

Public Works &
Utilities Department

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& Laboratory
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1201 S. Nappanee St.
Elkhart, Indiana 46516



Rod Roberson
Mayor

Laura Kolo
Environmental Resources

Tory Irwin, P.E.
Engineering Services

January 20, 2026

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

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

Sent via email to:
Wayne Ault at Wayne.Ault@usdoj.gov
Ryan Bahr at bahr.ryan@epa.gov
Keith Middleton at middleton.keith@epa.gov
Kara Wendholt at KWendhol@idem.IN.gov
Beth Admire at BADMIRE@idem.IN.gov

To Whom It May Concern:

Please find enclosed the City of Elkhart's Six Month Status Report for the period of July 1 – December 31, 2025, as required by the Consent Decree. If you have any questions, please contact me at (574) 293-2572.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tory Irwin", is written over a blue horizontal line.

Tory Irwin, P.E.
Public Works Director



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

July 1 – December 31, 2025

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



Table of Contents

Consent Decree Deadline Compliance 2

General Description of Work Completed and Projected Work to be Completed..... 3

Information Generated Pursuant to the Requirements of Appendix A..... 4

Monthly Monitoring Reports and Other Reports Pertaining to CSO Discharges and Bypassing .. 5

Certification Statement 6

Appendix 1 7

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

Appendix 2..... 8

Copies of all information generated during the Reporting Period

Appendix 3..... 9

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

LTCP Six-Month Status Report: July 1 – December 31, 2025

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 July 1 – December 31, 2025 (the "Reporting Period").

The Riverside Drive Control had a required bid date of November 15, 2025. This requirement was met in 2007.

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

LTCP Six-Month Status Report: July 1 – December 31, 2025

General Description of Work Completed and Projected Work to be Completed

Section VII Paragraph 25(a)

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

LTCP Six-Month Status Report: July 1 – December 31, 2025

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. Additionally, ice presented an issue for taking some samples.

LTCP Six-Month Status Report: July 1 – December 31, 2025

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: July 1 – December 31, 2025

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.
Public Works Director



Date

LTCP Six-Month Status Report: July 1 – December 31, 2025

Appendix 1

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

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

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

WWTP Upgrades*							Required Dates	Nov-15-2015	Nov-15-2017	Nov-15-2024
							Compliance Date	Mar-19-2013	Jul-15-2014	Nov-8-2024
3	WWTP	WWTP system improvements provide a peak capacity of 60 MGD through secondary or CDMF treatment and disinfection	Modifications to the influent pumping, preliminary treatment, improvements to primary influent channels, diffuser replacement, aeration blower replacement, RAS system replacement, and cloth media disk filtration installation with a capacity of 30MGD.	System improvement designed per Ten State Standards CDMF Filter Area: 5,164.8SF Max. Hydraulic Loading: 4.4gpm/SF Max. Solids Loading: 15.8lbs/d/SF Average TSS Removal: >85%	Provide peak capacity of 60 MGD - a minimum of 30 MGD through secondary, and up to 30 MGD through CDMF treatment, and 60 MGD disinfection. WWTP Outfall shall meet NPDES permit effluent limits.	Design Date- Nov 15, 2015 Bid Date- Nov 15, 2017 Date of Full Operation - Nov 15, 2024				
Progress Dates for Elements of Control Measure										
WWTP			Preliminary and Additional Disinfection for 60 MGD			Actual Dates	Mar-19-2013	Jul-15-2014	Mar-11-2016	
WWTP			Cloth Media Disks and Piping			Actual Dates	Aug-21-2018	Sep-22-2021	Nov-8-2024	
WWTP			Aeration Process Improvements			Actual Dates	Aug-21-2018	Sep-22-2021	Nov-8-2024	
WWTP			RAS System Replacement and Pump Capacity Improvements			Actual Dates	Aug-21-2018	Sep-22-2021	Nov-8-2024	
WWTP			Primary Clarification System Improvements			Actual Dates	Aug-21-2018	Sep-22-2021	Nov-8-2024	

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

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

CSO Measure	CSO Numbe	Control Measure Elements	Description ¹	Design Criteria ¹	Performance Criteria ²	Critical Milestones	Design Date	Bid Date	Date of Full Operation
Oakland Avenue Control						Required Dates	Nov-15-2021	Nov-15-2023	Nov-15-2029
						Compliance Date	Oct-20-2020	May-11-2023	
5	24 & 37	CSO 24 - LS 1.1 MG Storage and Pump Force Main from CSO 24 LS to WWTP	Construction of a 1.1 MG off-line storage and pump tank with system additions to allow the redirection of flow to CSO 24 & 37 LS and then to the WWTP to reduce overflows at CSOs 24 & 37	Provide storage capacity of 1.1 MG with lift station and system improvements designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the system upgrades, no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2021 Bid Date - Nov 15, 2023 Date of Full Operation - Nov 15, 2028			
						Progress Dates for Elements of Control Measure			
CSOs 24 & 37			Force Main from Oakland Ave. LS to WWTP		Actual Dates	Oct-20-2020	May-11-2023		
CSOs 24 & 37			Interceptor of CSO 37 Overflow (CSO 37.0)		Actual Dates	May-6-2023	Dec-3-2024		
CSOs 24 & 37			Interceptor of CSO 37 Overflow (CSO 37.02)		Actual Dates	May-6-2023	Dec-3-2024		
CSOs 24 & 37			Interceptor of CSO 37 Overflow (CSO 37.03)		Actual Dates	May-6-2023	Dec-3-2024		
CSOs 24 & 37			Interceptor of CSO 37 Overflow + Jackson LS		Actual Dates	May-21-2024			
CSOs 24 & 37			Interceptor of Flow to CSO#24 L-TUFF 1		Actual Dates	Oct-20-2020	May-11-2023		
CSOs 24 & 37			Interceptor of Flow to CSO#24 L-TUFF 1B		Actual Dates	Oct-20-2020	May-11-2023		
CSOs 24 & 37			LS 8 Force Main To Oakland Ave. Storage facility		Actual Dates	May-21-2024			
CSOs 24 & 37			CSO 24 LS 1.1 MG Storage and Pump		Actual Dates	May-6-2023	Dec-3-2024		

Upper St Joe River CSO Control						Required Dates	Nov-15-2022	Nov-15-2023	Nov-15-2028
						Compliance Date	Aug-2-2022	Nov-1-2023	
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			
						Progress Dates for Elements of Control Measure			
CSO 13			Separation - Partial		Actual Dates	Aug-2-2022			
CSO 25			Effluent Line Upgrade: CSO 25 to Interceptor		Actual Dates				
CSO 29			Plug Overflow (Jefferson)		Actual Dates				
CSO 28			Plug Overflow (Washington)		Actual Dates				
CSO 39			Separation		Actual Dates	Jan-11-2023	Nov-1-2023	Dec-20-2024	

Lower St Joe River CSO Control						Required Dates	Nov-15-2023	Nov-15-2024	Dec-31-2031
						Compliance Date	Feb-1-2007	Sep-27-2007	
7	17, 18, 21 & 23	Basin Separations, Lift Station Improvements, system improvements, CSO eliminations and system redirections	Separation, flow redirection and rehabilitation of sewers to reduce stormwater flow and minimize or eliminate CSOs	System modifications designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the system upgrades, no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2023 Bid Date - Nov 15, 2024 Date of Full Operation - Dec 31, 2029			
						Progress Dates for Elements of Control Measure			
CSO 18			Plug Overflow (McNaughton Park)		Actual Dates				
CSO 27			Plug Overflow (Navajo)		Actual Dates				
CSOs 17 & 18			Redirect Flow to North Interceptor		Actual Dates	Feb-18-2014	May-15-2014		
CSO 21			Separation		Actual Dates	Feb-1-2007	Sep-27-2007	Jun-24-2008	
CSO 23			Effluent Line Upgrade CSO#23 to LS#4		Actual Dates				
CSO 23			LS 4 Force Main		Actual Dates				
CSO 23			LS 4 (8th & Franklin) Improvements		Actual Dates				
CSO 23			Separation - Partial		Actual Dates				

Riverside Drive Control						Required Dates	Nov-15-2024	Nov-15-2025	Dec-31-2033
						Compliance Date	Apr-1-2007	Sep-27-2007	
8	15	Riverside Dr. - 0.43 MG Storage & Pump with sewer separations and system redirection	Construction of a 0.43 MG off-line storage tank with NW Elkhart sewer system redirection and partial basin separation to reduce overflows at CSO 15	Provide storage capacity of 0.43 MG and system improvements designed per City of Elkhart Standards and Ten State Standards	When incorporated with the other work in CSO 15 basin and downstream improvements, achieve no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2024 Bid Date - Nov 15, 2025 Date of Full Operation - Dec 31, 2029			
						Progress Dates for Elements of Control Measure			
CSO 15			AACOA Redirection		Actual Dates	Apr-1-2007	Sep-27-2007	Nov-29-2007	
CSO 15			Riverside Dr. 0.43 MG Storage & Pump		Actual Dates				
CSO 15			Separation - Partial		Actual Dates				

LTCP Six-Month Status Report: July 1 – December 31, 2025

Appendix 2

Copies of all information generated during the Reporting Period

City of Elkhart

River Water Quality Data

1/30/2025

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	1203		8.5												1	2.0	1.0	
	YMCA	488		7.9												1	2.0	1.0	
St. Joseph River	Ash Rd	77		8.3												1	1.0	1.0	
	Lexington Ave	105		8.2												1	2.0	1.0	
	Six Span																	5.0	
Christiana Cree	High Dive	79		8.3												4	2	1.0	
	High Dive 2	40		8.4												2	2	1.0	

Comments

2/11/2025

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	54	11.4	8.8												3	3.0	1.0	
	YMCA	22	13.0	8.4												2	3.0	1.0	
St. Joseph River	Ash Rd	64	11.4	8.4												1	2.0	3.0	4
	Lexington Ave	14	13.0	8.0												2	2.0	3.0	4
	Six Span	44	13.4	8.7												1	3.0	1.0	
Christiana Cree	High Dive	27	12	8.3												4	3	1.0	
	High Dive 2	89	13	7.9												2	3	2.0	

Comments

3/11/2025

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	56	10.8	7.9												9	1.0	3.0	3
	YMCA	78	10.4	8.3												10	1.0	4.0	
St. Joseph River	Ash Rd	27	11.6	8.3												10	1.0	4.0	
	Lexington Ave	32	11.4	8.1												9	1.0	3.0	
	Six Span	21	11.2	8.3												9	1.0	2.0	
Christiana Cree	High Dive	7	11	8.3												10	1	3.0	
	High Dive 2	7	12	8.3												8	1	2.0	

Comments

4/24/2025

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	44	9.6	8.1												19	1.0	2.0	
	YMCA	61	9.6	8.1												19	1.0	3.0	
St. Joseph River	Ash Rd	11	9.6	8.2												20	1.0	2.0	
	Lexington Ave	36	9.4	8.2												18	1.0	2.0	
	Six Span	35	9.4	8.1												18	1.0	2.0	
Christiana Cree	High Dive	58	9	8.0												19	1	1.0	
	High Dive 2	60	10	8.2												18	1	1.0	

Comments

5/13/2025

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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5/13/2025

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	71	8.0	8.2												19	3.0	3.0	
	YMCA	80	8.4	8.2												19	3.0	2.0	
St. Joseph River	Ash Rd	28	9.4	8.3												20	3.0	3.0	
	Lexington Ave	54	9.0	8.2												20	3.0	2.0	
	Six Span	28	9.0	8.2												20	3.0	2.0	
Christiana Cree	High Dive	107	8	8.1												20	3	2.0	
	High Dive 2	214	9	8.3												19	3	2.0	

Comments

6/5/2025

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	435	7.4	8.1												195	3.0	3.0	3
	YMCA	823	7.6	8.4												19	3.0	4.0	
St. Joseph River	Ash Rd	2419	8.0	8.5												20	3.0	1.0	
	Lexington Ave	228	8.0	8.5												20	3.0	4.0	
	Six Span	214	7.4	8.3												20	3.0	1.0	2
Christiana Cree	High Dive	816	7	8.0												19	3	1.0	
	High Dive 2	980	9	8.4												18	3	3.0	

Comments

6/9/2025

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
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6/9/2025

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	156	7.8	8.3												20	1.0	3.0	
	YMCA	345	7.6	8.3												20	1.0	4.0	
St. Joseph River	Ash Rd	1733	8.2	8.5												22	1.0	4.0	
	Lexington Ave	199	8.4	8.9												22	1.0	2.0	
	Six Span	133	7.4	8.4												21	1.0	2.0	
Christiana Cree	High Dive	980	7	8.1												21	1	1.0	
	High Dive 2	548	9	8.4												21	1	2.0	

Comments

6/12/2025

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	82		8.4												23	1.0	3.0	
	YMCA	127		8.4												23	1.0	3.0	
St. Joseph River	Ash Rd	60		8.6												25	1.0	2.0	
	Lexington Ave	93		8.5												25	1.0	2.0	
	Six Span	44		8.5												25	1.0	2.0	
Christiana Cree	High Dive	118		8.4												24	1	1.0	
	High Dive 2	199		8.5												23	1	1.0	

Comments

D.O. grabs were not ran before they could expire, a separate grab for each site will need to be done

7/14/2025

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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7/14/2025

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	109	7.6	8.6												27	1.0	1.0	
	YMCA	248	8.2	8.8												27	1.0	1.0	
St. Joseph River	Ash Rd	15	8.4	8.8												30	1.0	1.0	
	Lexington Ave	91	8.4	8.7												29	1.0	3.0	
	Six Span	70	6.4	8.6												29	1.0	2.0	1
Christiana Cree	High Dive	147	8	8.5												26	1	1.0	
	High Dive 2	326	8	8.8												26	1	1.0	

Comments

7/29/2025

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	122	6.0	8.1												25	1.0	3.0	
	YMCA	248	7.0	8.3												26	1.0	4.0	
St. Joseph River	Ash Rd	121	7.4	8.5												28	1.0	4.0	
	Lexington Ave	125	7.2	8.5												29	1.0	4.0	
	Six Span	99	6.6	8.1												27	1.0	1.0	
Christiana Cree	High Dive	345	8	7.8												24	1	3.0	
	High Dive 2	517	7	8.3												26	1	2.0	

Comments

8/6/2025

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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8/6/2025

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	61	6.6	7.8												24	1.0	1.0	
	YMCA	74	8.4	8.1												25	2.0	1.0	
St. Joseph River	Ash Rd	56	8.8	8.1												26	2.0	1.0	
	Lexington Ave	59	8.6	8.4												26	2.0	1.0	
	Six Span	27	7.6	8.0												26	1.0	1.0	1
Christiana Cree	High Dive	64	8	7.6												23	1	1.0	
	High Dive 2	231	8	8.1												24	1	1.0	

Comments

9/22/2025

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	921	7.0	7.0												22	3.0	1.0	3
	YMCA	1553	7.8	7.8												22	3.0	1.0	
St. Joseph River	Ash Rd	126	8.4	8.4												24	3.0	1.0	
	Lexington Ave	517	8.4	8.4												23	3.0	3.0	
	Six Span	488	7.6	7.6												23	2.0	1.0	1
Christiana Cree	High Dive	921	8	7.8												22	3	1.0	
	High Dive 2	866	8	7.8												21	3	1.0	

Comments

9/29/2025

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

9/29/2025

Rain Event

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	99	7.2	7.9												21	1.0	1.0	
	YMCA	179	8.2	8.1												22	1.0	1.0	
St. Joseph River	Ash Rd	32	9.0	8.1												23	1.0	1.0	
	Lexington Ave	122	9.6	8.1												24	1.0	1.0	
	Six Span	34	7.0	8.0												23	1.0	1.0	
Christiana Cree	High Dive	81	8	7.8												21	1	1.0	1
	High Dive 2	411	9	8.1												21	1	1.0	

Comments YSI was used to also take D.O. measurements to compare to the titration method. The results in order were: 7.31, 7.08, 5.55, 8.69, 9.20, 8.75, and 8.84 mg/L. The probe was also only calibrated once at the first site.

10/16/2025

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	96	8.4	8.1												16	1.0	1.0	
	YMCA	135	10.2	8.4												16	1.0	1.0	
St. Joseph River	Ash Rd	33	8.6	8.1												17	1.0	3.0	
	Lexington Ave	102	9.0	8.4												17	1.0	2.0	
	Six Span	579	8.4	8.2												16	1.0	1.0	
Christiana Cree	High Dive	56	7	7.8												17	1	1.0	1
	High Dive 2	411	10	8.2												15	1	1.0	

Comments

11/24/2025

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

11/24/2025

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	52	10.0	7.3												12	3.0	1.0	
	YMCA	52	12.0	8.0												8	3.0	1.0	
St. Joseph River	Ash Rd	12	11.0	8.0												9	3.0	1.0	
	Lexington Ave	51	12.0	8.0												8	3.0	1.0	
	Six Span	17	11.0	7.7												9	3.0	1.0	
Christiana Cree	High Dive	16	11	7.3												10	2	1.0	
	High Dive 2	133	8	7.6												8	2	1.0	

Comments

12/9/2025

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	261	12.6	7.6												9	3.0	1.0	
	YMCA	196	11.6	8.2												3	3.0	1.0	
St. Joseph River	Ash Rd	48	11.2	8.3												3	3.0	1.0	
	Lexington Ave	75	13.6	8.3												2	3.0	2.0	
	Six Span																		9
Christiana Cree	High Dive	10	10	7.9												8	3	1.0	
	High Dive 2	82	12	8.2												4	3	1.0	

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: July 1 – December 31, 2025

Appendix 3

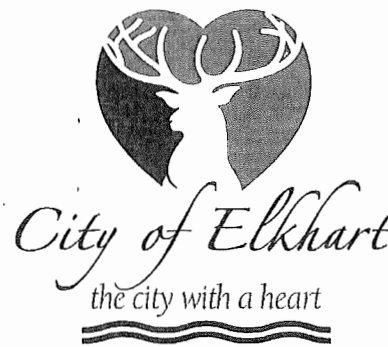
Copies of all Monthly Monitoring Reports and other reports pertaining to CSO Discharges and Bypasses that Elkhart submitted to IDEM in accordance with Elkhart's Current Permits during the Reporting period

Public Works &
Utilities Department

Administration, Engineering
& Laboratory
574.293.2572

Utility Billing
574.264.4273

1201 S. Nappanee St.
Elkhart, Indiana 46516



Rod Roberson
Mayor

Laura Kolo
Environmental Resources

Tory Irwin, P.E.
Engineering Services

Date Jul 23, 2025
Memo To Board of Public Works
Memo From Laura Kolo, Utility Services Manager
Subject Wastewater Utility Monthly Report of Operations
for the month of June, 2025

Wastewater MRO Highlights




Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	5	30
cBOD5 mg/L	3	25
Phosphorus mg/L	0.45	1.0
Ammonia mg/L	0.31	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	12.63	Design - 20
Total Monthly Flow MGD	379	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
6/3/25	2334 Sylvan	1651	Roots
6/10/25	215 N. Ward	unknown	Grease / Roots
6/18/25	1500 Brookwood	30	power surge
6/18-19/25	LS 18	4215	power surge

Wet Weather Overflows

Number of Events	Total Overflow Volume (MG)
8	20.0829

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

 **Signing Process Confirmation - CDX Activity ID: _88f0ca8b-500f-4228-9cc2-6007e86f12dd**

Your DMRs are undergoing the Signing Process

IN0025674	ELKF	WWTP	005	005-C	CSO- ARCH/BAR, NW OF INT SECTION	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	008	008-C	CSO- HUG/EAST BLVD	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	011	011-C	CSO- ELKHART/FRANKLIN	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	015	015-C	CSO- MICHIGAN/FULTON	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	020	020-C	CSO- BRIDGE AND HUDSON	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	023	023-C	CSO- FRANKLIN/8TH	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	024	024-C	CSO- INDIANA/FRANKLIN	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	028	028-C	CSO- WASHINGTON AT RIVER	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	031	031-C	CSO- ELIZABETH/LUSHER	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	032	032-C	CSO- EDGEWATER/OKEMA	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	033	033-C	CSO- EVANS/GRACE	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	034	034-C	CSO- LEXINGTON/6TH	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	035	035-AQ	QUARTERLY REPORTING	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	037	037-C	CSO- FRANKLIN/KRAU	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	039	039-C	CSO- WEST HIGH AT RIVER	06/30/25	07/28/25
IN0025674	ELKHART	WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	06/30/25	07/28/25

Permit

Permit ID: IN0025674

Major:

Permittee: ELKHART WWTP

Permittee Address: 229 SOUTH 2ND ST
ELKHART , IN46516

Facility: ELKHART WWTP

Facility Location: 1201 S NAPPANEE ST
ELKHART , IN46516

Permitted Feature: 035 - External Outfall

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

Report Dates & Status

Monitoring Period: From 06/01/25 to 06/30/25

DMR Due Date: 07/28/25

Status: NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name: Laura

Last Name: Kolo

Title: Utility Services Manager

Telephone: 574-293-2572

No Data Indicator (NODI)

Form NODI: -

Code	Parameter	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
00300	Oxygen, dissolved [DO]										
	1 - Effluent Gross				=7.7			19 - mg/L	0	01/01 - Daily	3R - 3 Grabs/24 hours
	Season: 0					>=4.0 DLYAVMIN		19 - mg/L		01/01 - Daily	3R - 3 Grabs/24 hours
	NODI: -										
00400	pH										
	1 - Effluent Gross				=7.0		=7.6	12 - SU	0	01/01 - Daily	GR - Grab
	Season: 0					>=6.0 DAILY MN	<=9.0 DAILY MX	12 - SU		01/01 - Daily	GR - Grab
	NODI: -										
00530	Solids, total suspended										
	1 - Effluent Gross	=589.0	=752.0	26 - lb/d		=5.0	=6.0	19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
	Season: 0	<=7511.0 MO AVG	<=11266.0 MX WK AV	26 - lb/d		<=30.0 MO AVG	<=45.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
	NODI: -										
00600	Nitrogen, total [as N]										
	1 - Effluent Gross	=2085.0		26 - lb/d		=20.6		19 - mg/L	0	01/30 - Monthly	24 - 24 Hour Composite
	Season: 0	Req Mon MO AVG		26 - lb/d		Req Mon MO AVG		19 - mg/L		01/30 - Monthly	24 - 24 Hour Composite
	NODI: -										
00610	Nitrogen, ammonia total [as N]										
	1 - Effluent Gross	=39.6	=601.7	26 - lb/d		=0.31	=4.56	19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
	Season: 1	<=1051.0 MO AVG	<=2478.0 DAILY MX	26 - lb/d		<=4.2 MO AVG	<=9.9 DAILY MX	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
	NODI: -										
00665	Phosphorus, total [as P]										
	1 - Effluent Gross	=48.0		26 - lb/d		=0.45		19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
	Season: 0	Req Mon MO AVG		26 - lb/d		<=1.0 MO AVG		19 - mg/L		01/01 - Daily	24 - 24 Hour Composite

Code	Nar	Value 1	Value 2	Units	V	1	Value 2	Value 3	Units	of Ex.	Analysis	Type
NODI: -		NODI										
01079	Silver total recoverable											
	1 - Effluent Gross	Smpl.	<0.02	<0.022	26 - lb/d		<0.0002	<0.0002	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
Season: 0		Req.	<=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d		<=0.00038 MO AVG	<=0.00077 DAILY MX	19 - mg/L		01/07 - Weekly	24 - 24 Hour Composite
NODI: -		NODI										
01079	Silver total recoverable											
	G - Raw Sewage Influent	Smpl.					=0.0037	=0.0126	19 - mg/L	0	02/30 - Twice Per Month	24 - 24 Hour Composite
Season: 0		Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - 24 Hour Composite
NODI: -		NODI										
50050	Flow, in conduit or thru treatment plant											
	1 - Effluent Gross	Smpl.	=12.629		03 - MGD					0	01/01 - Daily	TM - Totalizer
Season: 0		Req.	Req Mon MO AVG		03 - MGD						01/01 - Daily	TM - Totalizer
NODI: -		NODI										
51041	E. coli, colony forming units [CFU]											
	1 - Effluent Gross	Smpl.					=8.0	=152.0	3Z - CFU/100mL	0	01/01 - Daily	GR - Grab
Season: 1		Req.					<=125.0 MO GEO	<=235.0 DAILY MX	3Z - CFU/100mL		01/01 - Daily	GR - Grab
NODI: -		NODI										
71901	Mercury, total recoverable											
	1 - Effluent Gross	Smpl.					=0.83	=0.602	3M - ng/L	0	01/60 - Once Every 2 Months	GR - Grab
Season: 0		Req.					<=1.6 ANNL AVG	Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - Grab
NODI: -		NODI										

Submission #

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

Edit Check Errors

No errors.

Comments

Mercury sampled May 21, 2025

Attachments

Name	Type	Size
IN0025674_INC_RPT_2025_06_4.pdf	pdf	143950.0
IN0025674_CSO_MRO_2025_06.pdf	pdf	1236491.0
IN0025674_INC_RPT_2025_06_3.pdf	pdf	147688.0
IN0025674_035a_MRO_2025_06.pdf	pdf	726451.0
IN0025674_INC_RPT_2025_06_1.pdf	pdf	131338.0
IN0025674_INC_RPT_2025_06_2.pdf	pdf	154715.0

Report Last Saved By

ELKHART WWTP

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-07-23 12:38 (Time Zone:-04:00)

Report Last Signed By

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-07-23 12:39 (Time Zone:-04:00)



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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart		Permit Number IN0025674	Outfall 035 A	
Month June	Year 2025	Plant Design Flow 20.000 mgd	Telephone Number 574/293-2572	
E-mail address: laura.kolo@coei.org				
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= 6.08 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Sanitary Sewer Overflow ("X" If Occurred)	CHEMICALS USED			RAW SEWAGE							
							Chlorine - Lbs/day	Ferric Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l
1	Sun			0.00					288	11.542	7.6	116	11,167	78	7,509	2.75	16.10
2	Mon			0.00					288	12.442	7.6	83	8,613	180	18,679	3.34	16.70
3	Tue			0.00		x			247	12.643	7.5	96	10,127	132	13,925	3.52	19.80
4	Wed			0.76					220	15.845	7.6	164	21,163	230	29,680	4.08	17.70
5	Thu			0.45					360	15.557	7.6	82	10,627	124	16,071	2.66	13.60
6	Fri			0.00					449	12.491	7.5	144	15,001	162	16,876	3.58	17.20
7	Sat			0.00					230	11.632	7.0	88	8,538	60	5,821	2.86	15.50
8	Sun			0.89					224	14.495	7.5	114	13,458	160	18,888	2.90	13.60
9	Mon			0.13					223	12.744	7.3	116	12,333	166	17,649	3.02	16.80
10	Tue			0.00		x			230	11.757	7.8	118	11,571	154	15,102	3.84	19.10
11	Wed			0.00					228	11.776	7.5	115	11,295	154	15,126	3.78	18.30
12	Thu			0.00					216	11.777	7.7	127	12,475	148	14,538	4.16	18.30
13	Fri			0.06					223	12.014	7.3	107	10,721	122	12,224	2.70	17.50
14	Sat			0.00					216	11.397	7.9	88	8,364	114	10,836	3.42	14.90
15	Sun			0.00					228	11.215	7.6	104	9,728	100	9,354	2.94	15.30
16	Mon			0.00					223	12.043	7.9	81	8,136	180	18,080	3.36	15.90
17	Tue			0.04					226	11.720	7.4	102	9,971	180	17,596	3.91	17.20
18	Wed			1.30		x			216	18.335	7.3	120	17,552	244	35,689	3.69	10.70
19	Thu			0.17		x			216	13.520	7.5	97	10,945	128	14,444	3.32	17.10
20	Fri			0.00					221	11.835	7.4	118	11,648	154	15,202	3.63	15.50
21	Sat			0.00					216	11.566	7.6	114	11,000	108	10,421	3.33	13.80
22	Sun			0.00					218	11.061	7.4	127	11,718	96	8,857	2.84	15.70
23	Mon			0.00					216	11.501	7.5	88	8,443	138	13,240	3.31	16.80
24	Tue			0.35					230	13.010	7.5	120	13,010	283	30,683	3.63	16.40
25	Wed			0.00					221	11.428	7.4	104	9,913	138	13,154	4.08	17.10
26	Thu			0.59					317	13.612	7.6	101	11,434	140	15,849	3.74	15.50
27	Fri			0.80					490	16.224	7.5	70	9,066	122	15,801	2.82	12.90
28	Sat			0.00					289	11.053	7.3	89	8,206	80	7,376	3.18	15.80
29	Sun			0.00					204	10.870	7.5	88	7,978	80	7,253	2.67	14.40
30	Mon			0.54					210	12.884	7.6	81	8,704	142	15,259	3.17	17.70
31																	
Average				0.20					253	12.666		105	11,097	143	15,373	3.34	16.10
Maximum				1.30					490	18.335	7.9	164	21,163	283	35,689	4.16	19.80
Minimum				0.00					204	10.870	7.00	70	7,978	60	5,821	2.66	10.70

# of Data				30	0	4		0	30	0	30	30	30	30	30	30	30	0
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): <i>Laura Kolo</i>	Date (month, day, year) <i>7/23/25</i>
Signature of principal executive officer or authorized agent <i>Laura Kolo</i>	Date (month, day, year) <i>7/23/25</i>

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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of June	Year 2025
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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	81	51	136	2,816	48	4.8	16	36.356	3,240					3	7.0		9.2		
2	67	60	133	2,540	52	4.2	16	36.211	3,980					10	7.5		9.0		
3	68	59	128	2,828	45	3.8	17	35.665	3,480					5	7.4		8.8		
4	113	88	124	2,740	45	4.8	17	35.723	2,560					7	7.0		8.8		
5	73	76	115	2,992	38	3.2	17	34.360	3,380					12	7.0		7.7		
6	108	66	134	3,188	42	3.7	17	28.489	3,660					4	7.0		8.4		
7	75	57	151	3,204	47	4.1	17	25.267	3,000					4	7.3		8.6		
8	78	81	146	3,568	41	5.1	17	25.492	2,880					2	7.0		8.7		
9	76	84	148	3,048	49	4.6	17	25.381	2,980					18	7.1		8.6		
10	98	80	151	3,572	42	3.8	17	25.294	3,520					6	7.4		8.6		
11	91	79	156	3,452	45	4.5	17	25.267	3,020					5	7.5		9.0		
12	104	79	162	3,668	44	4.4	18	25.227	3,080					11	7.0		8.5		
13	83	74	162	3,736	43	4.6	18	25.252	4,000					3	7.0		9.0		
14	78	77	155	4,116	38	4.4	17	25.253	4,480					3	7.0		8.5		
15	80	71	155	3,600	43	4.6	17	25.165	3,200					11	7.0		9.2		
16	72	72	164	3,652	45	4.7	18	24.992	3,020					152	7.2		8.6		
17	76	80	170	3,960	43	4.2	18	25.008	3,920					10	7.3		9.0		
18	85	118	174	3,972	44	4.0	19	25.035	5,160					9	7.2		8.1		
19	71	88	163	3,928	41	4.0	20	25.196	3,960					8	7.0		8.3		
20	96	78	181	4,044	45	4.2	18	25.287	4,380					8	7.2		9.1		
21	104	69	177	4,368	41	4.4	18	25.247	4,240					5	7.0		8.6		
22	91	69	181	3,992	45	4.9	18	25.202	4,420					12	7.6		8.5		
23	62	51	184	3,760	49	4.7	19	25.189	4,540					11	7.5		9.0		
24	80	83	180	4,112	44	4.2	19	25.166	3,700					8	7.4		8.5		
25	85	67	168	4,028	42	4.2	19	25.125	4,520					11	7.4		8.0		
26	106	93	173	4,416	39	4.1	19	25.156	3,640					2	7.0		8.4		
27	63	100	166	3,808	44	4.0	21	25.177	4,880					9	7.1		7.9		
28	74	78	168	3,436	49	4.8	20	25.137	3,540					5	7.4		8.3		
29	73	72	188	3,408	55	5.1	19	25.137	3,160					14	7.5		8.4		
30	60	84	186	3,916	47	4.4	19	25.137	4,680					16			7.7		
31																			
Avg.	82	76	159	3,596	45	4.4	18	27.053	3,741					8					
Max.	113	118	188	4,416	55	5.1	21	36.356	5,160					152	7.6				
Min.	60	51	115	2,540	38	3.2	16	24.992	2,560						7.00		7.7		
Daily Max														152					
# of Days above 235														0					
Data	30	30	30	30	30	30		30	30	0	0		0	0	30		29	30	0

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

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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of June	Year 2025
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Day Of Month	Day of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Sun	11.049		3		276		3		313		0.08		7.4		0.50	46
2	Mon	12.177		2		203		2		234		0.07		7.1		0.42	43
3	Tue	12.135		2		202		3		324		0.08		8.1		0.37	37
4	Wed	15.821		8		1,056		10		1,372		4.56		601.7		0.59	78
5	Thu	16.202		4		540		8		1,135		1.66		224.3		0.41	55
6	Fri	12.042		2		201		4		372		0.09		9.0		0.29	29
7	Sat	11.113	12.934	3	3.43	278	394	4	5.06	371	589	0.06	0.94	5.6	123	0.32	30
8	Sun	14.700		3		368		4		490		0.10		12.3		0.37	45
9	Mon	13.026		3		326		6		608		0.11		12.0		0.38	41
10	Tue	12.034		3		301		5		522		0.08		8.0		0.37	37
11	Wed	11.859		2		198		5		495		0.05		4.9		0.36	36
12	Thu	11.859		4		396		5		514		0.07		6.9		0.37	37
13	Fri	11.257		2		188		5		451		0.07		6.6		0.43	40
14	Sat	10.542	12.182	2	2.71	176	279	4	4.76	308	484	0.05	0.08	4.4	8	0.38	33
15	Sun	10.407		2		174		4		304		0.05		4.3		0.40	35
16	Mon	11.358		2		189		3		313		0.10		9.5		0.43	41
17	Tue	11.248		2		188		4		413		0.07		6.6		0.42	39
18	Wed	20.914		6		1,047		16		2,791		0.74		129.1		0.58	101
19	Thu	14.478		2		241		5		604		0.07		8.5		0.35	42
20	Fri	11.971		2		200		5		469		0.17		17.0		0.36	36
21	Sat	11.484	13.123	3	2.71	287	332	4	5.83	374	752	0.09	0.18	8.6	26	0.44	42
22	Sun	10.727		3		268		5		465		0.01		0.9		0.40	36
23	Mon	11.460		2		191		3		296		0.08		7.6		0.45	43
24	Tue	13.416		2		224		5		604		0.13		14.5		0.53	59
25	Wed	11.123		2		186		5		464		0.06		5.6		0.46	43
26	Thu	13.804		3		345		6		691		0.13		15.0		0.59	68
27	Fri	17.042		2		284		5		753		0.14		19.9		0.59	84
28	Sat	10.550	12.589	2	2.29	176	239	4	4.90	378	522	0.06	0.09	5.3	10	0.55	48
29	Sun	10.268		2		171		4		377		0.05		4.3		0.59	51
30	Mon	12.812		2		214		8		855		0.11		11.8		0.67	72
31																	
Avg		12.629		3		303		5		589		0.31		39.6		0.45	48
Max		20.914	13	8	3.43	1,056	394	16	5.83	2,791	752	4.56	0.94	601.7	123	0.7	101
Min																0.3	29
Data		30	4	30	4	30	4	30	4	30	4	30	4	30	4	30	30

