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	April	2024

Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Influent mg/l	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1			15.70	2,821	0.0003		0.0003				0.0041		0.0304			
2						0.0002		0.0002				0.0020			0.0139	
3								0.0142	0.0132							
4																
5																
6																
7																
8																
9					0.0002	0.0002										
10																
11																
12																
13																
14																
15					0.0002											
16						0.0002										
17																
18	203	24,955														
19																
20																
21																
22																
23					0.0003	0.0002										
24																
25																
26																
27																
28																
29																
30					0.0003	0.0002										
31																
Avg.	203	24,955	15.70	2,821	0.0003	0.0002	0.0003	0.0002	0.0142	0.0132	0.0041	0.0020	0.0304	0.0139		
Max.	203	24,955			0.0003	0.0002	0.0003	0.0002	0.0142	0.0132	0.0041	0.0020	0.0304	0.0139		
Min.	203	24,955	15.70	2821	0.0002	0.0002	0.0003	0.0002	0.0142	0.0132	0.0041	0.0020	0.0304	0.0139		
Data	1	1	1	1	5	5	1	1	1	1	1	1	1	1	0	0



# WASTEWATER TREATMENT PLANT

Slate Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	April	2024

Substitute for State Form 30530

Day Of Month	Ni - Influent mg/L	Ni - Effluent mg/L	Pb - Influent mg/L	Pb - Effluent mg/L	Zn - Influent mg/L	Zn - Effluent mg/L												
1	0.0191		0.0043		0.0460													
2		0.0055		0.0010		0.0201												
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
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25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg.	0.0191	0.0055	0.0043	0.0010	0.0460	0.0201												
Max	0.0191	0.0055	0.0043	0.0010	0.0460	0.0201												
Min.	0.0191	0.0055	0.0043	0.0010	0.0460	0.0201												
Data	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 1 of 9		Permit Number: IN0025574															
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y															
Monitoring Period: April 2024		Enter "x" if no CSO discharge occurred for the month:																	
Design Peak Hourly Flow (MGD): 44		Design Average Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified															
WWTP Influent Data			Precipitation Data					CSO Outfall No. 005					CSO Outfall No. 006						
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1	15.68	24.00	12:04 AM	23.03	1.03	0.88	15 min							6:08 PM	M	0.17	M	0.0106	M
2	15.26	17.00	12:16 AM	18.63	0.15	0.16	15 min												
3	13.46	20.50	2:51 AM	20.38	0.20	0.08	15 min												
4	13.84	16.00	2:36 AM	13.33	0.06	0.08	15 min												
5	13.48	14.50					15 min												
6	12.89	15.00					15 min												
7	12.38	20.00	5:59 PM	5.95	0.18	0.32	15 min												
8	13.07	15.10					15 min												
9	13.15	15.20					15 min												
10	13.00	17.50					15 min												
11	19.78	27.90	1:14 AM	22.58	0.79	0.32	15 min												
12	14.03	16.10	7:11 AM	1.25	0.01	0.04	15 min												
13	13.48	16.00					15 min												
14	13.19	16.00					15 min												
15	14.19	15.30	10:16 AM	0.08	0.01	0.04	15 min												
16	14.26	18.10					15 min												
17	13.98	16.20	12:16 AM	12.17	0.09	0.12	15 min												
18	13.55	15.20	11:21 PM	0.72	0.25	0.56	15 min												
19	17.94	33.70	12:01 AM	5.83	0.56	0.48	15 min												
20	13.10	14.50					15 min												
21	12.02	15.00					15 min												
22	13.83	16.40					15 min												
23	13.76	18.10	11:14 AM	11.25	0.09	0.08	15 min												
24	14.20	15.60	3:26 AM	0.08	0.01	0.04	15 min												
25	13.48	15.40					15 min												
26	13.51	17.30	5:26 PM	3.22	0.12	0.16	15 min												
27	13.03	13.80	2:26 AM	7.17	0.07	0.16	15 min												
28	17.80	34.80	2:54 AM	19.70	0.55	0.64	15 min												
29	14.13	17.10	3:26 PM	0.22	0.01	0.04	15 min												
30	13.72	19.00					15 min												
Totals:	423.16			165.59	4.18			0	Days	0.00		0		1	Days	0.17		0.0106	



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

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 2 of 9			Permit Number: IN0025574											
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: April 2024										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 007					CSO Outfall No. 008					CSO Outfall No. 009			CSO Outfall No. 011											
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
1	6:46 PM	M	0.50	M	0.0730	M							6:51 PM	M	0.40	M	0.0139	M						
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19	12:51 AM	M	1.00	M	0.1737	M							12:56 AM	M	1.00	M	0.0380	M						
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	2	Days	1.50		0.2467		0	Days	0.00		0.0000		2	Days	1.40		0.0519		0	Days	0.00		0.0000	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 3 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: Apr 2024										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 012					CSO Outfall No. 013					CSO Outfall No. 14B					CSO Outfall No. 015									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1	6:22 PM	M	1.08	M	0.0304	M	7:57 PM	M	0.17	M	0.0150	M							6:25 PM	M	1.58	M	0.0959	M
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19	12:32 AM	M	1.17	M	0.0227	M							12:35 AM	M	1.50	M	0.1197	M						
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28	7:17 AM	M	0.25	M	0.0068	M							7:30 AM	M	0.17	M	0.0014	M						
29	8:42 AM	M	0.58	M	0.0063	M																		
30																								
Totals:	4	Da ys	3.08		0.0662		1	Da ys	0.17		0.0150		0	Da ys	0.00		0.0000		3	Da ys	3.25		0.2170	



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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 4 of 9		Permit Number: IN0025574																			
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																			
Monitoring Period: April 2024		Enter "x" if no CSO discharge occurred for the month:																					
Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																			
CSO Outfall No. 016			CSO Outfall No. 017																				
CSO Outfall No. 018			CSO Outfall No. 019																				
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E					
1							12:00 AM	M	9.72	M	1.1539	M	7:39 PM	M	0.58	M	0.0005	M					
2							12:05 AM	M	6.90	M	0.8312	M											
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11													3:40 AM	M	3.08	M	0.3209	M					
12																							
13																							
14																							
15																							
16																							
17																							
18																							
19							12:18 AM	M	0.67	M	0.0819	M	12:29 AM	M	3.25	M	0.3717	M					
20																							
21																							
22																							
23																							
24																							
25																							
26																							
27																							
28													5:00 AM	M	2.92	M	0.1844	M					
29																							
30																							
Totals:	0	Days	0.00		0.0000		1	Days	0.67		0.0819		5	Days	25.87		2.8621		2	Days	1.00		0.0027



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

Slate Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9		Permit Number: IN0025674												
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: April 2024										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 020					CSO Outfall No. 023					CSO Outfall No. 024			CSO Outfall No. 025											
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
1	6:00 PM	M	1.25	M	0.0655	M	6:02 PM	M	0.75	M	0.0138	M	6:30 PM	M	2.58	M	0.3093	M	2:36 AM	M	1.17	M	0.0608	M
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11													4:10 AM	M	0.50	M	0.0029	M						
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19	12:30 AM	M	1.17	M	0.0694	M	12:22 AM	M	0.75	M	0.0141	M	12:40 AM	M	1.33	M	0.0485	M	12:11 AM	M	1.08	M	0.0206	M
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28	7:10 AM	M	0.33	M	0.0176	M	7:07 AM	M	0.17	M	0.0044	M												
29																								
30																								
<b>Totals:</b>	3	Days	2.75		0.1525		3	Days	1.67		0.0323		3	Days	4.41		0.3607		3	Days	2.42		0.1026	



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

Slate Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9			Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y													
Monitoring Period: April 2024										Enter "x" if no CSO discharge occurred for the month:													
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified													
CSO Outfall No. 026					CSO Outfall No. 027					CSO Outfall No. 028			CSO Outfall No. 029										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E					
1							5:56 PM	M	0.50	M	0.0111	M											
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							
13																							
14																							
15																							
16																							
17																							
18																							
19							1:16 AM	M	0.08	M	0.0006	M											
20																							
21																							
22																							
23																							
24																							
25																							
26																							
27																							
28							7:01 AM	M	0.08	M	0.0006	M											
29																							
30																							
Totals:	0	Days	0.00		0.0000		3	Days	0.66		0.0123		0	Days	0.00		0.0000		0	Days	0.00		0.0000



National Pollutant Discharge Elimination System (NPDES)  
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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: April 2024										Enter "x" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 031					CSO Outfall No. 032					CSO Outfall No. 033					CSO Outfall No. 034										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	6:37 PM	M	0.33	M	0.0046	M	12:00 AM	M	7.07	M	1.0748	M													
2																									
3																									
4																									
5																									
6																									
7																									
8																									
9																									
10																									
11																									
12																									
13																									
14																									
15																									
16																									
17																									
18																									
19							1:14 AM	M	1.92	M	0.2862	M	12:13 AM	M	1.75	M	0.5253	M							
20																									
21																									
22																									
23																									
24																									
25																									
26																									
27																									
28							5:55 AM	M	0.67	M	0.1120	M													
29																									
30																									
Totals:	1	Days	0.33		0.0046		3	Days	9.66		1.4730		1	Days	1.75		0.5253		0	Days	0.00		0.0000		





National Pollutant Discharge Elimination System (NPDES)  
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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 8 of 9		Permit Number: IN0025574																			
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																					
Monitoring Period: April 2024		Enter "x" if no CSO discharge occurred for the month:																					
Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																			
CSO Outfall No. 037		CSO Outfall No. 039		CSO Outfall No. 040		CSO Outfall No.																	
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E					
1	2:57 AM	M	3.75	M	1.4876	M	5:56 PM	M	1.08	M	0.0224	M	6:40 PM	M	4.90	M	0.2284	M					
2													12:00 AM	M	5.48	M	0.1885	M					
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11	4:12 AM	M	0.83	M	0.0525	M							3:55 AM	M	2.07	M	0.0647	M					
12																							
13																							
14																							
15																							
16																							
17																							
18																							
19	12:32 AM	M	1.92	M	0.9328	M	12:11 AM	M	1.25	M	0.0176	M	12:55 AM	M	2.23	M	0.0897	M					
20																							
21																							
22																							
23																							
24																							
25																							
26																							
27																							
28	5:02 AM	M	1.17	M	0.0860	M	7:01 AM	M	0.17	M	0.0040	M											
29																							
30																							
Totals:	4	Days	7.67		2.5589		3	Days	2.50		0.0440		4	Days	14.68		0.5713		0	Days	0.00		0.0000



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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart	Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: April 2024	Enter "x" if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	

