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 **Signing Process Confirmation - CDX Activity ID: _9c7cadb1-1e88-442f-a909-bb6bd198b458**

Your DMRs are undergoing the Signing Process

IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	01/31/25	02/28/25
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	01/31/25	02/28/25
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	01/31/25	02/28/25
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	01/31/25	02/28/25
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	01/31/25	02/28/25
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	01/31/25	02/28/25
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	01/31/25	02/28/25
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	01/31/25	02/28/25
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	01/31/25	02/28/25
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	01/31/25	02/28/25
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	01/31/25	02/28/25
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	01/31/25	02/28/25
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	01/31/25	02/28/25
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	01/31/25	02/28/25
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	01/31/25	02/28/25
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	01/31/25	02/28/25
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	01/31/25	02/28/25
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	01/31/25	02/28/25
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	01/31/25	02/28/25
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	01/31/25	02/28/25
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	01/31/25	02/28/25
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	01/31/25	02/28/25
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	01/31/25	02/28/25
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	01/31/25	02/28/25
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	01/31/25	02/28/25
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	01/31/25	02/28/25
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	01/31/25	02/28/25
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	01/31/25	02/28/25
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	01/31/25	02/28/25
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	01/31/25	02/28/25

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Permit

Permit ID: IN0025674
Permittee: ELKHART WWTP
Facility: ELKHART WWTP
Permitted Feature: 035 - External Outfall
Major: 229 SOUTH 2ND ST
ELKHART , IN46516
Permittee Address: 1201 S NAPPANEE ST
ELKHART , IN46516
Facility Location: 035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER
Discharge:
DMR Due Date: 02/28/25

Report Dates & Status

Monitoring Period: From 01/01/25 to 01/31/25
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
Last Name: Kolo
Telephone: 574-293-2572

No Data Indicator (NODI)

Form NODI: -

Code	Name	Value 1	Units	Value 1	Value 2	Value 3	Units	Value 3	Ex.	Analysis	Type
00300	Oxygen, dissolved [DO]	Smpl.		=9.1			19 - mg/L		0	01/01 - Daily	3R - 3 Grabs/24 hours
1 - Effluent Gross											
Season: 0	Req.			>=4.0 DLYAVMIN							3R - 3 Grabs/24 hours
NODI: -	NODI										
00400	pH	Smpl.		=7.0		=8.0	12 - SU		0	01/01 - Daily	GR - Grab
1 - Effluent Gross											
Season: 0	Req.			>=6.0 DAILY MN		<=9.0 DAILY MX	12 - SU			01/01 - Daily	GR - Grab
NODI: -	NODI										
00530	Solids, total suspended	Smpl.	=622.0	=2137.0	=6.0	=14.0	26 - lb/d		0	01/01 - Daily	24 - 24 Hour Composite
1 - Effluent Gross											
Season: 0	Req.	<=7511.0 MO AVG		<=11266.0 MX WK AV		<=30.0 MO AVG	26 - lb/d	<=45.0 MX WK AV		01/01 - Daily	24 - 24 Hour Composite
NODI: -	NODI										
00600	Nitrogen, total [as N]	Smpl.	=1855.0		=20.3		26 - lb/d		0	01/30 - Monthly	24 - 24 Hour Composite
1 - Effluent Gross											
Season: 0	Req.	Req Mon MO AVG		Req Mon MO AVG			26 - lb/d			01/30 - Monthly	24 - 24 Hour Composite
NODI: -	NODI										
00610	Nitrogen, ammonia total [as N]	Smpl.	=9.7	=83.1	=0.1	=0.68	26 - lb/d		0	01/01 - Daily	24 - 24 Hour Composite
1 - Effluent Gross											
Season: 2	Req.	<=1102.0 MO AVG		<=2554.0 DAILY MX		<=4.4 MO AVG	26 - lb/d	<=10.2 DAILY MX		01/01 - Daily	24 - 24 Hour Composite
NODI: -	NODI										
00665	Phosphorus, total [as P]	Smpl.	=61.0		=0.66		26 - lb/d		0	01/01 - Daily	24 - 24 Hour Composite
1 - Effluent Gross											
Season: 0	Req.	Req Mon MO AVG		<=1.0 MO AVG			26 - lb/d			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
81012	Phosphorus, total percent removal				=82.8			23 - %	0	01/30 - Monthly	CA - Calculated
	K - Percent Removal										
Season:	0				>=75.0 MO AV MN			23 - %		01/30 - Monthly	CA - Calculated
NODI:	-										
82220	Flow, total		=344.0	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:	-										

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_01.pdf	pdf	157003.0
IN0025674_035a_MRO_2025_01.pdf	pdf	1016853.0
IN0025674_CSO_MRO_2025_01.pdf	pdf	1589692.0

Report Last Saved By

ELKHART WWTP

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-02-26 14:04 (Time Zone:-05:00)