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:	
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)	379
Primary Treatment	21.85	46.8				
Secondary Treatment	NA	NA				
Tertiary Treatment	96.7	93.3			Percent Capacity	
Overall Treatment	97.41	96.4	98.1	86.7	(actual flow/design)	63.15

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

State Form 10829 (R10 / 12-24)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	June	2025

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	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	20.42		7.3		104	17.537		3.80	2.28	78.47	55.10			
2	27.13		7.4		101	7.074		3.86	2.32	78.43	54.49	88.22		
3	26.65		7.2		102			2.79	2.39	72.89	56.52	89.03		
4	41.84		7.3		102	38.907		3.61	2.28	70.93	55.88	88.57		
5	43.60		7.3		104	7.074		4.03	2.23	71.13	54.60	88.69		
6	48.45		7.4		104			4.28	2.30	70.29	53.59	51.29		
7	50.49		7.4		104	7.074		3.61	2.19	70.23	57.14			
8	50.43		7.3		105			3.69	2.22	71.38	53.49			
9	29.62		7.3		105	3.537		4.11	2.22	72.38	54.60	88.84		
10	44.45		7.3		104	3.537		4.53	2.18	69.18	53.33	89.48		
11	54.02		7.2		102			3.97	2.17	69.17	55.80	88.89		
12	50.64		7.3		105	10.611		3.94	2.16	67.10	56.00	89.31		
13	54.38		7.2		104			3.82	2.24	68.22	52.14	50.96		
14	51.96		7.3		105	17.685		3.76	2.24	68.88	54.40			
15	50.46		7.4		105	48.555		3.57	2.31	70.31	55.77			
16	50.46		7.4		105			3.72	2.28	70.92	53.70	88.72		
17	51.96		7.3		103	14.148		3.80	2.28	72.73	53.96	89.45		
18	53.43		7.3		105			3.13	2.34	72.08	54.86	89.01		
19	53.42		7.3		106			3.83	2.27	69.82	56.10			
20	51.26		7.3		106			4.34	2.30	67.73	54.89	50.75		
21	54.96		7.4		101			3.91	2.26	70.00	56.52			
22	54.94		7.3		99	42.444		3.56	2.52	71.56	55.74			
23	51.32		7.3		107			3.44	2.23	70.10	55.71	89.42		
24	51.83		7.3		107			3.29	2.09	72.27	50.00	89.52		
25	49.44		7.3		106	17.685		4.11	2.34	68.64	55.63	89.75		
26	50.46		7.3		107			4.07	2.38	67.74	54.43	89.00		
27	50.65		7.2		108			4.16	2.51	67.38	55.73			
28	33.63		7.3		107			4.24	2.50	66.80	54.65			
29	69.45		7.3		107			4.46	2.41	67.21	54.84			
30	79.25		7.3		107			4.08	2.47	68.77	52.03	89.24		
31														
Avg.	48.37				105	18.144		3.85	2.30	70.42	54.72	83.06		
Max.	79.25		7.4		108	48.555		4.53	2.52	78.47	57.14	89.75		
Min.														
Data	30	0	30	0	30	13	0	30	30	30	30	19	0	0

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

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

State Form 10829 (R10 / 12-24)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	June	2025

Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Raw Influent (mg/L)	Ag - Final 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													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2					0.0003	0.0002										
3			20.60	2,085												
4																
5																
6																
7																
8																
9					0.0002	0.0002										
10																
11																
12																
13																
14																
15																
16					0.0017	0.0002										
17																
18																
19																
20																
21																
22																
23					0.0126	0.0002										
24																
25																
26	187	21,528														
27																
28																
29																
30																
31																
Avg	187	21,528	20.60	2,085	0.0037	0.0002										
Max					0.0126	0.0002										
Min					0.0002	0.0002										
Data	1	1	1	1	4	4	0	0	0	0	0	0	0	0	0	0

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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: June	Year 2025
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Substitute for State Form 30530

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



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart				Page 1 of 9				Permit Number: IN0025574												
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																
Monitoring Period: June 2025				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	11.54	13.55					15 min													
2	12.44	15.20					15 min													
3	12.65	16.76					15 min													
4	15.47	38.91	3:34 PM	8.37	0.76	0.36	15 min													
5	15.54	25.61	12:04 AM	22.33	0.45	0.36	15 min													
6	12.49	15.67					15 min													
7	11.63	12.87					15 min													
8	14.16	34.59	2:14 AM	19.83	0.89	2.12	15 min							8:08 PM	M	0.33	M	0.1804	M	
9	12.75	18.04	3:19 PM	5.83	0.13	0.44	15 min													
10	11.76	13.56					15 min													
11	11.78	15.74					15 min													
12	11.78	12.79					15 min													
13	12.01	20.96	2:39 PM	8.75	0.06	0.08	15 min													
14	11.40	12.89					15 min													
15	11.22	12.99					15 min													
16	12.04	17.92					15 min													
17	11.72	13.15	9:21 PM	0.25	0.04	0.16	15 min													
18	17.54	35.12	8:09 AM	15.87	1.30	1.52	15 min							9:28 AM	M	0.17	M	0.0151	M	
19	13.53	23.81	12:04 AM	1.20	0.17	0.28	15 min													
20	11.84	13.45					15 min													
21	11.57	13.72					15 min													
22	11.06	12.63					15 min													
23	11.50	13.52					15 min													
24	13.00	30.28	5:19 PM	0.50	0.35	1.32	15 min													
25	11.43	13.15					15 min													
26	13.57	30.58	10:29 AM	12.78	0.59	1.72	15 min							2:43 PM	M	0.25	M	0.0764	M	
27	15.53	31.91	1:29 AM	19.00	0.80	0.88	15 min							2:43 AM	M	0.25	M	0.0097	M	
28	11.06	12.51					15 min													
29	10.87	12.56					15 min													
30	12.89	29.36	12:54 PM	1.12	0.54	1.72	15 min													
Totals:	377.77			115.83	6.08			0	Da ys	0.00		0		4	Da ys	1.00		0.2816		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 2 of 9		Permit Number: IN0025574																					
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																							
Monitoring Period: June 2025		Enter "x" if no CSO discharge occurred for the month:																							
Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																					
CSO Outfall No. 007		CSO Outfall No. 008		CSO Outfall No. 009		CSO Outfall No. 011																			
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E							
1																									
2																									
3																									
4	8:54 PM	M	1.83	M	0.3050	M							9:01 PM	M	1.17	M	0.0475	M							
5																									
6																									
7																									
8	8:14 PM	M	0.92	M	0.1592	M	8:10 PM	M	0.17	M	0.0194	M	8:20 PM	M	0.58	M	0.0253	M	8:04 PM	M	0.33	M	0.0320	M	
9																									
10																									
11																									
12																									
13																									
14																									
15																									
16																									
17																									
18	9:34 AM	M	1.67	M	0.2767	M							9:41 AM	M	1.17	M	0.0506	M	9:30 AM	M	0.08	M	0.0004	M	
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26	2:59 PM	M	0.33	M	0.0518	M	2:45 PM	M	0.08	M	0.0004	M							2:45 PM	M	0.25	M	0.0169	M	
27	3:04 AM	M	0.17	M	0.0092	M														1:55 PM	M	0.25	M	0.0210	M
28																									
29																									
30																									
Totals:	5	Days	4.92		0.8019		2	Days	0.25		0.0198		3	Days	2.92		0.1234		4	Days	0.91		0.0703		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 3 of 9		Permit Number: IN0025574																					
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																					
Monitoring Period: June 2025		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. 012						CSO Outfall No. 013						CSO Outfall No. 14B						CSO Outfall No. 015						
	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1																									
2																									
3																									
4	9:02 PM	M	0.17	M	0.0006	M													8:58 PM	M	0.67	M	0.0203	M	
5																									
6																									
7																									
8	8:12 PM	M	0.50	M	0.0311	M	8:12 PM	M	0.42	M	0.0622	M							8:08 PM	M	1.00	M	0.1892	M	
9																									
10																									
11																									
12																									
13																									
14																									
15																									
16																									
17																									
18	8:42 AM	M	0.92	M	0.0377	M	8:47 AM	M	0.58	M	0.0554	M							8:43 AM	M	1.75	M	0.1707	M	
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									
27	2:52 AM	M	0.25	M	0.0074	M	2:57 AM	M	0.08	M	0.0009	M													
28																									
29																									
30	1:22 PM	M	0.33	M	0.0121	M	1:22 PM	M	0.17	M	0.0046	M													
Totals:	5	Days	2.17		0.0889		4	Days	1.25		0.1231		0	Days	0.00		0.0000		6	Days	4.75		0.4556		



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: June 2025		Enter "x" if no CSO discharge occurred for the month:																						
Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																				
CSO Outfall No. 016		CSO Outfall No. 017		CSO Outfall No. 018		CSO Outfall No. 019																		
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
1																								
2																								
3																								
4	8:56 PM	M	1.25	M	0.0250	M							6:54 PM	M	4.00	M	0.2126	M	10:01 PM	M	0.17	M	0.0003	M
5													6:05 AM	M	0.42	M	0.0004	M						
6																								
7																								
8	8:16 PM	M	1.08	M	0.1508	M	8:09 PM	M	0.83	M	0.1822	M	8:15 PM	M	1.33	M	0.0420	M	8:11 PM	M	1.08	M	0.0511	M
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18	9:41 AM	M	1.58	M	0.0458	M	8:39 AM	M	0.92	M	0.1041	M	9:34 AM	M	0.08	M	0.0004	M	9:01 AM	M	2.00	M	0.0378	M
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26							2:49 PM	M	0.33	M	0.0385	M	2:59 PM	M	1.00	M	0.0244	M	3:01 PM	M	0.42	M	0.0060	M
27	3:01 AM	M	1.42	M	0.0538	M	2:49 AM	M	0.58	M	0.0517	M	2:59 AM	M	1.07	M	0.0272	M	3:01 AM	M	0.75	M	0.0065	M
28																								
29																								
30	1:41 PM	M	0.50	M	0.0083	M							1:49 PM	M	0.75	M	0.0173	M						
Totals:	5	Days	5.83		0.2837		4	Days	2.66		0.3765		8	Days	9.23		0.3305		5	Days	4.42		0.1017	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 5 of 9		Permit Number: IN0025574																				
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																						
Monitoring Period: June 2025		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																								
4							8:37 PM	M	0.17	M	0.0002	M	8:40 PM	M	2.42	M	0.1708	M	8:31 PM	M	0.50	M	0.0190	M
5													6:00 AM	M	1.08	M	0.0415	M	5:41 AM	M	0.17	M	0.0007	M
6																								
7																								
8	8:05 PM	M	0.58	M	0.0388	M	8:12 PM	M	0.33	M	0.0177	M	8:20 PM	M	1.42	M	0.1650	M	8:01 PM	M	0.58	M	0.1338	M
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18	8:35 AM	M	0.67	M	0.0312	M	8:32 AM	M	0.75	M	0.0157	M	9:50 AM	M	1.25	M	0.0327	M	8:31 AM	M	1.08	M	0.1802	M
19																								
20																								
21																								
22																								
23																								
24	5:35 PM	M	0.42	M	0.0274	M	5:32 PM	M	0.33	M	0.0192	M	5:50 PM	M	0.75	M	0.0443	M	5:31 PM	M	0.33	M	0.0566	M
25																								
26	2:40 PM	M	0.58	M	0.0349	M	2:42 PM	M	0.42	M	0.0266	M	2:55 PM	M	1.33	M	0.0976	M	2:41 PM	M	0.42	M	0.0885	M
27	2:40 AM	M	0.75	M	0.0485	M	2:37 AM	M	0.75	M	0.0301	M	3:00 AM	M	1.92	M	0.1037	M	2:36 AM	M	0.67	M	0.1046	M
28																								
29																								
30							1:12 PM	M	0.25	M	0.0047	M							1:06 PM	M	0.33	M	0.0304	M
Totals:	5	Da ys	3.00		0.1808		7	Da ys	3.00		0.1142		7	Da ys	10.17		0.6556		8	Da ys	4.08		0.6138	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: June 2026										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	8:28 PM	M	2.33	M	0.0570	M																		
5	5:43 AM	M	0.67	M	0.0056	M																		
6																								
7																								
8	8:03 PM	M	0.83	M	0.0528	M	8:05 PM	M	0.25	M	0.0116	M							8:07 PM	M	0.42	M	0.0140	M
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18	8:38 AM	M	0.17	M	0.0019	M	8:25 AM	M	0.17	M	0.0072	M												
19																								
20																								
21																								
22																								
23																								
24							5:25 PM	M	0.25	M	0.0124	M												
25																								
26	2:43 PM	M	0.08	M	0.0008	M	2:35 PM	M	0.25	M	0.0105	M							2:42 PM	M	0.17	M	0.0040	M
27							2:30 AM	M	0.25	M	0.0073	M												
28																								
29																								
30																								
Totals:	5	Da ys	4.08		0.1181		5	Da ys	1.17		0.0490		0	Da ys	0.00		0.0000		2	Da ys	0.59		0.0180	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 7 of 9		Permit Number: IN0025574																				
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																						
Monitoring Period: June 2025		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							8:27 PM	M	0.67	M	0.0088	M	8:49 PM	M	0.33	M	0.0036	M						
5																								
6																								
7																								
8	7:26 PM	M	0.08	M	0.0007	M	8:07 PM	M	0.17	M	0.0125	M	8:19 PM	M	0.58	M	0.3015	M	8:06 PM	M	0.17	M	0.0113	M
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18	4:11 PM	M	0.17	M	0.0030	M	8:32 AM	M	0.25	M	0.0059	M	9:44 AM	M	0.75	M	0.1164	M	9:26 AM	M	0.08	M	0.0034	M
19																								
20																								
21																								
22																								
23																								
24							5:27 PM	M	0.25	M	0.0132	M												
25																								
26							2:37 PM	M	0.25	M	0.0166	M	2:59 PM	M	0.33	M	0.0175	M	2:41 PM	M	0.17	M	0.0090	M
27	1:11 PM	M	0.08	M	0.0001	M	2:37 AM	M	0.17	M	0.0105	M	2:49 AM	M	0.92	M	0.3026	M						
28																								
29																								
30													1:29 PM	M	0.25	M	0.0234	M						
Totals:	3	Da ys	0.33		0.0038		6	Da ys	1.76		0.0675		6	Da ys	3.16		0.7650		3	Da ys	0.42		0.0237	



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

State Form 60546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 8 of 9		Permit Number: IN0025574																			
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y		Enter "x" if no CSO discharge occurred for the month:																			
Monitoring Period: June 2025		Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20																			
CSO Outfall No. 037		CSO Outfall No. 039		CSO Outfall No. 040																			
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E					
1																							
2																							
3																							
4	8:46 PM	M	2.25	M	0.6724	M							7:15 PM	M	6.08	M	0.2274	M					
5	6:01 AM	M	1.17	M	0.2317	M							5:45 AM	M	3.92	M	0.1317	M					
6																							
7																							
8	8:21 PM	M	1.58	M	0.9492	M							8:00 PM	M	3.92	M	0.1456	M					
9																							
10																							
11																							
12																							
13																							
14																							
15																							
16																							
17																							
18	9:41 AM	M	2.92	M	1.1096	M							8:30 AM	M	5.83	M	0.1563	M					
19																							
20																							
21																							
22																							
23																							
24	5:46 PM	M	1.08	M	0.3354	M							5:31 PM	M	2.40	M	0.0797	M					
25																							
26	2:56 PM	M	1.33	M	0.6933	M							2:35 PM	M	3.50	M	0.1259	M					
27	2:56 AM	M	3.00	M	1.5259	M							2:30 AM	M	5.32	M	0.1524	M					
28																							
29																							
30													1:10 PM	M	2.25	M	0.0711	M					
Totals:	7	Days	13.33		5.5175		0	Days	0.00		0.0000		8	Days	33.22		1.0901		0	Days	0.00		0.0000



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

City: Elkhart	Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: June 2025	Enter "x" if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	

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

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Laura E. Kolo, Utilities Services Manager	Telephone 574-293-2572
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent <i>Laura Kolo</i>	Date (mm/dd/yy) 07/23/25



BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 6/3/25 8:14 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 6/3/25 9:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 2334 Sylvan	(9) Latitude (Deg Min Sec) 41 42 37N	(9) Longitude (Deg Min Sec) 85 56 23W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 1651 Gallons			(11) WWTP Flow During Release 11.5 MGD	(12) WWTP Peak Design Flow Rate 44 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <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		(17) Additional Description of the Bypass / Overflow Event: Call from resident came in at 8:14 am on 6/3/25. Said she has water in her basement for a couple of days. Collection Crews responded to find main was obstructed due to roots. Back-up dimension est = 38' X 35' X 2" depth est = 1651 gal.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: None	
Describe Other: (in the box below) intense rain; 0.25"/15 min.; 0/83 total					
(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 Obstruction was removed within 61 minutes of Public Works being notified of the problem.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Continual / on going PM and cleaning of main line sewers					

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): 06/04/24

Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 06/04/25 appx 7:25 am	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
--	------------------------------------	--------------------------------------	---	---

Kolo, Laura

From: Kolo, Laura
Sent: Wednesday, June 4, 2025 7:40 AM
To: 'wwreports@idem.IN.gov'
Subject: IN0025674_INC_RPT_2025_06_1
Attachments: IN0025674_INC_RPT_2025_06_1.pdf

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

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
ASPIREo Aspire Elkhart.

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BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 6/10/25 9:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 6/10/25 11:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 215 N. Ward	(9) Latitude (Deg Min Sec) 41 41 14N	(9) Longitude (Deg Min Sec) 85 59 26W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons			(11) WWTP Flow During Release 10.7 MGD	(12) WWTP Peak Design Flow Rate 44 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches <i>obstruction of grease/roots</i>					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) main plugged with grease and roots		(17) Additional Description of the Bypass / Overflow Event: Call from resident came in at 9:30 am on 6/10/25. Water was coming up through clean-out in tree lawn. Collection Crews responded to find main was obstructed with grease and some roots. Unable to estimate volume. It was volume of water from one home, but duration is unknown and unable to reach homeowner.		(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 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 Obstruction was removed within 1 hours and 40 minutes of Public Works being notified.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Continual / on going PM and cleaning of main line sewers					

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): 06/10/24	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 06/10/25 appx 1:12	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

Kolo, Laura

From: Kolo, Laura
Sent: Tuesday, June 10, 2025 1:20 PM
To: 'wwreports@idem.IN.gov'
Subject: IN0025674_INC_RPT_2025_06_2
Attachments: IN0025674_INC_RPT_2025_06_2.pdf

Please find incident report for back-up that occurred due to grease and roots.

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
Aspire Elkhart.

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BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

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

RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 6/18/25 6:23 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 6/18/25 7:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1500 Brookwood Dr	(9) Latitude (Deg Min Sec) 41 42 10N	(9) Longitude (Deg Min Sec) 85 56 22W

(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 30 Gallons	(11) WWTP Flow During Release est 45 MGD	(12) WWTP Peak Design Flow Rate 44 MGD
---	---	---

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

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

(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input 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) main plugged with grease and roots	(17) Additional Description of the Bypass / Overflow Event: Call came in at 6:23. Station experienced a power surge during severe storm. When this happens and pumps are running, which all three pumps were running because it was raining very heavy, the pumps will go into overload and need to be reset. The power surge was not an outage so the generator, which does have an ATS, was not called for. Crews came in, reset the pumps and flows returned to normal at approximately 7:45 pm.	(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: None
--	--	---

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

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input 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 Pump were reset

(21) Resolution: Actions Taken or Planned to Prevent Recurrence Station has generator on ATS but station experienced a surge during storm, not an outage so generator was not called for.
--

(22) CERTIFICATION AND SIGNATURE

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

SIGNATURE: <u>Laura Kolo</u>	DATE (month, day, year): <u>06/19/24</u>			
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 06/19/25 appx 7:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

Kolo, Laura

From: Kolo, Laura
Sent: Thursday, June 19, 2025 7:25 AM
To: 'wwreports@idem.IN.gov'
Subject: IN0025674_INC_RPT_2025_06_3
Attachments: IN0025674_INC_RPT_2025_06_3.pdf

Please find incident report for basement back-up which occurred on 061825.

Laura Kolo
Director of Utilities



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



“Tomorrow’s Elkhart Starting Today”
Public Works – Street & Utility Infrastructure
to Aspire Elkhart.

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BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 6/18/25 6:23 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 6/19/25 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) LS 18	(9) Latitude (Deg Min Sec) unable to gather	(9) Longitude (Deg Min Sec) unable to gather
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 4215 Gallons			(11) WWTP Flow During Release 45-12.5 MGD	(12) WWTP Peak Design Flow Rate 44 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input checked="" type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input 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) power surge		(17) Additional Description of the Bypass / Overflow Event: Station experienced a power surge during severe storm. When this happens and pumps are running, the pumps will go into overload and need to be reset. Maintenance was not contacted until 7 am on 061925. This incident is still under investigation. Initial flows when event started estimated at 45 MGD. Flows at time event ended were 12.5. 843 min X est 5 gpm = 4215 gal <i>unable to gather lat/long at time</i>		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: Puterbaugh Creek	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input 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 Pumps were reset					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Power surge while pumps were running tripped pumps which had to be manually reset.					

(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): 06/19/24

Individual Making Report (printed)
Laura Kolo

Telephone Number
(574) 293-2572

Contact Email
laura.kolo@coei.org

Date (month, day, year) / Time IDEM Notified
06/19/25 appx 9:30

AM
 PM

Kolo, Laura

From: Kolo, Laura
Sent: Thursday, June 19, 2025 9:32 AM
To: 'wwreports@idem.IN.gov'
Subject: IN0025674_INC_RPT_2025_06_4
Attachments: IN0025674_INC_RPT_2025_06_4.pdf

Please find incident report attached

Laura Kolo
Director of Utilities



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



“Tomorrow’s Elkhart Starting Today”
Public Works – Street & Utility Infrastructure
ASPIREo Aspire Elkhart.

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Kolo, Laura

From: Kolo, Laura
Sent: Wednesday, July 23, 2025 12:50 PM
To: 'wwreports@idem.IN.gov'
Subject: IN0025674_035a_Meter_Calibration_2025
Attachments: IN0025674_035a_Meter_Calibration.pdf

Please find IN0025674_035a_2025 meter calibration reports for 2025 attached.

Laura Kolo
Utility Advisor



1201 South Nappanee St.
Elkhart, IN 46516
(574) 293-2572 ext.2205



"Tomorrow's Elkhart Starting Today"
Public Works – Street & Utility Infrastructure
ASPIRE to Aspire Elkhart.

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certificate of calibration



BL ANDERSON

BL Anderson Company
4801 Tazer Drive
Lafayette, Indiana 47905
765.463.1518 Main
www.blanderson.com

LOCATION: Raw Influent
Elkhart WWTP

DATE: 7 / 8 / 25

CONTACT: Don Neff

(1) MANUFACTURER:

ABB BADGER CHESSELL ENDRESS HAUSER FOXBORO
 GREYLINE HACH/SIGMA HONEYWELL KROHNE MARSH MCBIRNEY
 McCROMETER MISSION PRECISION DIG RED LION ROSEMOUNT
 SCADA/PLC SIEMENS/MILTR SPARLING VEGA YOKOGAWA
 Pulsar

MODEL NO: Ultra-Twin S/N: 1921110200X4-X0P 348149

MODEL NO: _____ S/N: _____

(2) TYPE OF METER:

CLOSED OPEN PIPE: OPEN CHANNEL: PRIMARY DEVICE: (Write size in blank)
 MAGNETIC BUBBLER 6' PARSHALL FLUME V-NOTCH WEIR
 CLAMP-ON RADAR RECTANGULAR WEIR W/END CONTRACTIONS
 DIFF PRESSURE ULTRASONIC PALMER-BOWLUS V-TRAPEZOIDAL FLUME
 OTHER OTHER H FLUME OTHER

(3) CALIBRATION NOTES:

TRANSMITTER Accurate at 10" (11.58 MGD) & 10.4" (12.37 MGD)

SCALE 0 - 66.88 MGD CAL FACTOR _____ EXCITATION _____

RECEIVING DEVICE

RECORDER INDICATOR TOTALIZER DATALOGGER SCADA/PLC OTHER

Totalizer: 3230280 * 1000

4-20 mA: Accurate across range.

(4) METHOD OF CALIBRATION:

STAFF GAUGE/FLOW-CURVE TABLE DRAWDOWN TEST NO ADJUSTMENTS NEEDED
 PORTABLE METER/TEST SET ELECTRONICS ADJUSTMENT/PROGRAMMING
 OTHER

(5) COMMENTS: _____

THIS EQUIPMENT HAS NOW BEEN CALIBRATED AND/OR VERIFIED TO BE OPERATING WITHIN THE MANUFACTURES SPECIFICATIONS

Steve Farris

ELD TECHNICAL SPECIALIST

JIM TODD / JIM GRONCESKI / SHAWN MARCH / RANDY PHARES

DAVE HALICKI / HOBIE MONTGOMERY / STEVE FARRIS

certificate of
calibration



BL ANDERSON

BL Anderson Company
4801 Tazer Drive
Lafayette, Indiana 47905
765.463.1518 Main
www.blanderson.com

LOCATION: UV Effluent Flow
Elkhart WWTP

DATE: 7 / 8 / 25
CONTACT: Don Neff

(1) MANUFACTURER:

ABB BADGER CHESSELL ENDRESS HAUSER FOXBORO
 GREYLINE HACH/SIGMA HONEYWELL KROHNE MARSH MCBIRNEY
 McCROMETER MISSION PRECISION DIG RED LION ROSEMOUNT
 SCADA/PLC SIEMENS/MILTR SPARLING VEGA YOKOGAWA

MODEL NO: 3492L1P415 S/N: 7693537
MODEL NO: 3108 S/N: _____

(2) TYPE OF METER:

CLOSED OPEN PIPE: OPEN CHANNEL: PRIMARY DEVICE: (Write size in blank)
 MAGNETIC BUBBLER PARSHALL FLUME V-NOTCH WEIR
 CLAMP-ON RADAR RECTANGULAR WEIR W/END CONTRACTIONS
 DIFF PRESSURE ULTRASONIC PALMER-BOWLUS V-TRAPEZOIDAL FLUME
 OTHER OTHER H FLUME OTHER

(3) CALIBRATION NOTES:

TRANSMITTER Accurate at 14.5" of distance from transducer to water level (11.15 MGD)
SCALE 0 - 60 MGD CAL FACTOR _____ EXCITATION _____

RECEIVING DEVICE
 RECORDER INDICATOR TOTALIZER DATALOGGER SCADA/PLC OTHER
Totalizer: 65443724 * 10^3
4-20 mA: Accurate across range.

(4) METHOD OF CALIBRATION:

STAFF GAUGE/FLOW-CURVE TABLE DRAWDOWN TEST NO ADJUSTMENTS NEEDED
 PORTABLE METER/TEST SET ELECTRONICS ADJUSTMENT/PROGRAMMING
 OTHER _____

(5) COMMENTS: Removed grating to measure air gap from sensor to water. Distance reading was accurate.

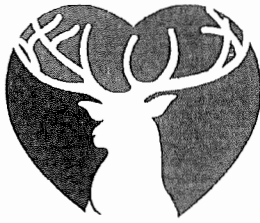
THIS EQUIPMENT HAS NOW BEEN CALIBRATED AND/OR VERIFIED TO BE OPERATING WITHIN THE MANUFACTURES SPECIFICATIONS

Steve Farris

ELD TECHNICAL SPECIALIST

JIM TODD / JIM GRONCESKI / SHAWN MARCH / RANDY PHARES

DAVE HALICKI / HOBIE MONTGOMERY / STEVE FARRIS



City of Elkhart
Public Works and Utilities

Date Aug 19, 2025
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 July, 2025

Wastewater MRO Highlights

Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	8	30
cBOD5 mg/L	3	25
Phosphorus mg/L	0.56	1.0
Ammonia mg/L	0.08	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	10.26	Design - 20
Total Monthly Flow MGD	318	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
7/6/25	WWTP	235,417	buss bar at WWTP failed

Wet Weather Overflows

Number of Events	Total Overflow Volume (MG)
5	1.9273

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

 **Signing Process Confirmation - CDX Activity ID: `_ba7d2b6f-6b2e-46d4-b742-842201800c69`**

Your DMRs are undergoing the Signing Process

IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTF CTION	07/31/25	08/28/25
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	07/31/25	08/28/25
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	07/31/25	08/28/25
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	07/31/25	08/28/25
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWAY - FKA JR. ACHIEVEMENT (Y DR N)	07/31/25	08/28/25
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	07/31/25	08/28/25
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	07/31/25	08/28/25
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	07/31/25	08/28/25
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	07/31/25	08/28/25
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	07/31/25	08/28/25
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	07/31/25	08/28/25
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	07/31/25	08/28/25
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	07/31/25	08/28/25
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	07/31/25	08/28/25
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	07/31/25	08/28/25
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	07/31/25	08/28/25
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	07/31/25	08/28/25
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	07/31/25	08/28/25
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	07/31/25	08/28/25
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	07/31/25	08/28/25
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	07/31/25	08/28/25
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	07/31/25	08/28/25
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	07/31/25	08/28/25
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	07/31/25	08/28/25
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	07/31/25	08/28/25
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	07/31/25	08/28/25
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	07/31/25	08/28/25
IN0025674	ELKHART WWTP	035	035-TS	SEMIANNUAL BIOMONITORING	07/31/25	08/28/25
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	07/31/25	08/28/25
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	07/31/25	08/28/25
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	07/31/25	08/28/25

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DMR Copy of Submission

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

Expand Notices

Showing COR 13 of 31 [◀](#) [◀](#) [9](#) [10](#) [11](#) [12](#) **13** [14](#) [15](#) [16](#) [▶](#) [▶](#)

Permit

Permit ID: IN0025674

Major:

Permittee: ELKHART WWTP

Permittee Address: 229 SOUTH 2ND ST
ELKHART , IN46516

Facility: ELKHART WWTP

Facility Location: 1201 S NAPPANEE ST
ELKHART , IN46516

Permitted Feature: 035 - External Outfall

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

Report Dates & Status

Monitoring Period: From 07/01/25 to 07/31/25

DMR Due Date: 08/28/25

Status: NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name: Laura

Last Name: Kolo

Title: Utility Services Manager

Telephone: 574-293-2572

No Data Indicator (NODI)

Form NODI: -

Code	Par	Value 1	Value 2	Units	V	1	Value 2	Value 3	Units	of Ex.	Analysis	Type
00300	Oxygen, dissolved [DO]											
	Smpl.				=7.1				19 - mg/L	0	01/01 - Daily	3R - 3 Grabs/24 hours
	1 - Effluent Gross											
	Season: 0						>=4.0 DLYAVMIN		19 - mg/L		01/01 - Daily	3R - 3 Grabs/24 hours
	NODI: -											
00400	pH											
	Smpl.				=7.0			=7.7	12 - SU	0	01/01 - Daily	GR - Grab
	1 - Effluent Gross											
	Season: 0						>=6.0 DAILY MN	<=9.0 DAILY MX	12 - SU		01/01 - Daily	GR - Grab
	NODI: -											
00530	Solids, total suspended											
	Smpl.	=672.0	=1443.0	26 - lb/d			=8.0	=16.5	19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
	1 - Effluent Gross											
	Season: 0	<=7511.0 MO AVG	<=11266.0 MX WK AV	26 - lb/d			<=30.0 MO AVG	<=45.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
	NODI: -											
00600	Nitrogen, total [as N]											
	Smpl.	=1830.0		26 - lb/d			=20.8		19 - mg/L	0	01/30 - Monthly	24 - 24 Hour Composite
	1 - Effluent Gross											
	Season: 0	Req Mon MO AVG		26 - lb/d			Req Mon MO AVG		19 - mg/L		01/30 - Monthly	24 - 24 Hour Composite
	NODI: -											
00610	Nitrogen, ammonia total [as N]											
	Smpl.	=6.6	=27.3	26 - lb/d			=0.09	=0.42	19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
	1 - Effluent Gross											
	Season: 1	<=1051.0 MO AVG	<=2478.0 DAILY MX	26 - lb/d			<=4.2 MO AVG	<=9.9 DAILY MX	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
	NODI: -											
00665	Phosphorus, total [as P]											
	Smpl.	=48.0		26 - lb/d			=0.56		19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
	1 - Effluent Gross											
	Season: 0	Req Mon MO AVG		26 - lb/d			<=1.0 MO AVG		19 - mg/L		01/01 - Daily	24 - 24 Hour Composite