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

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent <b>Laura E. Kolo, Utilities Services Manager</b>	Telephone <b>574-293-2572</b>
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent <i>Laura Kolo</i>	Date (mm/dd/yy) <b>05/24/24</b>



# BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report  
previously sent on: \_\_\_\_\_

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

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

## GENERAL INFORMATION

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

## RELEASE INFORMATION (Location 1)

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

(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 955,700 Gallons	(11) WWTP Flow During Release 33.7 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD
------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------	---------------------------------------------

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

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

(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) SCADA failure	(17) Additional Description of the Bypass / Overflow Event:  This event took place during a heavy rain event and technically not reportable but because it was due to equipment failure, it is being reported. It was not realized until appx noon on 4/19/20 that this event occurred.  SCADA failure during heavy rain. Had to turn down north interceptor pumps and raw influent screw pumps at Headworks to minimize flow coming into plant while SCADA was brought back on line and flows were lowered to level where it was possible to start primary effluent screw pumps.	(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input checked="" type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: n/a
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

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

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

## CERTIFICATION AND SIGNATURE

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

SIGNATURE: Laura Kolo DATE (month, day, year): 04/20/24

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

## Kolo, Laura

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**From:** postmaster@state.in.us  
**Sent:** Saturday, April 20, 2024 11:55 AM  
**To:** Kolo, Laura  
**Subject:** EXTERNAL: Relayed: IN0025674\_INC\_RPT\_04\_01  
**Attachments:** EXTERNAL: Relayed: IN0025674\_INC\_RPT\_04\_01

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# BYPASS / OVERFLOW INCIDENT REPORT

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

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

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 04/28/24 5:55 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 04/28/24 6:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) manhole in Edgewater Park	(9) Latitude (Deg Min Sec) 41 40 47N	(9) Longitude (Deg Min Sec) 85 59 58W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 320,500 Gallons			(11) WWTP Flow During Release 24.3 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) SCADA Failure		(17) Additional Description of the Bypass / Overflow Event: This event took place during a heavy rain and technically is not reportable but because it is believed to be due to equipment failure, it is being reported. It was not realized until 8:30 am on 4/29/24.  SCADA failure during heavy rain. Had to turn down north intercepter pumps at headworks to minimize flow coming into the plant in order to lower primary effluent wet well and turn screw pumps back on.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input checked="" type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:  n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input checked="" type="checkbox"/> Clean-Up Debris see attached crews cleaned debris park by noon on 04/29/24					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence see attached					

(22)

CERTIFICATION AND SIGNATURE			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)			
SIGNATURE: <i>Laura Kolo</i>			DATE (month, day, year): 04/29/24
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 04/29/24 3:45 pm <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

**Kolo, Laura**

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**From:** postmaster@state.in.us  
**Sent:** Monday, April 29, 2024 3:42 PM  
**To:** Kolo, Laura  
**Subject:** EXTERNAL: Relayed: IN0025674\_INC\_RPT\_2024\_04\_02  
**Attachments:** EXTERNAL: Relayed: IN0025674\_INC\_RPT\_2024\_04\_02

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

Your DMRs are undergoing the Signing Process

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



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Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
Season: 0	Req.		Req Mon MO TOTAL	80 - Mgal/mo						01/30 - Monthly	RT - RCOTOT
NODI: -	NODI										

**Submission Note**

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

**Edit Check Errors**

No errors.

**Comments**

**Attachments**

Name	Type	Size
IN0025674_035a_MRO_2024_05.pdf	pdf	1021827.0
IN0025674_CSO_MRO_2024_05.pdf	pdf	1122524.0
IN0025674_INC_RPT_2024_05_1.pdf	pdf	262298.0
IN0025674_INC_RPT_2024_05_2.pdf	pdf	529493.0
IN0025674_INC_RPT_2024_05_3.pdf	pdf	127464.0
IN0025674_INC_RPT_2024_05_4.pdf	pdf	117377.0
IN0025674_INC_RPT_2024_05_5.pdf	pdf	684808.0
IN0025674_INC_RPT_2024_05_6.pdf	pdf	740960.0

**Report Last Saved By**

**ELKHART WWTP**

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

**Report Last Signed By**

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



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

State Form 10829 (R4 / 01-20)

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

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 6.19 Precipitation - Inches	Bypass At Plant Site("X" If Occurred)	Sanitary Sewer Overflow("X" If Occurred)	CHEMICALS USED			RAW SEWAGE						
							Chlorine - Lbs/day	Ferric Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l
1	Wed							228	12.967	7.3	99	10,706	104	11,247	3.29	18.68
2	Thu			0.04				200	12.975	7.5	121	13,094	106	11,470	3.21	18.84
3	Fri			0.31		x		240	15.967	7.1	111	14,781	214	28,497	3.62	17.84
4	Sat			0.70				225	13.208	7.3	84	9,253	102	11,236	2.70	16.40
5	Sun			0.30				228	17.141	7.3	86	12,294	100	14,296	2.18	10.92
6	Mon							228	13.358	7.2	96	10,695	114	12,700	2.65	15.32
7	Tue			0.51		x		180	15.558	7.3	101	13,105	96	12,456	3.48	17.40
8	Wed			0.04				213	13.167	7.2	95	10,432	104	11,421	2.87	19.44
9	Thu			0.65				220	19.242	7.5	114	18,295	160	25,677	3.40	19.04
10	Fri			0.01		x		222	14.658	7.3	74	9,046	104	12,714	3.26	23.68
11	Sat			0.17				220	13.400	7.3	81	9,052	72	8,046	2.50	15.12
12	Sun							198	12.650	7.2	84	8,862	64	6,752	2.09	13.32
13	Mon			0.18				228	15.467	7.2	130	16,769	206	26,573	2.88	17.32
14	Tue			0.68				228	15.642	7.2	97	12,654	128	16,698	2.37	20.52
15	Wed			0.17				182	15.908	7.3	105	13,931	126	16,717	2.46	15.24
16	Thu			0.13				212	14.542	7.4	112	13,583	120	14,554	3.01	18.80
17	Fri			0.01				234	14.325	7.0	134	16,009	116	13,859	2.86	22.48
18	Sat							200	13.325	7.3	91	10,113	90	10,002	2.79	16.20
19	Sun							228	13.183	7.2	83	9,126	102	11,215	1.91	12.56
20	Mon			0.32				334	13.700	7.2	166	18,967	226	25,822	3.98	16.40
21	Tue			0.01					14.683	7.4	131	16,042	186	22,777	3.51	18.60
22	Wed							223	13.192	7.3	79	8,692	118	12,983	2.34	19.50
23	Thu							200	13.433	7.4	127	14,228	150	16,805	3.43	19.60
24	Fri			0.03				200	13.492	7.6	118	13,278	116	13,053	3.75	19.10
25	Sat							220	13.708	7.3	88	10,061	108	12,347	2.91	15.70
26	Sun			0.50				202	15.683	7.4	86	11,248	102	13,341	3.09	10.50
27	Mon			0.69				200	17.383	7.2	57	8,264	100	14,497	3.02	9.72
28	Tue			0.38				202	14.717	7.1	88	10,801	126	15,465	2.69	15.10
29	Wed			0.36				213	17.875	7.8	109	16,249	168	25,045	2.80	10.70
30	Thu							213	14.417	7.8	95	11,423	106	12,745	3.27	13.80
31	Fri							213	14.583	7.0	77	9,365	102	12,405	3.01	14.00
Average				0.29				218	14.631		101	12,272	124	15,271	2.95	16.51
Maximum				0.70				334	19.242	7.8	166	18,967	226	28,497	3.98	23.68
Minimum				0.01				180	12.650	7.0	57	8,264	64	6,752	1.91	9.72

# of Data	0	21	0	3	0	30	0	31	31	31	31	31	31	31	31	0
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operatc <i>Laura Kolo</i>	Date (month, day, year) 6/28/24
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) <i>Laura Kolo</i>	Date (month, day, year) 6/28/24

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

State Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month May	Year 2024
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Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR				RETURN SLUDGE			CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
1	74	53	126	3,284	38	5.4	15	6.487	5,420					17	7.0		9.5	
2	86	57	118	3,560	33	5.4	16	6.487	5,940					16	7.0		9.6	
3	74	80	138	2,532	55	5.8	16	6.478	5,800					14	7.3		9.5	
4	60	61	143	2,692	53	6.0	16	6.478	5,580					29	7.0		9.6	
5	57	53	146	2,804	52	5.9	16	6.478	5,920					25	7.3		9.5	
6	73	79	135	2,728	49	6.0	16	6.487	5,820					20	7.6		9.9	
7	69	69	147	2,648	56	5.5	16	6.487	6,040					14	7.6		9.5	
8	65	53	136	3,204	42	5.8	16	6.487	6,020					15	7.0		9.1	
9	77	72	132	3,256	41	5.8	15	6.478	6,880					10	7.0		10.1	
10	57	58	149	2,568	58	5.6	16	6.487	6,580					8	7.3		9.6	
11	57	41	150	2,620	57	6.6	15	6.487	6,180					8	7.0		9.8	
12	58	39	138	2,780	50	6.3	16	6.487	6,360					5	7.5		10.6	
13	69	82	141	2,732	52	5.9	16	6.487	6,920					10	7.5		9.4	
14	56	60	122	3,424	36	5.4	16	6.478	6,400					8	7.4		9.3	
15	74	63	151	2,624	58	5.3	16	6.536	6,460					12	7.3		9.6	
16	78	59	156	2,688	58	5.0	16	6.379	6,320					8	7.0		9.5	
17	83	61	150	2,792	54	5.7	16	6.478	6,720					8	7.4		9.6	
18	64	48	158	2,656	59	6.4	16	6.483	6,300					6	7.0		9.7	
19	53	37	158	2,824	56	5.0	16	6.487	5,980					4	7.5		9.2	
20	77	68	156	2,872	54	4.8	17	6.487	5,640					5	7.3		9.0	
21	77	86	148	2,352	63	4.0	17	6.487	5,600					18	7.4		8.4	
22	60	51	140	3,392	41	3.8	18	6.487	6,380					8	7.0		8.8	
23	83	73	142	3,796	37	3.5	17	6.478	5,140					11	7.0		8.8	
24	81	56	170	2,840	60	4.1	17	6.478	5,320					10	7.0		8.6	
25	60	52	171	3,052	56	4.6	17	6.474	6,560					6	7.0		8.8	
26	56	52	164	2,980	55	3.8	16	6.487	6,800					8	7.5		8.8	
27	42	57	130	3,004	43	4.6	17	6.487	6,900					15	7.1		8.5	
28	68	61	160	2,936	54	3.6	17	6.487	6,080					7	7.5		8.5	
29	68	80	151	2,544	59	4.4	17	6.487	7,520					8	7.2		8.4	
30	86	55	165	3,028	55	4.2	17	6.487	6,180					10	7.0		8.8	
31	59	55	168	2,796	60	4.60	17	6.487	5,740					12	7.3		8.7	
Avg.	68	60	147	2,903	51	5.1	16	6.482	6,177					11			9.3	
Max	86	86	171	3,796	63	6.6	18	6.536	7,520					29		7.6	10.6	
Min.	42	37	118	2352	33	3.5	15	6.379	5140					4		7.00	8.4	
Daily Max														29				
# of Days above 235														0				
Data	31	31	31	31	31	31	31	31	31	0	0	1	0	31	31	0	31	0