Report Last Signed By

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-02-26 14:04 (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 January	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= 1.20 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Sanitary Sewer Overflow ("X" If Occurred)	CHEMICALS USED			RAW SEWAGE									
							Chlorine - Lbs/day	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		
29	Sun								19.075										
30	Mon	Fill in December's effluent data on page 3 as necessary for correct weekly average calculations.							10.808										
31	Tue								10.575										
1	Wed			0.02				250	9.608	7.2	86	6,891	60	4,808	3.25	20.40			
2	Thu							213	9.842	6.9	136	11,163	134	10,999	3.49	20.60			
3	Fri							167	10.058	7.0	115	9,647	122	10,234	4.04	22.60			
4	Sat							198	9.950	7.0	133	11,037	152	12,613	4.04	22.10			
5	Sun							182	9.875	7.1	129	10,624	86	7,083	2.94	19.40			
6	Mon							144	10.777	7.2	102	9,168	140	12,583	4.04	19.10			
7	Tue							176	10.617	7.9	123	10,891	138	12,219	4.36	22.90			
8	Wed							137	10.617	7.9	125	11,068	138	12,219	4.40	22.50			
9	Thu							91	10.325	6.9	130	11,194	172	14,811	4.40	22.80			
10	Fri							228	10.617	7.0	132	11,688	122	10,803	3.99	23.70			
11	Sat			0.16				137	10.150	7.0	125	10,581	126	10,666	3.86	22.10			
12	Sun							380	10.066	7.0	136	11,417	110	9,235	3.31	21.10			
13	Mon							201	10.083	7.3	127	10,680	144	12,109	3.97	21.80			
14	Tue			0.01		X		245	10.142	7.6	164	13,872	154	13,026	5.72	27.60			
15	Wed			0.03				274	10.583	7.4	201	17,741	174	15,358	4.72	24.60			
16	Thu			0.01				228	10.483	7.3	127	11,103	172	15,038	3.95	23.80			
17	Fri			0.04				246	10.475	7.2	101	8,824	216	18,870	4.04	23.90			
18	Sat			0.01				288	10.400	7.7	103	8,934	88	7,633	3.55	22.60			
19	Sun							243	9.891	7.6	124	10,229	106	8,744	3.33	18.20			
20	Mon							231	10.283	7.5	110	9,434	130	11,149	2.98	18.30			
21	Tue							202	10.183	7.4	126	10,701	106	9,002	3.75	23.60			
22	Wed							243	10.575	7.4	101	8,908	134	11,818	3.78	22.80			
23	Thu			0.01				243	10.475	7.7	121	10,571	108	9,435	3.90	25.40			
24	Fri			0.01				258	10.283	7.5	160	13,722	148	12,693	3.75	26.10			
25	Sat			0.01				274	10.742	7.6	142	12,722	118	10,571	3.58	23.40			
26	Sun							243	9.825	7.5	141	11,554	84	6,883	3.04	20.40			
27	Mon							260	10.216	7.5	106	9,031	174	14,825	4.24	19.90			
28	Tue							230	10.416	7.4	150	13,030	126	10,946	3.78	22.20			
29	Wed							287	10.025	7.0	164	13,712	176	14,715	3.74	21.80			
30	Thu			0.26				125	10.833	7.8	133	12,016	154	13,913	3.61	18.60			
31	Fri			0.63				260	15.708	7.0	123	16,114	190	24,891	3.18	13.90			
Average				0.10				222	10.456		129	11,234	136	11,932	3.83	21.88			
Maximum				0.63				380	15.708	7.9	201	17,741	216	24,891	5.72	27.60			
Minimum				0.01				91	9.608	6.90	86	6,891	60	4,808	2.94	13.90			
# of Data				12	0	0	0	31	0	31	31	31	31	31	31	31	31	0	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.									Prepared by or under the direction of (Certified Operator): <i>Laura Kolo</i>				Date (month, day, year) 2/26/25						
									Signature of principal executive officer or authorized agent <i>Laura Kolo</i>				Date (month, day, year) 2/26/25						

**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: January	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	55	39	125	2,672	47	6.1	13	13.336	4,360						7.7	9.9		
2	84	59	110	3,136	35	5.4	13	13.267	4,560					15	7.0	10.2		
3	74	74	94	3,376	278	5.9	13	13.292	4,240						7.6	10.1		
4	74	59	115	3,012	38	5.3	13	13.266	4,440						7.4	9.4		
5	76	47	119	2,584	46	6.0	12	13.245	4,620						7.5	9.3		
6	80	59	125	2,292	55	5.5	13	13.238	4,900					44	7.8	9.6		
7	90	59	116	2,716	43	4.4	13	13.245	3,780					25	7.6	10.0		
8	103	64	117	2,760	42	5.5	13	13.259	4,580					77	7.0	10.1		
9	93	60	120	2,684	45	6.1	13	13.245	4,940						7.0	9.1		
10	95	64	104	3,456	30	5.8	13	13.249	5,380						7.5	9.1		
11	91	68	114	2,948	39	5.9	13	13.277	3,840						7.7	9.8		
12	92	53	102	3,504	29	5.0	15	13.284	4,380						7.0	9.3		
13	74	67	98	3,608	272	5.6	12	13.249	4,980					121	7.3	10.1		
14	87	59	117	2,504	47	5.4	12	13.265	4,720					183	7.6	9.8		
15	98	59	109	3,436	32	5.8	12	13.250	4,560					80	7.6	9.8		
16	92	72	106	3,076	34	4.1	13	13.299	4,140						7.0	9.9		
17	76	65	108	3,072	35	5.3	13	13.343	5,080						7.7	9.7		
18	88	66	112	3,040	37	5.3	13	13.328	4,780						7.0	9.9		
19	77	62	89	3,756	237	5.1	13	13.287	4,680						7.0	9.6		
20	83	54	105	2,996	35	5.6	12	13.235	6,160						7.7	9.4		
21	87	55	116	2,624	44	5.1	11	15.204	4,840					156	7.8	9.7		
22	72	65	93	2,932	317	4.7	11	16.240	4,500					137	7.0	9.9		
23	80	60	95	2,736	347	4.0	12	16.430	3,800					131	7.0	9.5		
24	98	62	98	2,624	373	5.0	13	16.451	4,680						7.0	9.8		
25	80	66	90	2,956	304	5.6	12	16.480	4,360						7.6	9.8		
26	101	60	89	2,556	348	5.5	12	16.452	4,120						7.0	10.6		
27	83	86	88	2,608	337	4.4	12	16.492	5,080					96	7.6	9.4		
28	86	78	93	2,192	424	3.6	12	16.509	4,620					131	7.6	9.6		
29	113	89	85	2,836	300	4.3	12	16.486	4,180					72	7.5	9.7		
30	123	79	108	2,588	42	4.0	13	16.454	4,500						8.0	10.2		
31	107	214	100	2,464	41	5.4	9	16.546	5,360						7.8	9.1		
Avg.	87	68	105	2,895	140	5.2	12	14.361	4,618					98				
Max.	123	214	125	3,756	424	6.1	15	16.546	6,160					183	8.0			
Min.	55	39	85	2,192	29	3.6	9	13.235	3,780						7.00	9.1		
Daily Max														183				
# of Days above 235														0				
Data	31	31	31	31	31	31	31	31	31	0	0	0	0	13	31	31		0