Code	Nar		Value 1	Value 2	Units	V	1	Value 2	Value 3	Units	of Ex.	Analysis	Type
NODI: -			NODI										
01079	Silver total recoverable	Smpl.	<0.017	<0.018	26 - lb/d			<0.0002	<0.0002	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
1 - Effluent Gross													
Season: 0		Req.	<=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d			<=0.00038 MO AVG	<=0.00077 DAILY MX	19 - mg/L		01/07 - Weekly	24 - 24 Hour Composite
NODI: -			NODI										
01079	Silver total recoverable	Smpl.						=0.0004	=0.00074	19 - mg/L	0	02/30 - Twice Per Month	24 - 24 Hour Composite
G - Raw Sewage Influent													
Season: 0		Req.						Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - 24 Hour Composite
NODI: -			NODI										
50050	Flow, in conduit or thru treatment plant	Smpl.	=10.263		03 - MGD						0	01/01 - Daily	TM - Totalizer
1 - Effluent Gross													
Season: 0		Req.	Req Mon MO AVG		03 - MGD							01/01 - Daily	TM - Totalizer
NODI: -			NODI										
51041	E. coli, colony forming units [CFU]	Smpl.						=11.0	=54.0	3Z - CFU/100mL	0	01/01 - Daily	GR - Grab
1 - Effluent Gross													
Season: 1		Req.						<=125.0 MO GEO	<=235.0 DAILY MX	3Z - CFU/100mL		01/01 - Daily	GR - Grab
NODI: -			NODI										
80082	BOD, carbonaceous [5 day, 20 C]	Smpl.	=274.0	=399.0	26 - lb/d			=3.0	=5.0	19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
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 - 24 Hour Composite
NODI: -			NODI										

Code	Na	Value 1	Value 2	Units	V	1	Value 2	Value 3	Units	of Ex.	Analysis	Type
81012	Phosphorus, total percent removal											
	Smpl.			=86.5					23 - %	0	01/30 - Monthly	CA - Calculated
	K - Percent Removal											
	Season: 0			>=75.0 MO AV MN					23 - %		01/30 - Monthly	CA - Calculated
	NODI: -											
	NODI											
82220	Flow, total											
	Smpl.	=318.0		80 - Mgal/mo						0	01/30 - Monthly	RT - Recorder Total
	1 - Effluent Gross											
	Season: 0		Req Mon MO TOTAL	80 - Mgal/mo							01/30 - Monthly	RT - Recorder Total
	NODI: -											
	NODI											

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0025674_INC_RPT_2025_07_1_(2).pdf	pdf	144617.0
IN0025674_035a_MRO_2025_07.pdf	pdf	699846.0
IN0025674_CSO_MRO_2025_07.pdf	pdf	1334894.0

Report Last Saved By

ELKHART WWTP

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-08-19 09:12 (Time Zone:-04:00)

Report Last Signed By

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-08-19 12:35 (Time Zone:-04:00)



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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart		Permit Number IN0025674	Outfall 035 A	
Month July	Year 2025	Plant Design Flow 20,000 mgd	Telephone Number 574/293-2572	
E-mail address: laura.kolo@coei.org				
Certified Operator: Name Laura E. Kolo		Class IV	Certificate Number 15094	Expiration Date 06/30/2027

Day of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 2.95 Precipitation - Inches	Bypass At Plant Site ("X" if Occurred)	Sanitary Sewer Overflow ("X" if Occurred)	CHEMICALS USED			RAW SEWAGE						
							Chlorine - Lbs/day	Ferric Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l
1	Tue							170	11.290	7.6	107	10,075	142	13,371	3.78	22.40
2	Wed							207	11.410	7.3	122	11,609	134	12,751	3.16	17.40
3	Thu							210	11.250	7.4	159	14,918	124	11,634	3.74	17.30
4	Fri							434	10.970	7.0	120	10,979	128	11,711	3.72	17.10
5	Sat							432	10.600	7.6	96	8,487	116	10,255	3.28	17.50
6	Sun				X			489	10.810	7.6	98	8,835	114	10,278	3.05	17.20
7	Mon			0.02				255	11.440	7.6	121	11,545	162	15,456	3.42	19.00
8	Tue							86	11.550	7.5	148	14,256	172	16,568	4.16	20.60
9	Wed			0.09				403	11.510	7.6	168	16,127	244	23,422	4.32	20.20
10	Thu							418	11.190	7.5	150	13,999	168	15,679	4.56	20.00
11	Fri			0.30				410	12.240	7.5	146	14,904	194	19,804	4.40	18.80
12	Sat							403	10.550	7.4	160	14,078	128	11,262	3.78	19.10
13	Sun							403	10.530	7.4	134	11,768	160	14,051	4.08	18.50
14	Mon							403	10.890	7.7	141	12,806	194	17,620	4.52	18.60
15	Tue							403	10.880	7.7	128	11,615	168	15,244	4.40	20.60
16	Wed			0.23				403	11.700	7.6	194	18,930	298	29,078	4.72	20.30
17	Thu							298	10.940	7.7	223	20,346	310	28,284	7.74	21.40
18	Fri							194	10.890	7.6	154	13,987	214	19,436	4.72	20.10
19	Sat			0.24				260	10.850	7.7	178	16,107	168	15,202	4.60	18.50
20	Sun							230	10.190	7.7	268	22,776	122	10,368	3.23	17.70
21	Mon			0.01				238	10.580	7.5	134	11,824	220	19,412	5.48	19.00
22	Tue							245	10.460	7.6	113	9,858	206	17,971	4.48	20.00
23	Wed							245	10.990	7.7	154	14,115	178	16,315	4.16	17.70
24	Thu			0.39				245	13.655	7.6	169	18,408	290	31,587	5.16	17.90
25	Fri			0.24				245	11.100	7.9	107	9,905	200	18,515	3.93	19.60
26	Sat			0.66				245	12.890	7.6	121	12,947	124	13,268	3.22	15.30
27	Sun			0.02				245	9.820	7.5	108	8,845	116	9,500	2.52	16.00
28	Mon			0.35				245	10.590	7.5	100	8,832	164	14,485	3.38	17.60
29	Tue							245	10.560	7.7	132	11,625	190	16,733	3.96	18.30
30	Wed			0.21				245	10.780	7.6	143	12,856	202	18,161	4.88	22.50
31	Thu			0.19				245	11.190	7.5	160	14,932	190	17,732	4.64	22.10
Average				0.23				297	11.106		144	13,300	179	16,618	4.17	18.98
Maximum				0.66				489	13.655	7.9	268	22,776	310	31,587	7.74	22.50
Minimum				0.01				86	9.820	7.00	96	8,487	114	9,500	2.52	15.30

# of Data			13	1	5	0	31	0	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) 8/18/25
Signature of principal executive officer or authorized agent <i>Laura Kolo</i>	Date (month, day, year) 8/18/25

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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: July	Year 2025
-----------------------------	----------------------------	-----------------------	--------------

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									
1	134	160	188	8,692	22	3.7		25.137	8,300				5	7.0		8.1	
2	99	90	188	2,528	74	4.8	19	24.468	3,300				22	7.7		8.0	
3	107	90	170	3,200	53	4.3	19	24.512	4,800				6	7.4		7.8	
4	93	78	180	3,648	49	4.6	19	23.568	5,180				12	7.4		8.0	
5	67	70	170	3,452	49	4.8	19	26.553	3,940				8	7.0		7.7	
6	75	52	184	3,488	53	5.1	19	24.618	4,280				5	7.0		7.5	
7	86	66	151	3,944	38	4.8	19	26.447	4,840				21	7.3		7.8	
8	128	86	168	2,920	58	5.1	19	25.718	4,160				54	7.6		8.4	
9	112	78	174	3,348	52	5.1	19	27.441	4,060				28	7.0		8.6	
10	118	72	166	4,008	41	4.0	20	26.818	4,400				38	7.0		7.3	
11	118	76	160	3,776	42	4.4	20	23.566	4,820				11	7.3		8.1	
12	126	80	184	3,440	53	4.7	20	24.618	4,800				7	7.7		8.4	
13	143	72	185	3,988	46	4.6	20	26.418	3,880				10	7.5		8.7	
14	86	78	196	3,568	55	4.7	20	24.512	4,220				8	7.0		8.4	
15	97	68	176	6,864	26	6.8	20	24.618	7,780				9	7.0		8.4	
16	111	88	182	3,408	53	4.4	20	27.441	3,380				8	7.3		8.2	
17	115	92	189	3,756	50	3.2	21	24.668	4,340				11	7.6		8.0	
18	146	88	192	4,692	41	3.5	20	26.418	6,720				9	7.6		8.1	
19	155	122	206	3,872	53	4.0	20	26.447	4,780				12	7.0		8.1	
20	103	116	218	4,040	54	3.8	20	27.441	4,500				18	7.0		8.6	
21	103	106	198	3,908	51	3.6	20	24.618	4,480				10	7.3		8.2	
22	78	84	206	3,788	54	3.7	20	24.512	4,320				15	7.5		8.4	
23	137	94	216	4,792	45	3.5	20	25.202	5,460				15	7.0		7.6	
24	152	156	202	5,384	38	3.9	21	25.227	8,140				4	7.0		7.8	
25	129	124	214	3,024	71	2.7	22	24.631	4,320				4	7.3		8.0	
26	148	214	252	3,940	64	3.5	21	26.447	5,440				13	7.5		8.3	
27	154	96	232	3,580	65	3.5	22	26.418	4,420				3	7.1		8.9	
28	49	102	216	6,900	31	3.4	21	24.436	5,440				14	7.0		7.1	
29	86	86	228	4,180	55	3.4	21	23.568	5,680				13	7.0		7.2	
30	111	94	224	3,820	59	3.4	21	23.618	5,620				13	7.3		7.9	
31	93	92	236	2,976	79	3.4	21	26.418	5,080				8	7.4		8.1	
Avg.	112	96	195	4,094	51	4.1	20	25.372	4,996				11				
Max.	155	214	252	8,692	79	6.8	22	27.441	8,300				54	7.7			
Min.	49	52	151	2,528	22	2.7	19	23.566	3,300					7.00		7.1	
Daily Max													54				
# of Days above 235													0				
Data	31	31	31	31	31	31		31	31	0	0	0	0	31	31	31	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.): Aeration tank temp not taken on 7/1/25.

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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of July	Year 2025
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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	Tue	10.550		3		264		7		616		0.31		27.3		0.67	59
2	Wed	10.650		4		355		8		746		0.06		5.3		0.75	67
3	Thu	10.010		4		334		9		751		0.08		6.7		0.71	59
4	Fri	9.350		4		312		10		811		0.07		5.5		0.79	62
5	Sat	9.360	10.429	4	3.29	312	280	12	8.51	968	732	0.05	0.10	3.9	9	0.82	64
6	Sun	9.430		5		393		16		1,258		0.06		4.7		0.93	73
7	Mon	10.160		5		424		22		1,864		0.08		6.8		0.91	77
8	Tue	10.930		6		547		26		2,334		0.08		7.3		1.13	103
9	Wed	10.700		6		535		24		2,142		0.09		8.0		0.91	81
10	Thu	10.680		5		445		18		1,639		0.09		8.0		0.78	69
11	Fri	11.780		3		295		6		570		0.06		5.9		0.45	44
12	Sat	9.330	10.430	2	4.57	156	399	4	16.51	296	1,443	0.05	0.07	3.9	6	0.41	32
13	Sun	9.360		2		156		2		172		0.04		3.1		0.42	33
14	Mon	10.070		2		168		4		294		0.06		5.0		0.45	38
15	Tue	9.510		2		159		5		412		0.10		7.9		0.48	38
16	Wed	11.040		3		276		4		396		0.07		6.4		0.39	36
17	Thu	9.910		3		248		4		364		0.09		7.4		0.44	36
18	Fri	9.610		2		160		4		321		0.06		4.8		0.46	37
19	Sat	9.710	9.887	3	2.43	243	201	5	4.03	373	333	0.04	0.07	3.2	5	0.47	38
20	Sun	8.380		3		210		4		245		0.08		5.6		0.52	36
21	Mon	9.330		3		233		4		288		0.09		7.0		0.49	38
22	Tue	9.730		2		162		4		325		0.09		7.3		0.46	37
23	Wed	10.620		3		266		5		443		0.04		3.5		0.47	42
24	Thu	12.760		2		213		4		436		0.06		6.4		0.41	44
25	Fri	10.970		2		183		5		421		0.08		7.3		0.39	36
26	Sat	13.370	10.737	3	2.57	335	229	5	4.30	580	391	0.09	0.08	10.0	7	0.37	41
27	Sun	9.420		2		157		4		283		0.06		4.7		0.36	28
28	Mon	10.170		3		254		4		348		0.07		5.9		0.36	31
29	Tue	10.040		3		251		4		360		0.06		5.0		0.37	31
30	Wed	10.490		2		175		5		420		0.05		4.4		0.43	38
31	Thu	10.740	9.866	3	2.71	269	221	4	4.11	349	343	0.42	0.06	5.4	5	0.42	38
Avg		10.263		3		274		8		672		0.09		6.6		0.56	48
Max		13.370	11	6	4.57	547	399	26	16.51	2,334	1,443	0.42	0.10	27.3	9	1.1	103
Min																0.4	28
Data		31	5	31	5	31	5	31	5	31	5	31	5	31	5	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 318
Primary Treatment	22.37	46.4			Percent Capacity (actual flow/design) 51.32
Secondary Treatment	NA	NA			
Tertiary Treatment	97.1	91.9			
Overall Treatment	97.78	95.6	99.5	86.5	

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

State Form 10829 (R10/12-24)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	July	2025

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	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	39.84	194.40	7.3		108			4.28	2.35	71.17	54.17	85.75		
2	44.64	194.40	7.3		108			4.00	2.43	69.30	53.85	89.42		
3	40.64	194.40	7.3		108			3.86	2.30	69.65	54.55	63.32		
4	40.04	194.40	7.3		108			4.40	2.42	66.67	54.76			
5	33.63	194.40	7.3		108	28.296		3.52	2.31	71.48	53.79			
6	41.61	194.40	7.3		108			3.23	2.28	73.66	52.67			
7	41.63	194.40	7.4		104			3.37	2.36	75.11	53.39	88.93		
8	49.63	194.40	7.3		106			3.38	2.22	71.90	55.29	88.46		
9	49.70	194.40	7.3		107	0.000		3.21	2.54	70.33	51.77	89.07		
10	49.63	194.40	7.3		108			3.46	2.14	71.56	53.49	86.59		
11	60.46	194.40	7.3		108			3.36	2.15	67.98	54.68			
12	51.89	194.40	7.3		108			3.39	2.21	74.88	57.02			
13	70.12	194.40	7.3		108			3.59	2.17	73.52	56.16			
14	44.61	194.40	7.3		108			3.35	2.05	75.00	57.56	88.63		
15	54.10	194.40	7.3		108			3.68	2.67	72.95	53.99	89.16		
16	49.50	194.40	7.3		108			3.37	2.12	72.52	47.50	63.49		
17	51.79	194.40	7.3		108			3.38	2.08	70.56	54.29	88.31		
18	47.84	194.40	7.2		108			2.02	2.03	68.28	54.97	50.63		
19	43.84	194.40	7.3		108	42.449		3.27	2.08	67.33	55.15			
20	49.23	194.40	7.2		108			3.38	2.01	69.39	55.00			
21	48.61	194.40	7.1		107	3.537		3.52	2.10	69.88	51.47			
22	48.72	194.40	7.2		107			3.37	1.98	65.50	53.33	88.91		
23	49.33	194.40	7.2		106			3.59	2.02	65.14	54.20	88.22		
24	49.30	194.40	7.3		107			3.15	2.18	68.02	56.92	85.44		
25	49.23	194.40	7.3		104			3.80	1.99	63.96	54.74			
26	49.23	194.40	7.3		104	35.370		3.48	2.00	65.02	54.46			
27	49.25	194.40	7.2		104	31.833		3.43	2.03	65.60	54.55			
28	44.27	194.40	7.2		104			3.13	2.09	63.13	56.11	94.94		
29	49.28	194.40	7.3		104			3.43	1.95	63.71	53.23	94.67		
30	49.28	194.40	7.2		103			2.85	1.66	65.13	53.21	111.78		
31	49.28	194.40	7.1		103			3.00	2.01	62.44	55.48			
Avg.	48.07	194.40			107	23.581		3.43	2.16	69.06	54.25	85.32		
Max.	70.12	194.40	7.4		108	42.449		4.40	2.67	75.11	57.56	111.78		
Min.														
Data	31	31	31	0	31	6	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 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: July	Year 2025
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Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Raw Influent (mg/L)	Ag - Final 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													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1			20.80	1,830				0.0140	0.0030							
2					0.0004	0.0002									12.9000	0.7380
3																
4																
5																
6																
7					0.0007	0.0002	0.0004	0.0002			0.0277	0.0033	0.0628	0.0158		
8																
9																
10																
11																
12																
13																
14					0.0004	0.0002										
15																
16																
17																
18																
19																
20																
21					0.0002	0.0002										
22																
23																
24																
25																
26																
27																
28					0.0003	0.0002										
29																
30																
31	197	17,646														
Avg	197	17,646	20.80	1,830	0.0004	0.0002	0.00	0.00	0.01	0.00	0.03	0.00	0.06	0.02	12.90	0.74
Max					0.0007	0.0002	0.00	0.00	0.01	0.00	0.03	0.00	0.06	0.02	12.90	0.74
Min					0.0002	0.0002	0.00	0.00	0.01	0.00	0.03	0.00	0.06	0.02	12.90	0.74
Data	1	1	1	1	5	5	1	1	1	1	1	1	1	1	1	1

MONTHLY REPORT OF OPERATION
 ACTIVATED SLUDGE TYPE
 WASTEWATER TREATMENT PLANT

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: July	Year 2025
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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	0.0200	0.0080	0.0016	0.0010	0.0693	0.0234												
8																		
9																		
10																		
11																		
12																		
13																		
14																		
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25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg	0.0200	0.0080	0.0016	0.0010	0.0693	0.0234												
Max	0.0200	0.0080	0.0016	0.0010	0.0693	0.0234												
Min	0.0200	0.0080	0.0016	0.0010	0.0693	0.0234												
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: July 2025		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 min, 15 min)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	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	11.29	13.62					15 min													
2	11.41	15.40					15 min													
3	11.25	14.25					15 min													
4	10.97	13.86					15 min													
5	10.60	12.30					15 min													
6	10.81	12.73					15 min													
7	11.44	12.83	8:34 AM	1.12	0.02	0.04	15 min													
8	11.55	30.37					15 min													
9	11.51	14.50	11:39 AM	5.17	0.09	0.32	15 min													
10	11.19	12.93					15 min													
11	12.24	17.47	3:59 AM	7.28	0.30	0.28	15 min													
12	10.55	12.20					15 min													
13	10.53	13.66					15 min													
14	10.89	12.51					15 min													
15	10.88	13.44					15 min													
16	11.70	16.17	12:24 PM	8.45	0.23	0.32	15 min													
17	10.94	12.18					15 min													
18	10.89	12.09					15 min													
19	10.85	16.13	3:24 PM	3.42	0.24	0.20	15 min													
20	10.19	12.10					15 min													
21	10.58	12.21	5:19 AM	0.08	0.01	0.04	15 min													
22	10.46	13.18					15 min													
23	10.99	13.20					15 min													
24	13.06	32.87	6:09 PM	4.95	0.39	1.24	15 min							6:29 PM	M	0.25	M	0.0128	M	
25	11.10	15.00	12:11 AM	19.42	0.24	0.56	15 min													
26	12.83	53.42	3:34 AM	11.75	0.66	1.60	15 min							11:34 AM	M	0.17	M	0.0246	M	
27	9.82	12.05	1:21 AM	12.13	0.02	0.04	15 min													
28	10.59	12.61	5:01 AM	17.58	0.35	1.16	15 min													
29	10.56	13.03					15 min													
30	10.78	18.14	3:54 PM	3.25	0.21	0.28	15 min													
31	11.19	16.87	4:09 AM	13.45	0.19	0.84	15 min													
Totals:	343.64			108.05	2.95			0	Days	0.00		0		2	Days	0.42		0.0374		
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent												Telephone								
Laura E. Kolo, Utilities Services Manager												574-293-2572								
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																				
Signature of Principal Executive Officer or Authorized Agent												Date (mm/dd/yy)								
Laura Kolo												08/18/25								



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 2 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: July 2025										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 007						CSO Outfall No. 008						CSO Outfall No. 009					CSO Outfall No. 011							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																								
2																								
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24	6:44 PM	M	0.50	M	0.0869	M							6:52 PM	M	0.33	M	0.0144	M	6:35 PM	M	0.25	M	0.0166	M
25																								
26	11:49 AM	M	0.50	M	0.0831	M							11:57 AM	M	0.33	M	0.0144	M	11:35 AM	M	0.17	M	0.0058	M
27																								
28																								
29																								
30																								
31																								
Totals:	2	Days	1.00		0.1700		0	Days	0.00		0.0000		2	Days	0.66		0.0288		2	Days	0.42		0.0224	



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 3 of 9					Permit Number: IN0025574											
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y																
Monitoring Period: Jul 2025										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																										
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19																										
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23																										
24																										
25																					6:48 PM	M	0.33	M	0.0092	M
26	11:39 AM	M	0.50	M	0.0293	M	11:37 AM	M	0.42	M	0.0576	M								11:48 AM	M	0.58	M	0.0628	M	
27																										
28																										
29																										
30																										
31																										
Totals:	1	Days	0.50		0.0293		1	Days	0.42		0.0576		0	Days	0.00		0.0000		2	Days	0.91		0.0720			



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 4 of 9		Permit Number: IN0025574												
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: July 2025										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 016					CSO Outfall No. 017					CSO Outfall No. 018			CSO Outfall No. 019											
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
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19																								
20																								
21																								
22																								
23																								
24	6:41 PM	M	0.92	M	0.0715	M							7:00 PM	M	0.67	M	0.0128	M	6:51 PM	M	0.58	M	0.0037	M
25																								
26	11:56 AM	M	0.67	M	0.0261	M	11:49 AM	M	0.58	M	0.0334	M	12:05 PM	M	0.98	M	0.0320	M	11:46 AM	M	0.83	M	0.0110	M
27																								
28																								
29																								
30																								
31																								
Totals:	2	Days	1.59		0.0976		1	Days	0.58		0.0334		2	Days	1.65		0.0448		2	Days	1.41		0.0147	



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 5 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: July 2025										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 020						CSO Outfall No. 023						CSO Outfall No. 024						CSO Outfall No. 025						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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2																								
3																								
4																								
5																								
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24	6:30 PM	M	0.42	M	0.0228	M	6:27 PM	M	0.50	M	0.0402	M	6:55 PM	M	0.50	M	0.0147	M	6:26 PM	M	0.50	M	0.1025	M
25																								
26	11:40 AM	M	0.33	M	0.0173	M	11:37 AM	M	0.33	M	0.0284	M							11:31 AM	M	0.50	M	0.0986	M
27																								
28																								
29																								
30																								
31																								
Totals:		2	Days	0.75		0.0401	2	Days	0.83		0.0686	1	Days	0.50		0.0147	2	Days	1.00		0.2011			



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: IN0026574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: July 2025										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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3																									
4																									
5																									
6																									
7																									
8																									
9																									
10																									
11							7:25 AM	M	0.67	M	0.0150	M													
12																									
13																									
14							6:50 AM	M	0.58	M	0.0145	M													
15																									
16																									
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24	6:37 PM	M	0.08	M	0.0000	M																			
25																									
26	11:32 AM	M	0.17	M	0.0077	M	11:35 AM	M	0.08	M	0.0037	M													
27																									
28																									
29																									
30																									
31																									
Totals:	1	Days	0.25		0.0077		3	Days	1.33		0.0332		0	Days	0.00		0.0000		0	Days	0.00		0.0000		



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: July 2025										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																									
5																									
6																									
7																									
8																									
9																									
10																									
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16																									
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24							6:32 PM	M	0.17	M	0.0036	M	6:39 PM	M	0.50	M	0.2135	M							
25																									
26							11:37 AM	M	0.17	M	0.0036	M								11:36 AM	M	0.08	M	0.0057	M
27																									
28																									
29																									
30																									
31																									
Totals:		0	Days	0.00		0.0000	2	Days	0.34		0.0072	1	Days	0.50		0.2135	1	Days	0.08		0.0057				



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 8 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: July 2025										Enter "X" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 037					CSO Outfall No. 039					CSO Outfall No. 040					CSO Outfall No.									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
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15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24	6:46 PM	M	1.25	M	0.5261	M							6:26 PM	M	2.40	M	0.0591	M						
25																								
26													11:35 AM	M	5.58	M	0.1366	M						
27																								
28																								
29																								
30																								
31													7:01 AM	M	0.67	M	0.0057	M						
Totals:	1	Days	1.25		0.5261		0	Days	0.00		0.0000		3	Days	8.65		0.2014		0	Days	0.00		0.0000	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart	Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: July 2025	Enter "x" if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	precipitation
12	
13	
14	precipitation within previous 72 hours
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	precipitation
25	
26	precipitation
27	
28	
29	
30	
31	precipitation

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Laura E. Kolo, Utilities Services Manager	Telephone 574-293-2572
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent <i>Laura Kolo</i>	Date (mm/dd/yy) 08/18/25



BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

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

RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 7/06/25 1:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 7/06/25 1:25 <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 40N	(9) Longitude (Deg Min Sec) 86 00 11W

(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 235,417 Gallons	(11) WWTP Flow During Release 11.3 MGD	(12) WWTP Peak Design Flow Rate 44 MGD
--	---	---

(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input checked="" type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release	(14) Describe any damage to aquatic life or receiving stream: none - only Headwork was by-passed. All flows received primary, secondary treatment and disinfection.
---	--

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

(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input 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 box 17	(17) Additional Description of the Bypass / Overflow Event: Buss bar at WWTP substation blew and power was lost. Buss bar was scheduled to be replaced week of 7/21/25, that has now been moved up to start replacement on 7/10/25. Only Headworks (Preliminary treatment) was by-passed. All flows received primary, secondary treatment and disinfection.	(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: none - process by-pass only
--	--	--

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

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris Buss bar at WWTP substation blew and power was lost. Buss bar was scheduled to be replaced week of 7/21/25, that has now been moved up to start replacement on 7/10/25. Only Headworks (Preliminary treatment) was by-passed. All flows received primary, secondary treatment and disinfection.

(21) Resolution: Actions Taken or Planned to Prevent Recurrence Buss bar at WWTP substation blew and power was lost. Buss bar was scheduled to be replaced week of 7/21/25, that has now been moved up to start replacement on 7/10/25. Only Headworks (Preliminary treatment) was by-passed. All flows received primary, secondary treatment and disinfection.
--

(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>7/7/24</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 7/7/25 appx 11:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

Kolo, Laura

From: Kolo, Laura
Sent: Monday, July 7, 2025 11:03 AM
To: 'wwreports@idem.IN.gov'
Cc: lraisor@idem.in.gov
Subject: IN0025674_INC_RPT_2025_07_1
Attachments: IN0025674_INC_RPT_2025_07_1.pdf

Please find incident report IN0025674_INC_RPT_2025_07_1 attached.

Laura Kolo
Director of Utilities



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



“Tomorrow’s Elkhart Starting Today”
Public Works – Street & Utility Infrastructure

Aspire Elkhart.

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Biomonitor

Permittee/Location Elkhart WWTP Elkhart, IN		Permit Number: IN0025674			Outfall Number: 035		
Laboratory Name and Contact: Biomonitor Michael Britton		Report Due Date:			Report Date: July 2025		
WETT Reporting Frequency or Type: (mark one)	Monthly	Quarterly	Semi-annual	Annual	TRE	Post TRE	2/2 (per Reporting Frequency)
						X	

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

<i>Pimephales promelas</i>	7-day Larval Survival and Growth Definitive Static-Renewal	NOEC Survival	%	12.5				Laboratory Report			
			TU _c	8							
		NOEC Growth	%	6.25							
			TU _c	16							
		IC25 Growth	%	3.5							
			TU _c	28.6							
		96 hr. LC50	%	8.8							
			TU _a	11.4							
		Toxicity (acute)	TU _a	11.4					1.0	Fail	Laboratory Report <u>and</u> NetDMR (Parameter Code 61427)
		Toxicity (chronic)	TU _c	28.6					8.0	Fail	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

July 2025

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

Project Name: Elkhart Wastewater Treatment Plant

Project Date: July 2025

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

Greg R. Bright

Quality Assurance Officer
Date: 7/21/25

Michael Britton

Project Director
Date: 7/21/25

Other Participating Personnel:

Mukang'andu Ng'andwe
Melody Myers-Kinzie

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

Section 1
Executive Summary

Biomonitor conducted whole effluent toxicity testing for the Elkhart, IN Wastewater Treatment Plant during July 2025. The purpose of the testing was to fulfill the biomonitoring requirement for the NPDES permit.

Three samples were collected July 7-10, 2025. The water flea, *Ceriodaphnia dubia*, and Fathead minnow, *Pimephales promelas*, were used as the test organisms.

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

Ceriodaphnia dubia test

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

Pimephales promelas test

48-hr LC ₅₀	= 8.8% effluent	TU _a = 11.4
NOEL for survival	= 12.5% effluent	TU _c = 8.0
NOEL for growth	= 6.25% effluent	TU _c = 16.0
IC ₂₅ for growth	= 3.5% effluent	TU _c = 28.6

The acute toxicity limits in the NPDES permit require the 48 and/or 96-hr LC₅₀ to be greater than 100% effluent (a TU_a not to exceed 1.0). The effluent samples failed the acute toxicity limits during this testing period for *Pimephales promelas* but not for *Ceriodaphnia dubia*.

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

Section 2
Introductory Information

Table I
General

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

Table II
Plant Operations

Type of discharger:	Publicly owned treatment works Wastewater consists of treated sanitary and industrial wastes
Type of waste treatment:	Class IV. Activated sludge
Design flow:	20 – MGD
Volume of wastewater flow during the sampling period:	July 7, 2025 -MGD July 8, 2025 -MGD July 10, 2025 -MGD

Table III
Source of effluent and dilution water

I. Effluent samples

Sampling point:	Outfall 035	
Collection dates and times:	July 7, 2025	5:45 a.m.
	July 8, 2025	11:00 p.m.
	July 10, 2025	11:00 p.m.
Sample collection:	Composite samples	
Physical and chemical data:	See Tables 9 and 15	

II. Dilution water samples

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

Section 3
Test Methods and Results

CERIODAPHNIA SURVIVAL AND REPRODUCTION TEST

Table IV
METHODOLOGY
Ceriodaphnia Survival and Reproduction Test

Toxicity test method used:	<i>Ceriodaphnia</i> survival and reproduction test	
Endpoints of test:	Survival and reproduction (LC ₅₀ , NOEL, and LOEL)	
Reference method:	EPA-821-R-02-013	
Deviations from method:	Test was completed in eight days because control animals did not produce an average of greater than 15 young per female by until day eight.	
Date and time test initiated:	July 8, 2025	1:25 p.m.
Date and time test terminated	July 16, 2025	1:20 p.m.
Type of test chambers:	Polyethylene	30 ml
Volume of solution used per chamber:	15 ml	
Number of organisms per chamber:	1	
Number of replicate chambers per treatment:	10	
Test temperature range:	25°C (no deviations)	

Table V
ORGANISMS USED
Ceriodaphnia Survival and Reproduction Test

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

Table VI
RESULTS
Ceriodaphnia Survival and Reproduction Test

<u>Raw Data:</u>	See Table 8
<u>LC₅₀ or NOEL obtained:</u>	48-hr LC ₅₀ = 100% effluent NOEL for survival = 100% effluent NOEL for reproduction = 100% effluent Control survival was 100% after eight days. Control reproduction averaged greater than 15 per surviving female.
<u>Methods used to calculate endpoints:</u>	Fisher's Exact Test for the survival endpoint. Dunnett's Test for the reproduction endpoint. No calculations necessary for the acute endpoint.