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

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

Slate Form 10829 (R4 / 01-20)

Name of Facility Elkhart	Permit Number IN0025674	Month May	Year 2024
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		FINAL EFFLUENT															
Day Of Month	Day of Week	Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Wed	15.852		3		397		5		687		0.05		6.6		0.62	82
2	Thu	16.267		3		407		8		1,140		0.07		9.5		0.64	87
3	Fri	19.674		3		492		10		1,674		0.06		9.8		0.72	118
4	Sat	15.808	18.158	2	3.14	264	493	7	7.89	897	1,205	0.05	0.05	6.6	8	0.53	70
5	Sun	20.024		4		668		12		2,004		0.06		10.0		0.51	85
6	Mon	16.710		2		279		4		502		0.05		7.0		0.40	56
7	Tue	20.472		3		512		5		871		0.14		23.9		0.44	75
8	Wed	16.124		2		269		4		471		0.07		9.4		0.42	56
9	Thu	23.585		3		590		5		1,023		1.28		251.8		0.63	124
10	Fri	17.138		2		286		4		529		0.08		11.4		0.49	70
11	Sat	16.180	18.605	2	2.57	270	411	4	5.24	486	841	0.05	0.25	6.7	46	0.59	80
12	Sun	15.438		2		258		2		283		0.04		5.2		0.58	75
13	Mon	17.877		2		298		4		611		0.07		10.4		0.54	81
14	Tue	21.140		2		353		4		705		0.10		17.6		0.37	65
15	Wed	17.627		2		294		4		515		0.11		16.2		0.38	56
16	Thu	18.068		2		301		3		497		0.06		9.0		0.41	62
17	Fri	16.199		2		270		4		540		0.06		8.1		0.46	62
18	Sat	15.362	17.387	2	2.00	256	290	4	3.53	461	516	0.05	0.07	6.4	10	0.48	61
19	Sun	14.998		2		250		3		413		0.04		5.0		0.57	71
20	Mon	19.227		2		321		4		561		0.05		8.0		0.51	82
21	Tue	16.906		2		282		4		564		0.30		42.3		0.56	79
22	Wed	15.989		2		267		3		453		0.29		38.7		0.67	89
23	Thu	15.391		2		257		4		552		0.22		28.2		0.61	78
24	Fri	15.924		2		266		4		584		0.14		18.6		0.72	96
25	Sat	14.498	16.133	2	2.00	242	269	4	3.87	508	519	0.07	0.16	8.5	21	0.94	114
26	Sun	18.228		2		304		4		623		0.14		21.3		0.91	138
27	Mon	23.033		2		384		6		1,133		0.07		13.4		0.76	146
28	Tue	20.741		2		346		4		761		0.14		24.2		0.67	116
29	Wed	23.223		2		387		4		852		0.16		31.0		0.59	114
30	Thu	17.363		2		290		4		623		0.09		13.0		0.62	90
31	Fri	16.949	19.767	2	2.00	283	330	4	4.59	565	763	0.68	0.10	5.7	16	0.68	96
Avg		17.807		2		334		5		713		0.16		22.0		0.58	86
Max		23.585	19.767	4	3.14	668	493	12	7.89	2,004	1,205	1.28	0.25	251.8	46	0.9	146
Min		14.498	16.133	2	2.00	242	269	2	3.53	283	516	0.04	0.05	5.0	8	0.4	56
Data		31	5	31	5	31	5	31	5	31	5	31	5	31	5	31	31

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



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

Slate Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	May	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary SludgeGal. x 100	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1	41.35	249.12	7.0		84	10.611		3.47	2.02	75.00	59.48	118.93		
2	46.30	249.12	7.1		85	7.074		1.22	2.05	76.70	58.44	123.71		
3	56.34	249.12	7.1		86			3.62	2.02	73.66	60.53	80.27		
4	66.31	249.12	7.2		87	0.000		3.39	2.02	72.15	61.03			
5	57.84	249.12	7.1		87	3.537		5.19	2.04	72.26	59.15			
6	45.61	249.12	7.1		87			3.38	2.16	76.26	60.12	111.25		
7	56.56	249.12	7.2		89	3.537		4.34	2.11	75.31	58.49			
8	51.00	249.12	7.1		88	7.074		6.02	2.15	71.50	58.67	107.88		
9	43.22	249.12	7.2		87	7.074		4.38	2.15	73.92	58.29	99.55		
10	78.09	249.12	7.3		88			3.30	2.10	73.63	58.24	36.44		
11	50.04	249.12	7.1		90	7.074		3.84	2.21	75.72	61.48			
12	15.94	249.12	7.0		92	17.685		3.32	2.09	79.31	58.64			
13	32.85	249.12	7.0		90	35.370		5.05	1.89	80.83	58.46	122.48		
14	47.55	247.68	7.1		91	7.074		3.32	2.01	78.81	57.22	121.44		
15	52.91	249.12	7.0		91	21.222		5.34	1.97	73.28	59.17	127.97		
16	47.66	247.68	7.2		89	14.148		1.98	1.98	75.00	58.33	124.14		
17	55.77	249.12	7.2		92	10.611		5.81	1.97	76.52	56.92	68.77		
18	46.39	223.20	7.2		93	35.370		5.08	1.97	74.41	57.43			
19	48.61	216.00	7.3		94	38.907		3.01	2.06	79.15	59.22			
20	39.04	216.00	7.3		94	31.833		2.45	2.02	77.78	58.28	129.84		
21	46.98	216.00	7.3		94	14.148		3.40	1.94	76.73	58.27	129.54		
22	52.61	216.00	7.2		94	21.222		3.55	1.94	73.52	57.14	125.40		
23	40.95	216.00	7.3		94			4.49	1.88	75.93	57.66	130.19		
24	39.27	216.00	7.2		95	10.611		2.41	1.96	78.26	56.92	69.50		
25	32.60	216.00	7.2		95	10.611		4.66	1.89	77.12	58.03			
26	23.45	216.00	7.3		95	17.685		3.19	1.98	75.64	59.09			
27	28.63	216.00	7.3		95	0.000		6.69	2.00	69.72	57.43	0.00		
28	28.37	216.00	7.2		95	10.611		5.51	1.94	71.14	55.10	128.42		
29	33.31	216.00	7.2		95			4.35	2.00	78.82	57.79	74.30		
30	30.45	216.00	7.2		95	24.759		6.25	1.95	75.56	57.45	130.33		
31	40.84	216.00	7.0		94	14.148		5.81	2.02	74.35	58.02	65.05		
Avg.	44.41	234.30			91	14.692		4.12	2.02	75.42	58.40	101.15		
Max.	78.09	249.12	7.3		95	38.907		6.69	2.21	80.83	61.48	130.33		
Min.	15.94	216.00	7.0		84	0.000		1.22	1.88	69.72	55.10	0.00		
Data	31	31	31	0	31	26	0	31	31	31	31	22	0	0

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

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

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	May	2024

Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Influent mg/l	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2																
3																
4																
5																
6			15.60	2,174											13.3000	0.9700
7					0.0002	0.0002	0.0002	0.0002			0.0035	0.0020	0.0415	0.0079		
8																
9																
10																
11																
12																
13																
14					0.0005	0.0002										
15																
16																
17																
18																
19																
20					0.0003											
21	180	25,379				0.0002										
22																
23																
24																
25																
26																
27																
28					0.0002	0.0002										
29																
30																
31																
Avg.	180	25,379	15.60	2,174	0.0003	0.0002	0.0002	0.0002			0.0035	0.0020	0.0415	0.0079	13.3000	0.9700
Max.	180	25,379			0.0005	0.0002	0.0002	0.0002			0.0035	0.0020	0.0415	0.0079	13.3000	0.9700
Min.	180	25,379	15.60	2174	0.0002	0.0002	0.0002	0.0002			0.0035	0.0020	0.0415	0.0079	13.3000	0.9700
Data	1	1	1	1	4	4	1	1	0	0	1	1	1	1	1	1

# WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	May	2024

Substitute for State Form 30530

Day Of Month	Ni - Influent mg/L	Ni - Effluent mg/L	Pb - Influent mg/L	Pb - Effluent mg/L	Zn - Influent mg/L	Zn - Effluent mg/L												
1																		
2																		
3																		
4																		
5																		
6																		
7	0.0165	0.0050	0.0012	0.0010	0.0539	0.0209												
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
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23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg.	0.0165	0.0050	0.0012	0.0010	0.0539	0.0209												
Max	0.0165	0.0050	0.0012	0.0010	0.0539	0.0209												
Min.	0.0165	0.0050	0.0012	0.0010	0.0539	0.0209												
Date	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart				Page 1 of 9				Permit Number: IN0025574												
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																
Monitoring Period: May 2024				Enter "x" if no CSO discharge occurred for the month:																
Design Peak Hourly Flow (MGD): 44				Design Average Flow (MGD): 20				Measured/Metered (M) or Estimated (E) must be specified												
WWTP Influent Data			Precipitation Data					CSO Outfall No. 005					CSO Outfall No. 006							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	15.85	25.51					15 min													
2	16.27	26.45	5:06 PM	0.63	0.04	0.12	15 min													
3	19.67	37.83	12:51 AM	7.55	0.31	0.60	15 min													
4	15.81	41.93	11:36 PM	0.47	0.70	2.60	15 min							11:52 PM	M	0.17	M	0.0292	M	
5	20.02	46.60	12:01 AM	1.72	0.30	0.40	15 min							12:02 AM	M	0.25	M	0.0396	M	
6	16.71	26.08					15 min													
7	20.47	42.72	10:44 AM	13.03	0.51	0.08	15 min													
8	16.12	21.68	12:01 AM	3.08	0.04	0.04	15 min													
9	23.59	50.09	5:56 AM	15.97	0.65	0.36	15 min													
10	17.14	22.91	3:26 AM	0.08	0.01	0.04	15 min													
11	16.18	26.06	2:51 AM	3.58	0.17	0.20	15 min													
12	15.44	18.30					15 min													
13	17.88	32.66	3:06 PM	4.75	0.18	0.32	15 min													
14	21.14	42.99	3:11 AM	20.80	0.68	0.08	15 min							2:52 PM	M	0.08	M	0.004	M	
15	17.63	29.06	12:01 AM	8.50	0.17	0.04	15 min													
16	18.07	35.26	6:11 PM	1.80	0.13	0.12	15 min													
17	16.20	18.95	6:21 AM	4.83	0.01	0.04	15 min													
18	15.36	18.72					15 min													
19	15.00	17.76					15 min													
20	19.23	38.85	7:31 PM	4.50	0.32	0.36	15 min													
21	16.91	22.79	12:31 AM	6.92	0.01	0.04	15 min													
22	15.99	19.12					15 min													
23	15.39	20.67					15 min													
24	15.92	25.13	8:44 PM	0.37	0.03	0.08	15 min													
25	14.50	17.92					15 min													
26	18.23	43.32	2:36 PM	2.17	0.50	0.32	15 min							2:57 PM	M	0.08	M	0	M	
27	23.03	47.28	12:19 AM	20.37	0.69	0.96	15 min							2:02 AM	M	0.67	M	0.206	M	
28	20.74	47.58	12:16 AM	22.05	0.38	0.32	15 min													
29	23.22	46.88	12:56 AM	10.75	0.36	0.28	15 min													
30	17.36	22.47					15 min													
31	16.95	19.30					15 min													
<b>Totals:</b>	<b>552.02</b>			<b>153.92</b>	<b>6.19</b>			<b>0</b>	<b>Da</b>	<b>ys</b>	<b>0.00</b>	<b>0</b>		<b>5</b>	<b>Da</b>	<b>ys</b>	<b>1.25</b>	<b>0.2788</b>		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 2 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: May 2024										Enter "x" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 007					CSO Outfall No. 008					CSO Outfall No. 009					CSO Outfall No. 011										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1																									
2																									
3																									
4							11:59 PM	M	0.08	M	0.0072	M							11:55 PM	M	0.08	M	0.0082	M	
5	12:11 AM	M	0.58	M	0.0899	M	12:04 AM	M	0.08	M	0.0010	M	12:20 AM	M	0.42	M	0.0181	M	12:00 AM	M	0.25	M	0.0222	M	
6																									
7																									
8																									
9																									
10																									
11																									
12																									
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19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									
27	2:16 AM	M	1.42	M	0.2351	M	2:10 AM	M	0.25	M	0.0096	M	2:35 AM	M	1.07	M	0.0470	M	2:05 AM	M	0.50	M	0.0487	M	
28																									
29																									
30																									
31																									
Totals:	2	Da ys	2.00		0.3250		3	Da ys	0.41		0.0178		2	Da ys	1.49		0.0651		3	Da ys	0.83		0.0791		



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 3 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: May 2024										Enter "x" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 012					CSO Outfall No. 013					CSO Outfall No. 14B					CSO Outfall No. 015										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1																									
2																									
3																									
4																									
5																				12:25 AM	M	0.33	M	0.0035	M
6																									
7	5:17 PM	M	0.33	M	0.0102	M													5:25 PM	M	0.42	M	0.0068	M	
8																									
9																				1:15 PM	M	0.42	M	0.0047	M
10																									
11																									
12																									
13																									
14	3:12 PM	M	0.17	M	0.0015	M													3:05 PM	M	0.50	M	0.0314	M	
15																									
16																									
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26	3:12 PM	M	0.33	M	0.0086	M	3:12 PM	M	0.17	M	0.0052	M							3:15 PM	M	0.58	M	0.0239	M	
27	2:17 AM	M	0.67	M	0.0237	M	2:12 AM	M	0.58	M	0.0614	M							2:15 AM	M	1.33	M	0.0935	M	
28																				9:50 AM	M	0.42	M	0.0050	M
29																									
30																									
31																									
<b>Totals:</b>	4	Da ys	1.50		0.0440		2	Da ys	0.75		0.0666		0	Da ys	0.00		0.0000		7	Da ys	4.00		0.1688		



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

Slate Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 4 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: May 2024										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 016					CSO Outfall No. 017					CSO Outfall No. 018					CSO Outfall No. 019									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																								
2																								
3																								
4																								
5													12:05 AM	M	2.73	M	0.2638	M						
6																								
7																								
8																								
9													1:09 PM	M	1.42	M	0.0489	M						
10																								
11																								
12																								
13																								
14													3:10 PM	M	0.58	M	0.0117	M	3:14 PM	M	0.58	M	0.0019	M
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26													3:15 PM	M	2.33	M	0.1577	M						
27							1:13 AM	M	1.00	M	0.0531	M	1:39 AM	M	3.50	M	0.3293	M	2:14 AM	M	1.00	M	0.0145	M
28													9:55 PM	M	0.33	M	0.0020	M						
29																								
30																								
31																								
<b>Totals:</b>	0	Days	0.00		0.0000		1	Days	1.00		0.0531		6	Days	10.89		0.8134		2	Days	1.58		0.0164	



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

State Form 50646 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 5 of 9		Permit Number: IN0025574												
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: May 2024										Enter 'x' if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
Day of Month	CSO Outfall No. 020						CSO Outfall No. 023						CSO Outfall No. 024						CSO Outfall No. 025					
	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																								
2																								
3																			3:51 AM	M	0.25	M	0.0026	M
4	11:50 PM	M	0.17	M	0.0111	M	11:52 PM	M	0.17	M	0.0122	M						11:51 PM	M	0.17	M	0.0154	M	
5	12:00 AM	M	0.50	M	0.0306	M	12:02 AM	M	0.33	M	0.0140	M	12:05 AM	M	1.42	M	0.0887	M	12:01 AM	M	0.25	M	0.0201	M
6																								
7	5:05 PM	M	0.42	M	0.0195	M	5:07 PM	M	0.08	M	0.0007	M						5:01 PM	M	0.25	M	0.0433	M	
8																								
9							1:02 PM	M	0.08	M	0.0006	M						12:56 PM	M	0.17	M	0.0003	M	
10																								
11																								
12																								
13																		3:21 PM	M	0.17	M	0.0109	M	
14	3:00 PM	M	0.33	M	0.0136	M	2:47 PM	M	0.33	M	0.0106	M						2:46 PM	M	0.42	M	0.0792	M	
15																								
16																		6:46 PM	M	0.08	M	0.0043	M	
17																								
18																								
19																								
20																								
21																		10:26 PM	M	0.08	M	0.0029	M	
22																								
23																								
24																								
25																								
26	2:55 PM	M	0.67	M	0.0377	M	2:52 PM	M	0.50	M	0.0198	M	3:30 PM	M	0.67	M	0.0101	M	2:51 PM	M	0.42	M	0.0411	M
27	2:05 AM	M	1.25	M	0.0751	M	2:07 AM	M	0.83	M	0.0467	M	2:10 AM	M	1.50	M	0.1216	M	2:01 AM	M	0.83	M	0.1650	M
28	9:35 PM	M	0.17	M	0.0009	M	9:27 PM	M	0.17	M	0.0015	M						9:26 PM	M	0.25	M	0.0328	M	
29																								
30																								
31																								
<b>Totals:</b>	7	Da ys	3.51		0.1885		8	Da ys	2.49		0.1061		3	Da ys	3.59		0.2204		12	Da ys	3.34		0.4179	





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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025674										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: May 2024										Enter "x" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 026					CSO Outfall No. 027					CSO Outfall No. 028					CSO Outfall No. 029										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1																									
2																									
3																									
4							11:46 PM	M	0.17	M	0.0033	M													
5							12:01 AM	M	0.08	M	0.0007	M													
6																									
7							5:01 PM	M	0.08	M	0.0033	M													
8																									
9																									
10																									
11																									
12																									
13																									
14							2:51 PM	M	0.17	M	0.0059	M													
15																									
16							6:36 PM	M	0.08	M	0.0002	M													
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									
27	2:01 AM	M	0.33	M	0.0090	M	2:01 AM	M	0.43	M	0.0235	M							2:03 AM	M	0.50	M	0.0131	M	
28																									
29																									
30																									
31																									
<b>Totals:</b>	1	Da	0.33		0.0090		6	Da	1.01		0.0369		0	Da	0.00		0.0000		1	Da	0.50		0.0131		



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: May 2024										Enter "x" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 031					CSO Outfall No. 032					CSO Outfall No. 033					CSO Outfall No. 034										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1																									
2																									
3																									
4	11:57 PM	M	0.08	M	0.0026	M																			
5	12:02 AM	M	0.58	M	0.1728	M							12:02 AM	M	0.58	M	0.2654	M							
6																									
7																									
8																									
9																									
10																									
11																									
12																									
13																									
14							2:55 PM	M	0.08	M	0.0056	M							2:46 PM	M	0.08	M	0.0003	M	
15																									
16																									
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26													3:07 PM	M	0.25	M	0.0300	M							
27	12:52 AM	M	0.33	M	0.0228	M	2:00 AM	M	0.50	M	0.0382	M	1:02 AM	M	0.33	M	0.0381	M	2:06 AM	M	0.17	M	0.0059	M	
28																									
29																									
30																									
31																									
<b>Totals:</b>	3	Da ys	0.99		0.1982		2	Da ys	0.58		0.0438		3	Da ys	1.16		0.3335		2	Da ys	0.25		0.0062		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 8 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: May 2024										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 037					CSO Outfall No. 039					CSO Outfall No. 040					CSO Outfall No.									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																								
2																								
3							3:51 AM	M	0.33	M	0.0030	M												
4							11:46 PM	M	0.25	M	0.0108	M												
5	12:02 AM	M	2.50	M	1.7521	M	12:01 AM	M	0.25	M	0.0052	M	12:05 AM	M	1.83	M	0.0495	M						
6																								
7							5:01 PM	M	0.17	M	0.0037	M												
8																								
9	1:07 PM	M	1.25	M	0.2428	M	12:56 PM	M	0.25	M	0.0018	M	1:40 PM	M	0.25	M	0.0003	M						
10																								
11																								
12																								
13																								
14							2:41 PM	M	0.33	M	0.0129	M												
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26	3:12 PM	M	1.25	M	0.2965	M	2:46 PM	M	0.42	M	0.0103	M	3:20 AM	M	2.17	M	0.0728	M						
27	1:02 AM	M	3.17	M	1.1318	M	2:01 AM	M	0.67	M	0.0225	M	11:50 AM	M	3.25	M	0.1371	M						
28	10:27 AM	M	0.42	M	0.0044		9:21 PM	M	0.25	M	0.0035	M												
29																								
30																								
31																								
<b>Totals:</b>	5	Days	8.59		3.4276		9	Days	2.92		0.0737		4	Days	7.50		0.2597		0	Days	0.00		#####	



# BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report  
previously sent on: 05/03/24

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 05/03/24 10:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 05/03/24 11:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1704 Stevens	(9) Latitude (Deg Min Sec) 85 57 41 W	(9) Longitude (Deg Min Sec) 41 40 17 N
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 100 Gallons			(11) WWTP Flow During Release 16.2 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: n/a		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches <i>Grease</i>					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) sewer main plugged - grease		(17) Additional Description of the Bypass / Overflow Event: originally incorrectly submitted as 1704 Sterling  Call came in at 10:10 am. Crews removed plug of grease and flows returned to normal at 11:10 am		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other: n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris grease					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence educate residents in basin of proper grease disposal					
(22)					

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <i>Laura Kolo</i>			DATE (month, day, year): 05/06/24	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 05/06/24 appx 2:15	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

## Kolo, Laura

---

**From:** postmaster@state.in.us  
**Sent:** Monday, May 6, 2024 2:25 PM  
**To:** Kolo, Laura  
**Subject:** EXTERNAL: Relayed: IN0025674\_INC\_RPT\_2024\_05\_04  
**Attachments:** EXTERNAL: Relayed: IN0025674\_INC\_RPT\_2024\_05\_04

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



# BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report  
previously sent on: \_\_\_\_\_

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 05/03/24	(7) Date (mm/dd/yy) and Time Release Stopped 05/03/24	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1704 Sterling	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual			(11) WWTP Flow During Release Gallons MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: n/a		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) sewer main plugged		(17) Additional Description of the Bypass / Overflow Event: remaining information to be submitted on May 6, 2024		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:  n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence continue routine cleaning and televising schedule					

## (22) CERTIFICATION AND SIGNATURE

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

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

## Kolo, Laura

---

**From:** postmaster@state.in.us  
**Sent:** Friday, May 3, 2024 12:48 PM  
**To:** Kolo, Laura  
**Subject:** EXTERNAL: Relayed: IN0025674\_INC\_RPT\_2024\_05\_02  
**Attachments:** EXTERNAL: Relayed: IN0025674\_INC\_RPT\_2024\_05\_02

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# BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report  
previously sent on: 5/3/24

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GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 05/03/24 9:41 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 05/03/24 10:39 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 2126 Hawthorne	(9) Latitude (Deg Min Sec) 85 58 3 W	(9) Longitude (Deg Min Sec) 41 39 57 N
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 150 Gallons			(11) WWTP Flow During Release 16.2 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: n/a		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches <i>grease</i>					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) sewer main plugged - grease + rags		(17) Additional Description of the Bypass / Overflow Event: remaining information to be submitted on May 6, 2024  Call came in at 9:41 am. Crews removed plug of grease and flows returned to normal at 10:39 am.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:  n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris jetted line and obstruction cleared					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence educate residents in basin of proper grease disposal					
(22)					

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <i>Laura Kolo</i>			DATE (month, day, year): 05/06/24	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 05/06/24 appx 2:15	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM



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

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

Follow-up to Bypass report  
 previously sent on: 5/3/24

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

RELEASE INFORMATION (Location 2)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	05/03/24	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	05/03/24	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	2123 Hawthorne	appx - see above
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land			Name of Receiving Water Impacted unable to enter Lat/long for address (GIS is unavailable)	
RELEASE INFORMATION (Location 3)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 4)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 5)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 6)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 7)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land			Name of Receiving Water Impacted	

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

CERTIFICATION AND SIGNATURE	
<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>	
SIGNATURE: <u>Laura W</u>	DATE (month, day, year): <u>5/6/24</u>

## Kolo, Laura

---

**From:** postmaster@state.in.us  
**Sent:** Monday, May 6, 2024 2:24 PM  
**To:** Kolo, Laura  
**Subject:** EXTERNAL: Relayed: IN0025674\_INC\_RPT\_2024\_005\_03  
**Attachments:** EXTERNAL: Relayed: IN0025674\_INC\_RPT\_2024\_005\_03

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# BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report  
previously sent on: \_\_\_\_\_

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 05/03/24 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 05/03/24 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 2126 Hawthorne	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons			(11) WWTP Flow During Release MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: na/		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station <input type="checkbox"/> Treatment Bypass <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Cleanout		(17) Additional Description of the Bypass / Overflow Event: on desk top 05 2024-05-01 in May 6, 2024		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: n/a	
Describe Other: sewer main plug					
(19) Additional Comments <input type="checkbox"/> IDEM Emergency		Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other: n/a			
(20) Actions Taken (Select one or more.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Jetted line and clean		<input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris			
(21) Resolution: Actions taken or planned to prevent recurrence continue routine cleaning and televising schedule					

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <u>Laura Kolo</u>				DATE (month, day, year): 05/03/24
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 05/03/24 appx 12:45	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM



# BYPASS / OVERFLOW REPORT (Supplemental Locations)

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

Follow-up to Bypass report  
previously sent on: \_\_\_\_\_

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

RELEASE INFORMATION (Location 2)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	05/03/24 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	05/03/24 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	2123 Hawthorne		
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted n/a	
		<input checked="" type="checkbox"/> Basement Backup <input checked="" type="checkbox"/> Reached Receiving Water			
RELEASE INFORMATION (Location 3)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted	
		<input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water			
RELEASE INFORMATION (Location 4)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted	
		<input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water			
RELEASE INFORMATION (Location 5)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted	
		<input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water			
RELEASE INFORMATION (Location 6)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted	
		<input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water			
RELEASE INFORMATION (Location 7)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted	
		<input type="checkbox"/> Basement Backup <input type="checkbox"/> 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.

SIGNATURE: Laura K Do

DATE (month, day, year): 050324

**Kolo, Laura**

---

**From:** postmaster@state.in.us  
**Sent:** Friday, May 3, 2024 12:47 PM  
**To:** Kolo, Laura  
**Subject:** EXTERNAL: Relayed: IN0025674\_INC\_RPT\_2024\_05\_01  
**Attachments:** EXTERNAL: Relayed: IN0025674\_INC\_RPT\_2024\_05\_01

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# BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report  
previously sent on: \_\_\_\_\_

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 05/06/24 10:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 05/06/24 10:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1626 El Reno	(9) Latitude (Deg Min Sec) 85 59 53 W	(9) Longitude (Deg Min Sec) 41 40 20 N
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 150 Gallons			(11) WWTP Flow During Release 14.0 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: n/a		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches <i>Grease</i>					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) sewer main plugged - grease		(17) Additional Description of the Bypass / Overflow Event:  Call came in at 10:15 am. Crews removed plug of grease and flows returned to normal at 10:40 am.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: n/a	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:  n/a					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris jetted line and obstruction cleared					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence educate residents in basin of proper grease disposal					

(22)

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)				
SIGNATURE: <i>Laura Kolo</i>			DATE (month, day, year): 05/06/24	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 05/06/24 appx 2:15	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

**Kolo, Laura**

---

**From:** postmaster@state.in.us  
**Sent:** Monday, May 6, 2024 2:26 PM  
**To:** Kolo, Laura  
**Subject:** EXTERNAL: Relayed: IN0025674\_INC\_RPT\_2024\_05\_05  
**Attachments:** EXTERNAL: Relayed: IN0025674\_INC\_RPT\_2024\_05\_05

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# BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report  
previously sent on: \_\_\_\_\_

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

## GENERAL INFORMATION

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

## RELEASE INFORMATION (Location 1)

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

(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 210,000 Gallons	(11) WWTP Flow During Release 25.0 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD
------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------	---------------------------------------------

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

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

(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) see sct 17	(17) Additional Description of the Bypass / Overflow Event: 2 screw pumps left in operator mode (off position) from prior day rain event and 3rd screw ran out of grease and kicked out. No water made it to receiving stream.	(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input checked="" type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: none
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris programming changes made now all three screw pumps are to remain in program mode
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

## CERTIFICATION AND SIGNATURE

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

SIGNATURE: <u>Laura Kolo</u>	DATE (month, day, year): <u>05/08/24</u>			
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 05/08/24 appx 1:25	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM



## Kolo, Laura

---

**From:** postmaster@state.in.us  
**Sent:** Wednesday, May 8, 2024 1:26 PM  
**To:** Kolo, Laura  
**Subject:** EXTERNAL: Relayed: IN0025674\_IN\_RPT\_2024\_05\_06  
**Attachments:** EXTERNAL: Relayed: IN0025674\_IN\_RPT\_2024\_05\_06

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



# BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report  
previously sent on: 05/10/24

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

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

## GENERAL INFORMATION

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

(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 05/10/24 11:18 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 05/10/24 1:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 103 Concord Mall Dr	(9) Latitude (Deg Min Sec) 41 38 30 N	(9) Longitude (Deg Min Sec) 85 55 43 W
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(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons	(11) WWTP Flow During Release 13.8 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD
------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------	---------------------------------------------

(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release	(14) Describe any damage to aquatic life or receiving stream: n/a
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(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input checked="" type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below)	(17) Additional Description of the Bypass / Overflow Event: Received call at 11:18 of sewage running down street in front of 103 Concord Mall Drive. Call man went out to find main was full but appeared downstream lift station was not working. Maintenance was sent out to find both lift station pumps "off". Both pumps were turned on to find one had failed.	(18) Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: n/a
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris lift station was "off". Investigation is on-going at the time this report was generated.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

(22)

## CERTIFICATION AND SIGNATURE

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

SIGNATURE: Laura Kolo DATE (month, day, year): 05/13/24

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

**Kolo, Laura**

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

(103 Concord Mall Dr)

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



# BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report  
previously sent on: \_\_\_\_\_

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 5/10/24 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 5/10/24 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 103 Concord Mall Dr.	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
(10) Amount of Flow Released Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons			(11) WWTP Flow During Release MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream:		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out, Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: Follow-up report will be submitted on 5/13/24 with details		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted:	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence					

(22)

CERTIFICATION AND SIGNATURE			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)			
SIGNATURE: <u>Laura Kolo</u>		DATE (month, day, year): <u>5/10/24</u>	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified <u>5/10/24 ≈ 2:45</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Kolo, Laura