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

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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: January	Year 2025
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		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
29	Sun	22.158		3		554		6		1,183		0.19		35.1		0.79	146
30	Mon	9.749		3		244		6		480		0.09		7.3		0.56	46
31	Tue	10.308		3		258		5		438		0.07		6.0		0.74	64
1	Wed	9.199		2		153		5		376		0.06		4.6		0.82	63
2	Thu	10.205		3		255		5		434		0.07		6.0		1.00	85
3	Fri	10.028		3		251		6		468		0.06		5.0		0.82	69
4	Sat	10.027	11.668	3	2.86	251	281	6	5.51	468	550	0.07	0.09	5.9	10	0.77	64
5	Sun	10.318		3		258		5		430		0.07		6.0		0.59	51
6	Mon	10.760		4		359		4		368		0.06		5.4		0.68	61
7	Tue	10.832		3		271		5		443		0.07		6.3		0.74	67
8	Wed	11.122		3		278		6		557		0.07		6.5		0.98	91
9	Thu	11.018		3		276		7		643		0.07		6.4		0.87	80
10	Fri	10.642		3		266		6		488		0.07		6.2		0.70	62
11	Sat	10.371	10.723	3	3.14	259	281	5	5.39	450	483	0.07	0.07	6.1	6	0.71	61
12	Sun	10.261		3		257		6		496		0.06		5.1		0.56	48
13	Mon	10.957		3		274		6		512		0.06		5.5		0.62	57
14	Tue	10.807		2		180		6		577		0.06		5.4		0.59	53
15	Wed	10.918		3		273		5		492		0.05		4.6		0.76	69
16	Thu	10.994		3		275		6		568		0.07		6.4		0.49	45
17	Fri	11.131		3		278		6		585		0.06		5.6		0.40	37
18	Sat	10.613	10.812	3	2.86	266	258	6	6.01	566	542	0.07	0.06	6.2	6	0.47	42
19	Sun	10.180		3		255		6		509		0.07		5.9		0.58	49
20	Mon	11.354		3		284		6		587		0.06		5.7		0.59	56
21	Tue	11.175		3		280		7		671		0.07		6.5		0.60	56
22	Wed	11.644		3		291		7		670		0.07		6.8		0.69	67
23	Thu	11.494		3		288		6		594		0.10		9.6		0.66	63
24	Fri	11.079		3		277		8		702		0.16		14.8		0.56	52
25	Sat	11.352	11.183	3	3.00	284	280	7	6.73	663	628	0.07	0.09	6.6	8	0.53	50
26	Sun	10.548		4		352		7		616		0.06		5.3		0.46	40
27	Mon	11.572		3		290		7		676		0.14		13.5		0.54	52
28	Tue	11.554		3		289		7		713		0.18		17.3		0.56	54
29	Wed	10.921		4		364		8		692		0.10		9.1		0.65	59
30	Thu	13.080		5		545		10		1,135		0.13		14.2		0.70	76
31	Fri	17.790	12.578	8	5.00	1,187	505	14	9.86	2,137	995	0.68	0.18	83.1	24	0.68	101
Avg		11.095		3		312		6		622		0.10		9.7		0.66	61
Max		17.790	13	8	5.00	1,187	505	14	9.86	2,137	995	0.68	0.18	83.1	24	1.0	101
Min																0.4	37
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)	344
Primary Treatment	32.13	49.5				
Secondary Treatment	NA	NA				
Tertiary Treatment	96.3	90.5			Percent Capacity	
Overall Treatment	97.47	95.2	99.5	82.8	(actual flow/design)	0.55
					(th 7/26/25) 55%	