Table VII
QUALITY ASSURANCE
Ceriodaphnia Survival and Reproduction Test

<u>Reference Toxicant used and source:</u>	Copper chloride, reagent grade, from Carolina Biological
<u>Date and time of most recent test:</u>	June 17-24, 2025
<u>Dilution water used in test:</u>	Moderately hard synthetic water
<u>Results:</u>	48-hr LC ₅₀ = 71 µg/L as Cu NOEL (reproduction) = 80 µg/L as Cu LOEL (reproduction) = 160 µg/L as Cu
<u>Comparison to recommended range:</u>	Within the laboratory control range for both acute and chronic endpoints (see attachment)

Table VIII
TEST DATA
Ceriodaphnia Survival and Reproduction Test

Effluent Concentration	Day No.	Number of Young Reproduced										Young Per Female	Total Live Breeders
		Replicate											
		A	B	C	D	E	F	G	H	I	J		
Control	1	0	0	0	0	0	0	0	0	0	0	16.5	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	0	0	0	0	0	0	0	0	0		10
	4	0	0	0	0	0	2	0	0	0	3		10
	5	0	2	2	0	0	3	4	3	6	0		10
	6	5	0	3	4	3	0	8	4	0	5		10
	7	8	6	7	4	0	7	8	0	8	7		10
	8	7	0	0	0	7	9	0	7	13	10		10
6.25%	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	0	0	0	0	0	0	0	0	0	0		10
	4	0	0	-	3	0	0	0	0	0	0		9
	5	5	2	-	0	0	4	0	2	4	0		9
	6	0	8	-	7	3	0	7	5	2	6		9
	7	8	9	-	8	7	6	11	0	8	8		9
	8	8	0	-	0	0	0	0	9	0	11		9
12.5%	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	0	0	0	0	0	0	0	0	0	2		10
	4	2	0	0	0	0	0	0	0	0	2		10
	5	0	0	0	0	0	0	3	0	0	0		10
	6	4	0	2	5	5	0	9	4	7	5		10
	7	9	7	5	7	8	9	11	10	9	8		10
	8	0	0	0	0	12	0	0	7	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	16.7	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	0	0	0	0	0	0	0	0	0		10
	4	2	2	0	0	0	0	0	0	2	2		10
	5	4	0	1	0	0	0	4	0	5	3		10
	6	0	7	2	3	0	8	8	5	7	3		10
	7	10	8	0	8	8	9	12	12	6	0		10
	8	0	0	12	0	10	0	0	0	0	4		10
50%	1	0	0	0	0	0	0	0	0	0	0	11.3	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	0	0	0	0	0	0	0	0	0		10
	4	0	0	0	0	0	2	2	0	0	4		10
	5	0	6	0	0	3	6	0	0	1	0		10
	6	0	9	0	0	0	3	11	4	0	6		10
	7	-	0	3	5	9	0	10	9	1	0		9
	8	-	6	0	0	5	0	0	0	3	5		9
100%	1	0	0	0	0	0	0	0	0	0	0	14.1	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	0	0	0	0	0	0	0	0	0		10
	4	0	2	0	4	3	1	3	0	0	0		10
	5	0	4	0	0	0	0	0	2	0	6		10
	6	0	6	8	7	2	2	8	6	5	9		10
	7	13	0	3	0	15	0	2	9	0	0		10
	8	0	7	0	8	0	0	0	0	0	6		10

Table IX
WATER CHEMISTRY
Ceriodaphnia Survival and Reproduction Test

Effluent Concentration	D.O. <u>Range</u> mg/L	Temp. <u>Range</u> °C	pH <u>Range</u> S.U.	Alk. <u>Range</u> CaCO ₃	Hardness <u>Range</u> CaCO ₃	Cond. <u>Range</u> µS
CONTROL	7.3 – 8.8	25	7.7 – 8.0	40-	100-120	300-320
6.25%	7.3 – 9.0	25	7.7 – 8.0	/	/	310-320
25%	7.1 – 8.9	25	7.7 – 8.1	/	/	380-410
100%	6.8 – 9.1	25	7.7 – 8.4	90-100	250-375	640-740

FATHEAD MINNOW LARVAL SURVIVAL AND GROWTH TEST

Table X
METHODOLOGY
Fathead Minnow Larval Survival and Growth Test

<u>Toxicity test method used:</u>	7-day fathead minnow larval survival and growth test	
<u>Endpoints of test:</u>	96-hr LC ₅₀ and no observable effect level (NOEL) for survival and growth. TU _c for survival and growth.	
<u>Reference method:</u>	EPA-821-R-02-013	
<u>Deviations from method:</u>	No Deviations	
<u>Date and time test initiated:</u>	July 8, 2025	11:00 a.m.
<u>Date and time test terminated:</u>	July 15, 2025	11:00 a.m.
<u>Type of test chambers:</u>	Polyethylene	300 ml
<u>Volume of solution used per chamber:</u>	250 ml	
<u>Number of organisms per chamber:</u>	ten	
<u>Number of replicate chambers per treatment:</u>	four	
<u>Test temperature range:</u>	25°C (no deviations)	

Table XI
ORGANISMS USED
Fathead Minnow Survival and Growth Test

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

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

<u>Raw Data:</u>	See Table 14
<u>LC₅₀ or NOEL obtained:</u>	<p>96-hr LC₅₀ = 8.8% effluent</p> <p>NOEL for survival = 12.5% effluent</p> <p>NOEL for growth = 6.25% effluent</p> <p>IC₂₅ for growth = 3.5% effluent</p> <p>Control survival and growth fell within the acceptable range</p>
<u>Methods used to calculate endpoints:</u>	<p>Steel's Many-One Rank Test was required for the survival and growth endpoints because the homogeneity of variance assumptions could not be met.</p> <p>ICPIN for the IC₂₅ endpoint.</p> <p>Trimmed Spearman-Kärber for the acute endpoint.</p>

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

<u>Reference Toxicant used and source:</u>	Potassium chloride, reagent grade, from Sigma-Aldrich
<u>Date and time of most recent test:</u>	June 17-24, 2025
<u>Dilution water used in test:</u>	Moderately Hard Synthetic Water
<u>Results:</u>	96-hr LC ₅₀ = 856 mg /L as KCl NOEL (growth) = 500 mg/L as KCl LOEL (growth) = 1000 mg/L as KCl
<u>Comparison to recommended range:</u>	Within the laboratory control range for both acute and chronic endpoints (see attachment)

Table XIV
TEST DATA
Fathead Minnow Larval Survival and Growth Test

Effluent Concentration	% Survival in Each Replicate				Average Dry Weight (mg) in Each Replicate			
	A	B	C	D	A	B	C	D
Control	100	100	100	100	300	340	270	330
6.25%	100	0	100	20	290	0	340	80
12.5%	0	40	10	10	0	140	50	60
25%	0	0	0	0	0	0	0	0
50%	10	0	20	0	50	0	150	0
100%	0	20	40	10	0	80	220	30

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

Effluent Concentration	D.O. <u>Range</u> mg/L	Temp. <u>Range</u> °C	pH <u>Range</u> S.U.	Alk. <u>Range</u> CaCO₃	Hardness <u>Range</u> CaCO₃	Cond. <u>Range</u> µS
CONTROL	6.2 – 8.8	25	7.5 – 7.9	40-	100-120	290-300
6.25%	6.2 – 8.8	25	7.5 – 7.8	/	/	310-320
25%	6.1 – 9.1	25	7.6 – 7.8	/	/	390-420
100%	5.7 – 9.5	25	7.6 – 8.1	90-100	250-375	690-780

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SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity

SAMPLE IDENTIFICATION: Elkhart - 1 Mon. July 2025

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 7/6/25 Start Time 0100

End Date 7/7/25 End Time 0545

NAME OF PERSON COLLECTING SAMPLE: Secondary Operations

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: [Signature]

Date: 7/7/25 Time: 1221

Received by: [Signature]

Date: 7/7/25 Time: 12:21 p

Relinquished by: _____

Date: _____ Time: _____

Received by: _____

Date: _____ Time: _____

TEMP: 9 °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 Wed. July 2025

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 7-8-2025 Start Time 0045 12:45 am
End Date 7-8-2025 End Time 2300 11 pm

NAME OF PERSON COLLECTING SAMPLE: Sec Operations

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: M. Hood
Date: 7-9-25 Time: 12:05

Received by: CPC
Date: 7/9/25 Time: 12:05 pm

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 - 3 Fri. July 2025

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 7-10-25 Start Time 1am
End Date 7-10-25 End Time 11 pm

NAME OF PERSON COLLECTING SAMPLE: Sec Operations

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: Benny Dell
Date: 7-11-2025 Time: 12:00

Received by: CFC-FL
Date: 7/11/25 Time: 12:00 p

Relinquished by: _____
Date: _____ Time: _____

Received by: _____
Date: _____ Time: _____

TEMP: 10 °C

COMMENTS:

Ceriodaphnia dubia

Reference Toxicant - Copper sulfate/chloride as Cu

Dilution Water - Moderately Hard Reconstituted Water

Date mm/yy	LC ₅₀ 48-hr µg/L	NOEL µg/L (repro.)	LOEL µg/L (repro.)	IC ₂₅ µg/L (repro.)	
09/21	92	40	80	49	
10/21	73	40	80	52	
11/21	113	80	160	59	
12/21	75	40	80	48	
1/22	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	60	41	
7/22	75	40	80	33	
8/22	85	20	40	30	
9/22	80	40	80	32	
11/22	70	40	80	40	
12/22	77	40	80	48	
1/23	75	40	80	48	
2/23	86	40	80	52	
4/23	80	40	80	37	
5/23	80	40	80	39	
08/23	113	80	160	59	
07/23	75	40	80	55	
09/23	80	40	80	15	
10/23	113	40	80	58	
11/23	85	40	80	50	
01/24	99	20	40	30	
02/24	86	40	80	48	
03/24	80	40	80	48	
04/24	80	40	80	51	
06/24	87	20	40	32	
07/24	99	20	40	20	
09/24	98	40	80	55	
10/24	70	40	80	70	
11/24	92	40	80	25	
01/25	105	40	80	49	
02/25	98	40	80	42	
04/25	80	40	80	49	
05/25	92	40	80	56	
06/25	71	80	160	50	
Average	88	Mode	40	80	45
St. Dev.	14				12
Upper Limit	115		80	160	69
Lower Limit	61	20	40	40	21

Pimephales promelas

Reference Toxicant - Potassium chloride

Dilution Water - Moderately Hard Reconstituted Water

Date mm/yy	LC ₅₀ 96-hr mg/L	NOEL mg/L (grwth)	LOEL mg/L (grwth)	IC ₂₅ mg/L (grwth)	
12/21	1129	500	1000	810	
01/22	812	500	1000	612	
03/22	946	500	1000	707	
04/22	917	500	1000	703	
05/22	1110	1000	2000	1223	
06/22	856	500	1000	710	
07/22	1130	500	1000	736	
08/22	1093	500	1000	925	
09/22	1278	1000	2000	950	
11/22	1035	500	1000	684	
12/22	1053	1000	2000	805	
01/23	795	500	1000	664	
02/23	1091	500	1000	741	
04/23	1231	1000	2000	1121	
05/23	1189	1000	2000	1110	
06/23	951	500	1000	669	
07/23	1091	500	1000	1091	
09/23	1000	500	1000	702	
10/23	1124	500	1000	768	
11/23	1253	500	1000	849	
01/24	1128	500	1000	699	
02/24	952	1000	2000	798	
03/24	1189	500	1000	908	
04/24	1189	1000	2000	1037	
06/24	1169	500	1000	899	
07/24	1091	1000	2000	989	
09/24	966	500	1000	788	
10/24	1254	1000	2000	1188	
11/24	1097	500	1000	720	
01/25	1110	1000	2000	829	
03/25	841	500	1000	676	
04/25	887	500	1000	649	
05/25	901	500	1000	745	
06/25	856	500	1000	671	
Average	1050	Mode	500	1000	829
St. Dev.	136				167
Upper Limit	1322	1000	2000	1162	
Lower Limit	779	250	500	496	

Client: Eikhart WWTP

Project # _____

Analysts: MMB, MN, AF

Start Date: 7/8/2025

Start Time: 1325

End Date: 7/16/2025

End Time: 1320

Test Dates

Template # B

Comments:

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

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

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

Discharger: Elkhart WWTP

Analyst: MMB, MN, AF

Location: Elkhart, IN

Test Start- Date/Time: 7/8/25 / 1325

Date Sample Collected: 7/7,9,11/25

Test Stop- Date/Time: 7/16/25 / 1320

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	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	4	0	0	0	0	0	2	0	0	0	0	3	5	10	0.5
	5	0	2	2	0	0	3	4	3	6	0	0	20	10	2.0
	6	5	0	3	4	3	0	8	4	0	5	0	32	10	3.2
	7	8	6	7	4	0	7	8	0	8	7	0	55	10	5.5
	8	7	0	0	0	7	9	0	7	13	10	0	53	10	5.3
	Total	20	8	12	8	10	21	20	14	27	25	165	10	16.5	

Conc.	Day	Replicate										No. of Young	No. of Adults	Young per Adult	
		1	2	3	4	5	6	7	8	9	10				
6%	1	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	4	0	0	0 /	3	0	0	0	0	0	0	0	3	9	0.3
	5	5	2	0 /	0	0	4	0	2	4	0	0	17	9	1.7
	6	0	8	0 /	7	3	0	7	5	2	6	0	38	9	3.8
	7	8	9	0 /	8	7	6	11	0	8	8	0	65	9	6.5
	8	8	0	0 /	0	0	0	0	9	0	11	0	28	9	2.8
	Total	21	19	0	18	10	10	18	16	14	25	151	9	15.1	

Conc.	Day	Replicate										No. of Young	No. of Adults	Young per Adult	
		1	2	3	4	5	6	7	8	9	10				
12%	1	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	0	0	0	0	0	0	0	0	0	0	2	2	10	0.2
	4	2	0	0	0	0	0	0	0	0	0	2	4	10	0.4
	5	0	0	0	0	0	0	3	0	0	0	0	3	10	0.3
	6	4	0	2	5	5	0	9	4	7	5	0	41	10	4.1
	7	9	7	5	7	8	9	11	10	9	8	0	83	10	8.3
	8	0	0	0	0	12	0	0	7	0	0	0	19	10	1.9
	Total	15	7	7	12	25	9	23	21	16	17	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				
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	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	4	2	2	0	0	0	0	0	0	0	2	2	8	10	0.8
	5	4	0	1	0	0	0	4	0	5	3	17	10	1.7	
	6	0	7	2	3	0	8	8	5	7	3	43	10	4.3	
	7	10	8	0	8	8	9	12	12	6	0	73	10	7.3	
	8	0	0	12	0	10	0	0	0	0	4	26	10	2.6	
	Total	16	17	15	11	18	17	24	17	20	12	167	10	16.7	

Conc.	Day	Replicate										No. of Young	No. of Adults	Young per Adult	
		1	2	3	4	5	6	7	8	9	10				
50%	1	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	0	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	4	0	0	0	0	0	2	2	0	0	4	8	10	0.8	
	5	0	6	0	0	3	6	0	0	1	0	16	10	1.6	
	6	0	9	0	0	0	3	11	4	0	6	33	10	3.3	
	7	0 /	0	3	5	9	0	10	9	1	0	37	9	3.7	
	8	0 /	6	0	0	5	0	0	0	3	5	19	9	1.9	
	Total	0	21	3	5	17	11	23	13	5	15	113	9	11.3	

Conc.	Day	Replicate										No. of Young	No. of Adults	Young per Adult
		1	2	3	4	5	6	7	8	9	10			
100%	1	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	4	0	2	0	4	3	1	3	0	0	0	13	10	1.3
	5	0	4	0	0	0	0	0	2	0	6	12	10	1.2
	6	0	6	8	7	2	2	8	6	5	9	53	10	5.3
	7	13	0	3	0	15	0	2	9	0	0	42	10	4.2
	8	0	7	0	8	0	0	0	0	0	6	21	10	2.1
	Total	13	19	11	19	20	3	13	17	5	21	141	10	14.1

Elkhart 7.25

File: ceriorep Transform: NO TRANSFORMATION

Chi-square test for normality: actual and expected frequencies

INTERVAL	<-1.5	-1.5 to <-0.5	-0.5 to 0.5	>0.5 to 1.5	>1.5
EXPECTED	4.020	14.520	22.920	14.520	4.020
OBSERVED	3	15	24	15	3

Calculated Chi-Square goodness of fit test statistic = 0.6002

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

Data PASS normality test. Continue analysis.

Elkhart 7.25

File: ceriorep Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance

Calculated H statistic (max Var/min Var) = 4.48

Closest, conservative, Table H statistic = 12.1 (alpha = 0.01)

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

Actual values ==> R (# groups) = 6, df (# avg reps-1) = 9.00

Data PASS homogeneity test. Continue analysis.

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

Elkhart 7.25
File: ceriorep

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	control	10	8.000	27.000	16.500
2	6.25%	10	0.000	25.000	15.100
3	12.5%	10	7.000	25.000	15.200
4	25%	10	11.000	24.000	16.700
5	50%	10	0.000	23.000	11.300
6	100%	10	3.000	21.000	14.100

Elkhart 7.25
File: ceriorep

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	48.944	6.996	2.212
2	6.25%	49.656	7.047	2.228
3	12.5%	41.956	6.477	2.048
4	25%	13.789	3.713	1.174
5	50%	61.789	7.861	2.486
6	100%	39.656	6.297	1.991

Elkhart 7.25
File: ceriorep

Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	194.883	38.977	0.914
Within (Error)	54	2302.100	42.631	
Total	59	2496.983		

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

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

Elkhart 7.25
 File: ceriorep

Transform: NO TRANSFORMATION

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

GROUP	IDENTIFICATION	TRANSFORMED MEAN	MEAN CALCULATED IN ORIGINAL UNITS	T STAT	SIG
1	control	16.500	16.500		
2	6.25%	15.100	15.100	0.479	
3	12.5%	15.200	15.200	0.445	
4	25%	16.700	16.700	-0.068	
5	50%	11.300	11.300	1.781	
6	100%	14.100	14.100	0.822	

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

Elkhart 7.25
 File: ceriorep

Transform: NO TRANSFORMATION

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

GROUP	IDENTIFICATION	NUM OF REPS	Minimum Sig Diff (IN ORIG. UNITS)	% of CONTROL	DIFFERENCE FROM CONTROL
1	control	10			
2	6.25%	10	6.745	40.9	1.400
3	12.5%	10	6.745	40.9	1.300
4	25%	10	6.745	40.9	-0.200
5	50%	10	6.745	40.9	5.200
6	100%	10	6.745	40.9	2.400

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates: 7/8/25 - 7/16/25
 Analysts: MMB, MN, AF

		Day							Remarks
		1	2	3	4	5	6	7	
Conc: 25%									
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.1	8.3	8.2	8.0	7.9	7.9	7.8	
	Final	8.0	8.0	7.8	7.5	7.6	7.8	7.1	
pH	Initial	7.8	7.9	7.8	7.7	7.9	7.8	7.8	
	Final	8.1	7.9	7.9	8.0	8.1	8.1	7.9	
Alkalinity									
Hardness									
Conductivity		380		410		410			
Chlorine									

		Day							Remarks
		1	2	3	4	5	6	7	
Conc: 50%									
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.1	8.4	8.2	8.1	7.9	8.0	8.0	
	Final	7.9	7.9	7.7	7.5	7.6	7.8	6.9	
pH	Initial	7.8	7.9	7.7	7.7	7.9	7.7	7.7	
	Final	8.2	8.1	8.0	8.1	8.2	8.2	8.0	
Alkalinity									
Hardness									
Conductivity		470		500		550			
Chlorine									

		Day							Remarks
		1	2	3	4	5	6	7	
Conc: 100%									
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.1	8.5	8.4	8.3	8.0	8.1	8.4	
	Final	7.9	7.9	7.7	7.5	7.6	7.8	6.8	
pH	Initial	7.7	7.8	7.7	7.7	7.9	7.7	7.7	
	Final	8.3	8.2	8.2	8.3	8.2	8.4	8.2	
Alkalinity		90		100		90			
Hardness		375		250		250			
Conductivity		640		710		740			
Chlorine		N/D		N.D.		N.D.			
Ammonia		N/D		N.D.		N.D.			

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates 7/8/25 - 7/15/25
 Analysts: MMB, MN, AF

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

Comments: Start Time: 1100

FHM Source: Biomonitor Lab Cultures

DATE: 7.12.25

TEST NUMBER: 1

DURATION: 96 H

TOXICANT : Elkhart WWTP

SPECIES: *Ceriodaphnia dubia*

RAW DATA:	Concentration	Number	Mortalities
---	----	Exposed	
	.00	40	0
	6.25	40	12
	12.50	40	28
	25.00	40	34
	50.00	40	33
	100.00	40	28

SPEARMAN-KARBER TRIM: 30.00%

SPEARMAN-KARBER ESTIMATES: LC50: 8.84
95% LOWER CONFIDENCE: 7.40
95% UPPER CONFIDENCE: 10.56

NOTE: MORTALITY PROPORTIONS WERE NOT MONOTONICALLY INCREASING.
ADJUSTMENTS WERE MADE PRIOR TO SPEARMAN-KARBER ESTIMATION.

Elkhart 7.25
File: fhmsurv Transform: ARC SINE(SQUARE ROOT(Y))

Shapiro Wilks test for normality

D = 2.473

W = 0.919

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

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

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

Elkhart 7.25
File: fhmsurv Transform: ARC SINE(SQUARE ROOT(Y))

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

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

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

Elkhart 7.25
File: fhmsurv

Transform: ARC SINE(SQUARE ROOT(Y))

STEELS MANY-ONE RANK TEST

-

Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	RANK SUM	CRIT. VALUE	df	SIG
1	control	1.412				
2	6.25%	0.862	14.00	10.00	4.00	
3	12.5%	0.554	12.00	10.00	4.00	
4	25%	0.159	10.00	10.00	4.00	*
5	50%	0.276	10.00	10.00	4.00	*
6	100%	0.407	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, MMK

Test Date(s) : 7/8-15/25
 Weighing Date: 7/16/25

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

Conc :	Rep. No.	Wgt. of boat (g)	Dry wgt: foil and larvae (g)	Total dry wgt of larvae (mg)	No. of larvae	Avg. dry wgt of larvae (g)	Remarks
Control	A	0.93000	0.93300	3.00	10	0.300	
	B	0.92930	0.93270	3.40	10	0.340	
	C	0.92770	0.93040	2.70	10	0.270	
	D	0.92760	0.93090	3.30	10	0.330	
Conc : 6.25%	A	0.92780	0.93070	2.90	10	0.290	
	B			0.00	0	0.000	
	C	0.92880	0.93220	3.40	10	0.340	
	D	0.92630	0.92710	0.80	2	0.080	
Conc : 12.5%	A			0.00	0	0.000	
	B	0.92840	0.92980	1.40	10	0.140	
	C	0.92750	0.92800	0.50	1	0.050	
	D	0.92580	0.92640	0.60	1	0.060	
Conc : 25%	A			0.00	0	0.000	
	B			0.00	0	0.000	
	C			0.00	0	0.000	
	D			0.00	0	0.000	
Conc : 50%	A	0.93470	0.93520	0.50	1	0.050	
	B			0.00	0	0.000	
	C	0.93120	0.93270	1.50	2	0.150	
	D			0.00	0	0.000	
Conc : 100%	A			0.00	0	0.000	
	B	0.93130	0.93210	0.80	2	0.080	
	C	0.92500	0.92720	2.20	4	0.220	
	D	0.93250	0.93280	0.30	1	0.030	

Elkhart 7.25
File: fhm_grow

Transform: NO TRANSFORMATION

Chi-square test for normality: actual and expected frequencies

INTERVAL	<-1.5	-1.5 to <-0.5	-0.5 to 0.5	>0.5 to 1.5	>1.5
EXPECTED	1.608	5.808	9.168	5.808	1.608
OBSERVED	0	8	9	7	0

Calculated Chi-Square goodness of fit test statistic = 4.2910

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

Data PASS normality test. Continue analysis.

Elkhart 7.25
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 7.25
 File: fhm_grow

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	control	4	0.270	0.340	0.310
2	6.25%	4	0.000	0.340	0.178
3	12.5%	4	0.000	0.140	0.063
4	25%	4	0.000	0.000	0.000
5	50%	4	0.000	0.150	0.050
6	100%	4	0.000	0.220	0.083

Elkhart 7.25
 File: fhm_grow

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	0.001	0.032	0.016
2	6.25%	0.027	0.163	0.082
3	12.5%	0.003	0.058	0.029
4	25%	0.000	0.000	0.000
5	50%	0.005	0.071	0.035
6	100%	0.009	0.097	0.049

Elkhart 7.25
 File: fhm_grow

Transform: NO TRANSFORMATION

SPEELS MANY-ONE RANK TEST

Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	RANK SUM	CRIT. VALUE	df	SIG
1	control	0.310				
2	6.25%	0.178	14.50	10.00	4.00	
3	12.5%	0.063	10.00	10.00	4.00	*
4	25%	0.000	10.00	10.00	4.00	*
5	50%	0.050	10.00	10.00	4.00	*
6	100%	0.083	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: 7.8.25 Test Ending Date: 7.15.25

Test Species: *Ceriodaphnia dubia*

Test Duration: 7 days

DATA FILE:

Conc. ID	Number Replicates	Concentration %	Response Means	Std. Dev.	Pooled Response Means
1	4	0.000	0.310	0.032	0.310
2	4	6.000	0.177	0.163	0.177
3	4	12.000	0.063	0.058	0.063
4	4	25.000	0.000	0.000	0.044
5	4	50.000	0.050	0.071	0.044
6	4	100.000	0.083	0.097	0.044

The Linear Interpolation Estimate: **3.5094** Entered P Value: 25

Number of Resamplings: 80 80 Resamples Generated
 The Bootstrap Estimates Mean: 4.5450 Standard Deviation: 2.1185
 Original Confidence Limits: Lower: 1.8247 Upper: 7.9158
 Expanded Confidence Limits: Lower: 0.8139 Upper: 10.5596
 Resampling time in Seconds: 0.00 Random_Seed: 168686886

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates: 7/8/25 - 7/15/25
 Analysts: MMB, MN, AF

		Day							Remarks
Conc: 25%		1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.1	8.4	8.4	8.4	7.9	7.8	8.2	
	Final	7.1	7.0	6.9	6.3	6.1	6.1	6.5	
pH	Initial	7.7	7.7	7.7	7.7	7.6	7.7	7.6	
	Final	7.8	7.7	7.7	7.7	7.7	7.7	7.7	
Alkalinity									
Hardness									
Conductivity		390		420		420			
Chlorine									

		Day							Remarks
Conc: 50%		1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.2	8.5	8.4	8.5	8.1	7.9	8.2	
	Final	7.2	7.0	6.8	6.1	6.0	6.1	6.4	
pH	Initial	7.7	7.7	7.6	7.6	7.6	7.6	7.6	
	Final	7.9	7.8	7.7	7.8	7.7	7.7	7.7	
Alkalinity									
Hardness									
Conductivity		490		540		540			
Chlorine									

		Day							Remarks
Conc: 100%		1	2	3	4	5	6	7	
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.5	9.0	8.6	8.8	8.3	8.1	8.8	
	Final	7.3	7.0	6.4	5.9	5.7	6.1	6.2	
pH	Initial	7.6	7.6	7.6	7.6	7.6	7.6	7.6	
	Final	8.1	8.0	8.0	8.0	7.9	7.7	7.9	
Alkalinity		90		100		90			
Hardness		375		250		250			
Conductivity		690		740		780			
Chlorine		N.D.		N.D.		N.D.			
Ammonia		N.D.		N.D.		N.D.			



City of Elkhart
Public Works and Utilities

Date Sep 24, 2025
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 August, 2025

Wastewater MRO Highlights



Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	8	30
cBOD5 mg/L	3	25
Phosphorus mg/L	0.49	1.0
Ammonia mg/L	0.09	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	9.45	Design - 20
Total Monthly Flow MGD	293	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
8/6/25	1823 Kenilworth	2262	wipes
8/19/25	1521 Prarie	17	heavy rain
8/19/25	616 Chase	19	heavy rain
8/19/25	1626 Stevens	124	heavy rain
8/19/25	1628 Stevens	187	heavy rain
8/19/25	1913 Stevens	1122	heavy rain
8/19/25	15 Sunrise	935	heavy rain
8/19/25	5 Sunrise	125	heavy rain
8/19/25	3 Sunrise	125	heavy rain

Wet Weather Overflows

Number of Events	Total Overflow Volume (MG)
3	21.77

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DMR Copy of Submission

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

[Expand Notices](#)

Permit

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

Report Dates & Status

Monitoring Period:	From 08/01/25 to 08/31/25	DMR Due Date:	09/28/25
Status:	NetDMR Validated		

Considerations for Form Completion

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

Principal Executive Officer

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

No Data Indicator (NODI)

Form NODI: -

Code	Nar	Value 1	Value 2	Units	V 1	Value 2	Value 3	Units	of Ex.	Analysis	Type			
00300	Oxygen, dissolved [DO]													
	Smpl.			=7.0				19 - mg/L	0	01/01 - Daily	3R - 3 Grabs/24 hours			
	1 - Effluent Gross													
	Season: 0					>=4.0 DLYAVMIN		19 - mg/L		01/01 - Daily	3R - 3 Grabs/24 hours			
	NODI: -													
	NODI													
00400	pH													
	Smpl.			=7.0			=7.9	12 - SU	0	01/01 - Daily	GR - Grab			
	1 - Effluent Gross													
	Season: 0					>=6.0 DAILY MN	<=9.0 DAILY MX	12 - SU		01/01 - Daily	GR - Grab			
	NODI: -													
	NODI													
00530	Solids, total suspended													
	Smpl.	=647.0	=1730.0	26 - lb/d		=8.0	=23.0	19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite			
	1 - Effluent Gross													
	Season: 0					<=7511.0 MO AVG	<=11266.0 MX WK AV	26 - lb/d		<=30.0 MO AVG	<=45.0 MX WK AV	19 - mg/L	01/01 - Daily	24 - 24 Hour Composite
	NODI: -													
	NODI													
00600	Nitrogen, total [as N]													
	Smpl.	=1368.0		26 - lb/d		=1368.0		19 - mg/L	0	01/30 - Monthly	24 - 24 Hour Composite			
	1 - Effluent Gross													
	Season: 0					Req Mon MO AVG		26 - lb/d		Req Mon MO AVG		19 - mg/L	01/30 - Monthly	24 - 24 Hour Composite
	NODI: -													
	NODI													
00610	Nitrogen, ammonia total [as N]													
	Smpl.	=7.8	=69.4	26 - lb/d		=0.1	=0.57	19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite			
	1 - Effluent Gross													
	Season: 1					<=1051.0 MO AVG	<=2478.0 DAILY MX	26 - lb/d		<=4.2 MO AVG	<=9.9 DAILY MX	19 - mg/L	01/01 - Daily	24 - 24 Hour Composite
	NODI: -													
	NODI													
00665	Phosphorus, total [as P]													
	Smpl.	=38.0		26 - lb/d		=0.49		19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite			
	1 - Effluent Gross													
	Season: 0					Req Mon MO AVG		26 - lb/d		<=1.0 MO AVG		19 - mg/L	01/01 - Daily	24 - 24 Hour Composite

Code	Nar	Value 1	Value 2	Units	V	1	Value 2	Value 3	Units	of Ex.	Analysis	Type
NODI: -		NODI										
01079	Silver total recoverable											
	1 - Effluent Gross	Smpl.	<0.016	<0.017	26 - lb/d		<0.0002	<0.0002	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
Season: 0		Req.	<=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d		<=0.00038 MO AVG	<=0.00077 DAILY MX	19 - mg/L		01/07 - Weekly	24 - 24 Hour Composite
NODI: -		NODI										
01079	Silver total recoverable											
	G - Raw Sewage Influent	Smpl.					=0.0004	=0.00006	19 - mg/L	0	02/30 - Twice Per Month	24 - 24 Hour Composite
Season: 0		Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - 24 Hour Composite
NODI: -		NODI										
50050	Flow, in conduit or thru treatment plant											
	1 - Effluent Gross	Smpl.	=9.454		03 - MGD					0	01/01 - Daily	TM - Totalizer
Season: 0		Req.	Req Mon MO AVG		03 - MGD						01/01 - Daily	TM - Totalizer
NODI: -		NODI										
51041	E. coli, colony forming units [CFU]											
	1 - Effluent Gross	Smpl.					=12.0	=59.0	3Z - CFU/100mL	0	01/01 - Daily	GR - Grab
Season: 1		Req.					<=125.0 MO GEO	<=235.0 DAILY MX	3Z - CFU/100mL		01/01 - Daily	GR - Grab
NODI: -		NODI										
71901	Mercury, total recoverable											
	1 - Effluent Gross	Smpl.					=0.78	=0.738	3M - ng/L	0	01/60 - Once Every 2 Months	GR - Grab
Season: 0		Req.					<=1.6 ANNL AVG	Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - Grab
NODI: -		NODI										

Submission No

If a parameter row does not contain any values for the Sample nor Effluent Trading, then one or more 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_2025_08_4.pdf	pdf	253699.0
IN0025674_INC_RPT_2025_08_3.pdf	pdf	250963.0
IN0025674_INC_RPT_2025_08_1.pdf	pdf	155736.0
IN0025674_035a_MRO_2025_08.pdf	pdf	672442.0
IN0025674_CSO_MRO_2025_08.pdf	pdf	1133700.0
IN0025674_INC_RPT_2025_08_2.pdf	pdf	277980.0

Report Last Saved By**ELKHART WWTP**

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-09-24 12:47 (Time Zone:-04:00)

Report Last Signed By

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-09-24 13:21 (Time Zone:-04:00)

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DMR Copy of Submission

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

Expand Notices

Permit

Permit ID: IN0025674
Permittee: ELKHART WWTP
Facility: ELKHART WWTP
Permitted Feature: 035 - External Outfall

Major:
Permittee Address: 229 SOUTH 2ND ST
ELKHART , IN46516
Facility Location: 1201 S NAPPANEE ST
ELKHART , IN46516
Discharge: 035-TX - SEMIANNUAL BIOMONITORING

Report Dates & Status

Monitoring Period: From 03/01/25 to 08/31/25

DMR Due Date: 09/28/25

Status: **NetDMR Validated**

Considerations for Form Completion

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

Principal Executive Officer

First Name: Laura
Title: Utility Services Manager

Last Name: Kolo
Telephone: 574-293-2572

No Data Indicator (NODI)

Form NODI: -

Submission No

If a parameter row does 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

No errors.