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

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

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

Sent from my iPhone



# BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report  
previously sent on: 05/10/24

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

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

## GENERAL INFORMATION

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

(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began <input type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped <input type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 315 Plum	(9) Latitude (Deg Min Sec) 41 41 18 N	(9) Longitude (Deg Min Sec) 85 59 17 W
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(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual 0 Gallons	(11) WWTP Flow During Release 13.8 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD
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(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release	(14) Describe any damage to aquatic life or receiving stream: n/a
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(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below)	(17) Additional Description of the Bypass / Overflow Event: Received call at 10:39 from Rooter-Rooter for 315 Plum. Crews found main partially plugged with grease. Main was cleared and gurgling stopped. No back-up took place.  <b>NO INCIDENT OCCURRED - VOID PRIOR INCIDENT REPORT</b>	(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: n/a
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(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:  n/a
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

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

(22)

## CERTIFICATION AND SIGNATURE

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

SIGNATURE: Laura Kolo DATE (month, day, year): 05/13/24

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

**Kolo, Laura**

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

(315 Plum)

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



# BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report  
previously sent on: \_\_\_\_\_

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 5/10/24	(7) Date (mm/dd/yy) and Time Release Stopped 5/10/24	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) Plum + Fulton	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		
(10) Amount of Flow Released <i>(Always provide a volume.)</i> Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons			(11) WWTP Flow During Release MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream:		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out,  Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event:  follow-up report will be submitted on 5/13/24 with details		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted:	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence					

(22) **CERTIFICATION AND SIGNATURE**

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

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

Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 5/10/24 22:45	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
--------------------------------------------------	------------------------------------	--------------------------------------	---------------------------------------------------------------	-----------------------------------------------------------------------



Kolo, Laura

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

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**  
 Form ID: 002 (10/14/16)  
 Indiana Department of Environmental Management  
 Office of Water Quality

Follow-up to BYPASS report previously submitted.

**INSTRUCTIONS:** Complete all parts of this form and email signed copies to [wwreports@idem.in.gov](mailto:wwreports@idem.in.gov). Submit all of this report with valid new Office of Water Quality (CWO) inspection and permit bypass/overflow monitoring requirements of your NPDES permit. Please take care to record dates of this form as necessary to identify separate incidents caused by the same event. If you have any questions while filling out the report form, please contact Soledad Sigala at (317) 232-7720 or [soledad@idem.in.gov](mailto:soledad@idem.in.gov).

**To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section toll response line at: (317) 232-7743 or text from within Indiana at (888) 233-7743.**

**GENERAL INFORMATION**

(1) Facility Name (Organization): **Eikhart Public Works** (2) Mailing Address (Including Zip Code): **1201 S. Niagara Street Elkhart IN 46525674** (3) County: **Elkhart** (4) NPDES Permit Number: **IND0025674**

(5) Date: **5/10/24** (6) Time (Specify AM or PM): **5:10 PM** (7) Date (Specify AM or PM): **5/10/24** (8) Time (Specify AM or PM): **5:10 PM** (9) Location (Map Use-Only) (City, Zip Code): **Plum Factory MSO**

(10) Amount of Flow Released: **Guano** (11) WWT/P Plant Design Flow Rate: **44.0 MGD**

Check one:  Estimated  Actual (Always provide a volume.)

(12) Overflow Type (Select one):  
 Sanitary Sewer Overflow  
 Treatment Effluent (Of wastewater plant)  
 Industrial Combined Sewer Overflow  
 Wastewater Combined Sewer Overflow  
 Sanitary Sewer System Release

(13) Reason for Bypass/Overflow (Select one or more):  
 Construction Release  Power Failure  Equipment Failure  Unknown  Exceeded Max Capacity  Precedence (Spill or overflow)  
 (17) Additional Description of the Bypass/Overflow Event:

(14) Describe any damage to equipment or receiving stream:  
**follow-up report will be submitted on 5/13/24 with details**

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

(16) System Component(s) (Select one or more):  
 (10) Description of the Area Impacted (Check all that apply):  
 Affected Private Property  Government Building  Damaged at Treatment Plant  Reached Public Limit  Reached Receiving Water

Name of Receiving Water Impacted:

(18) Additional organizations notified by facility, if necessary (Select one or more):  
 IDEM Emergency Response  Health Dept.  O&M Fish and Wildlife  Local Emergency Management  Other

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

(21) Resolution Action Taken or Planned to Prevent Recurrence

**CERTIFICATION AND SIGNATURE**

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

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

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

Telephone Number: **(574) 293-2172** Email Address: **laura\_kolo@icmai.org**

Sent from my iPhone

## Kolo, Laura

---

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

Please note this is "POST" TRE 1/3

Laura Kolo  
Director of Utilities



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



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

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

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

Laura Kolo  
Director of Utilities



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



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

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## Kolo, Laura

---

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

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# Biomonitor

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

Test Organism	Test	Endpoint [1]	Units	Result	Compliance Value in TUs	Pass/Fail	Reporting
<i>Ceriodaphnia dubia</i>	7-day Survival and Reproduction Definitive Static-Renewal	NOEC Survival	%	100			
			TU <sub>c</sub>	1			
		NOEC Reproduction	%	100			
			TU <sub>c</sub>	1			
		IC25 Reproduction	%	100			
			TU <sub>c</sub>	1			
	48 hr. LC50	%	>100				
		TU <sub>a</sub>	<1				
	<b>Toxicity (acute)</b>	TU <sub>a</sub>	<1	1.0	<b>Pass</b>	Laboratory Report <u>and</u> NetDMR (Parameter Code 61425)	
	<b>Toxicity (chronic)</b>	TU <sub>c</sub>	1	8.0	<b>Pass</b>	Laboratory Report <u>and</u> NetDMR (Parameter Code 61426)	

<i>Pimephales promelas</i>	7-day Larval Survival and Growth Definitive Static-Renewal	NOEC Survival	%	25			
			TU <sub>c</sub>	4			
		NOEC Growth	%	25			
			TU <sub>c</sub>	4			
		IC25 Growth	%	41.7			
			TU <sub>c</sub>	2.4			
	96 hr. LC50	1 %	>100				
		TU <sub>a</sub>	<1				
	<b>Toxicity (acute)</b>	TU <sub>a</sub>	1	1.0	<b>Pass</b>	Laboratory Report <u>and</u> NetDMR (Parameter Code 61427)	
	<b>Toxicity (chronic)</b>	TU <sub>c</sub>	4	8.0	<b>Pass</b>	Laboratory Report <u>and</u> NetDMR (Parameter Code 61428)	

Biomonitor

8802 West Washington Street

Indianapolis, IN 46231

(317) 297-7713

*Whole Effluent  
Toxicity Test*

ELKHART  
WASTEWATER TREATMENT PLANT

IN0025674

Elkhart, Indiana

May 2024

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

Project Name: Elkhart Wastewater Treatment Plant

Project Date: April/May 2024

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

*Greg R. Bright*

Quality Assurance Officer

Date: 5/15/24

*Michael Britton*

Project Director

Date: 5/15/24

Other Participating Personnel:

Mukang'andu Ng'andwe  
Arizona Fox

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

Section 1  
Executive Summary

Biomonitor conducted whole effluent toxicity testing for the Elkhart, IN Wastewater Treatment Plant during April/May 2024. The purpose of the testing was to fulfill the biomonitoring requirement for the NPDES permit.

Three samples were collected April 28 – May 2, 2024. The water flea, *Ceriodaphnia dubia*, and Fathead minnow, *Pimephales promelas*, were used as the test organisms.

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

*Ceriodaphnia dubia* test

48-hr LC <sub>50</sub>	> 100% effluent	TU <sub>a</sub> < 1.0
NOEL for survival	= 100% effluent	TU <sub>c</sub> = 1.0
NOEL for reproduction	= 100% effluent	TU <sub>c</sub> = 1.0

*Pimephales promelas* test

48-hr LC <sub>50</sub>	> 100% effluent	TU <sub>a</sub> < 1.0
NOEL for survival	= 25% effluent	TU <sub>c</sub> = 4.0
NOEL for growth	= 25% effluent	TU <sub>c</sub> = 4.0
IC <sub>25</sub> for growth	= 41.7% effluent	TU <sub>c</sub> = 2.4

The acute toxicity limits in the NPDES permit require the 48 and/or 96-hr LC<sub>50</sub> to be greater than 100% effluent (a TU<sub>a</sub> not to exceed 1.0). The effluent samples passed the acute toxicity limits during this testing period for *Ceriodaphnia dubia* but not *Pimephales promelas*.

The chronic toxicity limits in the NPDES permit require a NOEL (No Observable Effect Level) of 12.5% effluent (a TU<sub>c</sub> not to exceed 8.0). According to the NPDES permit, there was not a “Demonstration of Toxicity” during this sampling period.

Section 2  
Introductory Information

**Table I**  
**General**

---

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

---



**Table II**  
**Plant Operations**

---

<b>Type of discharger:</b>	Publicly owned treatment works Wastewater consists of treated sanitary and industrial wastes
<b>Type of waste treatment:</b>	Class IV. Activated sludge
<b>Design flow:</b>	20 – MGD
<b>Volume of wastewater flow during the sampling period:</b>	April 28, 2024    -MGD April 30, 2024    -MGD May 2, 2024      -MGD

---

**Table III**  
**Source of effluent and dilution water**

**I. Effluent samples**

<b>Sampling point:</b>	Outfall 035	
<b>Collection dates and times:</b>	April 28, 2024	11:00 p.m.
	April 30, 2024	11:00 p.m.
	May 2, 2024	11:00 p.m.
<b>Sample collection:</b>	24-hour composite samples	
<b>Physical and chemical data:</b>	See Tables 9 and 15	

**II. Dilution water samples**

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

**Section 3**  
**Test Methods and Results**

**CERIODAPHNIA SURVIVAL AND REPRODUCTION TEST**

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

---

<b>Toxicity test method used:</b>	<i>Ceriodaphnia</i> survival and reproduction test	
<b>Endpoints of test:</b>	Survival and reproduction (LC <sub>50</sub> , NOEL, and LOEL)	
<b>Reference method:</b>	EPA-821-R-02-013	
<b>Deviations from method:</b>	Test was completed in six days because control animals produced an average of greater than 15 young per female by day six.	
<b>Date and time test initiated:</b>	April 30, 2024	10:00 a.m.
<b>Date and time test terminated</b>	May 6, 2024	11:50 a.m.
<b>Type of test chambers:</b>	Polyethylene	30 ml
<b>Volume of solution used per chamber:</b>	15 ml	
<b>Number of organisms per chamber:</b>	1	
<b>Number of replicate chambers per treatment:</b>	10	
<b>Test temperature range:</b>	25°C (no deviations)	

---

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

---

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

---

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

---

**Raw Data:**

See Table 8

**LC<sub>50</sub> or NOEL obtained:**

48-hr LC<sub>50</sub> = greater than 100% effluent

NOEL for survival = 100% effluent

NOEL for reproduction = 100% effluent

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

**Methods used to calculate endpoints:**

Fisher's Exact Test for the survival endpoint.