**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: January	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	26.86	208.80	7.5		98	14.148		4.29	1.70	76.39	58.59			
2	16.10	208.80	7.4		98	7.074		3.51	1.72	78.04	59.63	119.41		
3	27.66	208.80	7.4		98			4.24	1.72	75.00	57.80			
4	28.69	208.80	7.3		98	7.074		4.10	1.93	74.05	55.10			
5	16.82	208.80	7.4		97	42.444		5.09	1.69	74.16	57.94			
6	14.37	208.80	7.3		98			2.73	1.73	75.00	58.18	85.82		
7	28.65	208.80	7.3		98	14.148		3.49	1.74	74.37	56.80	119.82		
8	31.18	208.80	7.2		97			3.00	1.73	74.47	58.41	119.35		
9	32.94	208.80	7.3		98			3.53	1.74	73.77	57.03	102.47		
10	29.66	208.80	7.4		98			4.07	1.83	75.84	56.94			
11	30.06	208.80	7.3		97			4.53	1.82	77.39	59.05			
12	27.20	208.80	7.2		96	21.222		3.49	1.79	76.72	59.42			
13	29.95	208.80	7.2		96	31.833		3.28	1.74	79.72	59.38	67.95		
14	31.16	208.80	7.3		96			3.38	1.80	78.63	56.30	67.97		
15	37.41	231.84	7.3		96			3.17	1.70	71.57	57.60			
16	30.38	239.04	7.3		96	3.537		2.51	1.72	67.83	57.69	118.13		
17	31.18	239.04	7.4		96			2.69	1.77	68.22	55.75			
18	28.96	239.04	7.3		96	28.296		3.69	1.77	70.50	56.36			
19	23.78	239.04	7.3		98			3.21	1.79	73.16	56.35			
20	25.35	239.04	7.3		96	0.000		3.54	1.82	80.20	56.47			
21	32.16	239.04	7.4		96	0.000		4.00	1.83	77.66	55.81	119.51		
22	30.67	239.04	7.3		97			3.47	1.79	75.11	57.81	117.90		
23	28.28	239.04	7.2		97			3.32	1.94	75.61	56.92	118.69		
24	29.18	239.04	7.2		96			3.36	1.81	75.68	57.53			
25	30.17	239.04	7.4		97	7.074		3.12	1.90	76.74	57.89			
26	30.77	239.04	7.2		98	10.611		3.52	1.91	74.70	56.52			
27	30.55	239.04	7.3		93			3.70	1.92	79.57	57.75	117.97		
28	28.06	239.04	7.2		95			3.57	1.91	76.64	57.93	118.89		
29	22.80	239.04	7.3		98			3.90	1.95	75.85	57.89	77.42		
30	29.74	239.04	7.4		97			4.27	2.03	78.31	57.86	120.14		
31	30.03	239.04	7.3		97			4.85	2.08	72.20	58.67			
Avg.	28.09	225.15			97	14.420		3.63	1.82	75.26	57.53	106.09		
Max.	37.41	239.04	7.5		98	42.444		5.09	2.08	80.20	59.63	120.14		
Min.														
Data	31	31	31	0	31	13	0	31	31	31	31	15	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: January	Year 2025
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Substitute for State Form 30530

Day Of Month	Final Effluent				Ag - Influent mg/L	Ag - Effluent mg/L	Hg - Influent (ng/L)	Hg - Effluent (ng/L)	Cd - Influent (mg/L)	Cd - Effluent (mg/L)	Cr - Influent (mg/L)	Cr - Effluent (mg/L)	Cu - Influent (mg/L)	Cu - Effluent (mg/L)	Pb - Influent (mg/L)	Pb - Effluent (mg/L)
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day												
29																
30																
31																
1																
2																
3																
4																
5																
6																
7					0.00022	0.0002			0.0027	0.0002	0.0087	0.002	0.0549	0.0096	0.0012	0.001
8																
9																
10																
11																
12																
13			20.30	1,855	0.00037	0.0002										
14																
15							7.52	0.931								
16																
17																
18																
19																
20					0.0002	0.0002										
21	195	18,174														
22																
23																
24																
25																
26																
27					0.00022	0.0002										
28																
29																
30																
31																
Avg	195	18,174	20.30	1,855	0.0003	0.0002	7.5200	0.9310	0.0027	0.0002	0.0087	0.0020	0.0549	0.0096	0.0012	0.001
Max					0.00037	0.0002	7.5200	0.9310	0.0027	0.0002	0.0087	0.0020	0.0549	0.0096	0.0012	0.001
Min																
Data	1	1	1	1	4	4	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	Permit Number	For Month Of:	Year
Elkhart	IN0025674	January	2025
Substitute for State Form 30530			

Day Of Month	Ni - Influent (mg/L)	Ni - Effluent (mg/L)	Zn - Influent (mg/L)	Zn - Effluent (mg/L)	CN - Influent (mg/L)	CN - Effluent (mg/L)											
1																	
2																	
3																	
4																	
5																	
6																	
7	0.0199	0.0066	0.0549	0.0167													
8																	
9																	
10																	
11																	
12																	
13																	
14					0.02	0.005											
15																	
16																	
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27																	
28																	
29																	
30																	
31																	
Avg	0.0199	0.0066	0.0549	0.0167	0.020	0.005											
Max	0.0199	0.0066	0.0549	0.0167	0.020	0.005											
Min																	
Data	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0



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

City: Elkhart Page 1 of 9 Permit Number: IN0025574

Facility: Elkhart Public Works & Utilities Public Notification Requirements Met? Y

Monitoring Period: January 2025 Enter "x" if no CSO discharge occurred for the month: X