Comments

Attachments

Name	Type	Size
IN0025674_035a_TX_2025__1.pdf	pdf	32375.0

Report Last Saved By

ELKHART WWTP

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-09-24 13:20 (Time Zone:-04:00)

Report Last Signed By

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-09-24 13:21 (Time Zone:-04:00)



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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart		Permit Number IN0025674	Outfall 035 A	
Month August	Year 2025	Plant Design Flow 20,000 mgd	Telephone Number 574/293-2572	
E-mail address: laura.kolo@coei.org				
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= 3.27 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	Fri							245	10.130	7.7	189	15,968	160	13,517	3.61	22.80
2	Sat							230	9.520	7.6	136	10,798	194	15,403	3.41	20.50
3	Sun							245	9.840	7.7	147	12,064	198	16,249	3.56	23.60
4	Mon							346	10.220	7.7	111	9,461	186	15,854	3.68	21.90
5	Tue							346	10.350	7.5	158	13,638	250	21,580	5.00	20.20
6	Wed				X			346	10.200	7.7	130	11,059	230	19,566	4.96	17.90
7	Thu							346	10.260	7.6	201	17,199	230	19,681	4.56	23.20
8	Fri							346	10.433	7.6	122	10,615	224	19,491	3.72	20.40
9	Sat							346	9.550	7.5	150	11,947	172	13,699	4.72	22.00
10	Sun							343	9.600	7.6	165	13,211	164	13,130	4.12	21.00
11	Mon							346	10.430	7.0	150	13,048	316	27,488	4.16	20.20
12	Tue			1.07				373	16.700	7.0	140	14,829	244	25,844	4.04	16.30
13	Wed							343	10.130	7.8	118	9,969	332	28,049	5.24	23.40
14	Thu							331	9.930	7.6	174	14,410	330	27,329	8.44	25.60
15	Fri							331	9.680		142	11,464	174	14,047	4.56	23.80
16	Sat							331	9.180	7.6	152	11,637	124	9,494	4.08	19.10
17	Sun			0.04				331	9.600	7.8	85	6,805	108	8,647	3.14	15.70
18	Mon			0.28				331	10.730	7.7	206	18,435	294	26,310	7.40	20.10
19	Tue			1.57	X			317	20.010	7.3	109	17,099	298	46,749	5.68	16.00
20	Wed			0.02				403	10.710	7.6	111	9,915	154	13,755	3.67	21.70
21	Thu			0.01				388	10.250	7.8	146	12,481	184	15,729	4.32	22.40
22	Fri							388	10.460	7.8	242	21,111	402	35,069	12.20	26.10
23	Sat							389	9.810	7.7	163	13,336	136	11,127	4.60	22.70
24	Sun							388	9.850	7.6	141	11,583	106	8,708	4.32	19.50
25	Mon			0.09				343	10.440	7.7	179	15,585	270	23,509	4.40	23.20
26	Tue			0.12				305	10.240	7.8	143	12,212	270	23,058	4.32	23.30
27	Wed							317	10.330	7.8	177	15,249	252	21,710	5.48	22.50
28	Thu			0.07				288	10.270	7.6	234	20,043	218	18,672	4.80	24.30
29	Fri							288	9.730	7.8	175	14,201	200	16,230	5.16	24.20
30	Sat							302	9.270	7.8	164	12,679	128	9,896	5.00	21.10
31	Sun							245	9.270	7.8	136	10,514	124	9,587	3.41	18.20
Average				0.36				330	10.552		155	13,309	215	19,006	4.83	21.38
Maximum				1.57				403	20.010	7.8	242	21,111	402	46,749	12.20	26.10
Minimum				0.01				230	9.180	7.00	85	6,805	106	8,647	3.14	15.70

# of Data	9	0	5	0	31	0	31	30	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) 9/24/25
Signature of principal executive officer or authorized agent <i>Laura Kolo</i>	Date (month, day, year) 9/24/25

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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: August	Year 2025
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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	130	92	238	4,868	49	3.8	20	26.438	5,320					4	7.0		8.2	
2	121	98	234	5,604	42	3.7	20	26.552	9,740					8	7.9		7.9	
3	124	106	276	5,292	52	3.9	20	26.515	5,660					17	7.0		9.0	
4	79	84	236	3,756	63	4.0	20	26.541	4,880					18	7.7		8.2	
5	99	78	289	3,624	80	3.9	20	24.512	5,120					14	7.6		8.4	
6	94	240	301	4,280	70	4.0	20	25.240	5,200					21	7.0		8.0	
7	144	164	298	6,796	44	3.8	20	26.565	9,820					14	7.1		7.2	
8	99	120	274	3,904	70	3.6	20	26.634	5,220					25	7.6		8.5	
9	135	74	324	3,844	84	3.3	21	26.388	5,980					14	7.7		8.0	
10	119	52	320	3,628	88	3.3	22	26.449	3,340					5	7.7		7.8	
11	89	196	324	5,132	63	3.2	21	26.553	5,720					11	7.6		7.0	
12	101	68	334	4,820	69	3.1	21	24.512	4,820					16	7.4		7.8	
13	63	92	231	4,280	54	2.4	22	23.568	8,440					11	7.4		7.1	
14	106	76	296	3,348	88	3.2	21	40.240	3,580					59	7.5		7.4	
15	120	68	198	4,076	49	3.7	22	44.773	3,800					12	7.6		7.5	
16	135	84	227	3,684	62	3.7	22	44.281	5,780					12	7.5		7.6	
17	124	82	230	3,868	59	3.9	22	44.314	3,740					12	7.3		7.6	
18	175	104	226	3,120	72	3.6	21	32.422	6,380					14	7.9		7.7	
19	120	180	252	3,276	77	3.1	22	28.253	8,360					35	7.4		7.2	
20	115	78	308	4,676	66	2.3	22	28.155	7,980					4	7.3		7.3	
21	112	86	322	4,780	67	2.9	21	28.155	5,560					13	7.4		7.8	
22	172	156	343	4,028	85	3.0	21	46.018	8,140					25	7.7		7.4	
23	135	80	322	3,856	84	3.3	21	46.043	7,180					13	7.8		7.6	
24	121	74	332	3,392	98	3.6	21	46.074	8,040					15	7.9		7.8	
25	118	88	327	4,288	76	3.3	21	38.352	8,500					11	7.7		7.6	
26	105	90	350	4,808	73	3.3	21	32.140	8,640					12	7.7		7.3	
27	103	76	382	3,708	103	3.6	20	33.417	7,640					5	7.6		7.8	
28	140	98	331	4,196	79	3.4	21	33.518	7,340					11	7.8		7.6	
29	137	82	337	4,604	73	3.4	21	33.233	8,000					11	7.6		7.3	
30	118	54	360	5,104	71	3.5	21	33.241	8,200					4	7.8		8.7	
31	92	164	370	4,300	86	3.6	20	33.624	7,740					8	7.7		8.1	
Avg.	118	103	297	4,288	71	3.4	21	32.346	6,576					12				
Max.	175	240	382	6,796	103	4.0	22	46.074	9,820					59	7.9			
Min.	63	52	198	3,120	42	2.3	20	23.568	3,340						7.00		7.0	
Daily Max														59				
# of Days above 235														0				
Data	31	31	31	31	31	31		31	31	0	0	0	0	31	31	31	0	

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.): Raw pH not taken on 8/15/25.

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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: August	Year 2025
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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	Fri	9.520		3		238		4		318		0.05		4.0		0.40	32
2	Sat	8.680		3		217		4		297		0.05		3.6		0.39	28
3	Sun	8.770		2		146		4		256		0.04		2.9		0.38	28
4	Mon	8.780		3		220		4		300		0.06		4.4		0.35	26
5	Tue	8.680		3		217		5		391		0.07		5.1		0.34	25
6	Wed	8.720		3		218		5		378		0.05		3.6		0.39	28
7	Thu	8.830		3		221		4		287		0.08		5.9		0.35	26
8	Fri	8.920		2		149		4		290		0.05		3.7		0.38	28
9	Sat	7.980	8.669	3	2.71	200	196	4	4.30	273	311	0.06	0.06	4.0	4	0.46	31
10	Sun	7.940		3		199		3		185		0.05		3.3		0.55	36
11	Mon	8.890		2		148		5		386		0.05		3.7		0.53	39
12	Tue	11.980		3		300		18		1,768		0.12		12.0		0.81	81
13	Wed	8.840		17		1,253		118		8,700		0.32		23.6		3.21	237
14	Thu	8.460		2		141		7		466		0.13		9.2		0.39	28
15	Fri	8.390		2		140		3		238		0.07		4.9		0.33	23
16	Sat	11.360	9.409	2	4.43	189	339	4	22.51	369	1,730	0.06	0.11	5.7	9	0.34	32
17	Sun	7.690		2		128		4		237		0.05		3.2		0.39	25
18	Mon	9.970		2		166		5		432		0.09		7.5		0.40	33
19	Tue	20.290		2		338		5		863		0.41		69.4		0.35	59
20	Wed	9.940		2		166		3		282		0.13		10.8		0.25	21
21	Thu	9.940		2		166		3		274		0.10		8.3		0.30	25
22	Fri	9.930		3		248		4		331		0.12		9.9		0.27	22
23	Sat	8.780	10.934	2	2.14	146	194	6	4.39	439	408	0.07	0.14	5.1	16	0.25	18
24	Sun	8.670		2		145		3		239		0.04		2.9		0.33	24
25	Mon	9.640		2		161		4		354		0.06		4.8		0.38	31
26	Tue	9.470		2		158		4		316		0.05		3.9		0.39	31
27	Wed	9.570		2		160		4		311		0.03		2.4		0.41	33
28	Thu	9.230		2		154		4		308		0.05		3.8		0.39	30
29	Fri	8.930		2		149		3		238		0.05		3.7		0.43	32
30	Sat	8.170	9.097	2	2.00	136	152	4	3.84	279	292	0.04	0.05	2.7	3	0.54	37
31	Sun	8.100		2		135		4		257		0.57		2.7		0.57	39
Avg		9.454		3		218		8		647		0.10		7.8		0.49	38
Max		20.290	11	17	4.43	1,253	339	118	22.51	8,700	1,730	0.57	0.14	69.4	16	3.2	237
Min																0.3	18
Data		31	4	31	4	31	4	31	4	31	4	31	4	31	4	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:	
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)	293
Primary Treatment	24.00	52.3				
Secondary Treatment	NA	NA			Percent Capacity	
Tertiary Treatment	97.6	92.0			(actual flow/design)	47.27
Overall Treatment	98.19	96.2	99.5	89.8		

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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: August	Year 2025
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Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	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	49.20		7.1		103			2.85	2.14	66.49	55.31	76.39		
2	49.17		7.2		103			2.98	1.59	64.79	54.32			
3	49.18		7.2		104			2.92	2.15	66.21	54.48			
4	49.30		7.2		101	42.444		2.85	2.10	68.67	54.92	52.42		
5	56.17		7.2		102			3.00	2.04	67.04	55.56	122.70		
6	50.92		7.3		102			2.90	2.00	66.85	55.83	79.58		
7	51.54		7.4		102			3.53	2.95	69.43	56.41	105.64		
8	53.42		7.3		102			2.87	2.04	66.09	55.38			
9	54.18		7.3		102	84.888		2.98	2.04	66.12	54.03			
10	55.19		7.3		102			1.99	1.99	66.38	58.65			
11	56.39		7.3		102			2.62	2.00	66.24	53.62			
12	61.00		7.4		102			2.56	2.06	64.33	52.99	116.98		
13	68.26		7.3		100			2.97	2.10	65.17	54.67	78.78		
14	68.51		7.2		100			2.89	1.99	66.11	54.62	123.27		
15	41.75		7.2		100			2.72	1.98	64.62	55.97	70.74		
16	73.50		7.2		99			2.92	2.08	62.86	55.17			
17	74.26		6.9		98	21.222		2.57	2.40	66.67	60.90			
18	74.98		7.2		96	17.685		2.83	2.05	69.06	54.84			
19	78.37		7.2		96			3.61	2.03	63.53	55.00			
20	78.21		7.1		94			2.89	2.23	64.74	56.35	123.16		
21	78.54		7.2		91			2.94	2.06	66.27	53.96	121.50		
22	78.29		7.2		86			3.19	2.10	67.19	55.70	68.73		
23	78.02		7.1		89			2.19	2.07	64.58	56.99			
24	77.99		7.0		87			2.03	2.09	64.49	53.42			
25	77.43		7.0		87			2.64	2.25	64.85	55.84	120.42		
26	71.72		7.1		85	10.611		2.87	2.22	68.00	54.88	117.55		
27	77.29		7.1		84			2.62	2.26	65.85	56.12	116.51		
28	84.33		7.1		84			2.60	2.27	65.57	55.49	116.05		
29	74.28		7.1		84	17.685		2.60	2.32	65.22	54.07	115.94		
30	77.28		7.0		84	14.074		2.01	2.35	66.02	56.00			
31	77.28		6.9		83			2.77	2.32	67.88	56.78			
Avg.	66.00				95	29.801		2.77	2.14	66.04	55.43	101.55		
Max.	84.33		7.4		104	84.888		3.61	2.95	69.43	60.90	123.27		
Min.														
Data	31	0	31	0	31	7	0	31	31	31	31	17	0	0

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

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

State Form 10829 (R10 / 12-24)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	August	2025

Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Raw Influent (mg/L)	Ag - Final 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													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2																
3																
4					0.0005											
5			18.90	1,368		0.0002										
6																
7																
8																
9																
10																
11					0.0004	0.0002										
12																
13																
14																
15																
16																
17																
18					0.0006	0.0002										
19																
20																
21																
22																
23																
24																
25					0.0003	0.0002										
26	198	15,638														
27																
28																
29																
30																
31																
Avg	198	15,638	18.90	1,368	0.0005	0.0002										
Max					0.0006	0.0002										
Min					0.0003	0.0002										
Data	1	1	1	1	4	4	0	0	0	0	0	0	0	0	0	0

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

State Form 10829 (R10 / 12-24)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	August	2025

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																		
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27																		
28																		
29																		
30																		
31																		
Avg																		
Max																		
Min																		
Data	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 60546 (R4 / 9-15)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart				Page 1 of 9				Permit Number: IN0025574												
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																
Monitoring Period: August 2025				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	10.13	11.74					15 min													
2	9.52	10.74					15 min													
3	9.84	12.68					15 min													
4	10.22	12.11					15 min													
5	10.35	12.06					15 min													
6	10.20	12.47					15 min													
7	10.26	11.97					15 min													
8	10.43	11.98					15 min													
9	9.55	13.47					15 min													
10	9.60	14.37					15 min													
11	10.43	12.93					15 min													
12	12.70	33.17	7:09 PM	1.45	1.07	2.44	15 min							7:29 PM	M	0.58	M	0.5908	M	
13	10.13	16.22					15 min													
14	9.93	11.46					15 min													
15	9.68	11.09					15 min													
16	9.18	10.50					15 min													
17	9.60	10.98	1:09 AM	1.08	0.04	0.12	15 min													
18	10.73	20.68	1:04 PM	10.92	0.28	0.28	15 min													
19	18.81	35.15	12:19 AM	13.83	1.57	2.36	15 min	7:29 AM	M	0.33	M	0.0117	M	4:44 AM	M	1.08	M	0.3312	M	
20	10.71	11.97	8:54 AM	0.33	0.02	0.04	15 min													
21	10.25	11.87	6:04 AM	0.08	0.01	0.04	15 min													
22	10.46	11.84					15 min													
23	9.81	11.71					15 min													
24	9.85	11.61					15 min													
25	10.44	13.13	7:34 AM	6.95	0.09	0.28	15 min													
26	10.24	11.50	12:41 AM	15.42	0.12	0.16	15 min													
27	10.33	11.86					15 min													
28	10.27	11.87	7:34 AM	7.03	0.07	0.20	15 min													
29	9.73	11.16					15 min													
30	9.27	11.09					15 min													
31	9.27	11.99					15 min													
Totals:	321.92			57.09	3.27			1	Days	0.33		0.0117		2	Days	1.66		0.922		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 2 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: August 2026										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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12	7:37 PM	M	1.33	M	0.2290	M	7:30 PM	M	0.42	M	0.0542	M	7:45 PM	M	1.17	M	0.0506	M	7:30 PM	M	0.48	M	0.0455	M
13																								
14																								
15																								
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17																								
18																								
19	4:52 AM	M	3.33	M	0.5704	M	4:50 AM	M	0.42	M	0.0404	M	5:00 AM	M	3.08	M	0.1302	M	4:44 AM	M	0.98	M	0.0887	M
20																								
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24																								
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26																								
27																								
28																								
29																								
30																								
31																								
Totals:	2	Days	4.66		0.7994		2	Days	0.84		0.0946		2	Days	4.25		0.1808		2	Days	1.46		0.1342	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 3 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: August 2025										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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11																									
12	7:37 PM	M	0.58	M	0.0417	M	7:33 PM	M	0.67	M	0.0991	M							7:43 PM	M	0.75	M	0.0711	M	
13																									
14																									
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16																									
17																									
18																									
19	4:49 AM	M	1.58	M	0.0731	M	4:52 AM	M	1.00	M	0.1023	M							4:53 AM	M	2.58	M	0.4055	M	
20																									
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27																									
28																									
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31																									
Totals:	2	Days	2.16		0.1148		2	Days	1.67		0.2014		0	Days	0.00		0.0000		2	Days	3.33		0.4766		



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: IN0026574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: August 2025										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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12	7:36 PM	M	1.67	M	0.3738	M	7:59 PM	M	0.33	M	0.0077	M	8:04 PM	M	0.17	M	0.0009	M	7:36 PM	M	1.25	M	0.1170	M
13																								
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17																								
18																								
19	5:01 AM	M	2.92	M	0.2502	M	4:54 AM	M	2.25	M	0.4607	M	5:05 AM	M	2.33	M	0.0768	M	4:56 AM	M	3.42	M	0.1431	M
20																								
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30																								
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Totals:	2	Days	4.59		0.6240		2	Days	2.58		0.4684		2	Days	2.50		0.0777		2	Days	4.67		0.2601	



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: August 2025		Enter "x" if no CSO discharge occurred for the month:																						
Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																				
CSO Outfall No. 020			CSO Outfall No. 023			CSO Outfall No. 024			CSO Outfall No. 025															
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
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12	7:30 PM	M	0.67	M	0.0443	M	7:27 PM	M	0.75	M	0.0858	M	7:40 PM	M	1.17	M	0.1602	M	7:26 PM	M	1.08	M	0.2302	M
13																								
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16																								
17																								
18																								
19	4:40 AM	M	1.42	M	0.0941	M	4:37 AM	M	1.67	M	0.1358	M	5:05 AM	M	3.17	M	0.5258	M	12:36 AM	M	3.33	M	0.6768	M
20																								
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Totals:	2	Days	2.09		0.1384		2	Days	2.42		0.2216		2	Days	4.34		0.6860		2	Days	4.41		0.9070	



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: August 2025										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 026					CSO Outfall No. 027					CSO Outfall No. 028					CSO Outfall No. 029									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
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12	7:25 PM	M	1.00	M	0.0471	M	7:25 PM	M	0.08	M	0.0003	M	7:47 PM	M	0.08	M	0.0005	M	7:28 PM	M	0.75	M	0.0297	M
13																								
14																								
15																								
16																								
17																								
18																								
19	4:45 AM	M	1.67	M	0.0331	M																		
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26																								
27																								
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Totals:	2	Days	2.67		0.0802		1	Days	0.08		0.0003		1	Days	0.08		0.0005		2	Days	1.67		0.0526	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: August 2026										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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12	7:43 PM	M	0.58	M	0.1255	M	7:32 PM	M	0.33	M	0.0067	M	7:34 PM	M	4.50	M	3.0474	M	7:26 PM	M	0.33	M	0.0200	M
13													12:04 AM	M	8.83	M	6.0145	M						
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16																								
17																								
18																								
19	6:53 AM	M	1.67	M	0.3397	M	4:42 AM	M	1.92	M	0.0911	M	4:59 AM	M	2.00	M	0.9027	M	4:46 AM	M	0.25	M	0.0136	M
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29																								
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31																								
Totals:	2	Days	2.25		0.4652		2	Days	2.25		0.0978		3	Days	15.33		9.9646		2	Days	0.58		0.0336	



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 8 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: August 2025										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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11																								
12	7:36 PM	M	1.50	M	1.5510	M							7:25 PM	M	2.25	M	0.0616	M						
13																								
14																								
15																								
16																								
17																								
18																								
19	5:01 AM	M	4.33	M	2.9063	M							1:15AM	M	7.50	M	0.2475	M						
20																								
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23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	2	Days	5.83		4.4573		0	Days	0.00		0.0000		2	Days	9.75		0.3091		0	Days	0.00		0.0000	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart	Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: August 2025	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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6	
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8	
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11	
12	precipitation
13	precipitation
14	
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19	precipitation
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31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Laura E. Kolo, Utilities Services Manager	Telephone 574-293-2572
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent Laura Kolo	Date (mm/dd/yy) 9/24/25



BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 8/06/25 7:37 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 8/06/25 9:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1823 Kenilworth Dr	(9) Latitude (Deg Min Sec) 41 42 34.765N	(9) Longitude (Deg Min Sec) 85 56 29.612W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 2262 Gallons			(11) WWTP Flow During Release 11.3 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD	
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None Flushable Wipes		
(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) Main plugged with flushable wipes		(17) Additional Description of the Bypass / Overflow Event: Call from resident came in at 7:37 pm on 8/6/25. Resident reported sewage in their basement. Collection Crews responded to find main was obstructed due to flushable wipes. Back-up dimension est = 33' X 55' X 2" depth est = 2262 gal.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: None	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other: N/A					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris Obstruction was removed within 113 minutes of Public Works being notified of the problem.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Continual / on going PM and cleaning of main line sewers. Send out literature to homeowners notifying them of the dangers flushable wipes pose to the sewer system.					

(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>Justin Shanholt</u>				DATE (month, day, year): <u>8/07/25</u>
Individual Making Report (printed) Justin Shanholt	Telephone Number (574) 293-2572	Contact Email justin.shanholt@coei.org	Date (month, day, year) / Time IDEM Notified 8/07/25 appx 1:15 pm	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM


IN0025674_INC_RPT_2025_08_6

From Shanholt, Justin <justin.shanholt@coei.org>

Date Thu 8/7/2025 1:25 PM

To wwreports@idem.in.gov <wwreports@idem.in.gov>

Cc lstack@idem.in.gov <lstack@idem.in.gov>

 1 attachment (109 KB)

IN0025674_INC_RPT_2025_08_6.pdf;

Please find incident report for basement back-up which occurred on 080725.

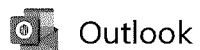
Thank you,
Justin Shanholt
Wastewater Network Supervisor



1201 South Nappanee St.
Elkhart, IN 46516
(574) 293-2572 ext.2300

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

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EXTERNAL: Read: IN0025674_INC_RPT_2025_08_6

From IDEM Wastewater Reports <WWReports@idem.IN.gov>

Date Thu 8/7/2025 1:26 PM

To Shanholt, Justin <justin.shanholt@coei.org>

 1 attachment (71 KB)

EXTERNAL: Read: IN0025674_INC_RPT_2025_08_6;

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BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

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

RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 8/19/25 9:42	(7) Date (mm/dd/yy) and Time Release Stopped 8/19/25 11:10	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1521 PRAIRIE ST	(9) Latitude (Deg Min Sec) 41 40 23.500N	(9) Longitude (Deg Min Sec) 85 57 56.757W

(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 17.45 Gallons	(11) WWTP Flow During Release est 47.68 MGD	(12) WWTP Peak Design Flow Rate 44.0 MGD
--	--	---

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

(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation <input type="checkbox"/> Other	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	(17) Additional Description of the Bypass / Overflow Event: CALL FROM RESIDENT CAME IN AT 7:27 AM ON 8/19/25. CUSTOMER REPORTED SEWAGE IN THE BASEMENT SINK. COLLECTION CREWS RESPONDED TO FIND THE MAIN HAD BEEN SURCHARGED, BUT WAS BACK AT A NORMAL LEVEL OF FLOW. BACK-UP DIMENSION EST = 2' X 2' X 7" DEPTH EST = 17.45 GAL.	(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: NONE
--	---	---

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

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input 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	COLLECTIONS CREW DIAGNOSED A SURCHARGED MAIN LINE WITHIN 39 MINUTES OF PUBLIC WORKS BEING NOTIFIED OF THE PROBLEM.
--	--

(21) Resolution: Actions Taken or Planned to Prevent Recurrence CONTINUAL / ON GOING PM AND CLEANING OF MAIN LINE SEWERS. SUGGESTED CUSTOMER HAS A BACKWATER VALVE INSTALLED ON THEIR PRIVATE SEWER LATERAL.
--

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: Justin Shanholt	DATE (month, day, year): 8/19/25			
Individual Making Report (Printed) JUSTIN SHANHOLT	Telephone Number (574) 293-2572	Contact Email justin.shanholt@coei.org	Date (month, day, year) / Time IDEM Notified 8/19/25 appx 3:00 pm	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM



BYPASS / OVERFLOW REPORT (Supplemental Locations)

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

Follow-up to Bypass report
previously sent on: _____

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

RELEASE INFORMATION (Location 2)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	8/19/25 8:33 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	8/19/25 9:24 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	616 CHASE ST	41 40 03.742N	85 57 25.138W
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 19.45 Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted n/a	
RELEASE INFORMATION (Location 3)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	8/19/25 8:41 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	8/19/25 9:58 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	1913 STEVENS AVE	41 40 08.270N	85 57 43.470W
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 1122 Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 4)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	8/19/25 9:39 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	8/19/25 11:37 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	15 SUNRISE DR	41 39 50.580N	85 58 53.207W
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 935 Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 5)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 6)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 7)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

CERTIFICATION AND SIGNATURE

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


SIGNATURE: _____

Justin Shantall

DATE (month, day, year): 8/19/25

IN0025674_INC_RPT1_2025_08_19 & IN0025674_INC_RPT2_2025_08_19

From Shanholt, Justin <justin.shanholt@coei.org>
Date Tue 8/19/2025 3:02 PM
To WWReports@idem.IN.gov <wwreports@idem.in.gov>
Cc lstack@idem.in.gov <lstack@idem.in.gov>

 2 attachments (467 KB)
IN0025674_INC_RPT1_2025_08_19.pdf; IN0025674_INC_RPT2_2025_08_19.pdf;

Please find incident reports for multiple basement back-ups which occurred on 081925

Thank you,
Justin Shanholt
Wastewater Network Supervisor



1201 South Nappanee St.
Elkhart, IN 46516
(574) 293-2572 ext.2300

"Tomorrow's Elkhart Starting Today"
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BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 8/19/25 9:42 <input type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 8/19/25 11:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1626 STEVENS AVE	(9) Latitude (Deg Min Sec) 41 40 19.092N	(9) Longitude (Deg Min Sec) 85 57 41.829W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 124 Gallons			(11) WWTP Flow During Release est 47.68 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 Grease		
(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)		(17) Additional Description of the Bypass / Overflow Event: CALL FROM RESIDENT CAME IN AT 9:42 AM ON 8/19/25. CUSTOMER REPORTED SEWAGE IN THE BASEMENT. COLLECTION CREWS RESPONDED TO FIND THE MAIN OBSTRUCTED DUE TO GREASE. BACK-UP DIMENSION EST = 10' X 10' X 2" DEPTH EST = 124 GAL.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: NONE	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other: N/A					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris OBSTRUCTION WAS REMOVED WITHIN 88 MINUTES OF PUBLIC WORKS BEING NOTIFIED OF THE PROBLEM.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence CONTINUAL / ON GOING PM AND CLEANING OF MAIN LINE SEWERS.					

(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>Justin Shanholt</u>			DATE (month, day, year): 8/19/25	
Individual Making Report (printed) JUSTIN SHANHOLT	Telephone Number (574) 293-2572	Contact Email justin.shanholt@coei.org	Date (month, day, year) / Time IDEM Notified 8/19/25 appx 3:00 pm	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM



BYPASS / OVERFLOW REPORT (Supplemental Locations)

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

Follow-up to Bypass report
previously sent on: _____

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

RELEASE INFORMATION (Location 2)

Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	8/19/25 10:24 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	8/19/25 11:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	1628 STEVENS AVE	41 40 18.653N	85 57 41.887W
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 187 Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted n/a	

RELEASE INFORMATION (Location 3)

Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	

RELEASE INFORMATION (Location 4)

Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	

RELEASE INFORMATION (Location 5)

Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	

RELEASE INFORMATION (Location 6)

Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	

RELEASE INFORMATION (Location 7)

Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	

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SIGNATURE: Julie Stantolt

DATE (month, day, year): 8/19/25

IN0025674_INC_RPT1_2025_08_19 & IN0025674_INC_RPT2_2025_08_19

From Shanholt, Justin <justin.shanholt@coei.org>
Date Tue 8/19/2025 3:02 PM
To WWReports@idem.IN.gov <wwreports@idem.in.gov>
Cc lstack@idem.in.gov <lstack@idem.in.gov>

 2 attachments (467 KB)
IN0025674_INC_RPT1_2025_08_19.pdf; IN0025674_INC_RPT2_2025_08_19.pdf;

Please find incident reports for multiple basement back-ups which occurred on 081925

Thank you,
Justin Shanholt
Wastewater Network Supervisor



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Elkhart, IN 46516
(574) 293-2572 ext.2300

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Public Works – Street & Utility Infrastructure
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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 8/19/25 2:27 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 8/19/25 3:12 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 5 Sunrise Dr	(9) Latitude (Deg Min Sec) 41 39 50.728N	(9) Longitude (Deg Min Sec) 85 59 01.070W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 124.68 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: None Rain		
(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 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) Intense Rain		(17) Additional Description of the Bypass / Overflow Event: Call from resident came in at 2:27 pm on 8/19/25. Customer reported sewage in the basement. Collection Crews responded to find the main had been surcharged, but was back at a normal level of flow. Back-up Dimension Est = 10' x 10' x 2" Depth Est = 124.68 Gal.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: None	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other: N/A					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input 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 Collection Crews diagnosed a surcharged main line within 45 minutes of Public Works being notified of the problem.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Continual / On going PM and cleaning of main line sewers. Suggested customer has a backwater valve installed on their private sewer lateral.					

(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>Justin Shanholt</u>				DATE (month, day, year): 8/20/2025
Individual Making Report (printed) Justin Shanholt	Telephone Number (574) 293-2572	Contact Email justin.shanholt@coei.org	Date (month, day, year) / Time IDEM Notified 8/20/2025 appx 8:45	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM



BYPASS / OVERFLOW REPORT (Supplemental Locations)

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

Follow-up to Bypass report
previously sent on: _____

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

RELEASE INFORMATION (Location 2)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	8/19/25 2:27 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	8/19/25 3:12 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	3 Sunrise Dr	41 39 50.735N	85 59 02.311W
Amount of Flow Released <input checked="" type="checkbox"/> Estimated, <input type="checkbox"/> Actual 124.68 Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted n/a	
RELEASE INFORMATION (Location 3)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 4)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 5)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 6)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 7)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted	

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

CERTIFICATION AND SIGNATURE


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

SIGNATURE: Justin Shambolt

DATE (month, day, year): 8/20/25

IN0025674_INC_RPT3_2025_08_19

From Shanholt, Justin <justin.shanholt@coei.org>
Date Wed 8/20/2025 8:35 AM
To WWReports@idem.IN.gov <wwreports@idem.in.gov>
Cc lstack@idem.in.gov <lstack@idem.in.gov>

 1 attachment (222 KB)
IN0025674_INC_RPT3_2025_08_19.pdf;

Please find incident report for basement back-up which occurred on 081925.

Thank you,
Justin Shanholt
Wastewater Network Supervisor



1201 South Nappanee St.
Elkhart, IN 46516
(574) 293-2572 ext.2300

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

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Biomonitor

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

*Whole Effluent
Toxicity Test*

ELKHART
WASTEWATER TREATMENT PLANT

IN0025674

Elkhart, Indiana

August 2025

Biomonitor

Permittee/Location Elkhart WWTP Elkhart, IN			Permit Number: IN0025674			Outfall Number: 035	
Laboratory Name and Contact: Biomonitor Michael Britton			Report <u>Due</u> Date:			Report Date: August 2025	
WETT Reporting Frequency or Type: (mark one)	Monthly	Quarterly	Semi-annual	Annual	TRE	Post TRE	2/2 (per Reporting Frequency)
						X	Retest after failure

Test Organism	Test	Endpoint [1]	Units	Result	Compliance Value in TUs	Pass/Fail	Reporting
---------------	------	--------------	-------	--------	-------------------------	-----------	-----------

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

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

Project Name: Elkhart Wastewater Treatment Plant

Project Date: July/August 2025

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

Greg R. Bright

Quality Assurance Officer
Date: 8/7/25

Michael Britton

Project Director
Date: 8/7/25

Other Participating Personnel:

Mukang'andu Ng'andwe
Melody Myers-Kinzie

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

Section 1
Executive Summary

Biomonitor conducted whole effluent toxicity testing for the Elkhart, IN Wastewater Treatment Plant during July/August 2025. The purpose of the testing was to fulfill the biomonitoring requirement for the NPDES permit.

Three samples were collected July 27-31, 2025. Fathead minnow, *Pimephales promelas*, were used as the test organisms.