Dunnett's Test for the reproduction endpoint.

No calculations necessary for the acute endpoint.

---

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

---

<b><u>Reference Toxicant used and source:</u></b>	Copper chloride, reagent grade, from Carolina Biological
<b><u>Date and time of most recent test:</u></b>	April 23-30, 2024
<b><u>Dilution water used in test:</u></b>	Moderately hard synthetic water
<b><u>Results:</u></b>	48-hr LC <sub>50</sub> = 80 µg/L as Cu  NOEL (reproduction) = 40 µg/L as Cu  LOEL (reproduction) = 80 µg/L as Cu
<b><u>Comparison to recommended range:</u></b>	Within the laboratory control range for both acute and chronic endpoints (see attachment)

---

**Table VIII**  
**TEST DATA**  
*Ceriodaphnia* Survival and Reproduction Test

Effluent Concentration	Day No.	Number of Young Reproduced										Young Per Female	Total Live Breeders
		Replicate											
		A	B	C	D	E	F	G	H	I	J		
Control	1	0	0	0	0	0	0	0	0	0	0	18.6	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	2	2	2	2	4	4	4	0	0	0		10
	4	7	6	8	8	7	7	6	7	5	7		10
	5	0	8	0	0	10	7	6	10	12	5		10
	6	0	0	0	10	0	0	0	12	10	0		10
6.25%	1	0	0	0	0	0	0	0	0	0	0	15.2	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	4	2	2	0	4	4	3	0	0	0		10
	4	6	5	7	0	9	6	7	6	3	0		10
	5	5	7	0	2	8	6	8	8	4	0		10
	6	0	0	8	0	0	0	0	12	10	6		10
12.5%	1	0	0	0	0	0	0	0	0	0	0	14.3	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	2	3	2	0	4	4	2	0	0	0		10
	4	6	6	5	2	8	9	5	8	3	4		10
	5	4	9	8	0	4	0	7	8	6	0		10
	6	0	8	0	6	0	0	0	10	0	0		10



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

Effluent Concentration	Day No.	Number of Young Reproduced										Young Per Female	Total Live Breeders
		Replicate											
		A	B	C	D	E	F	G	H	I	J		
25%	1	0	0	0	0	0	0	0	0	0	0	19.2	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	3	3	0	2	4	4	3	0	0	0		10
	4	7	6	6	8	6	9	6	9	9	0		10
	5	2	9	0	0	3	7	6	5	12	3		10
	6	0	8	10	10	0	0	0	14	14	4		10
50%	1	0	0	0	0	0	0	0	0	0	0	15.1	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	3	3	0	2	5	5	4	0	0	0		10
	4	5	6	0	0	7	6	6	7	6	0		10
	5	7	8	0	4	4	0	6	10	4	5		10
	6	0	0	6	6	0	0	0	10	10	6		10
100%	1	0	0	0	0	0	0	0	0	0	0	13.9	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	3	3	2	0	4	4	3	0	0	0		10
	4	6	0	5	0	5	3	8	7	4	-		9
	5	0	4	0	7	9	3	8	10	4	-		9
	6	0	6	1	10	0	0	0	10	10	-		9

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

<b>Effluent Concentration</b>	<b>D.O. Range mg/L</b>	<b>Temp. Range °C</b>	<b>pH Range S.U.</b>	<b>Alk. Range CaCO<sub>3</sub></b>	<b>Hardness Range CaCO<sub>3</sub></b>	<b>Cond. Range μS</b>
CONTROL	7.3 – 8.2	25	7.6 – 7.8	30-40	100-110	300-340
6.25%	7.3 – 8.3	25	7.6 – 7.8	/	/	330-340
25%	7.4 – 8.5	25	7.6 – 7.8	/	/	400-420
100%	7.4 – 9.0	25	7.4 – 8.0	90-110	225-275	610-790

## FATHEAD MINNOW LARVAL SURVIVAL AND GROWTH TEST

**Table X**  
**METHODOLOGY**  
**Fathead Minnow Larval Survival and Growth Test**

---

<b><u>Toxicity test method used:</u></b>	7-day fathead minnow larval survival and growth test	
<b><u>Endpoints of test:</u></b>	96-hr LC <sub>50</sub> and no observable effect level (NOEL) for survival and growth. TU <sub>c</sub> for survival and growth.	
<b><u>Reference method:</u></b>	EPA-821-R-02-013	
<b><u>Deviations from method:</u></b>	No Deviations	
<b><u>Date and time test initiated:</u></b>	April 30, 2024	10:00 a.m.
<b><u>Date and time test terminated</u></b>	May 7, 2024	10:00 a.m.
<b><u>Type of test chambers:</u></b>	Polyethylene	300 ml
<b><u>Volume of solution used per chamber:</u></b>	250 ml	
<b><u>Number of organisms per chamber:</u></b>	ten	
<b><u>Number of replicate chambers per treatment:</u></b>	four	
<b><u>Test temperature range:</u></b>	25°C (no deviations)	

---

**Table XI**  
**ORGANISMS USED**  
**Fathead Minnow Survival and Growth Test**

---

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

---

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

---

<b><u>Raw Data:</u></b>	See Table 14
<b><u>LC<sub>50</sub> or NOEL obtained:</u></b>	96-hr LC <sub>50</sub> = >100% effluent  NOEL for survival = 25% effluent  NOEL for growth = 25% effluent  IC <sub>25</sub> for growth = 41.7% effluent  Control survival and growth fell within the acceptable range
<b><u>Methods used to calculate endpoints:</u></b>	Steel's Many-One Rank Test was required for the survival and growth endpoints because the homogeneity of variance assumptions could not be met.  ICPIN for the IC <sub>25</sub> growth endpoint.  No calculations necessary for the acute endpoint.

---

**Table XIII**  
**QUALITY ASSURANCE**  
**Fathead Minnow Larval Survival and Growth Test**

---

<b><u>Reference Toxicant used and source:</u></b>	Potassium chloride, reagent grade, from Sigma-Aldrich
<b><u>Date and time of most recent test:</u></b>	April 23-30, 2024
<b><u>Dilution water used in test:</u></b>	Moderately Hard Synthetic Water
<b><u>Results:</u></b>	96-hr LC <sub>50</sub> = 1189 mg /L as KCl  NOEL (growth) = 1000 mg/L as KCl  LOEL (growth) = 2000 mg/L as KCl
<b><u>Comparison to recommended range:</u></b>	Within the laboratory control range for both acute and chronic endpoints (see attachment)

---

**Table XIV**  
**TEST DATA**  
**Fathead Minnow Larval Survival and Growth Test**

Effluent Concentration	<u>% Survival in Each Replicate</u>				<u>Average Dry Weight (<math>\mu\text{g}</math>) in Each Replicate</u>			
	A	B	C	D	A	B	C	D
<b>Control</b>	100	100	100	100	370	380	430	370
<b>6.25%</b>	100	30	100	100	390	60	390	410
<b>12.5%</b>	100	100	100	100	300	330	380	370
<b>25%</b>	90	100	100	90	300	370	390	250
<b>50%</b>	60	80	70	70	190	360	230	310
<b>100%</b>	0	0	0	0	0	0	0	0



**Table XV**  
**WATER CHEMISTRY**  
**Fathead Minnow Larval Survival and Growth Test**

<b>Effluent Concentration</b>	<b>D.O. <u>Range</u> mg/L</b>	<b>Temp. <u>Range</u> °C</b>	<b>pH <u>Range</u> S.U.</b>	<b>Alk. <u>Range</u> CaCO<sub>3</sub></b>	<b>Hardness <u>Range</u> CaCO<sub>3</sub></b>	<b>Cond. <u>Range</u> µS</b>
CONTROL	5.5 – 8.2	25	7.4 – 7.9	30-40	100-110	300-330
6.25%	5.5 – 8.3	25	7.4 – 7.8	/	/	330-340
25%	5.7 – 8.5	25	7.4 – 7.7	/	/	400-440
100%	5.7 – 9.4	25	7.4 – 7.7	90-110	225-275	610-790

# Biomonitor

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

## SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity

SAMPLE IDENTIFICATION: Elkhart - 81

Mon.  
~~Wed~~

April 2024  
~~Jan 2024~~

DESCRIPTION: Outfall

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

NAME OF PERSON COLLECTING SAMPLE: Operations

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

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

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

Relinquished by: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

TEMP: 8 °C

COMMENTS:

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## SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity

SAMPLE IDENTIFICATION: Elkhart - 2

Wednesday

May 2024

DESCRIPTION: Outfall

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

NAME OF PERSON COLLECTING SAMPLE: Secondary

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: Barry Bell

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

Received by: CST

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

Relinquished by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

TEMP: 9.3 °C

COMMENTS:

# Biomonitor

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Indianapolis, IN 46231  
317-297-7713  
www.biomonitor.com

## SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity

SAMPLE IDENTIFICATION: Elkhart - 3 Friday May 2024

DESCRIPTION: Outfall

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

NAME OF PERSON COLLECTING SAMPLE: Operations

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: [Signature]

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

Received by: [Signature]

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

Relinquished by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

TEMP: 4 °C

COMMENTS:

**Ceriodaphnia dubia**

Reference Toxicant - Copper sulfate/chloride as Cu

Dilution Water - Moderately Hard Reconstituted Water

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

**Pimephales promelas**

Reference Toxicant - Potassium chloride

Dilution Water - Moderately Hard Reconstituted Water

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

Client: Elkhart WWTP

Project # \_\_\_\_\_

Analysts: MMB, MN, AF, MMK

Test Dates

Start Date: 4/30/2024

Start Time: 1000

End Date: 5/6/24

End Time: 1150

Template # B

Comments:

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

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

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

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

Row	Day						
1		0	0	0	0	0	0
2		0	0	0	0	0	0
3		3	3	3	2	2	3
4		6	6 <sup>TH</sup>	6	5	6	0
5		9	9	4.4	7	8	4
6		8	8	0	0	0	6
7							