Design Peak Hourly Flow (MGD): 44 Design Average Flow (MGD): 20 Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data					CSO Outfall No. 005					CSO Outfall No. 006							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	9.61	11.50	12:26 AM	0.42	0.02	0.08	15 min													
2	9.84	11.50					15 min													
3	10.06	11.80					15 min													
4	9.95	11.50					15 min													
5	9.88	11.60					15 min													
6	10.78	12.00					15 min													
7	10.62	12.00					15 min													
8	10.62	13.00					15 min													
9	10.33	12.50					15 min													
10	10.62	12.10					15 min													
11	10.15	12.00	11:26 AM	5.50	0.16	0.16	15 min													
12	10.07	11.90					15 min													
13	10.08	11.50					15 min													
14	10.14	11.70	12:19 PM	0.08	0.01	0.04	15 min													
15	10.58	14.00	11:36 AM	1.33	0.03	0.04	15 min													
16	10.48	11.80	4:31 PM	0.08	0.01	0.04	15 min													
17	10.48	11.80	11:31 AM	2.17	0.04	0.04	15 min													
18	10.40	11.90	2:01 AM	6.38	0.01	0.04	15 min													
19	9.89	11.50					15 min													
20	10.28	13.50					15 min													
21	10.18	11.50					15 min													
22	10.58	11.90					15 min													
23	10.48	11.70	12:41 PM	0.25	0.01	0.04	15 min													
24	10.28	12.20	12:41 PM	0.08	0.01	0.04	15 min													
25	10.74	13.40	1:51 PM	0.08	0.01	0.04	15 min													
26	9.83	11.50					15 min													
27	10.22	12.40					15 min													
28	10.42	12.20					15 min													
29	10.03	11.50					15 min													
30	10.83	16.70	7:54 PM	3.45	0.26	0.16	15 min													
31	15.71	27.00	12:01 AM	18.05	0.63	0.20	15 min													
Totals:	324.12			37.87	1.20			0	Days	0.00		0.0000		0	Days	0.00		0.0000		

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: 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): 2/25/25



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: January 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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14	10:27 PM	M	0.67	M	0.0979	M																		
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30																								
31																								
Totals:	1	Da ys	0.67		0.0979		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 3 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: January 2025										Enter "x" if no CSO discharge occurred for the month: X															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 012					CSO Outfall No. 013					CSO Outfall No. 14B					CSO Outfall No. 015										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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31																									
Totals:	0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		



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

State Form 60546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 4 of 9					Permit Number: IN0025574								
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y													
Monitoring Period: January 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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29																							
30													9:59 PM	M	1.92	M	0.1160	M					
31													10:29 AM	M	5.18	M	0.2898	M					
Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		2	Days	7.10		0.4058		0	Days	0.00		0.0000



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

Slate Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 5 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: January 2025										Enter "x" if no CSO discharge occurred for the month: X														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 020					CSO Outfall No. 023					CSO Outfall No. 024					CSO Outfall No. 025									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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Totals:	0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: January 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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28																								
29																								
30																								
31							11:16 AM	M	0.08	M	0.0001	M												
Totals:	0	Da	0.00		0.0000		1	Da	0.08		0.0001		0	Da	0.00		0.0000		0	Da	0.00		0.0000	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: January 2025										Enter "x" if no CSO discharge occurred for the month: X														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 031					CSO Outfall No. 032					CSO Outfall No. 033					CSO Outfall No. 034									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																								
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National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

Slate Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 8 of 9					Permit Number: IN0025574								
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y													
Monitoring Period: January 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					
1																							
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30													10:11 PM	M	1.08	M	0.0176	M					
31	11:52 AM	M	0.33	M	0.0015	M							10:49 AM	M	2.47	M	0.0710	M					
Totals:	1	Da ys	0.33		0.0015		0	Da ys	0.00		0.0000		2	Da ys	3.55		0.0886		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: IN002574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: January Year: 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	
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14	precipitation
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29	
30	precipitation
31	precipitation

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Laura E. Kolo, Utilities Services Manager	Telephone 574-293-2572
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent <i>Laura E. Kolo</i>	Date (mm/dd/yy) 2/25/25



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: 07/15/23

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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) 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 007	(6) Date (mm/dd/yy) and Time Release Began 1/14/2025 10:27 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 1/14/2025 11:07 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) CSO 007	(9) Latitude (Deg Min Sec) 41° 41' 17" N	(9) Longitude (Deg Min Sec) 85° 58' 19" W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 97,910 Gallons			(11) WWTP Flow During Release 8.3 MGD	(12) WWTP Peak Design Flow Rate 60 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:		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input checked="" type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input checked="" type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event:		(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: Elkhart River	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input checked="" type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris Hooked up portable generator					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Look into quicker backup power					

(22)

CERTIFICATION AND SIGNATURE

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

SIGNATURE:

Bryan Cress

DATE (month, day, year): 1/15/2025

Individual Making Report (printed) Bryan Cress	Telephone Number (574) 293-2572	Contact Email bryan.cress@coei.org	Date (month, day, year) / Time IDEM Notified 1/15/2025 10:20	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
---	------------------------------------	---------------------------------------	---	---


City of Elkhart - Overflow Incident Report - 1/15/2025 - CSO 007

From Cress, Bryan <bryan.cress@coei.org>

Date Wed 1/15/2025 10:25 AM

To IDEM Wastewater Reports <wwreports@idem.in.gov>; lstack@idem.in.gov <lstack@idem.in.gov>

Cc Irwin, Tory <Tory.Irwin@coei.org>; Kolo, Laura <Laura.Kolo@coei.org>

 1 attachment (1 MB)

01152025 007 Overflow.pdf;

Please see the attached. I am available to answer any questions.

Bryan Cress

Regulatory Compliance Manager



1201 South Nappanee St.
Elkhart, IN 46516
(574) 293-2572 ext.2286

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

CONFIDENTIALITY NOTICE: This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance upon this message. If you have received this in error, please notify me immediately by return email and promptly delete this message and its attachments from your computer system.