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

Pimephales promelas test

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

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

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

Section 2
Introductory Information

Table I
General

Permit number:	IN0025674
Toxicity testing requirements:	Fathead minnow larval survival and growth test Ceriodaphnia survival and reproduction test (not retested this time)
Plant location:	Elkhart Wastewater Treatment Plant 1201 Nappanee St. Elkhart, Indiana 46516
Name of receiving water body:	St. Joseph River
Name of WET testing laboratory:	Biomonitor 8802 West Washington St. Indianapolis, IN 46231 (317) 297-7713

Table II
Plant Operations

Type of discharger:	Publicly owned treatment works Wastewater consists of treated sanitary and industrial wastes
Type of waste treatment:	Class IV. Activated sludge
Design flow:	20 – MGD
Volume of wastewater flow during the sampling period:	July 27, 2025 -MGD July 29, 2025 -MGD July 31, 2025 -MGD

Table III
Source of effluent and dilution water

I. Effluent samples

Sampling point:	Outfall 035	
Collection dates and times:	July 27, 2025	11:00 p.m.
	July 29, 2025	11:00 p.m.
	July 31, 2025	11:00 p.m.
Sample collection:	Composite samples	
Physical and chemical data:	See Table 9	

II. Dilution water samples

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

Section 3
Test Methods and Results

FATHEAD MINNOW LARVAL SURVIVAL AND GROWTH TEST

Table IV
METHODOLOGY
Fathead Minnow Larval Survival and Growth Test

<u>Toxicity test method used:</u>	7-day fathead minnow larval survival and growth test	
<u>Endpoints of test:</u>	96-hr LC ₅₀ and no observable effect level (NOEL) for survival and growth. TU _c for survival and growth.	
<u>Reference method:</u>	EPA-821-R-02-013	
<u>Deviations from method:</u>	No Deviations	
<u>Date and time test initiated:</u>	July 29, 2025	10:15 a.m.
<u>Date and time test terminated</u>	August 5, 2025	10:15 a.m.
<u>Type of test chambers:</u>	Polyethylene	300 ml
<u>Volume of solution used per chamber:</u>	250 ml	
<u>Number of organisms per chamber:</u>	ten	
<u>Number of replicate chambers per treatment:</u>	four	
<u>Test temperature range:</u>	25°C (no deviations)	

Table V
ORGANISMS USED
Fathead Minnow Survival and Growth Test

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

Table VI
RESULTS
Fathead Minnow Larval Survival and Growth Test

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

Table VII
QUALITY ASSURANCE
Fathead Minnow Larval Survival and Growth Test

<u>Reference Toxicant used and source:</u>	Potassium chloride, reagent grade, from Sigma-Aldrich
<u>Date and time of most recent test:</u>	July 23-30, 2025
<u>Dilution water used in test:</u>	Moderately Hard Synthetic Water
<u>Results:</u>	96-hr LC ₅₀ = 1091 mg /L as KCl NOEL (growth) = 1000 mg/L as KCl LOEL (growth) = 2000 mg/L as KCl
<u>Comparison to recommended range:</u>	Within the laboratory control range for both acute and chronic endpoints (see attachment)

Table VIII
TEST DATA
Fathead Minnow Larval Survival and Growth Test

Effluent Concentration	% Survival in Each Replicate				Average Dry Weight (mg) in Each Replicate			
	A	B	C	D	A	B	C	D
Control	100	100	100	100	240	280	210	280
6.25%	100	100	90	100	240	240	300	320
12.5%	100	100	100	100	240	280	240	370
25%	100	100	90	100	310	290	260	280
50%	90	100	100	100	240	270	320	340
100%	100	100	80	100	250	300	300	260

Table IX
WATER CHEMISTRY
Fathead Minnow Larval Survival and Growth Test

Effluent Concentration	D.O. <u>Range</u> mg/L	Temp. <u>Range</u> °C	pH <u>Range</u> S.U.	Alk. <u>Range</u> CaCO₃	Hardness <u>Range</u> CaCO₃	Cond. <u>Range</u> µS
CONTROL	6.5 – 8.5	25	7.5 – 7.9	40-	100-110	280-310
6.25%	6.5 – 8.5	25	7.5 – 7.8	/	/	300-340
25%	4.9 – 8.6	25	7.4 – 7.7	/	/	360-430
100%	6.0 – 9.6	25	7.4 – 8.0	90-100	175-250	580-760

Biomonitor

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317-297-7713
www.biomonitor.com

SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity

SAMPLE IDENTIFICATION: Elkhart - [redacted] Mo1. [redacted] July 2025

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 7-27-2025 Start Time 1 am
End Date 7-27-2025 End Time 11 pm

NAME OF PERSON COLLECTING SAMPLE: GPS

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: One, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: Bungabell
Date: 7/28/2025 Time: 12:43

Received by: CFC
Date: 7/28/25 Time: 12:43 p-

Relinquished by: _____
Date: _____ Time: _____

Received by: _____
Date: _____ Time: _____

TEMP: 12 °C

COMMENTS:

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Indianapolis, IN 46231
317-297-7713
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SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity

SAMPLE IDENTIFICATION: Elkhart RT. - 2 Wed. July 2025

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 7.29.2025 Start Time 1am

End Date 7.29.2025 End Time 11pm

NAME OF PERSON COLLECTING SAMPLE: Operations

SAMPLE VOLUME: 4 Liters

NUMBER OF CONTAINERS: One, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: [Signature]
Date: 7/30/25 Time: 1300

Received by: [Signature]
Date: 7/30/25 Time: 1:00p-

Relinquished by: _____
Date: _____ Time: _____

Received by: _____
Date: _____ Time: _____

TEMP: 8.5 °C

COMMENTS:

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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 RT. - 3 Fri. July 2025

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 7-31-2025 Start Time 1am
End Date 7-31-2025 End Time 11pm

NAME OF PERSON COLLECTING SAMPLE: Operations

SAMPLE VOLUME: 4 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: [Signature]
Date: 8/1/25 Time: 12:50pm

Received by: [Signature]
Date: 8/1/25 Time: 12:50p-

Relinquished by: _____
Date: _____ Time: _____

Received by: _____
Date: _____ Time: _____

TEMP: 9.4 °C

COMMENTS:

Ceriodaphnia dubia

Reference Toxicant - Copper sulfate/chloride as Cu

Dilution Water - Moderately Hard Reconstituted Water

Date	LC ₅₀	NOEL	LOEL	IC ₂₅
mm/yy	48-hr µg/L	µg/L (repro.)	µg/L (repro.)	µg/L (repro.)
09/21	92	40	80	49
10/21	73	40	80	52
11/21	113	80	160	59
12/21	75	40	80	48
1/22	105	40	80	54
3/22	75	40	80	51
4/22	113	40	80	57
5/22	95	40	80	30
6/22	113	40	80	41
7/22	75	40	80	33
8/22	86	20	40	30
9/22	80	40	80	32
11/22	70	40	80	40
12/22	77	40	80	48
1/23	75	40	80	48
2/23	86	40	80	52
4/23	80	40	80	37
5/23	80	40	80	39
06/23	113	80	160	59
07/23	75	40	80	55
09/23	80	40	80	15
10/23	113	40	80	58
11/23	86	40	80	50
01/24	99	20	40	30
02/24	86	40	80	48
03/24	80	40	80	48
04/24	80	40	80	51
06/24	87	20	40	32
07/24	99	20	40	20
09/24	98	40	80	55
10/24	70	40	80	70
11/24	92	40	80	25
01/25	105	40	80	49
02/25	98	40	80	42
04/25	80	40	80	49
05/25	92	40	80	56
06/25	71	80	160	50
07/25	80	40	80	25
Average	88	Mode 40	80	44
St. Dev.	13			12
Upper limit	115	80	160	69
Lower limit	61	20	40	20

Pimephales promelas

Reference Toxicant - Potassium chloride

Dilution Water - Moderately Hard Reconstituted Water

Date	LC ₅₀	NOEL	LOEL	IC ₂₅
mm/yy	96-hr mg/L	mg/L (grwth)	mg/L (grwth)	mg/L (grwth)
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	1033	500	1000	925
09/22	1278	1000	2000	950
11/22	1035	500	1000	684
12/22	1053	1000	2000	805
01/23	795	500	1000	664
02/23	1091	500	1000	741
04/23	1231	1000	2000	1121
05/23	1189	1000	2000	1110
06/23	951	500	1000	669
07/23	1091	500	1000	1091
09/23	1000	500	1000	702
10/23	1124	500	1000	768
11/23	1253	500	1000	849
01/24	1128	500	1000	699
02/24	952	1000	2000	798
03/24	1189	500	1000	908
04/24	1189	1000	2000	1037
06/24	1169	500	1000	899
07/24	1091	1000	2000	989
09/24	966	500	1000	788
10/24	1254	1000	2000	1188
11/24	1097	500	1000	720
01/25	1110	1000	2000	829
02/25	841	500	1000	676
04/25	887	500	1000	649
05/25	901	500	1000	745
06/25	856	500	1000	671
07/25	1091	1000	2000	800
Average	1052	Mode 500	1000	828
St. Dev.	134			164
Upper limit	1320	1000	2000	1156
Lower limit	783	250	500	499

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates 7/29/25 -8/5/25
 Analysts: MMB, MN, MMK

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

Comments: Start Time: 1015

FHM Source: Biomonitor Lab Cultures

Elkhart RT 8.25
File: fhmsurv Transform: ARC SINE(SQUARE ROOT(Y))

Shapiro Wilks test for normality

D = 0.129

W = 0.761

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 RT 8.25
File: fhmsurv Transform: ARC SINE(SQUARE ROOT(Y))

Hartley test for homogeneity of variance

Bartlett's test for homogeneity of variance

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

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

Elkhart RT 8.25

File: fhmsurv

Transform: ARC SINE(SQUARE ROOT(Y))

STEELS MANY-ONE RANK TEST

-

Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	RANK SUM	CRIT. VALUE	df	SIG
1	control	1.412				
2	6.25%	1.371	16.00	10.00	4.00	
3	12.5%	1.412	18.00	10.00	4.00	
4	25%	1.371	16.00	10.00	4.00	
5	50%	1.371	16.00	10.00	4.00	
6	100%	1.336	16.00	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, MMK

Test Date(s) : 7/29/25 - 8/5/25
 Weighing Date: 8/6/25

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

Conc :	Rep. No.	Wgt. of boat (g)	Dry wgt: foil and larvae (g)	Total dry wgt of larvae (mg)	No. of larvae	Avg. dry wgt of larvae (g)	Remarks
Control	A	0.92040	0.92280	2.40	10	0.240	
	B	0.92480	0.92760	2.80	10	0.280	
	C	0.92980	0.93190	2.10	10	0.210	
	D	0.93070	0.93350	2.80	10	0.280	
Conc : 6.25%	A	0.92290	0.92530	2.40	10	0.240	
	B	0.92570	0.92810	2.40	10	0.240	
	C	0.92410	0.92710	3.00	9	0.300	
	D	0.92760	0.93080	3.20	10	0.320	
Conc : 12.5%	A	0.92590	0.92830	2.40	10	0.240	
	B	0.92640	0.92920	2.80	10	0.280	
	C	0.92570	0.92810	2.40	10	0.240	
	D	0.92280	0.92650	3.70	10	0.370	
Conc : 25%	A	0.92630	0.92940	3.10	10	0.310	
	B	0.92360	0.92650	2.90	10	0.290	
	C	0.92890	0.93150	2.60	9	0.260	
	D	0.92560	0.92840	2.80	10	0.280	
Conc : 50%	A	0.92890	0.93130	2.40	9	0.240	
	B	0.92870	0.93140	2.70	10	0.270	
	C	0.92550	0.92870	3.20	10	0.320	
	D	0.92750	0.93090	3.40	10	0.340	
Conc : 100%	A	0.92410	0.92660	2.50	10	0.250	
	B	0.92290	0.92590	3.00	10	0.300	
	C	0.92790	0.93090	3.00	8	0.300	
	D	0.92770	0.93030	2.60	10	0.260	

Elkhart RT 8.25

File: fhm_grow

Transform: NO TRANSFORMATION

Chi-square test for normality: actual and expected frequencies

INTERVAL	<-1.5	-1.5 to <-0.5	-0.5 to 0.5	>0.5 to 1.5	>1.5
EXPECTED	1.608	5.808	9.168	5.808	1.608
OBSERVED	0	9	5	10	0

Calculated Chi-Square goodness of fit test statistic = 9.8908

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

Data PASS normality test. Continue analysis.

Elkhart RT 8.25

File: fhm_grow

Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance

Calculated H statistic (max Var/min Var) = 8.67

Closest, conservative, Table H statistic = 184.0 (alpha = 0.01)

Used for Table H ==> R (# groups) = 6, df (# reps-1) = 3

Actual values ==> R (# groups) = 6, df (# avg reps-1) = 3.00

Data PASS homogeneity test. Continue analysis.

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

Elkhart RT 8.25

File: fhm_grow

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	control	4	0.210	0.280	0.253
2	6.25%	4	0.240	0.320	0.275
3	12.5%	4	0.240	0.370	0.283
4	25%	4	0.260	0.310	0.285
5	50%	4	0.240	0.340	0.293
6	100%	4	0.250	0.300	0.278

Elkhart RT 8.25

File: fhm_grow

Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	0.001	0.034	0.017
2	6.25%	0.002	0.041	0.021
3	12.5%	0.004	0.061	0.031
4	25%	0.000	0.021	0.010
5	50%	0.002	0.046	0.023
6	100%	0.001	0.026	0.013

Elkhart RT 8.25

File: fhm_grow

Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	0.0037	0.0007	0.438
Within (Error)	18	0.0295	0.0016	
Total	23	0.0332		

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

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

Elkhart RT 8.25

File: fhu_grow

Transform: NO TRANSFORMATION

DUNNETTS TEST - TABLE 1 OF 2

Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	MEAN CALCULATED IN ORIGINAL UNITS	T STAT	SIG
1	control	0.253	0.253		
2	6.25%	0.275	0.275	-0.795	
3	12.5%	0.283	0.283	-1.061	
4	25%	0.285	0.285	-1.149	
5	50%	0.293	0.293	-1.414	
6	100%	0.278	0.278	-0.884	

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

Elkhart RT 8.25

File: fhm_grow

Transform: NO TRANSFORMATION

DUNNETTS TEST - TABLE 2 OF 2

Ho:Control<Treatment

GROUP	IDENTIFICATION	NUM OF REPS	Minimum Sig Diff (IN ORIG. UNITS)	% of CONTROL	DIFFERENCE FROM CONTROL
1	control	4			
2	6.25%	4	0.068	27.0	-0.023
3	12.5%	4	0.068	27.0	-0.030
4	25%	4	0.068	27.0	-0.033
5	50%	4	0.068	27.0	-0.040
6	100%	4	0.068	27.0	-0.025

Discharger: Elkhart WWTP
 Location: Elkhart, IN

Test Dates: 7/29/25 -8/5/25
 Analysts: MMB, MN, MMK

		Day							Remarks
		1	2	3	4	5	6	7	
Conc:	25%								
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.2	7.8	8.2	8.6	8.8	8.5	8.3	
	Final	4.9	6.7	7.4	7.2	7.5	6.9	7.1	
pH	Initial	7.6	7.5	7.5	7.6	7.7	7.6	7.7	
	Final	7.4	7.5	7.6	7.7	7.7	7.6	7.5	
Alkalinity									
Hardness									
Conductivity		360		430		420			
Chlorine									

		Day							Remarks
		1	2	3	4	5	6	7	
Conc:	50%								
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.6	8.1	8.4	8.8	8.9	8.7	8.4	
	Final	4.8	6.7	7.4	6.9	7.4	6.8	7.0	
pH	Initial	7.5	7.5	7.4	7.5	7.6	7.6	7.7	
	Final	7.5	7.6	7.7	7.8	7.7	7.6	7.5	
Alkalinity									
Hardness									
Conductivity		430		580		530			
Chlorine									



		Day							Remarks
		1	2	3	4	5	6	7	
Conc:	100%								
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.1	8.5	8.8	9.6	9.1	8.9	9.4	
	Final	6.0	6.7	7.4	6.8	7.1	6.5	6.5	
pH	Initial	7.4	7.5	7.4	7.4	7.5	7.5	7.6	
	Final	7.7	7.7	7.8	7.8	7.8	8.0	7.6	
Alkalinity		90		100		100			
Hardness		250		250		175			
Conductivity		580		750		760			
Chlorine		N.D.		N.D.		N.D.			
Ammonia		N.D.		N.D.		N.D.			

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 **Signing Process Confirmation - CDX Activity ID: `_cf808982-c5f0-4085-82f3-45e155e28abe`**

Your DMRs are undergoing the Signing Process



IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	09/30/25	10/28/25
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	09/30/25	10/28/25
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	09/30/25	10/28/25
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	09/30/25	10/28/25
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	09/30/25	10/28/25
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	09/30/25	10/28/25
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	09/30/25	10/28/25
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	09/30/25	10/28/25
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	09/30/25	10/28/25
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	09/30/25	10/28/25
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	09/30/25	10/28/25
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	09/30/25	10/28/25
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	09/30/25	10/28/25
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	09/30/25	10/28/25
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	09/30/25	10/28/25
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	09/30/25	10/28/25
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	09/30/25	10/28/25
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	09/30/25	10/28/25
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	09/30/25	10/28/25
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	09/30/25	10/28/25
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	09/30/25	10/28/25
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	09/30/25	10/28/25
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	09/30/25	10/28/25
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	09/30/25	10/28/25
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	09/30/25	10/28/25
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	09/30/25	10/28/25
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	09/30/25	10/28/25
IN0025674	ELKHART WWTP	035	035-AQ	QUARTERLY REPORTING	09/30/25	10/28/25
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	09/30/25	10/28/25
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	09/30/25	10/28/25
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	09/30/25	10/28/25

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Permit

Permit ID: IN0025674

Permittee: ELKHART WWTP

Facility: ELKHART WWTP

Permitted Feature: 035 - External Outfall

Report Dates & Status

Monitoring Period: From 09/01/25 to 09/30/25

Status: **NetDMR Validated**

Considerations for Form Completion

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

Principal Executive Officer

First Name: Laura

Title: Utility Services Manager

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

DMR Due Date: 10/28/25

Last Name: Kolo

Telephone: 574-293-2572

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
00300	Oxygen, dissolved [DO]				=6.8			19 - mg/L	0	01/01 - Daily	3R - 3 Grabs/24 hours
	1 - Effluent Gross										
Season: 0	Req.				>=4.0 DLYAVMIN			19 - mg/L		01/01 - Daily	3R - 3 Grabs/24 hours
NODI: -	NODI										
00400	pH				=7.0		=7.8	12 - SU	0	01/01 - Daily	GR - Grab
	1 - Effluent Gross										
Season: 0	Req.				>=6.0 DAILY MN		<=9.0 DAILY MX	12 - SU		01/01 - Daily	GR - Grab
NODI: -	NODI										
00530	Solids, total suspended										
	1 - Effluent Gross	=437.0	=900.0	26 - lb/d		=5.0	=9.0	19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
Season: 0	Req.	<=7511.0 MO AVG	<=11266.0 MX WK AV	26 - lb/d		<=30.0 MO AVG	<=45.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
NODI: -	NODI										
00600	Nitrogen, total [as N]										
	1 - Effluent Gross	=1539.0		26 - lb/d		=20.5		19 - mg/L	0	01/30 - Monthly	24 - 24 Hour Composite
Season: 0	Req.	Req Mon MO AVG		26 - lb/d		Req Mon MO AVG		19 - mg/L		01/30 - Monthly	24 - 24 Hour Composite
NODI: -	NODI										
00610	Nitrogen, ammonia total [as N]										
	1 - Effluent Gross	=9.9	=94.2	26 - lb/d		=0.11	=0.87	19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
Season: 1	Req.	<=1051.0 MO AVG	<=2478.0 DAILY MX	26 - lb/d		<=4.2 MO AVG	<=9.9 DAILY MX	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
NODI: -	NODI										
00665	Phosphorus, total [as P]										
	1 - Effluent Gross	=36.0		26 - lb/d		=0.47		19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
Season: 0	Req.	Req Mon MO AVG		26 - lb/d		<=1.0 MO AVG		19 - mg/L		01/01 - Daily	24 - 24 Hour Composite

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
NODI: -		NODI									
01079	Silver total recoverable	Smpl.	<0.016	<0.022	26 - lb/d	<0.0002	<0.0002	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
1 - Effluent Gross											
Season: 0	Req.	<=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d	<=0.00038 MO AVG	<=0.00077 DAILY MX		19 - mg/L		01/07 - Weekly	24 - 24 Hour Composite
NODI: -		NODI									
01079	Silver total recoverable	Smpl.				<=0.0004	=0.0006	19 - mg/L	0	02/30 - Twice Per Month	24 - 24 Hour Composite
G - Raw Sewage Influent											
Season: 0	Req.				Req Mon MO AVG	Req Mon DAILY MX		19 - mg/L		02/30 - Twice Per Month	24 - 24 Hour Composite
NODI: -		NODI									
50050	Flow, in conduit or thru treatment plant	Smpl.	=9.192		03 - MGD				0	01/01 - Daily	TM - Totalizer
1 - Effluent Gross											
Season: 0	Req.	Req Mon MO AVG			03 - MGD					01/01 - Daily	TM - Totalizer
NODI: -		NODI									
51041	E. coli, colony forming units [CFU]	Smpl.				=10.0	=70.0	3Z - CFU/100mL		01/01 - Daily	GR - Grab
1 - Effluent Gross											
Season: 1	Req.					<=125.0 MO GEO	<=235.0 DAILY MX	3Z - CFU/100mL		01/01 - Daily	GR - Grab
NODI: -		NODI									
80082	BOD, carbonaceous [5 day, 20 C]	Smpl.	=176.0	=263.0	26 - lb/d	=2.0	=3.0	19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
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 - 24 Hour Composite
NODI: -		NODI									

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
81012	Phosphorus, total percent removal				=89.1			23 - %	0	01/30 - Monthly	CA - Calculated
K - Percent Removal											
Season: 0	Req.				>=75.0 MO AV MN			23 - %		01/30 - Monthly	CA - Calculated
NODI: -	NODI										
82220	Flow, total		=276.0	80 - Mgal/mo					0	01/30 - Monthly	RT - Recorder Total
1 - Effluent Gross											
Season: 0	Req.		Req Mon MO TOTAL	80 - Mgal/mo						01/30 - Monthly	RT - Recorder Total
NODI: -	NODI										

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0025674_CS0_MRO_2025_09.pdf	pdf	1251237.0
IN0025674_035a_MRO_2025_09.pdf	pdf	598179.0
IN0025674_INC_RPT_2025_09.pdf	pdf	120506.0



Report Last Saved By

ELKHART WWTP

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-10-22 10:08 (Time Zone:-04:00)

Report Last Signed By

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-10-22 10:19 (Time Zone:-04:00)

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Permit

Permit ID: IN0025674
Permittee: ELKHART WWTP
Facility: ELKHART WWTP
Permitted Feature: 035 - External Outfall

Major:

Permittee Address: 229 SOUTH 2ND ST
ELKHART , IN46516
Facility Location: 1201 S NAPPANEE ST
ELKHART , IN46516
Discharge: 035-AQ - QUARTERLY REPORTING

Report Dates & Status

Monitoring Period: From 07/01/25 to 09/30/25

DMR Due Date: 10/28/25

Status: NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name: Laura
Title: Utility Services Manager

Last Name: Kolo
Telephone: 574-293-2572

No Data Indicator (NODI)

Form NODI: -

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis
NODI: -	NODI									
01119	Copper, total recoverable						=0.0628	19 - mg/L		01/90 - Quarterly 24 - 24 Hour Composite
	G - Raw Sewage Influent									
Season: 0	Req.						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly 24 - 24 Hour Composite
NODI: -	NODI									

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2025-10-22 10:17 (Time Zone:-04:00)

Report Last Signed By

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2025-10-22 10:19 (Time Zone:-04:00)



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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart		Permit Number IN0025674		Outfall 035 A	
Month September	Year 2025	Plant Design Flow 20,000 mgd	Telephone Number 574/293-2572		
E-mail address: <u>laura.kolo@coei.org</u>					
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= 3.04 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	Mon							329	9.150	7.7	82	6,258	106	8,089	2.95	15.90
2	Tue							332	9.860	7.7	147	12,088	258	21,216	5.00	23.20
3	Wed			0.25				325	10.120	7.9	211	17,809	222	18,737	5.48	26.40
4	Thu			0.01				319	9.960	7.9	265	22,013	260	21,597	5.04	26.70
5	Fri							319	9.690	7.8	226	18,264	174	14,062	4.68	23.20
6	Sat							334	8.960	7.8	173	12,928	184	13,750	4.44	22.00
7	Sun							296	8.970	7.7	134	10,025	161	12,044	4.80	18.90
8	Mon							299	9.400	7.8	352	27,595	890	69,772	4.60	20.10
9	Tue							301	9.720	7.8	192	15,564	288	23,347	6.65	24.30
10	Wed							298	10.220	7.8	212	18,070	366	31,196	7.59	23.80
11	Thu							340	10.390	7.8	206	17,850	180	15,597	3.71	22.40
12	Fri							345	9.867	7.8	252	20,737	200	16,458	3.84	23.40
13	Sat			0.20				332	10.240	7.7	212	18,105	172	14,689	4.32	21.30
14	Sun							392	9.300	7.7	166	12,875	156	12,100	3.54	20.30
15	Mon							397	10.030	7.7	180	15,057	212	17,734	4.08	19.30
16	Tue							347	9.680	7.7	250	20,183	262	21,152	3.84	22.20
17	Wed							340	9.750	8.0	261	21,223	318	25,858	3.97	25.50
18	Thu					X		333	9.950	8.0	206	17,094	232	19,252	3.85	21.90
19	Fri							343	10.090	7.7	222	18,681	296	24,909	4.08	21.70
20	Sat			0.36				343	10.160	7.7	185	15,676	212	17,964	3.84	19.00
21	Sun			1.23				342	12.530	7.7	182	18,503	204	20,740	3.92	21.70
22	Mon			0.13				342	12.500	7.9	128	13,195	206	21,235	3.51	18.60
23	Tue			0.84				345	12.100	7.9	167	16,769	200	20,083	3.53	21.20
24	Wed			0.01				345	9.780	8.2	234	19,086	302	24,633	3.81	25.40
25	Thu							351	9.560	7.6	208	16,584	256	20,411	3.69	26.20
26	Fri			0.01				342	9.210	7.8	168	12,904	224	17,206	3.94	23.80
27	Sat							348	8.610	7.7	191	13,715	208	14,936	3.70	24.50
28	Sun							346	8.790	7.7	120	8,797	120	8,797	3.30	21.20
29	Mon							344	9.480	7.8	136	10,753	210	16,603	4.16	23.00
30	Tue							339	9.960	7.7	147	12,211	140	11,629	4.64	22.50
31																
Average				0.34				337	9.934		194	16,020	241	19,860	4.28	22.32
Maximum				1.23				397	12.530	8.2	352	27,595	890	69,772	7.59	26.70
Minimum				0.01				296	8.610	7.60	82	6,258	106	8,089	2.95	15.90

# of Data		9	0	5	0	30	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 Operator): <i>Laura Kolo</i>	Date (month, day, year) 10-22-25
Signature of principal executive officer or authorized agent: <i>Laura Kolo</i>	Date (month, day, year) 10-22-25

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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: September	Year 2025
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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	54	66	360	3,752	96	4.0	20	33.306	5,780					1	7.7		7.8	
2	91	80	318	3,644	87	3.3	20	33.799	7,280					4	7.6		7.9	
3	189	82	390	4,864	80	3.0	21	34.025	7,940					11	7.8		7.1	
4	181	86	332	4,264	78	2.9	21	34.439	8,000					7	7.8		6.8	
5	163	74	366	3,800	96	2.8	20	34.414	7,520					9	7.5		7.7	
6	133	84	348	4,200	83	3.5	20	34.225	7,900					12	7.7		8.1	
7	121	78	374	4,496	83	3.3	20	33.644	7,240					11	7.5		7.5	
8	131	106	358	4,888	73	3.6	20	28.298	8,160					6	7.7		8.3	
9	152	80	318	4,424	72	3.4	20	24.302	7,740					10	7.4		7.4	
10	140	92	337	4,188	80	2.8	20	24.422	7,540					3	7.5		7.6	
11	158	86	286	4,064	70	2.7	20	25.872	6,720					16	7.7		7.4	
12	175	94	344	5,320	65	2.7	20	25.703	7,360					7	7.7		7.0	
13	170	134	430	5,808	74	2.7	20	25.747	5,820					12	7.7		7.6	
14	121	100	468	5,772	81	2.8	20	25.665	8,220					6	7.8		7.4	
15	110	106	447	4,124	108	3.3	20	25.617	5,860					11	7.7		8.4	
16	148	106	346	4,172	83	3.0	20	25.582	5,900					5	7.7		7.4	
17	160	188	345	4,908	70	3.0	20	25.549	5,220					6	7.7		7.4	
18	183	196	454	5,704	80	3.1	21	25.510	5,860					5	7.6		7.5	
19	161	180	522	4,240	123	3.1	21	25.503	6,340					9	7.5		7.8	
20	149	186	460	4,692	98	3.1	21	25.529	7,440					10	7.8		7.6	
21	198	472	454	4,916	92	3.0	21	25.643	5,740					5	7.6		7.4	
22	119	80	276	5,060	55	3.0	21	25.604	6,660					70	7.0		7.1	
23	120	114	550	5,668	97	3.0	22	25.445	6,040					16	7.4		7.3	
24	123	90	496	4,912	101	2.7	21	25.350	9,500					28	7.6		7.4	
25	131	86	574	5,492	105	2.6	21	25.331	8,340					10	7.7		7.6	
26	139	116	560	5,992	93	3.2	21	25.304	8,380					23	7.5		7.8	
27	114	84	574	5,016	114	3.4	21	25.307	9,180					16	7.5		7.7	
28	90	70	594	5,796	102	3.5	21	25.284	8,800					13	7.4		7.9	
29	73	84	416	5,628	74	3.9	21	25.318	9,780					23	7.3		8.4	
30	123	128	420	5,524	76	3.2	21	25.440	8,240					22	7.5		7.9	
31																		
Avg.	137	118	417	4,844	86	3.1	21	27.506	7,350					10				
Max.	198	472	594	5,992	123	4.0	22	34.439	9,780					70	7.8			
Min.	54	66	276	3,644	55	2.6	20	24.302	5,220						7.00		6.8	
Daily Max														70				
# of Days above 235														0				
Data	30	30	30	30	30	30		30	30	0	0	0	0	30	30	30	0	

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.): Raw pH not taken on 8/15/25.

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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: September	Year 2025
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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	7.900		2		132		3		211		0.05		3.3		0.53	35
2	Tue	9.000		2		150		4		278		0.05		3.8		0.54	41
3	Wed	9.450		2		158		4		292		0.06		4.7		0.51	40
4	Thu	9.600		2		160		4		280		0.18		14.4		0.47	38
5	Fri	9.170		2		153		3		199		0.04		3.1		0.41	31
6	Sat	8.230	8.779	2	2.00	137	146	2	3.21	137	236	0.03	0.06	2.1	5	0.38	26
7	Sun	8.100		2		135		4		250		0.03		2.0		0.46	31
8	Mon	9.410		2		157		4		345		0.05		3.9		0.46	36
9	Tue	9.650		2		161		5		419		0.07		5.6		0.45	36
10	Wed	8.840		2		147		4		317		0.07		5.2		0.44	32
11	Thu	9.610		2		160		5		401		0.11		8.8		0.43	34
12	Fri	8.830		2		147		4		317		0.06		4.4		0.43	32
13	Sat	9.050	9.070	2	2.00	151	151	5	4.54	370	345	0.13	0.07	9.8	6	0.55	42
14	Sun	8.100		2		135		4		270		0.05		3.4		0.51	34
15	Mon	9.100		2		152		4		273		0.09		6.8		0.43	33
16	Tue	8.650		2		144		4		289		0.05		3.6		0.51	37
17	Wed	8.690		2		145		4		283		0.08		5.8		0.40	29
18	Thu	8.510		2		142		4		312		0.06		4.3		0.41	29
19	Fri	8.360		2		139		4		293		0.06		4.2		0.48	33
20	Sat	8.550	8.566	3	2.14	214	153	4	4.00	278	285	0.05	0.06	3.6	5	0.52	37
21	Sun	11.250		3		281		10		938		0.06		5.6		0.71	67
22	Mon	13.460		5		561		33		3,682		0.57		64.0		0.82	92
23	Tue	12.980		3		325		6		606		0.87		94.2		0.38	41
24	Wed	9.840		2		164		3		246		0.13		10.7		0.38	31
25	Thu	9.310		3		233		4		303		0.07		5.4		0.36	28
26	Fri	8.740		2		146		4		299		0.05		3.6		0.34	25
27	Sat	7.830	10.487	2	2.86	131	263	4	8.99	229	900	0.03	0.25	2.0	27	0.40	26
28	Sun	7.830		2		131		4		261		0.03		2.0		0.46	30
29	Mon	8.580		2		143		4		315		0.04		2.9		0.47	34
30	Tue	9.140		2		152		6		427		0.04		3.0		0.41	31
31																	
Avg		9.192		2		176		5		437		0.11		9.9		0.47	36
Max		13.460	10	5	2.86	561	263	33	8.99	3,682	900	0.87	0.25	94.2	27	0.8	92
Min																0.3	25
Data		30	4	30	4	30	4	30	4	30	4	30	4	30	4	30	30

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:	
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)	276
Primary Treatment	29.15	51.1				
Secondary Treatment	NA	NA			Percent Capacity	
Tertiary Treatment	98.4	95.5			(actual flow/design)	45.96
Overall Treatment	98.85	97.8	99.5	89.1		

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

State Form 10829 (R10 / 12-24)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	September	2025

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	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	77.39	180.00	7.0		83	17.685		2.57	2.41	69.29	56.30			
2	76.23	180.00	6.9		83	14.148		2.74	2.36	69.35	58.75	115.48		
3	77.30	180.00	7.0		83	7.074		2.79	2.40	69.40	57.54	114.83		
4	77.30	180.00	6.9		82	10.611		2.98	2.39	69.05	58.24	114.00		
5	77.32	180.00	6.8		82			2.75	2.33	66.90	58.82	81.13		
6	77.33	180.00	6.8		82	63.666		2.81	2.45	64.38	58.14			
7	77.35	180.00	6.8		82			2.61	2.33	68.02	60.13			
8	77.35	180.00	6.7		82	7.074		2.74	2.36	69.34	59.74	112.43		
9	65.12	180.00	6.7		82	10.611		2.84	2.26	71.07	60.00	108.61		
10	49.20	180.00	6.7		82			2.91	2.28	68.48	58.09	107.69		
11	48.01	180.00	6.7		82			3.20	2.21	67.38	57.25	111.45		
12	50.98	180.00	6.8		82			2.89	3.15	65.93	57.99			
13	54.72	180.00	6.8		83			2.71	2.22	71.10	58.68			
14	54.59	180.00	6.8		84			2.89	3.32	67.55	56.95			
15	55.59	180.00	6.8		86	17.685		2.66	2.11	70.45	58.78	111.88		
16	56.54	180.00	6.8		86	17.685		2.84	1.72	70.11	59.06	109.50		
17	54.57	180.00	7.0		87			2.63	2.62	67.68	57.54	115.86		
18	54.79	180.00	6.8		86			2.38	2.08	66.41	58.40	71.26		
19	54.84	180.00	6.9		90	14.148		2.58	2.29	67.11	57.50			
20	54.40	180.00	7.0		91	7.074		2.52	2.34	66.44	57.33			
21	53.91	180.00	7.0		92			2.61	2.28	68.72	58.39			
22	54.53	180.00	7.1		92			2.73	2.43	65.44	56.86			
23	55.71	180.00	7.0		93	14.148		3.03	3.19	66.84	56.60	111.84		
24	56.17	180.00	7.0		94			2.98	2.32	66.83	57.14	112.07		
25	56.22	180.00	7.2		95			3.18	2.36	65.13	56.52	113.58		
26	56.22	180.00	7.1		96			2.69	2.34	63.79	53.85			
27	56.22	180.00	7.2		98	21.222		2.64	2.45	67.10	55.63			
28	56.01	180.00	7.1		98	21.222		2.65	1.47	66.11	56.86			
29	56.04	180.00	7.1		98			2.80	2.17	67.48	56.25	113.88		
30	56.02	180.00	7.0		97			2.84	2.22	66.06	54.23	114.88		
31														
Avg.	60.93	180.00			88	17.432		2.77	2.36	67.63	57.59	108.26		
Max.	77.39	180.00	7.2		98	63.666		3.20	3.32	71.10	60.13	115.86		
Min.														
Data	30	30	30	0	30	14	0	30	30	30	30	17	0	0

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

MONTHLY REPORT OF OPERATION
 ACTIVATED SLUDGE TYPE
 WASTEWATER TREATMENT PLANT

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: September	Year 2025
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Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Raw Influent (mg/L)	Ag - Final 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													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1					0.0002	0.0002										
2			20.50	1,539												
3																
4																
5																
6																
7																
8					0.0004											
9						0.0002									11.1000	0.8500
10																
11																
12																
13																
14																
15					0.0004											
16						0.0002										
17																
18																
19																
20																
21																
22					0.0006	0.0002										
23																
24																
25																
26																
27																
28	205	13,387														
29					0.0002	0.0002										
30																
31																
Avg	205	13,387	20.50	1,539	0.0004	0.0002									11.10	0.85
Max					0.0006	0.0002									11.10	0.85
Min					0.0002	0.0002									11.10	0.85
Data	1	1	1	1	5	5	0	0	0	0	0	0	0	0	1	1

MONTHLY REPORT OF OPERATION
 ACTIVATED SLUDGE TYPE
 WASTEWATER TREATMENT PLANT

State Form 10829 (R10 / 12-24)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	September	2025

Substitute for State Form 30530

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



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R9 / 7-22)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

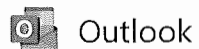
INSTRUCTIONS: Complete all parts of this form and e-mail signed copies to wwreports@idem.IN.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out this form, please call (317) 232-7150.