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

Discharger: Elkhart WWTP Analyst: MMB, MN, AF

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

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

Conc.	Day	Replicate										No. of Young	No. of Adults	Young per Adult			
		1	2	3	4	5	6	7	8	9	10						
Control	1	0	0	0	0	0	0	0	0	0	0	0	0	10	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	2	2	2	2	4	4	4	0	0	0	0	0	0	20	10	2.0
	4	7	6	8	8	7	7	6	7	5	7	7	5	7	68	10	6.8
	5	0	8	0	0	10	7	6	10	12	5	58	10	5	58	10	5.8
	6	0	0	0	10	0	0	12	10	8	40	10	10	8	40	10	4.0
Total		9	16	10	20	21	18	16	29	27	20	186	10	186	10	18.6	

Conc.	Day	Replicate										No. of Young	No. of Adults	Young per Adult			
		1	2	3	4	5	6	7	8	9	10						
6%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	4	2	2	0	4	4	3	0	0	0	19	10	0	19	10	1.9
	4	6	5	7	0	9	6	7	6	3	0	49	10	0	49	10	4.9
	5	5	7	0	2	8	6	8	8	4	0	48	10	0	48	10	4.8
	6	0	0	8	0	0	0	12	10	6	36	10	10	6	36	10	3.6
Total		15	14	17	2	21	16	18	26	17	6	152	10	152	10	15.2	

Conc.	Day	Replicate										No. of Young	No. of Adults	Young per Adult			
		1	2	3	4	5	6	7	8	9	10						
12%	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	2	3	2	0	4	4	2	0	0	0	17	10	0	17	10	1.7
	4	6	6	5	2	8	9	5	8	3	4	56	10	0	56	10	5.6
	5	4	9	8	0	4	0	7	8	6	0	46	10	0	46	10	4.6
	6	0	8	0	6	0	0	10	0	0	0	24	10	0	24	10	2.4
Total		12	26	15	8	16	13	14	26	9	4	143	10	143	10	14.3	



Conc.	Day	Replicate										No. of Young	No. of Adults	Young per Adult	
		1	2	3	4	5	6	7	8	9	10				
25%	1	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	3	3	0	2	4	4	3	0	0	0	0	0	19	1.9
	4	7	6	6	8	6	9	6	9	9	9	0	0	66	6.6
	5	2	9	0	0	3	7	6	5	12	3	3	47	10	4.7
	6	0	8	10	10	0	0	0	14	14	4	4	60	10	6.0
	<b>Total</b>	<b>12</b>	<b>26</b>	<b>16</b>	<b>20</b>	<b>13</b>	<b>20</b>	<b>15</b>	<b>28</b>	<b>35</b>	<b>7</b>	<b>192</b>	<b>10</b>	<b>19.2</b>	

Conc.	Day	Replicate										No. of Young	No. of Adults	Young per Adult	
		1	2	3	4	5	6	7	8	9	10				
50%	1	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	3	3	0	2	5	5	4	0	0	0	0	22	10	2.2
	4	5	6	0	0	7	6	6	7	6	6	0	43	10	4.3
	5	7	8	0	4	4	0	6	10	4	5	5	48	10	4.8
	6	0	0	6	6	0	0	0	10	10	6	6	38	10	3.8
	<b>Total</b>	<b>15</b>	<b>17</b>	<b>6</b>	<b>12</b>	<b>16</b>	<b>11</b>	<b>27</b>	<b>20</b>	<b>11</b>	<b>151</b>	<b>10</b>	<b>15.1</b>		

Conc.	Day	Replicate										No. of Young	No. of Adults	Young per Adult	
		1	2	3	4	5	6	7	8	9	10				
100%	1	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	3	3	2	0	4	4	3	0	0	0	0	19	10	1.9
	4	6	0	5	0	5	3	8	7	4	0	0	38	9	3.8
	5	0	4	0	7	9	3	8	10	4	0	0	45	9	4.5
	6	0	6	1	10	0	0	0	10	10	0	0	37	9	3.7
	<b>Total</b>	<b>9</b>	<b>13</b>	<b>8</b>	<b>17</b>	<b>18</b>	<b>10</b>	<b>27</b>	<b>18</b>	<b>0</b>	<b>139</b>	<b>9</b>	<b>13.9</b>		

Elkhart 5.24  
File: ceriorep

Transform: NO TRANSFORMATION

Chi-square test for normality: actual and expected frequencies

---

INTERVAL	<-1.5	-1.5 to <-0.5	-0.5 to 0.5	>0.5 to 1.5	>1.5
EXPECTED	4.020	14.520	22.920	14.520	4.020
OBSERVED	3	15	27	8	7

---

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

Data PASS normality test. Continue analysis.

Elkhart 5.24  
File: ceriorep

Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance

---

Calculated H statistic (max Var/min Var) = 2.16  
Closest, conservative, Table H statistic = 12.1 (alpha = 0.01)

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

---

Data PASS homogeneity test. Continue analysis.

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

SUMMARY OF FISHERS EXACT TESTS

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

Elkhart 5.24  
 File: ceriorep

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

---

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

---

Elkhart 5.24  
 File: ceriorep

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

---

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

---

Elkhart 5.24  
 File: ceriorep

Transform: NO TRANSFORMATION

ANOVA TABLE

---

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

---

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

Elkhart 5.24  
File: ceriorep

Transform: NO TRANSFORMATION

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

---

GROUP	IDENTIFICATION	TRANSFORMED MEAN	MEAN CALCULATED IN ORIGINAL UNITS	T STAT	SIG
1	control	18.600	18.600		
2	6.25%	15.200	15.200	1.075	
3	12.5%	14.300	14.300	1.360	
4	25%	19.200	19.200	-0.190	
5	50%	15.100	15.100	1.107	
6	100%	13.900	13.900	1.486	

---

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

Elkhart 5.24  
File: ceriorep

Transform: NO TRANSFORMATION

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

---

GROUP	IDENTIFICATION	NUM OF REPS	Minimum Sig Diff (IN ORIG. UNITS)	% of CONTROL	DIFFERENCE FROM CONTROL
1	control	10			
2	6.25%	10	7.304	39.3	3.400
3	12.5%	10	7.304	39.3	4.300
4	25%	10	7.304	39.3	-0.600
5	50%	10	7.304	39.3	3.500
6	100%	10	7.304	39.3	4.700

---



Discharger: Elkhart WWTP  
 Location: Elkhart, IN

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

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

		Day							Remarks
Conc: 50%		1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D. O.	Initial	8.6	7.7	7.9	8.3	8.2	8.3		
	Final	7.4	7.6	7.9	7.8	7.8	8.0		
pH	Initial	7.6	7.7	7.7	7.5	7.5	7.5		
	Final	7.7	7.7	7.7	7.7	7.7	7.7		
Alkalinity									
Hardness									
Conductivity		480		530		540			
Chlorine									

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

Discharger: Elkhart WWTP  
 Location: Elkhart, IN

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

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

Comments: Start Time: 1000

FHM Source: Biomonitor Lab Cultures



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

Shapiro Wilks test for normality

---

D =     0.571

W =     0.664

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

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

---

Data FAIL normality test. Try another transformation.

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

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

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

---

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

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

---

Elkhart 5.24  
File: fhmsurv

Transform: ARC SINE(SQUARE ROOT(Y))

STEELS MANY-ONE RANK TEST

-

Ho:Control<Treatment

---

GROUP	IDENTIFICATION	TRANSFORMED MEAN	RANK SUM	CRIT. VALUE	df	SIG
1	control	1.412				
2	6.25%	1.204	16.00	10.00	4.00	
3	12.5%	1.412	18.00	10.00	4.00	
4	25%	1.331	14.00	10.00	4.00	
5	50%	0.994	10.00	10.00	4.00	*
6	100%	0.159	10.00	10.00	4.00	*

---

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

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

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

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

Conc:	Rep. No.	Wgt. of boat (g)	Dry wgt: foil and larvae (g)	Total dry wgt of larvae (mg)	No. of larvae	Mean dry wgt of larvae (g)	Remarks
<b>Control</b>	A	0.92250	0.92620	3.70	10	0.370	
	B	0.91350	0.91730	3.80	10	0.380	
	C	0.92180	0.92610	4.30	10	0.430	
	D	0.91770	0.92140	3.70	10	0.370	
<b>Conc: 6.25%</b>	A	0.91360	0.91750	3.90	10	0.390	
	B	0.91990	0.92050	0.60	3	0.060	
	C	0.91210	0.91600	3.90	10	0.390	
	D	0.91250	0.91660	4.10	10	0.410	
<b>Conc: 12.5%</b>	A	0.91720	0.92020	3.00	10	0.300	
	B	0.91870	0.92200	3.30	10	0.330	
	C	0.91240	0.91620	3.80	10	0.380	
	D	0.91360	0.91730	3.70	10	0.370	
<b>Conc: 25%</b>	A	0.91340	0.91640	3.00	9	0.300	
	B	0.91720	0.92090	3.70	10	0.370	
	C	0.91490	0.91880	3.90	10	0.390	
	D	0.92120	0.92370	2.50	9	0.250	
<b>Conc: 50%</b>	A	0.91670	0.91860	1.90	6	0.190	
	B	0.92370	0.92730	3.60	8	0.360	
	C	0.91990	0.92220	2.30	7	0.230	
	D	0.92140	0.92450	3.10	7	0.310	
<b>Conc: 100%</b>	A	0.91460		-914.60	0	-91.460	
	B	0.91810		-918.10	0	-91.810	
	C	0.91950		-919.50	0	-91.950	
	D	0.92030		-920.30	0	-92.030	

Elkhart 5.24  
File: fhm\_grow

Transform: NO TRANSFORMATION

Chi-square test for normality: actual and expected frequencies

---

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

---

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

Data PASS normality test. Continue analysis.

Elkhart 5.24  
File: fhm\_grow

Transform: NO TRANSFORMATION

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

---

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

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

---

Elkhart 5.24  
 File: fhm\_grow

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	control	4	0.370	0.430	0.388
2	6.25%	4	0.060	0.410	0.313
3	12.5%	4	0.300	0.380	0.345
4	25%	4	0.250	0.390	0.327
5	50%	4	0.190	0.360	0.273
6	100%	4	0.000	0.000	0.000

Elkhart 5.24  
 File: fhm\_grow

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

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

Elkhart 5.24  
 File: fhm\_grow

Transform: NO TRANSFORMATION

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

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

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

\*\*\* Inhibition Concentration Percentage Estimate \*\*\*

Toxicant/Effluent: Elkhart WWTP

Test Start Date: 4.30.24 Test Ending Date: 5.7.24

Test Species: *Pimephales promelas*

Test Duration: 7 days

DATA FILE:

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

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

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



Discharger: Elkhart WWTP  
 Location: Elkhart, IN

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

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

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

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