City of Elkhart
Public Works and Utilities

January 8, 2025

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

RE: acceptance of compliance related communication

Dear Mr. Starks:

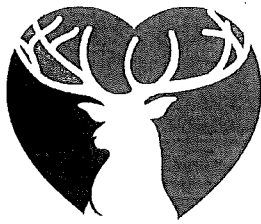
I will be out of the office beginning January 10, 2025 returning on January 27, 2025.

In my absence, please accept Bypass/Overflow Incident Reports submitted to wwreports@idem.in.gov from Bryan Cress or Tory Irwin during this time.

Thank you for your attention in this matter.

Sincerely,

Laura Kolo
Utility Services Manager
Elkhart Public Works



City of Elkhart
Public Works and Utilities

Date Mar 28, 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 February, 2025

Wastewater MRO Highlights

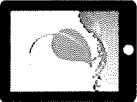
Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	8	30
cBOD5 mg/L	6	25
Phosphorus mg/L	0.65	1.0
Ammonia mg/L	0.40	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	9.41	Design - 20
Total Monthly Flow MGD	264	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
02/13/25	WWTP	N/A	Effluent not disinfected

Wet Weather Overflows

Number of Events	Total Overflow Volume (MG)
0	0



NetDMR

Network Discharge
Monitoring Report

Indiana DEM

Manage Access Requests	Search All DMRs & CORs Permits Users	Unscheduled DMRs Unscheduled DMRs	Import DMRs Perform Import Check Results	Update NODI Check Results	View Permits Users DMR Signing Status	Download Blank DMR Form
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Search: All DMRs & CORs DMRs Ready to Submit Permit ID Users

All DMRs & Copies of Record (CORs)

Use the following fields to search for DMRs and CORs. Leaving a field blank will instruct NetDMR not to filter on that field.

Permit ID:

Facility:

Permitted Feature:

Discharge:

Monitoring Period End
Date (MPED) Range: (mm/dd/yyyy)

Last 10 Logins

3/28/25	10:03 AM	30 DMRs submitted.
3/28/25	8:23 AM	-
3/17/25	12:46 PM	1 DMR submitted.
2/26/25	1:26 PM	30 DMRs submitted.
2/24/25	11:09 AM	1 DMR submitted.
1/27/25	3:24 PM	1 DMR submitted.
1/27/25	12:20 PM	1 DMR submitted.
1/27/25	11:29 AM	2 DMRs submitted.
1/27/25	11:13 AM	-
1/27/25	10:50 AM	1 DMR submitted.

Indiana DEM

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

DMR Copy of Submission

Expand Notices

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

Permit

Permit ID: IN0025674 **Major:** 229 SOUTH 2ND ST
ELKHART, IN46516
Permittee: ELKHART WWTP **Permittee Address:** 1201 S NAPPANEE ST
ELKHART, IN46516
Facility: ELKHART WWTP **Facility Location:** 035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER
Permitted Feature: 035 - External Outfall **Discharge:** 03/28/25
Report Dates & Status **DMR Due Date:** 03/28/25
Monitoring Period: From 02/01/25 to 02/28/25

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	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
00300	Oxygen, dissolved [DO]	Smpl.			=9.2			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: -										
00400	pH	Smpl.			=7.0		=8.3	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: -										
00530	Solids, total suspended	Smpl.	=656.0	26 - lb/d		=8.0		19 - mg/L	0	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: -										
00600	Nitrogen, total [as N]	Smpl.	=1611.0	26 - lb/d		=20.3		19 - mg/L	0	01/30 - Monthly	24 - 24 Hour Composite
	1 - Effluent Gross										
Season: 0	Req.	Req Mon MO AVG	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.	=32.4	26 - lb/d		=0.4	=3.66	19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
	1 - Effluent Gross										
Season: 2	Req.	<=1102.0 MO AVG	<=2554.0 DAILY MX	26 - lb/d		<=4.4 MO AVG	<=10.2 DAILY MX	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
	NODI: -										
00665	Phosphorus, total [as P]	Smpl.	=51.0	26 - lb/d		=0.65		19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
	1 - Effluent Gross										
Season: 0	Req.	Req Mon MO AVG	Req Mon MO AVG	26 - lb/d		<=1.0 MO AVG		19 - mg/L		01/01 - Daily	24 - 24 Hour Composite

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 result is from January sampling event per NPDES Permit

Attachments

Name	Type	Size
IN0025674_CS0_MRO_2025_02.pdf	pdf	1522885.0
IN0025674_035a_MRO_2025_02.pdf	pdf	827680.0
IN0025674_INC_RPT_2025_02.pdf	pdf	102387.0

Report Last Saved By

ELKHART WWTP

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-03-28 10:40 (Time Zone: -04:00)

Report Last Signed By

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-03-28 10:41 (Time Zone: -04:00)

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

State Form 10829 (R10 / 12-24)