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

GENERAL INFORMATION					
(1) Facility Name (<i>Organization</i>) Elkhart Public Works		(2) Mailing Address (<i>reporting organization</i>) 1201 S. Nappanee St. Elkhart IN 46516		(3) County Elkhart	(4) NPDES Permit IN0025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (<i>mm/dd/yy</i>) and Time Release Began 9:49 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (<i>mm/dd/yy</i>) and Time Release Stopped 12:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (<i>streets address or Manhole, Lift Station, Force Main etc.</i>) 1 S. Nappanee St. Elkhart IN 46	(9) Latitude (<i>Deg Min Sec</i>) 41 40 40N	(9) Longitude (<i>Deg Min Sec</i>) 86 00 11W
(10) Amount of Flow Released (<i>Always provide a volume.</i>) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 12-68K Gallons			(11) WWTP Flow During Release 33.4 MGD	(12) WWTP Peak Design Flow Rate 60 MGD	
(13) Overflow Type (<i>Select one.</i>) <input type="checkbox"/> Sanitary Sewer Overflow <input checked="" type="checkbox"/> Treatment Bypass (<i>at wastewater plant</i>) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (<i>Select one or more.</i>) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation _____ Inches					
(16) System Component(s) (<i>Select one or more.</i>) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (<i>in the box below</i>) See section 17		(17) Additional Description of the Bypass / Overflow Event: Treatment flow was limited through splitter box not maximizing splitter box capacity. Notified IDEM Emergency Response within 2 hours after we noticed spill made it to receiving stream.		(18) Description of the Area Impacted (<i>Check all that apply.</i>) <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 checked="" type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: St. Joseph river	
(19) Additional organizations notified by facility, if necessary (<i>Select one or more.</i>) <input checked="" type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Department <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 (<i>Select one or more of the following, then add a written description.</i>) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input checked="" type="checkbox"/> Clean-Up Debris Optimize flow to the splitter box, and vac area of debri.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Optimize flow to through the splitter box.					

(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. (<i>The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to wwReports@idem.IN.gov</i>)			
SIGNATURE:		DATE (<i>month, day, year</i>): 09, 22, 2025	
Individual Making Report (<i>printed</i>) Donn Neff	Telephone Number 573-320-3436	Contact E-mail donn.neff@coei.org	Date (<i>month, day, year</i>) / Time IDEM Notified 09,22,2025 10:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM



EXTERNAL: Automatic reply: IDEM incident report

From IDEM Wastewater Reports <WWReports@idem.IN.gov>

Date Mon 9/22/2025 10:08 AM

To Neff, Donn <donn.neff@coei.org>

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.



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 1 of 9		Permit Number: IN0025574																
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																
Monitoring Period: September 2025				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	9.15	11.30					15 min													
2	9.86	11.26					15 min													
3	10.12	14.35	3:26 PM	8.63	0.25	0.48	15 min													
4	9.96	13.84	12:19 AM	0.08	0.01	0.04	15 min													
5	9.69	12.30					15 min													
6	8.96	10.78					15 min													
7	8.97	11.31					15 min													
8	9.40	11.58					15 min													
9	9.72	11.48					15 min													
10	10.22	12.44					15 min													
11	10.39	12.94					15 min													
12	9.87	12.56					15 min													
13	10.24	19.78	10:19 AM	1.62	0.20	0.20	15 min													
14	9.30	11.00					15 min													
15	10.03	13.01					15 min													
16	9.68	11.41					15 min													
17	9.75	11.31					15 min													
18	9.95	11.74					15 min													
19	10.09	11.23					15 min													
20	10.16	19.48	6:19 PM	0.58	0.36	1.32	15 min													
21	12.19	36.61	2:46 AM	20.80	1.23	2.52	15 min							8:15 PM	M	0.42	M	0.2041	M	
22	12.36	28.70	1:14 AM	11.17	0.13	0.44	15 min													
23	12.04	31.79	12:49 PM	3.92	0.84	1.40	15 min							1:20 PM	M	0.25	M	0.0172	M	
24	9.78	11.56	8:46 AM	0.08	0.01	0.04	15 min													
25	9.56	12.13					15 min													
26	9.21	11.66	4:54 AM	0.08	0.01	0.04	15 min													
27	8.61	10.02					15 min													
28	8.79	10.92					15 min													
29	9.48	11.39					15 min													
30	9.96	13.33					15 min													
Totals:	297.49			46.96	3.04			0	Days	0.00		0		2	Days	0.67		0.2213		



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 2 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: September 2025										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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21	8:27 PM	M	2.25	M	0.3673	M	8:19 PM	M	0.17	M	0.0238	M	8:36 PM	M	0.75	M	0.0325	M	8:18 PM	M	0.33	M	0.0264	M
22																								
23	1:32 PM	M	0.67	M	0.1059	M							1:44 PM	M	0.50	M	0.0170	M	1:23 PM	M	0.25	M	0.0168	M
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Totals:	2	Da ys	2.92		0.4732		1	Da ys	0.17		0.0238		2	Da ys	1.25		0.0495		2	Da ys	0.58		0.0432	



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 3 of 9					Permit Number: IN0025574											
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y																
Monitoring Period: September 2025										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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21							8:26 PM	M	0.75	M	0.0793	M								8:18 PM	M	2.00	M	0.2983	M	
22																										
23																					1:28 PM	M	0.67	M	0.0673	M
24																										
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Totals:	0	Days	0.00		0.0000		1	Days	0.75		0.0793		0	Days	0.00		0.0000		2	Days	2.67		0.3656			



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: September 2025										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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21	8:36 PM	M	2.25	M	0.1600	M	8:19 PM	M	0.92	M	0.1969	M	8:25 PM	M	3.15	M	0.0895	M	8:21 PM	M	2.50	M	0.1030	M
22																								
23							1:19 PM	M	0.75	M	0.1431	M	1:14 PM	M	1.50	M	0.0964	M	1:36 PM	M	0.75	M	0.0124	M
24																								
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27																								
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Totals:	1	Days	2.25		0.1600		2	Days	1.67		0.3400		2	Days	4.65		0.1859		2	Days	3.25		0.1154	



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: September 2025										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 020					CSO Outfall No. 023					CSO Outfall No. 024					CSO Outfall No. 025									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
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21							8:22 PM	M	0.83	M	0.0375	M	8:25 PM	M	2.58	M	0.1615	M	8:16 PM	M	1.17	M	0.2472	M
22																								
23	1:16 PM	M	0.67	M	0.0397	M	1:17 PM	M	0.58	M	0.0271	M	1:40 PM	M	1.17	M	0.0810	M	1:16 PM	M	0.50	M	0.1042	M
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	1	Days	0.67		0.0397		2	Days	1.41		0.0646		2	Days	3.75		0.2425		2	Days	1.67		0.3514	



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: September 2025										Enter "x" if no CSO discharge occurred for the month:													
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified													
CSO Outfall No. 026					CSO Outfall No. 027					CSO Outfall No. 028					CSO Outfall No. 029								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E					
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21	8:19 PM	M	1.33	M	0.0230	M	8:08 PM	M	0.25	M	0.0269	M					8:17 PM	M	0.42	M	0.0161	M	
22																							
23	1:25 PM	M	0.33	M	0.0007	M	1:13 PM	M	0.25	M	0.0040	M					1:17 PM	M	0.42	M	0.0135	M	
24																							
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Totals:	2	Days	1.66		0.0237		2	Days	0.50		0.0309		0	Days	0.00		0.0000		2	Days	0.84		0.0296



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: September 2025										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 031					CSO Outfall No. 032					CSO Outfall No. 033					CSO Outfall No. 034									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
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21	8:33 PM	M	0.25	M	0.0044	M	8:12 PM	M	0.83	M	0.0476	M	8:29 PM	M	0.67	M	0.2463	M	8:14 PM	M	0.25	M	0.0170	M
22																								
23							1:12 PM	M	0.67	M	0.0309	M												
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28																								
29																								
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Totals:	1	Days	0.25		0.0044		2	Days	1.50		0.0785		1	Days	0.67		0.2463		1	Days	0.25		0.0170	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 8 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: September 2025										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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20																									
21	8:26 PM	M	3.08	M	1.4080	M							8:16 PM	M	3.65	M	0.1847								
22													12:00 AM	M	2.52	M	0.0703								
23	1:36 PM	M	1.50	M	0.8426	M							1:19 PM	M	5.33	M	0.1569								
24																									
25																									
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Totals:	2	Days	4.58		2.2506		0	Days	0.00		0.0000		3	Days	11.50		0.4119		0	Days	0.00		0.0000		



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

City: Elkhart	Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: September 2025	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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19	
20	
21	precipitation
22	precipitation
23	precipitation
24	
25	
26	
27	
28	
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Laura E. Kolo, Utilities Services Manager	Telephone 574-293-2572
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent <i>Laura E. Kolo</i>	Date (mm/dd/yy) 10/22/25



City of Elkhart
Public Works and Utilities

Date November 26, 2025
Memo To Board of Public Works
Memo From Donn Neff, Superintendent
Subject Wastewater Utility Monthly Report of Operations
for the month of October, 2025

Wastewater MRO Highlights




Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	10	30
cBOD5 mg/L	3	25
Phosphorus mg/L	0.56	1.0
Ammonia mg/L	0.14	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	9.52	Design - 20
Total Monthly Flow MGD	295	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
10/18/2025	1 Sunrise Dr, Elkhart	997	Basement Backup Wet Weather

Wet Weather Overflows

Number of Events	Total Overflow Volume (MG)
------------------	----------------------------

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

 **Signing Process Confirmation - CDX Activity ID: `_dd6fd9f7-578d-4ee4-8dbd-9fd395cea340`**

Your DMRs are undergoing the Signing Process



BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 10/18/25 6:48	(7) Date (mm/dd/yy) and Time Release Stopped 10/18/25 7:30	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1 Sunrise Dr	(9) Latitude (Deg Min Sec) 41 39 50.472N	(9) Longitude (Deg Min Sec) 85 59 04.193W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 997 Gallons			(11) WWTP Flow During Release est 45 MGD	(12) WWTP Peak Design Flow Rate 44 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation 2.66 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		(17) Additional Description of the Bypass / Overflow Event: Call from resident came in at 6:48 pm on 10/18/25. The resident reported water in their basement. Collection Crews responded to find the main had been surcharged, but had returned to a normal level of flow. Back-up dimension est = 20' x 20' x 4" depth est = 997 gal.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: none	
Describe Other: (in the box below) Intense Rain:					
(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 Collection Crews arrived on-site within 42 minutes of Public Works being notified. Collection Crews found the combined sewer gravity main had been surcharged, but had returned to a normal flow level.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Continual / on going iPM and cleaning of main line sewers Recommend the homeowner installs a backwater valve to prevent future occurrences.					

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>Justin Shanholt</i>		DATE (month, day, year): 10-19-25	
Individual Making Report (printed) Justin Shanholt	Telephone Number (574)293-2572	Contact Email justin.shanholt@coei.org	Date (month, day, year) / Time IDEM Notified 10/19/25 1:30
			<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM



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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart		Permit Number IN0025674	Outfall 035 A	
Month October	Year 2025	Plant Design Flow 20,000 mgd	Telephone Number 574-371-7778	
E-mail address: ergoresmgmt@centurylink.net				
Certified Operator: Name Brian Davison		Class IV	Certificate Number WW018215	Expiration Date 06/30/2028

Day of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 3.75	Precipitation - Inches	Bypass At Plant Site ("X" if Occurred)	Sanitary Sewer Overflow ("X" if Occurred)	CHEMICALS USED			RAW SEWAGE							
								Chlorine - Lbs/day	Ferric Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l
1	Wed								288		9.710	7.8	172	13,929	278	22,513	5.12	22.90
2	Thu								245		9.580	7.9	237	18,936	272	21,732	5.56	23.50
3	Fri								245		9.560	7.7	234	18,657	256	20,411	5.92	24.80
4	Sat								245		9.270	7.6	250	19,328	152	11,751	5.28	27.20
5	Sun								245		9.380	7.7	189	14,785	132	10,326	4.88	28.30
6	Mon								221		9.960	7.8	157	13,041	192	15,949	4.48	21.10
7	Tue				0.56				490		12.680	7.8	209	21,666	244	25,295	4.84	22.30
8	Wed				0.01				208		9.160	7.8	149	11,383	180	13,751	4.92	20.90
9	Thu								241		11.510	7.8	179	17,183	224	21,503	4.56	21.20
10	Fri								245		11.190	7.9	215	20,065	206	19,225	5.48	24.10
11	Sat								208		8.950	8.0	169	12,615	162	12,092	3.27	25.50
12	Sun								221		8.510	8.2	164	11,640	132	9,368	3.16	22.90
13	Mon				0.01				288		9.140	7.7	190	14,483	216	16,465	5.12	21.80
14	Tue								221		9.140	7.6	181	13,797	212	16,160	5.64	24.30
15	Wed				0.02				245		9.410	7.7	198	15,539	208	16,324	5.16	24.70
16	Thu				0.01				221		9.390	7.8	190	14,879	246	19,265	5.20	22.20
17	Fri								245		9.580	7.7	165	13,183	214	17,098	4.84	25.40
18	Sat				1.78		X		416		12.600	7.8	156	15,821	154	15,618	4.48	23.50
19	Sun				0.72				231		13.380	7.6	102	11,382	92	10,266	2.04	13.50
20	Mon								442		12.790	7.9	163	17,129	166	17,444	3.48	20.80
21	Tue				0.15				245		10.050	8.0	160	13,411	160	13,411	3.41	23.40
22	Wed				0.40				221		10.780	7.8	168	15,104	178	16,003	2.17	22.30
23	Thu				0.06				245		10.340	7.7	188	16,212	110	9,486	3.86	21.20
24	Fri								302		9.600	8.1	190	15,212	178	14,251	3.76	21.70
25	Sat				0.02				221		9.080	7.9	178	13,479	188	14,237	3.31	21.80
26	Sun								208		8.970	8.0	145	10,847	128	9,576	3.74	18.70
27	Mon								221		9.590	7.7	172	13,757	236	18,875	4.32	29.50
28	Tue								245		9.830	7.8	249	20,414	148	12,133	4.52	22.30
29	Wed								245		9.630	8.0	174	13,975	220	17,669	4.44	24.80
30	Thu								228		9.610	8.0	219	17,552	188	15,068	4.80	26.30
31	Fri				0.01				208		9.440	7.8	209	16,454	230	18,108	4.96	25.40
Average					0.31				258		10.058		185	15,350	190	15,851	4.41	23.17
Maximum					1.78				490		13.380	8.2	250	21,666	278	25,295	5.92	29.50
Minimum					0.01				208		8.510	7.60	102	10,847	92	9,368	2.04	13.50

# of Data		12	0	5	0	31	0	31	31	31	31	31	31	31	31	0
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): <i>Brian Davison</i>	Date (month, day, year) 11/26/25
Signature of principal executive officer or authorized agent <i>Donna Hill</i>	Date (month, day, year) 11/26/25

MONTHLY REPORT OF OPERATION
 ACTIVATED SLUDGE TYPE
 WASTEWATER TREATMENT PLANT

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of October	Year 2025
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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	175	286	530	5,340	99	3.2	21	25.447	9,360					68	7.5		7.9	
2	162	154	453	5,204	87	3.4	21	25.414	8,820					51	7.7		7.5	
3	180	332	523	5,708	92	3.4	21	25.443	9,440					55	7.6		9.4	
4	188	212	522	5,224	100	3.0	21	25.448	9,120					49	7.6		8.2	
5	164	248	560	5,600	100	2.9	21	25.471	10,020					14	7.6		7.9	
6	146	300	312	7,044	44	3.0	20	25.414	8,440					13	7.5		7.8	
7	146	258	564	5,240	108	3.1	21	25.444	11,780					32	7.6		7.9	
8	118	86	592	5,892	100	3.0	20	25.398	11,460					16	7.3		7.2	
9	117	86	588	6,392	92	2.6	20	25.362	11,580					15	7.3		7.2	
10	212	320	624	6,908	90	2.8	20	25.382	11,180					15	7.3		7.5	
11	155	252	626	7,092	88	2.6	20	25.330	10,120					6	7.5		7.3	
12	127	132	600	7,140	84	3.0	20	25.276	9,860					19	7.5		6.9	
13	180	260	634	5,984	106	3.2	20	25.270	9,360					14	7.5		7.6	
14	109	68	434	6,152	71	3.0	20	25.260	9,980					13	7.6		7.5	
15	192	346	628	6,756	93	3.3	20	25.265	10,960					20	7.5		8.4	
16	152	228	634	7,576	84	3.5	20	25.262	11,200					18	7.5		7.4	
17	135	270	602	6,728	89	3.0	20	25.261	10,360					15	7.6		7.0	
18	150	286	648	6,416	101	2.9	20	25.281	11,160					8	7.3		7.1	
19	72	76	346	5,488	63	3.0	19	25.283	12,500					69	7.1		7.3	
20	81	62	626	6,668	94	3.5	19	25.203	11,560					25	7.3		8.1	
21	115	85	598	6,216	96	3.3	19	25.221	13,220					17	7.4		8.0	
22	120	176	560	5,932	94	3.3	18	25.182	10,660					17	7.5		7.3	
23	142	128	573	6,844	84	3.0	18	25.190	13,140					8	7.5		7.9	
24	182	140	532	6,868	77	3.3	18	25.192	9,640					8	7.5		8.5	
25	114	82	534	7,252	74	3.4	18	25.227	12,340					6	7.6		8.6	
26	99	92	606	7,428	82	3.7	18	25.222	10,560					10	7.6		9.4	
27	114	72	584	6,776	86	3.2	18	25.177	11,100					3	7.7		8.4	
28	146	78	594	8,448	70	1.3	18	27.155	12,940					8	7.2		7.5	
29	127	176	486	6,236	78	3.1	18	25.234	10,540					12	7.3		8.2	
30	162	204	488	6,792	72	3.7	18	25.270	10,880					5	7.3		9.2	
31	154	188	540	6,840	79	3.7	18	25.207	11,880					8	7.5		8.8	
Avg.	143	183	553	6,458	86	3.1	19	25.361	10,812					15				
Max.	212	346	648	8,448	108	3.7	21	27.155	13,220					69	7.7			
Min.	72	62	312	5,204	44	1.3	18	25.177	8,440						7.10		6.9	
Daily Max														69				
# of Days above 235														0				
Data	31	31	31	31	31	31		31	31	0	0	0	0	31	31	31	0	

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.): Raw pH not taken on 8/15/25.

ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: October	Year 2025
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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	Wed	8.770		2		146		5		351		0.04		2.9		0.54	39
2	Thu	8.680		3		217		7		478		0.04		2.9		0.53	38
3	Fri	8.470		2		141		6		459		0.04		2.8		0.51	36
4	Sat	7.890	8.480	2	2.14	132	152	6	5.43	401	385	0.03	0.04	2.0	3	0.47	31
5	Sun	7.960		2		133		6		418		0.03		2.0		0.50	33
6	Mon	8.740		2		146		8		561		0.05		3.6		0.58	42
7	Tue	12.330		3		308		8		864		0.47		48.3		0.56	58
8	Wed	8.780		3		220		7		527		0.04		2.9		0.46	34
9	Thu	10.700		3		268		7		643		0.05		4.5		0.46	41
10	Fri	10.680		4		356		8		713		0.04		3.6		0.52	46
11	Sat	8.070	9.609	3	2.86	202	233	9	7.69	606	619	0.03	0.10	2.0	10	0.48	32
12	Sun	7.800		3		195		9		572		0.04		2.6		0.46	30
13	Mon	8.300		3		208		7		505		0.05		3.5		0.54	37
14	Tue	8.380		3		210		8		531		0.04		2.8		0.61	43
15	Wed	8.400		2		140		9		645		0.04		2.8		0.64	45
16	Thu	8.720		3		218		10		756		0.04		2.9		0.60	44
17	Fri	8.740		2		146		9		678		0.04		2.9		0.61	44
18	Sat	12.760	9.014	5	3.00	532	236	28	11.51	2,980	952	0.31	0.08	33.0	7	1.12	119
19	Sun	14.670		8		979		73		8,907		0.07		8.6		2.38	291
20	Mon	12.760		2		213		6		660		0.04		4.3		0.40	43
21	Tue	10.040		2		167		7		569		0.03		2.5		0.41	34
22	Wed	10.900		2		182		7		655		0.02		1.8		0.45	41
23	Thu	10.450		2		174		7		575		0.04		3.5		0.40	35
24	Fri	9.360		2		156		7		554		0.04		3.1		0.22	17
25	Sat	8.740	10.989	2	2.86	146	288	6	16.10	437	1,765	0.02	0.04	1.5	4	0.41	30
26	Sun	8.480		2		141		6		403		0.02		1.4		0.37	26
27	Mon	9.110		2		152		7		562		0.64		48.6		0.40	30
28	Tue	9.460		3		237		7		544		1.78		140.4		0.42	33
29	Wed	9.190		2		153		6		498		0.02		1.5		0.41	31
30	Thu	9.090		2		152		6		455		0.03		2.3		0.40	30
31	Fri	8.620	8.939	2	2.14	144	160	7	6.46	489	482	0.41	0.36	2.2	28	0.41	29
Avg		9.517		3		223		10		903		0.15		11.3		0.56	47
Max		14.670	11	8	3.00	979	288	73	16.10	8,907	1,765	1.78	0.36	140.4	28	2.4	291
Min																0.2	17
Data		31	5	31	5	31	5	31	5	31	5	31	5	31	5	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:	
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)	295
Primary Treatment	22.46	3.7				
Secondary Treatment	NA	NA			Percent Capacity	
Tertiary Treatment	98.1	94.6			(actual flow/design)	47.59
Overall Treatment	98.55	94.8	99.4	87.4		

MONTHLY REPORT OF OPERATION
 ACTIVATED SLUDGE TYPE
 WASTEWATER TREATMENT PLANT

State Form 10829 (R10 / 12-24)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	October	2025

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	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	52.25	180.00	7.1		97			2.57	2.04	66.10	56.10	114.74		
2	48.83	216.00	7.1		97			2.83	0.16	67.63	33.33	77.02		
3	48.85	216.00	7.2		99			2.82	1.29	65.03	56.00			
4	48.87	216.00	7.1		100			2.48	1.86	64.94	55.74			
5	44.99	216.00	7.1		101			2.47	0.48	65.16	56.25			
6	40.67	216.00	7.1		101			2.40	2.37	66.38	55.06	116.48		
7	50.20	216.00	7.1		102			2.58	1.92	64.74	54.10			
8	50.48	216.00	7.0		103	21.222		2.82	2.01	65.00	55.84	103.53		
9	41.89	216.00	7.0		102			3.00	2.00	66.49	54.31	111.43		
10	50.77	216.00	7.1		103			3.17	2.14	65.64	55.17			
11	51.04	216.00	7.1		103			2.55	2.22	65.31	55.88			
12	50.01	216.00	7.0		103	7.074		2.59	2.24	66.24	55.84			
13	48.29	216.00	7.1		103	10.611		2.78	2.17	66.48	55.70			
14	49.30	216.00	7.1		101			3.01	2.13	67.63	55.47	110.57		
15	23.64	216.00	7.1		99			2.80	2.26	67.43	54.29	108.36		
16	47.89	216.00	7.0		89			2.50	2.47	65.15	57.41	73.97		
17	48.05	216.00	7.1		90			2.88	1.90	64.95	56.25			
18	48.04	216.00	7.1		91			2.95	2.84	66.50	54.11			
19	47.97	216.00	7.2		94			3.92	0.77	64.52	53.33			
20	48.02	216.00	7.0		89	10.611		3.14	2.52	61.93	53.19			
21	48.04	216.00	7.2		93			3.09	1.02	61.71	56.16	115.45		
22	48.04	216.00	7.1		90			2.87	1.65	63.59	55.43	115.53		
23	48.03	216.00	7.1		89			3.18	1.56	66.47	53.01	106.89		
24	48.00	216.00	7.3		94			2.00	3.88	67.03	54.37			
25	47.64	216.00	7.0		100			2.67	2.22	62.91	53.05			
26	47.66	216.00	7.1		100			2.70	2.31	64.57	54.55			
27	48.03	216.00	7.1		100			2.84	2.29	65.93	53.17			
28	48.04	216.00	7.1		99			3.07	2.30	67.55	54.55	115.09		
29	48.01	216.00	7.1		100	17.685		3.06	2.25	66.67	55.03	114.96		
30	47.00	216.00	7.1		100			2.89	1.80	65.43	53.33	97.92		
31	48.00	216.00	7.2		100			3.07	2.26	64.39	54.89			
Avg.	47.31	214.84			98	13.441		2.83	1.98	65.47	54.22	105.85		
Max.	52.25	216.00	7.3		103	21.222		3.92	3.88	67.63	57.41	116.48		
Min.														
Data	31	31	31	0	31	5	0	31	31	31	31	14	0	0

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

MONTHLY REPORT OF OPERATION
 ACTIVATED SLUDGE TYPE
 WASTEWATER TREATMENT PLANT

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: October	Year 2025
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Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Raw Influent (mg/L)	Ag - Final 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													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2																
3																
4																
5																
6					0.0002	0.0002	0.0008	0.0002	0.0020	0.0020	0.0248	0.0020	0.0654	0.0051		
7			13.80	1,419												
8																
9																
10																
11																
12																
13						0.0002										
14					0.0003											
15																
16																
17																
18																
19																
20																
21					0.0013	0.0002										
22																
23																
24																
25																
26																
27					0.0003	0.0002										
28																
29	211	16,172														
30																
31																
Avg	211	16,172	13.80	1,419	0.0005	0.0002	0.00	0.00	0.00	0.00	0.02	0.00	0.07	0.01		
Max					0.0013	0.0002	0.00	0.00	0.00	0.00	0.02	0.00	0.07	0.01		
Min					0.0002	0.0002	0.00	0.00	0.00	0.00	0.02	0.00	0.07	0.01		
Data	1	1	1	1	4	4	1	1	1	1	1	1	1	1	0	0

MONTHLY REPORT OF OPERATION
 ACTIVATED SLUDGE TYPE
 WASTEWATER TREATMENT PLANT

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: October	Year 2025
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Substitute for State Form 30530

Day Of Month	Ni - Influent mg/L	Ni - Effluent mg/L	Pb - Influent mg/L	Pb - Effluent mg/L	Zn - Influent mg/L	Zn - Effluent mg/L												
1																		
2																		
3																		
4																		
5																		
6	0.0247	0.0096	0.0013	0.0010	0.0804	0.0172												
7																		
8																		
9																		
10																		
11																		
12																		
13																		
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23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg	0.0247	0.0096	0.0013	0.0010	0.0804	0.0172												
Max	0.0247	0.0096	0.0013	0.0010	0.0804	0.0172												
Min	0.0247	0.0096	0.0013	0.0010	0.0804	0.0172												
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: October 2025	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	9.71	11.22					15 min													
2	9.58	11.19					15 min													
3	9.56	11.15					15 min													
4	9.27	11.14					15 min													
5	9.38	11.14					15 min													
6	9.96	13.95					15 min													
7	12.43	25.82	6:54 AM	10.70	0.56	0.48	15 min													
8	9.16	10.51	2:54 AM	8.08	0.01	0.04	15 min													
9	11.51	14.50					15 min													
10	11.19	12.93					15 min													
11	8.95	11.72					15 min													
12	8.51	10.56					15 min													
13	9.14	10.96	6:59 AM	0.08	0.01	0.04	15 min													
14	9.14	10.86					15 min													
15	9.41	11.28	8:29 AM	0.83	0.02	0.04	15 min													
16	9.39	11.21	4:06 AM	0.08	0.01	0.04	15 min													
17	9.58	12.14					15 min													
18	12.16	33.14	1:49 PM	10.25	1.78	2.84	15 min	6:10 PM	M	5.83	M	0.1782	M	5:45 PM	M	1.25	M	0.6539	M	
19	13.38	25.13	12:04 AM	18.75	0.72	0.36	15 min	12:00 AM	M	24.00	M	0.7259	M							
20	12.60	34.13					15 min	12:00 AM	M	11.17	M	0.3488	M							
21	10.05	11.43	2:19 AM	21.67	0.15	0.12	15 min													
22	10.78	13.69	12:06 AM	23.22	0.40	0.12	15 min													
23	10.34	13.83	12:09 AM	11.75	0.06	0.08	15 min													
24	9.60	14.73					15 min													
25	9.08	10.60	8:54 AM	9.58	0.02	0.04	15 min													
26	8.97	10.95					15 min													
27	9.59	11.47					15 min													
28	9.83	12.98					15 min													
29	9.63	11.43					15 min													
30	9.61	11.35					15 min													
31	9.44	11.29	5:11 AM	0.08	0.01	0.04	15 min													
Totals:	310.93			115.07	3.75			3	Da	41.00		1.2529		1	Da	1.25		0.6539		

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Donn Neff		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>Donn Neff</i>		Date (mm/dd/yy) 11/26/2025



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: October 2025										Enter "x" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 007					CSO Outfall No. 008					CSO Outfall No. 009					CSO Outfall No. 011										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1																									
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17																									
18	5:57 PM	M	2.00	M	0.3389	M	5:49 PM	M	0.33	M	0.0448	M	6:04 PM	M	1.83	M	0.0779	M	5:48 PM	M	0.92	M	0.0666	M	
19																									
20																									
21																									
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24																									
25																									
26																									
27																									
28																									
29																									
30																									
31																									
Totals:	1	Days	2.00		0.3389		1	Days	0.33		0.0448		1	Days	1.83		0.0779		1	Days	0.92		0.0666		



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: October 2025						Enter "x" if no CSO discharge occurred for the month:																		
Design Peak Flow (Hourly) (MGD): 44			Design Flow (MGD): 20			Measured/Metered (M) or Estimated (E) must be specified																		
CSO Outfall No. 012			CSO Outfall No. 013			CSO Outfall No. 14B			CSO Outfall No. 015															
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
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18	5:55 PM	M	1.50	M	0.1107	M	5:57 PM	M	0.92	M	0.0762	M					5:53 PM	M	1.83	M	0.4785	M		
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27																								
28																								
29																								
30																								
31																								
Totals:	1	Da ys	1.50		0.1107		1	Da ys	0.92		0.0762		0	Da ys	0.00		0.0000		1	Da ys	1.83		0.4785	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 4 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: October 2025										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																									
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18	5:56 PM	M	2.08	M	0.5380	M	5:54 PM	M	1.75	M	0.3925	M	6:00 PM	M	1.90	M	0.0353	M	5:56 PM	M	2.00	M	0.1761	M	
19																									
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26																									
27																									
28																									
29																									
30																									
31																									
Totals:	1	Da ys	2.08		0.5380		1	Da ys	1.75		0.3925		1	Da ys	1.90		0.0353		1	Da ys	2.00		0.1761		



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: October 2025										Enter "x" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 020						CSO Outfall No. 023						CSO Outfall No. 024					CSO Outfall No. 025								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1																									
2																									
3																									
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6																									
7																				7:26 AM	M	0.08	M	0.0001	M
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17																									
18	5:46 PM	M	1.42	M	0.0930	M	5:42 PM	M	1.25	M	0.0748	M	6:00 PM	M	1.92	M	0.5597	M	5:41 PM	M	1.50	M	0.3655	M	
19																				4:06 AM	M	0.25	M	0.0082	M
20																									
21																									
22																									
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24																									
25																									
26																									
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29																									
30																									
31																									
Totals:	1	Da ys	1.42		0.0930		1	Da ys	1.25		0.0748		1	Da ys	1.92		0.5597		3	Da ys	1.83		0.3738		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: October 2025										Enter "x" if no CSO discharge occurred for the month:														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 026					CSO Outfall No. 027					CSO Outfall No. 028					CSO Outfall No. 029									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																								
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18	5:49 PM	M	1.33	M	0.0522	M	5:38 PM	M	0.58	M	0.0241	M							5:52 PM	M	0.58	M	0.0194	M
19																								
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28																								
29																								
30																								
31																								
Totals:	1	Da ys	1.33		0.0522		1	Da ys	0.58		0.0241		0	Da ys	0.00		0.0000		1	Da ys	0.58		0.0194	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart												Page 7 of 9			Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities												Public Notification Requirements Met? Y												
Monitoring Period: October 2025												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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16																								
17																								
18	5:49 PM	M	2.33	M	0.6344	M	5:47 PM	M	2.25	M	0.1168	M	5:49 PM	M	6.25	M	4.2518	M	5:54 PM	M	0.17	M	0.0113	M
19													12:04 AM	M	24.00	M	16.3370	M						
20													12:04 AM	M	10.17	M	6.5314	M						
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	1	Da ys	2.33		0.6344		1	Da ys	2.25		0.1168		3	Da ys	40.42		27.1202		1	Da ys	0.17		0.0113	



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: October 2025						Enter "x" if no CSO discharge occurred for the month:																			
Design Peak Flow (Hourly) (MGD): 44						Design Flow (MGD): 20						Measured/Metered (M) or Estimated (E) must be specified													
CSO Outfall No. 037						CSO Outfall No. 039						CSO Outfall No. 040						CSO Outfall No.							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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18	5:56 PM	M	1.83	M	2.1326	M																			
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31																									
Totals:	1	Da ys	1.83		2.1326		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: October 2025	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	Precipitation
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	Precipitation
19	Precipitation
20	Precipitation
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Donn Neff	Telephone 574-593-2572
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>Donn Neff</i>	Date (mm/dd/yy) 11/26/25

IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF IN SECTION	10/31/25	11/28/25
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	10/31/25	11/28/25
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	10/31/25	11/28/25
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	10/31/25	11/28/25
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	10/31/25	11/28/25
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	10/31/25	11/28/25
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	10/31/25	11/28/25
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	10/31/25	11/28/25
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	10/31/25	11/28/25
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	10/31/25	11/28/25
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	10/31/25	11/28/25
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	10/31/25	11/28/25
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	10/31/25	11/28/25
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	10/31/25	11/28/25
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	10/31/25	11/28/25
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	10/31/25	11/28/25
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	10/31/25	11/28/25
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	10/31/25	11/28/25
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	10/31/25	11/28/25
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	10/31/25	11/28/25
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	10/31/25	11/28/25
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	10/31/25	11/28/25
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	10/31/25	11/28/25
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	10/31/25	11/28/25
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	10/31/25	11/28/25
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	10/31/25	11/28/25
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	10/31/25	11/28/25
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	10/31/25	11/28/25
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	10/31/25	11/28/25
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	10/31/25	11/28/25