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

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 0.55	Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Sanitary Sewer Overflow ("X" If Occurred)	CHEMICALS USED			RAW SEWAGE							
								Chlorine - Lbs/day	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								155		9.817	7.0	101	8,269	82	6,714	3.24	31.30
2	Sun			0.05					245		9.627	7.5	107	8,591	74	5,941	2.87	24.10
3	Mon								289		10.183	7.4	127	10,786	146	12,399	3.26	21.10
4	Tue										9.875	7.5	136	11,201	174	14,330	3.80	24.90
5	Wed								456		9.741	7.0	155	12,592	248	20,148	3.79	25.20
6	Thu			0.01					380		10.183	7.7	120	10,191	82	6,964	3.45	25.00
7	Fri								255		8.992	7.0	198	14,849	226	16,948	4.08	22.00
8	Sat								230		9.566	7.8	131	10,451	84	6,702	3.76	20.80
9	Sun			0.01					334		9.875	7.8	121	9,965	84	6,918	3.30	20.00
10	Mon			0.03							9.975	7.0	102	8,486	110	9,151	4.04	21.50
11	Tue			0.01					252		9.783	7.7	146	11,912	144	11,749	3.64	29.50
12	Wed								243		9.916	7.7	133	10,999	196	16,209	4.76	24.80
13	Thu						X		228		9.283	7.7	110	8,516	104	8,052	4.80	27.10
14	Fri								209		9.108	7.0	174	13,217	164	12,458	4.64	22.60
15	Sat			0.17					216		9.358	7.7	114	8,897	88	6,868	3.85	20.20
16	Sun			0.04					243		9.417	7.4	136	10,681	82	6,440	4.40	21.70
17	Mon								243		9.766	7.9	154	12,543	130	10,588	3.89	21.90
18	Tue			0.01					220		9.566	7.5	162	12,924	170	13,563	4.48	22.90
19	Wed								242		9.808	7.9	166	13,579	158	12,924	4.56	27.50
20	Thu								240		9.500	7.2	176	13,944	136	10,775	4.36	28.10
21	Fri			0.08					200		9.441	7.6	156	12,283	150	11,811	4.32	24.20
22	Sat			0.02					242		9.267	6.6	124	9,584	144	11,129	3.60	24.40
23	Sun			0.01					331		8.808	7.0	133	9,770	92	6,758	4.36	21.60
24	Mon								324		11.617	7.1	130	12,595	162	15,695	4.08	21.70
25	Tue			0.03					320		9.718	7.3	132	10,698	156	12,644	4.00	22.00
26	Wed			0.08					260		9.733	7.3	149	12,095	140	11,364	4.32	22.90
27	Thu								260		9.425	7.2	176	13,834	166	13,048	4.84	23.40
28	Fri								245		9.675	7.5	192	15,492	192	15,492	4.80	23.70
29																		
30																		
31																		
Average				0.04					264		9.679		141	11,391	139	11,207	4.05	23.79
Maximum				0.17					456		11.617	7.9	198	15,492	248	20,148	4.84	31.30
Minimum				0.01					155		8.808	6.55	101	8,269	74	5,941	2.87	20.00

# of Data			13	0	1	0	26	0	28	28	28	28	28	28	28	28	28	0
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator):	Date (month, day, year)
<i>Laura Kolo</i>	3/28/25
Signature of principal executive officer or authorized agent	Date (month, day, year)
<i>Laura Kolo</i>	3/28/25

**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: February	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	Susp. Solids - mg/l									
1	93	67	100	2,520	40	5.1	11	16.731	5,040						7.8		9.8	
2	91	64	84	2,808	299	6.1	12	16.528	4,720						7.0		10.1	
3	97	94	76	2,748	277	4.3	12	16.968	4,280					48	7.7		10.7	
4	93	58	90	2,056	438	4.4	12	16.473	4,060					111	7.7		9.5	
5	95	71	87	2,132	408	3.8	12	16.431	4,560					114	7.6		9.7	
6	123	66	92	2,216	415	4.2	12	16.483	3,560						7.6		9.6	
7	138	154	76	2,340	325	4.7	12	16.534	3,880						7.6		9.7	
8	106	72	73	2,384	306	5.6	12	16.567	3,660						7.7		9.8	
9	92	68	76	1,972	385	6.2	12	16.555	3,880						7.0		9.9	
10	103	92	64	2,424	264	5.5	12	16.591	4,040					10,462	7.5		10.1	
11	108	68	67	1,980	338	4.0	12	16.588	3,500					2,420	7.8		10.4	
12	99	70	65	2,704	240	4.1	12	16.551	3,540					24,196	7.0		10.3	
13	102	57	75	1,884	398	4.8	12	16.564	3,680					461	7.0		10.4	
14	114	85	69	2,028	340	6.4	12	16.589	3,740						7.7		10.5	
15	92	60	81	1,820	445	6.0	13	16.543	3,120						7.8		10.5	
16	91	54	67	1,848	363	6.6	11	16.550	3,060						7.5		10.1	
17	102	56	67	2,092	320	6.4	11	16.528	3,420					236	7.0		10.4	
18	102	68	66	2,380	277	5.2	11	16.527	3,900					206	8.3		10.9	
19	114	77	77	2,156	357	4.9	11	16.716	4,020					79	7.0		10.4	
20	120	72	70	2,100	333	3.0	11	16.473	3,900					32	7.7		9.2	
21	123	64	67	1,980	338	5.9	11	16.499	3,580						7.7		10.0	
22	94	72	63	2,556	246	5.7	11	16.528	3,000						7.0		9.8	
23	108	57	63	2,708	233	6.0	11	16.550	3,620						7.1		10.0	
24	104	91	70	2,332	300	3.7		16.562	4,060					15	7.3		10.2	
25	118	98	75	3,184	236	3.0		16.527	4,620					19	7.9		10.4	
26	114	72	78	3,156	247	5.3		16.601	4,040					10	7.7		9.6	
27	128	74	78	3,268	239	3.7		16.607	3,620						7.6		10.0	
28	125	96	86	2,368	363	4.9		16.578	2,260						7.0		9.4	
29																		
30																		
31																		
Avg.	107	75	75	2,362	313	5.0		16.569	3,799					2,744				
Max.	138	154	100	3,268	445	6.6		16.968	5,040					24,196	8.3			
Min.	91	54	63	1,820	40	3.0		16.431	2,260						7.00		9.2	
Daily Max														24196				
# of Days above 235														5				
Data	28	28	28	28	28	28		28	28	0	0	0	0	14	28	28	0	