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

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Permit

Permit ID: IN0025674

Major:

Permittee: ELKHART WWTP

Permittee Address: 229 SOUTH 2ND ST
ELKHART , IN46516

Facility: ELKHART WWTP

Facility Location: 1201 S NAPPANEE ST
ELKHART , IN46516

Permitted Feature: 035 - External Outfall

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

Report Dates & Status

Monitoring Period: From 10/01/25 to 10/31/25

DMR Due Date: 11/28/25

Status: NetDMR Validated

Considerations for Form Completion

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

Principal Executive Officer

First Name: Donn

Last Name: Neff

Title: Superintendent

Telephone: 574-293-2572

No Data Indicator (NODI)

Form NODI: -

Code	Par		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
00300	Oxygen, dissolved [DO]	Smpl.				=6.9			19 - mg/L		01/01 - Daily	3R - 3 Grabs/24 hours
	1 - Effluent Gross											
	Season: 0	Req.				>=4.0 DLYAVMIN			19 - mg/L		01/01 - Daily	3R - 3 Grabs/24 hours
	NODI: -	NODI										
00400	pH	Smpl.				=7.1		=7.7	12 - SU		01/01 - Daily	GR - Grab
	1 - Effluent Gross											
	Season: 0	Req.				>=6.0 DAILY MN		<=9.0 DAILY MX	12 - SU		01/01 - Daily	GR - Grab
	NODI: -	NODI										
00530	Solids, total suspended	Smpl.	=903.0	=1765.0	26 - lb/d		=10.0	=16.1	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
	1 - Effluent Gross											
	Season: 0	Req.	<=7511.0 MO AVG	<=11266.0 MX WK AV	26 - lb/d		<=30.0 MO AVG	<=45.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
	NODI: -	NODI										
00600	Nitrogen, total [as N]	Smpl.	=1419.0		26 - lb/d		=13.8		19 - mg/L		01/30 - Monthly	24 - 24 Hour Composite
	1 - Effluent Gross											
	Season: 0	Req.	Req Mon MO AVG		26 - lb/d		Req Mon MO AVG		19 - mg/L		01/30 - Monthly	24 - 24 Hour Composite
	NODI: -	NODI										
00610	Nitrogen, ammonia total [as N]	Smpl.	=11.3	=140.4	26 - lb/d		=0.36	=1.78	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
	1 - Effluent Gross											
	Season: 1	Req.	<=1051.0 MO AVG	<=2478.0 DAILY MX	26 - lb/d		<=4.2 MO AVG	<=9.9 DAILY MX	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
	NODI: -	NODI										
00665	Phosphorus, total [as P]	Smpl.	=47.0		26 - lb/d		=0.56		19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
	1 - Effluent Gross											
	Season: 0	Req.	Req Mon MO AVG		26 - lb/d		<=1.0 MO AVG		19 - mg/L		01/01 - Daily	24 - 24 Hour Composite

Code	Nar.		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
NODI: -			NODI									
01079	Silver total recoverable	Smpl.	=0.015	=0.017	26 - lb/d		=0.0002	=0.0002	19 - mg/L		01/07 - Weekly	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		Req.	<=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d		<=0.00038 MO AVG	<=0.00077 DAILY MX	19 - mg/L		01/07 - Weekly	24 - 24 Hour Composite
NODI: -			NODI									
01079	Silver total recoverable	Smpl.					=0.0005	=0.0013	19 - mg/L		02/30 - Twice Per Month	24 - 24 Hour Composite
G - Raw Sewage Influent												
Season: 0		Req.					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - 24 Hour Composite
NODI: -			NODI									
50050	Flow, in conduit or thru treatment plant	Smpl.	=9.517		03 - MGD						01/01 - Daily	TM - Totalizer
1 - Effluent Gross												
Season: 0		Req.	Req Mon MO AVG		03 - MGD						01/01 - Daily	TM - Totalizer
NODI: -			NODI									
51041	E. coli, colony forming units [CFU]	Smpl.					=15.0	=69.0	3Z - CFU/100mL		01/01 - Daily	GR - Grab
1 - Effluent Gross												
Season: 1		Req.					<=125.0 MO GEO	<=235.0 DAILY MX	3Z - CFU/100mL		01/01 - Daily	GR - Grab
NODI: -			NODI									
71901	Mercury, total recoverable	Smpl.										
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									
							C - No Discharge	C - No Discharge				

Submission No

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 or Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments**Attachments**

Name	Type	Size
IN0025674_WWTP_MRO_2025_10.pdf	pdf	1671064.0
IN0025674_CSO_MRO_2025_10.pdf	pdf	1671064.0

Report Last Saved By**ELKHART WWTP**

User: MATTHOGREBE
Name: Matt Hogrebe
E-Mail: mkhogrebe@gmail.com
Date/Time: 2025-11-26 13:28 (Time Zone:-05:00)

Report Last Signed By

User: MATTHOGREBE
Name: Matt Hogrebe
E-Mail: mkhogrebe@gmail.com
Date/Time: 2025-11-26 13:29 (Time Zone:-05:00)

Monthly E. Coli

October 2025

Date	Final Effi E Coli MPN
10/1/2025	68
10/2/2025	51
10/3/2025	55
10/4/2025	49
10/5/2025	14
10/6/2025	13
10/7/2025	32
10/8/2025	16
10/9/2025	15
10/10/2025	15
10/11/2025	6
10/12/2025	19
10/13/2025	14
10/14/2025	13
10/15/2025	20
10/16/2025	18
10/17/2025	15
10/18/2025	8
10/19/2025	69
10/20/2025	25
10/21/2025	17
10/22/2025	17
10/23/2025	8
10/24/2025	8
10/25/2025	6
10/26/2025	10
10/27/2025	3
10/28/2025	8
10/29/2025	12
10/30/2025	5
10/31/2025	8
Minimum	3
Maximum	69
Total	637
Average	21
Geo Mean	15
count	31

51041 CV2 is hi
samples abo

Monthly Metals

October 2025

Date	Raw Infl Flow MGD	Raw Silver mg/L	Final Effl Flow MGD	Final Silver mg/L	Final Silver Load
10/1/2025	9.710		8.770		
10/2/2025	9.580		8.680		
10/3/2025	9.560		8.470		
10/4/2025	9.270		7.890		
10/5/2025	9.380		7.960		
10/6/2025	9.960	0.00024	8.740	<0.0002	<0.015
10/7/2025	12.680		12.330		
10/8/2025	9.160		8.780		
10/9/2025	11.510		10.700		
10/10/2025	11.190		10.680		
10/11/2025	8.950		8.070		
10/12/2025	8.510		7.800		
10/13/2025	9.140		8.300	<0.0002	<0.014
10/14/2025	9.140	0.00026	8.380		
10/15/2025	9.410		8.400		
10/16/2025	9.390		8.720		
10/17/2025	9.580		8.740		
10/18/2025	12.600		12.760		
10/19/2025	13.380		14.670		
10/20/2025	12.790		12.760		
10/21/2025	10.050	0.0013	10.040	<0.0002	<0.017
10/22/2025	10.780		10.900		
10/23/2025	10.340		10.450		
10/24/2025	9.600		9.360		
10/25/2025	9.080		8.740		
10/26/2025	8.970		8.480		
10/27/2025	9.590	0.00026	9.110	<0.0002	<0.015
10/28/2025	9.830		9.460		
10/29/2025	9.630		9.190		
10/30/2025	9.610		9.090		
10/31/2025	9.440		8.620		
Minimum	8.510	0.00024	7.800	<0.0002	<0.014
Maximum	13.380	0.0013	14.670	<0.0002	<0.017
Average	10.058	0.0005	9.517	<0.0002	<0.015



City of Elkhart
Public Works and Utilities

Date Jan 05, 2026
Memo To Board of Public Works
Memo From Donn Neff, Superintendent
Subject Wastewater Utility Monthly Report of Operations
for the month of November, 2025

Wastewater MRO Highlights

Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	5	30
cBOD5 mg/L	2	25
Phosphorus mg/L	0.47	1.0
Ammonia mg/L	0.11	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	9.19	Design - 20
Total Monthly Flow MGD	276	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
11/4/25	537 W. Lexington	1808	Obstruction of Grease

Wet Weather Overflows

Number of Events	Total Overflow Volume (MG)
9	1.403

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

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Permit

Permit ID: IN0025674
Permittee: ELKHART WWTP
Facility: ELKHART WWTP
Permitted Feature: 035 - External Outfall
Report Dates & Status
Monitoring Period: From 11/01/25 to 11/30/25
Status: NetDMR Validated

Major:

Permittee Address: 229 SOUTH 2ND ST
ELKHART , IN46516
Facility Location: 1201 S NAPPANEE ST
ELKHART , IN46516
Discharge: 035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER
DMR Due Date: 12/28/25

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: Donn
Title: Superintendant
Last Name: Neff
Telephone: 574-293-2572

No Data Indicator (NODI)

Form NODI: -

Code	N	Value 1	Value 2	Units	ie 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
00300	Oxygen, dissolved [DO]										
	1 - Effluent Gross										
	Season: 0										
	NODI: -										
	Smpl.			=7.7				19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
	Req.			>=4.0 DLYAVMIN				19 - mg/L		01/01 - Daily	3R - 3 Grabs/24 hours
	NODI										
00400	pH										
	1 - Effluent Gross										
	Season: 0										
	NODI: -										
	Smpl.			=7.2		=8.5		12 - SU		01/30 - Monthly	CA - Calculated
	Req.			>=6.0 DAILY MN		<=9.0 DAILY MX		12 - SU		01/01 - Daily	GR - Grab
	NODI										
00530	Solids, total suspended										
	1 - Effluent Gross										
	Season: 0										
	NODI: -										
	Smpl.	=640.0	=1063.0	26 - lb/d		=8.0	=43.0	19 - mg/L		01/30 - Monthly	RT - Recorder Total
	Req.	<=7511.0 MO AVG	<=11266.0 MX WK AV	26 - lb/d		<=30.0 MO AVG	<=45.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
	NODI										
00600	Nitrogen, total [as N]										
	1 - Effluent Gross										
	Season: 0										
	NODI: -										
	Smpl.	=991.0		26 - lb/d		=13.2		19 - mg/L		01/30 - Monthly	24 - 24 Hour Composite
	Req.	Req Mon MO AVG		26 - lb/d		Req Mon MO AVG		19 - mg/L		01/30 - Monthly	24 - 24 Hour Composite
	NODI										
00610	Nitrogen, ammonia total [as N]										
	1 - Effluent Gross										
	Season: 1										
	NODI: -										
	Smpl.	=2.3	=8.0	26 - lb/d		=0.03	=0.09	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
	Req.	<=1051.0 MO AVG	<=2478.0 DAILY MX	26 - lb/d		<=4.2 MO AVG	<=9.9 DAILY MX	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
	NODI										
00665	Phosphorus, total [as P]										
	1 - Effluent Gross										
	Season: 0										
	NODI: -										
	Smpl.	=42.0		26 - lb/d		=0.56		19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
	Req.	Req Mon MO AVG		26 - lb/d		<=1.0 MO AVG		19 - mg/L		01/01 - Daily	24 - 24 Hour Composite

Code	N	Value 1	Value 2	Units	Ex 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
81012	Phosphorus, total percent removal										
	Smpl.			=88.1				23 - %		01/30 - Monthly	CA - Calculated
K - Percent Removal											
	Req.			>=75.0 MO AV MN				23 - %		01/30 - Monthly	CA - Calculated
	NODI: -										
82220	Flow, total										
	Smpl.	=273.0		80 - Mgal/mo						01/30 - Monthly	RT - Recorder Total
1 - Effluent Gross											
	Req.	Req Mon MO TOTAL		80 - Mgal/mo						01/30 - Monthly	RT - Recorder Total
	NODI: -										

Submission Note

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

Edit Check Errors

No errors.

Comments

Mercury sampled on 11/5/25 for December reporting

Attachments

Name	Type	Size
IN0025674_035a_MRO_2025_11.pdf	pdf	1898681.0
IN0025674_CSO_MRO_2025_11.pdf	pdf	5267084.0

Report Last Saved By

ELKHART WWTP

User: MATTHOGREBE
 Name: Matt Hoglebe
 E-Mail: mkhogrebe@gmail.com
 Date/Time: 2025-12-23 17:01 (Time Zone:-05:00)

Report Last Signed By

User: MATTHOGREBE
 Name: Matt Hoglebe
 E-Mail: mkhogrebe@gmail.com
 Date/Time: 2025-12-23 17:05 (Time Zone:-05:00)



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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart		Permit Number IN0025674	Outfall 035 A	
Month November	Year 2025	Plant Design Flow 20,000 mgd	Telephone Number 574-371-7778	
E-mail address: donn.neff@coei.org				
Certified Operator: Name Donn Neff		Class IV	Certificate Number WW027678	Expiration Date 06/30/2028

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 15.10	Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Sanitary Sewer Overflow ("X" If Occurred)	CHEMICALS USED			RAW SEWAGE							
								Chlorine - Lbs/day	Ferric Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l
1	Sat								241		9.070	7.8	234	17,701	170	12,859	4.84	24.50
2	Sun								245		8.850	7.8	172	12,695	132	9,743	2.87	20.40
3	Mon								245		9.760	8.0	192	15,628	170	13,838	4.04	19.30
4	Tue						X		217		9.460	7.7	204	16,095	190	14,990	5.52	24.70
5	Wed								245		9.620	7.9	165	13,238	216	17,330	5.56	26.70
6	Thu								245		9.250	7.8	199	15,352	200	15,429	4.88	25.60
7	Fri				0.32				288		10.920	7.9	242	22,040	252	22,950	4.40	23.00
8	Sat				0.14				285		9.170	8.0	155	11,854	278	21,261	5.64	22.20
9	Sun				0.37				230		10.480	7.9	132	11,537	152	13,285	2.50	16.80
10	Mon				0.15				202		9.010	7.8	232	17,433	204	15,329	4.28	19.90
11	Tue				0.09				259		9.610	7.8	150	12,022	168	13,465	4.48	24.40
12	Wed				3.55				217		10.500	7.9	184	16,113	324	28,373	8.54	24.30
13	Thu								230		9.790	8.1	179	14,615	202	16,493	4.40	23.80
14	Fri				4.61				217		9.540	7.8	214	17,027	192	15,276	5.00	25.20
15	Sat								230		9.350	7.9	178	13,880	154	12,009	5.67	26.50
16	Sun								217		9.190	7.9	182	13,949	128	9,811	3.60	22.50
17	Mon								251		9.460	7.9	205	16,174	222	17,515	4.24	21.80
18	Tue				0.11				235		10.290	7.9	192	16,477	202	17,335	6.27	27.50
19	Wed								231		9.670	7.9	163	13,146	246	19,839	5.38	25.90
20	Thu				0.02				194		9.780	7.9	146	11,909	192	15,661	4.44	28.30
21	Fri				5.30				228		9.860	7.9	197	16,200	240	19,736	4.68	27.00
22	Sat								216		9.310	8.0	199	15,451	232	18,014	4.68	24.80
23	Sun								244		9.180	7.9	189	14,470	138	10,565	3.82	20.10
24	Mon				0.03				240		9.950	7.9	188	15,601	250	20,746	5.08	22.60
25	Tue				0.27				274		11.040	8.0	210	19,335	300	27,622	5.16	25.00
26	Wed				0.05				269		9.520	8.1	185	14,688	234	18,579	4.56	25.90
27	Thu								260		8.840	8.0	160	11,796	132	9,732	4.32	24.00
28	Fri				0.06				271		8.740	7.9	132	9,622	142	10,351	3.61	21.60
29	Sat				0.01				270		8.740	8.0	154	11,225	128	9,330	3.61	24.60
30	Sun				0.02				329		9.320	7.9	201	15,623	134	10,416	3.61	20.90
31																		
Average					0.94				244		9.576		185	14,763	197	15,929	4.66	23.66
Maximum					5.30				329		11.040	8.1	242	22,040	324	28,373	8.54	28.30
Minimum					0.01				194		8.740	7.70	132	9,622	128	9,330	2.50	16.80

# of Data	16	0	5	0	30	0	30	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 Operator): <i>MATTHEW HYERBE</i>	Date (month, day, year) 12/23/25
Signature of principal executive officer or authorized agent <i>Donn Neff</i>	Date (month, day, year) 12/23/25

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

State Form 10829 (R10 / 12-24)

Name of Facility Chart	Permit Number IN0025674	For Month Of: November	Year 2025
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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	159	84	581	7,224	80	3.6	18	25.190	10,880						7.4		8.8	
2	109	92	633	6,256	101	3.7	18	25.180	11,660						7.3		8.8	
3	127	68	596	6,840	87	3.7	17	25.188	11,700					11	8.5		8.7	
4	178	102	518	6,668	78	3.8	17	25.157	11,700					13	7.4		7.7	
5	125	84	560	6,456	87	3.5	18	25.143	10,580					20	7.7		8.2	
6	144	140	598	6,388	94	3.7	18	25.096	9,760						7.8		8.3	
7	143	115	506	8,904	57	3.5		26.938	8,820						7.7		7.9	
8	97	116	498	7,020	71	3.4		24.999	8,140						7.8		8.2	
9	99	106	606	5,424	112	3.5	19	25.003	7,780						7.5		8.8	
10	135	126	529	5,200	102	3.4	16	24.935	8,880						7.5		8.5	
11	155	220	644	6,076	106	3.7	16	24.924	7,820						7.5		8.8	
12	225	472	641	6,716	95	3.2	17	24.941	10,480					7	7.5		8.8	
13	113	96	662	6,776	98	3.7	17	24.900	9,000					12	7.4		8.5	
14	137	92	618	5,732	108	3.1	17	24.858	9,080					6	7.6		8.9	
15	150	104	677	5,228	129	2.9	17	24.913	8,680						7.5		8.4	
16	136	118	700	5,812	120	3.5	17	24.846	8,980						7.6		8.8	
17	111	106	684	8,172	84	3.8	17	24.749	10,560					5	7.5		8.9	
18	155	212	692	6,088	114	3.8	17	24.750	8,080					7	7.5		8.6	
19	131	128	636	6,600	96	3.9	16	24.921	10,000					14	7.3		9.1	
20	169	216	720	6,936	104	3.7	16	25.176	10,180						7.6		8.8	
21	144	172	788	10,268	77	3.5	16	25.176	8,260						7.3		8.5	
22	106	90	698	8,016	87	3.7	17	25.196	9,640						7.4		8.6	
23	129	102	696	7,004	99	3.8	17	25.206	8,400						7.4		9.0	
24	128	228	662	7,568	87	3.9	16	25.204	10,740					7	7.6		9.0	
25	170	340	638	6,812	94	2.8	15	29.216	9,560					16	7.6		8.9	
26	146	244	696	8,096	86	3.2	15	25.120	7,460					11	7.5		8.6	
27	126	62	726	7,528	96	3.5	16	25.058	27,420						7.5		9.0	
28	165	324	750	7,404	101	3.8	15	25.044	10,260						7.5		9.2	
29	149	204	748	7,676	97	3.8	15	25.021	10,440						7.5		9.2	
30	137	186	780	7,684	102	4.0	15	25.055	11,060						7.2		9.1	
31																		
Avg.	140	158	649	6,952	95	3.6	17	25.237	10,200					10				
Max.	225	472	788	10,268	129	4.0	19	29.216	27,420					20	8.5			
Min.	97	62	498	5,200	57	2.8	15	24.749	7,460						7.20		7.7	
Daily Max															20			
# of Days above 235															0			
Data	30	30	30	30	30	30		30	30	0	0	0	0	12	30	30	0	0

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

State Form 10829 (R10 / 12-24)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	November	2025

Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Raw Influent (mg/L)	Ag - Final 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													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
1																
2																
3					0.0002	0.0002										
4			13.20	991												
5															11.9000	0.9800
6																
7																
8																
9																
10					0.0004	0.0002										
11																
12																
13																
14																
15																
16																
17					0.0002	0.0002										
18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30	193	14,100														
31																
Avg	193	14,100	13.20	991	0.0003	0.0002									11.90	0.98
Max					0.0004	0.0002									11.90	0.98
Min					0.0002	0.0002									11.90	0.98
Data	1	1	1	1	3	3	0	0	0	0	0	0	0	0	1	1

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

State Form 10829 (R10 / 12-24)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	November	2025

Substitute for State Form 30530

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

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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: November	Year 2025
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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	Sat	8.240		2		137		6		405		0.02		1.4		0.38	26
2	Sun	8.290		3		207		7		470		0.02		1.4		0.37	26
3	Mon	9.140		3		229		7		503		0.02		1.5		0.48	37
4	Tue	9.000		3		225		6		488		0.02		1.5		0.49	37
5	Wed	8.980		3		225		6		457		0.02		1.5		0.51	38
6	Thu	8.890		2		148		5		378		0.01		0.7		0.54	40
7	Fri	10.620		3		266		7		647		0.08		7.1		0.54	48
8	Sat	8.710	9.090	2	2.71	145	206	6	6.36	443	484	0.02	0.03	1.5	2	0.47	34
9	Sun	10.390		2		173		7		572		0.02		1.7		0.48	42
10	Mon	9.130		2		152		6		457		0.03		2.3		0.48	37
11	Tue	9.370		3		234		7		563		0.03		2.3		0.53	41
12	Wed	10.610		3		265		6		557		0.09		8.0		0.42	37
13	Thu	9.790		2		163		5		384		0.04		3.3		0.42	34
14	Fri	9.180		2		153		5		406		0.03		2.3		0.43	33
15	Sat	8.450	9.560	2	2.29	141	183	6	6.00	416	479	0.02	0.04	1.4	3	0.53	37
16	Sun	8.330		2		139		6		403		0.02		1.4		0.60	42
17	Mon	8.970		3		224		7		501		0.04		3.0		0.62	46
18	Tue	9.850		2		164		6		509		0.03		2.5		0.61	50
19	Wed	9.240		2		154		8		624		0.02		1.5		0.62	48
20	Thu	9.260		2		154		9		672		0.04		3.1		0.69	53
21	Fri	9.120		2		152		9		654		0.03		2.3		0.67	51
22	Sat	8.730	9.071	3	2.29	218	172	8	7.46	590	565	0.02	0.03	1.5	2	0.66	48
23	Sun	8.610		3		215		8		560		0.02		1.4		0.55	39
24	Mon	9.510		2		159		9		698		0.03		2.4		0.58	46
25	Tue	10.180		7		594		43		3,617		0.03		2.5		1.38	117
26	Wed	9.130		3		228		8		579		0.03		2.3		0.50	38
27	Thu	8.250		2		138		11		729		0.03		2.1		0.51	35
28	Fri	8.330		3		208		10		660		0.03		2.1		0.52	36
29	Sat	8.190	8.886	3	3.29	205	250	9	13.67	601	1,063	0.02	0.03	1.4	2	0.53	36
30	Sun	8.760		3		219		9		672		0.02		1.5		0.56	41
31																	
Avg		9.108		3		201		8		640		0.03		2.3		0.56	42
Max		10.620	10	7	3.29	594	250	43	13.67	3,617	1,063	0.09	0.04	8.0	3	1.4	117
Min																0.4	26
Data		30	4	30	4	30	4	30	4	30	4	30	4	30	4	30	30

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 273
Primary Treatment	24.16	19.8			
Secondary Treatment	NA	NA			Percent Capacity
Tertiary Treatment	98.1	94.7			(actual flow/design), 45.54
Overall Treatment	98.57	95.7	99.9	88.1	

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

State Form 10829 (R10 / 12-24)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	November	2025

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION												
	Primary Sludge Gal. x 1000	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	48.00	216.00	7.2		106			3.00	2.22	64.84	53.23				
2	48.01	216.00	7.2		104			3.41	2.26	66.50	54.41				
3	48.03	216.00	7.1		99			3.00	2.34	66.49	54.76				
4	47.91	216.00	7.1		99			3.17	2.28	66.84	53.85	90.20			
5	23.96	216.00	7.1		98			3.06	2.29	66.67	54.38	114.32			
6	47.76	216.00	7.1		98	17.685		3.19	2.27	66.85	54.26	113.23			
7	36.15	216.00	7.0		100			2.90	2.29	64.68	57.50				
8	48.82	216.00	7.1		99	10.611		3.18	2.31	65.84	55.10				
9	48.43	216.00	7.1		99			3.43	2.36	67.86	55.20				
10	49.10	216.00	7.1		98			3.10	2.26	67.44	53.85	100.14			
11	48.92	216.00	7.1		97			2.70	2.24	65.87	54.55				
12	49.11	216.00	7.1		98	42.444		3.03	2.05	64.25	51.85	66.75			
13	24.66	216.00	7.1		99			2.64	2.20	62.34	54.86	103.92			
14	49.32	216.00	7.2		97			3.03	2.16	62.50	55.32				
15	49.32	216.00	7.0		98			3.03	2.19	65.78	55.45				
16	50.02	216.00	7.1		97			2.86	2.20	67.26	55.78				
17	49.32	216.00	7.1		98	21.222		3.42	2.22	68.95	54.19				
18	49.32	216.00	7.1		97			3.01	2.21	66.15	55.70	97.34			
19	49.32	216.00	7.1		97			3.28	2.21	66.00	55.41	112.85			
20	49.32	216.00	7.1		97			3.10	2.15	65.82	55.90	114.23			
21	49.32	216.00	7.0		98			2.78	2.18	61.41	57.25				
22	49.31	216.00	7.1		98			3.00	2.18	65.54	56.25				
23	49.32	216.00	7.1		98			2.79	2.21	65.17	54.90				
24	26.98	216.00	7.1		97			2.86	2.16	65.15	56.25	101.09			
25	34.30	216.00	7.1		97			2.84	2.24	65.13	54.47				
26	39.19	216.00	7.1		97			3.12	2.08	62.32	53.33	112.36			
27	39.87	216.00	6.8		97			3.00	0.47	65.97	48.65				
28	39.46	216.00	7.0		97	21.222		2.87	2.19	65.66	57.32				
29	39.46	216.00	7.0		97			3.01	2.16	67.43	55.17				
30	42.57	216.00	7.2		96			3.24	2.10	67.82	55.10				
31															
Avg.	44.15	216.00			98	22.637		3.04	2.16	65.68	54.81	102.40			
Max.	50.02	216.00	7.2		106	42.444		3.43	2.36	68.95	57.50	114.32			
Min.															
Data	30	30	30	0	30	5	0	30	30	30	30	11	0	0	

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



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 1 of 9		Permit Number: IN0025574																
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																
Monitoring Period: November 2025		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	9.07	15.38					15 min													
2	8.85	11.11					15 min													
3	9.76	13.01					15 min													
4	9.46	11.87					15 min													
5	9.62	11.27					15 min													
6	9.25	11.18					15 min													
7	10.92	23.24	4:29 AM	2.67	0.32	0.60	15 min													
8	9.17	13.35	8:39 PM	2.53	0.14	0.12	15 min													
9	10.48	13.36	12:51 AM	16.97	0.37	0.12	15 min													
10	9.01	13.36	9:09 AM	6.08	0.15	0.16	15 min													
11	9.61	11.66	12:24 PM	11.42	0.09	0.08	15 min													
12	10.50	14.24	12:01 AM	22.08	3.55	13.32	15 min													
13	9.79	13.72					15 min													
14	9.54	11.14	4:06 PM	0.08	4.61	18.44	15 min													
15	9.35	11.02					15 min													
16	9.19	10.88					15 min													
17	9.46	11.36					15 min													
18	10.29	13.30	5:34 AM	7.87	0.11	0.12	15 min													
19	9.67	11.70					15 min													
20	9.78	11.57	8:34 AM	15.15	0.02	0.08	15 min													
21	9.86	11.51	12:29 AM	20.87	5.30	11.72	15 min	11:31 AM	M	0.18	M	0.0108	M	12:50 AM	M	0.08	M	0.1275	M	
22	9.31	10.87					15 min													
23	9.18	10.65					15 min													
24	9.95	13.60	10:39 PM	1.33	0.03	0.04	15 min													
25	11.04	19.66	2:19 AM	14.75	0.27	0.28	15 min													
26	9.52	11.36	1:19 AM	0.95	0.05	0.12	15 min													
27	8.84	11.25					15 min													
28	8.74	10.75	11:29 AM	4.78	0.06	0.04	15 min													
29	8.74	10.70	6:04 PM	0.08	0.01	0.04	15 min													
30	9.32	12.72	5:46 AM	12.80	0.02	0.04	15 min													
Totals:	287.27			140.41	15.10			1	Da	0.18		0.0108		1	Da	0.08		0.1275		
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent														Telephone						
Donn Neff, Utilities Plant Manager														(574) 322-4761						
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																				
Signature of Principal Executive Officer or Authorized Agent														Date (mm/dd/yy)						
<i>Donn Neff</i>														12/23/25						



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 2 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: November 2025										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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21							3:04 PM	M	0.08	M	0.0145	M							9:18 AM	M	0.33	M	0.0329	M
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Totals:	1	Da ys	0.08		0.0145		2	Da ys	0.16		0.4146		0	Da ys	0.00		0.0000		1	Da ys	0.33		0.0329	



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: November 2025										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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National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart							Page 4 of 9							Permit Number: IN0025574													
Facility: Elkhart Public Works & Utilities							Public Notification Requirements Met? Y																				
Monitoring Period: November 2025							Enter "x" if no CSO discharge occurred for the month:																				
Design Peak Flow (Hourly) (MGD): 44							Design Flow (MGD): 20							Measured/Metered (M) or Estimated (E) must be specified													
CSO Outfall No. 016							CSO Outfall No. 017							CSO Outfall No. 018							CSO Outfall No. 019						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
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National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 5 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: November 2025										Enter "x" if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 020						CSO Outfall No. 023						CSO Outfall No. 024					CSO Outfall No. 025								
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: November 2025										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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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: November 2025						Enter "x" if no CSO discharge occurred for the month:																		
Design Peak Flow (Hourly) (MGD): 44			Design Flow (MGD): 20			Measured/Metered (M) or Estimated (E) must be specified																		
CSO Outfall No. 031			CSO Outfall No. 032			CSO Outfall No. 033			CSO Outfall No. 034															
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E						
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20	7:44 PM	M	0.08	M	0.1092	M																		
21							3:12 PM	M	0.08	M	0.0145	M	11:59 AM	M	0.08	M	0.0567	M	8:00 AM	M	0.17	M	0.0113	M
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National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 8 of 9		Permit Number: IN0025574																			
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																					
Monitoring Period: November 2025		Enter "x" if no CSO discharge occurred for the month:																					
Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20		Measured/Metered (M) or Estimated (E) must be specified																			
CSO Outfall No. 037		CSO Outfall No. 039		CSO Outfall No. 040		CSO Outfall No.																	
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E					
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12	12:54 PM	M	0.08	M	0.1275	M																	
13	5:50 PM	M	0.08	M	0.0432	M																	
14	11:24 PM	M	0.08	M	0.1275	M							4:31 AM	M	0.08	M	0.0050	M					
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20	5:01 PM	M	0.17	M	0.2550	M																	
21													7:03 AM	M	0.17	M	0.0227	M					
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Totals:	4	Days	0.41		0.5532		0	Days	0.00		0.0000		2	Days	0.25		0.0277		0	Days	0.00		0.0000



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y	
Monitoring Period: November	2025	Enter "x" if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 44	Design Average Flow (MGD): 20		

Day of Month	Comments (further explanation as to why each CSO event occurred)
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Donn Neff, Plant 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>Donn Neff</i>		Date (mm/dd/yy) 12/23/25

Monthly Metals November 2025

Date	Raw Infl FLOW MGD	Raw Silver mg/L	Final Effl Flow MGD	Final Silver mg/L	Final Silver Load
11/1/2025	9.070		8.240		
11/2/2025	8.850		8.290		
11/3/2025	9.760	<0.0002	9.140	<0.0002	<0.015
11/4/2025	9.460		9.000		
11/5/2025	9.620		8.980		
11/6/2025	9.250		8.890		
11/7/2025	10.920		10.620		
11/8/2025	9.170		8.710		
11/9/2025	10.480		10.390		
11/10/2025	9.010	0.0004	9.130	<0.0002	<0.015
11/11/2025	9.610		9.370		
11/12/2025	10.500		10.610		
11/13/2025	9.790		9.790		
11/14/2025	9.540		9.180		
11/15/2025	9.350		8.450		
11/16/2025	9.190		8.330		
11/17/2025	9.460	<0.0002	8.970	<0.0002	<0.015
11/18/2025	10.290		9.850		
11/19/2025	9.670		9.240		
11/20/2025	9.780		9.260		
11/21/2025	9.860		9.120		
11/22/2025	9.310		8.730		
11/23/2025	9.180		8.610		
11/24/2025	9.950	0.00031	9.510	<0.0002	
11/25/2025	11.040		10.180		
11/26/2025	9.520		9.130		
11/27/2025	8.840		8.250		
11/28/2025	8.740		8.330		
11/29/2025	8.740		8.190		
11/30/2025	9.320		8.760		
Minimum	8.740	<0.0002	8.190	<0.0002	<0.015
Maximum	11.040	0.0004	10.620	<0.0002	<0.015
Average	9.576	<0.0003	9.108	<0.0002	<0.015

Month E. Coli

November 2025

Date	Final Effl E Coli MPN
11/1/2025	
11/2/2025	
11/3/2025	11
11/4/2025	13
11/5/2025	20
11/6/2025	
11/7/2025	
11/8/2025	
11/9/2025	
11/10/2025	
11/11/2025	
11/12/2025	7
11/13/2025	12
11/14/2025	6
11/15/2025	
11/16/2025	
11/17/2025	5
11/18/2025	7
11/19/2025	14
11/20/2025	
11/21/2025	
11/22/2025	
11/23/2025	
11/24/2025	7
11/25/2025	16
11/26/2025	11
11/27/2025	
11/28/2025	
11/29/2025	
11/30/2025	
Minimum	5
Maximum	20
Total	129
Average	11
Geo Mean	10
count	12

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samples abo