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

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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of February	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	9.333		8		623		15		1,183		0.10		7.8		0.69	54
2	Sun	9.481		6		474		10		822		0.08		6.3		0.88	70
3	Mon	9.514		5		397		9		722		0.08		6.3		0.82	65
4	Tue	9.516		5		397		10		794		0.11		8.7		0.93	74
5	Wed	9.676		4		323		9		694		0.28		22.6		0.84	68
6	Thu	9.737		6		487		12		974		0.14		11.4		0.58	47
7	Fri	9.830		6		492		10		820		0.08		6.6		0.59	48
8	Sat	8.817	9.510	6	5.43	441	430	8	9.70	574	771	0.07	0.12	5.1	10	0.62	46
9	Sun	8.769		6		439		9		658		0.08		5.9		0.60	44
10	Mon	10.000		19		1,585		11		884		0.08		6.7		0.74	62
11	Tue	10.020						8		652		0.49		40.9		0.63	53
12	Wed	8.943		9		671		10		731		0.60		44.8		0.73	54
13	Thu	8.728		7		510		10		699		0.72		52.4		0.76	55
14	Fri	8.881		6		444		10		770		0.15		11.1		0.74	55
15	Sat	9.620	9.280	5	8.67	401	675	8	9.37	674	724	0.09	0.32	7.2	24	0.71	57
16	Sun	8.469		5		353		6		424		0.11		7.8		0.85	60
17	Mon	8.467		6		424		8		544		0.08		5.6		0.80	56
18	Tue	9.075		7		530		8		628		0.14		10.6		0.66	50
19	Wed	9.200		6		460		8		614		0.97		74.4		0.67	51
20	Thu	9.670		6		484		9		702		3.66		295.2		0.67	54
21	Fri	9.630		5		402		8		643		0.84		67.5		0.53	43
22	Sat	8.843	9.051	4	5.57	295	421	6	7.56	457	573	0.22	0.86	16.2	68	0.44	32
23	Sun	8.597		3		215		6		402		0.08		5.7		0.41	29
24	Mon	11.290		4		377		6		546		0.78		73.4		0.46	43
25	Tue	10.050		4		335		6		469		0.40		33.5		0.46	39
26	Wed	9.670		3		242		5		435		0.08		6.5		0.47	38
27	Thu	10.020		4		334		5		451		0.61		51.0		0.49	41
28	Fri	9.770	9.721	3	3.57	244	291	5	5.41	416	440	0.21	0.32	17.1	28	0.53	43
29																	
30																	
31																	
Avg		9.415		6		458		8		656		0.40		32.4		0.65	51
Max		11.290	10	19	8.67	1,585	675	15	9.70	1,183	771	3.66	0.86	295.2	68	0.9	74
Min																0.4	29
Data		28	4	27	4	27	4	28	4	28	4	28	4	28	4	28	28

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:	
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)	264
Primary Treatment	24.54	46.0				
Secondary Treatment	NA	NA			Percent Capacity (actual flow/design)	47.07
Tertiary Treatment	94.5	88.8				
Overall Treatment	95.86	93.9	98.3	83.8		
2/11/25 Final Effl BOD fully depleted						

**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	February	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	27.50	263.52	7.3		97	24.759		5.09	2.13	71.75	56.33			
2	26.33	263.52	7.3		71			4.83	2.27	74.29	59.15			
3	27.76	264.96	7.3		97			4.98	2.25	76.42	58.75	76.13		
4	33.92	263.52	7.4		93	14.148		3.43	2.26	73.22	57.67	70.47		
5	28.78	263.52	7.3		97			4.62	2.15	72.10	57.14	119.49		
6	31.59	263.52	7.3		97			4.43	2.25	76.49	56.56	76.94		
7	33.82	288.00	7.3		97			4.25	2.29	75.27	56.67			
8	28.78	290.88	7.3		97	0.000		2.92	2.32	78.65	57.04			
9	26.57	290.88	7.3		92	38.907		4.40	2.32	79.84	57.23			
10	27.55	290.88	7.4		93	3.537		4.66	2.39	77.22	57.59			
11	26.77	290.88	7.4		97	3.537		4.41	2.31	79.95	55.12	119.34		
12	29.57	288.00	7.4		91	7.074		4.02	2.32	78.87	56.12	118.78		
13	28.21	244.80	7.3		96	17.685		4.11	2.34	79.37	53.47	119.02		
14	31.05	244.80	7.3		94			3.86	2.30	75.58	58.70			
15	29.58	220.32	7.3		96	21.222		4.21	2.33	73.45	57.69			
16	30.57	216.00	7.5		96	0.000		4.29	2.27	78.61	56.40			
17	25.46	216.00	7.4		96	42.444		3.93	2.23	81.71	56.38			
18	27.08	216.00	7.4		96			3.90	2.14	84.74	57.66	76.22		
19	26.58	216.00	7.3		96	3.537		2.75	2.13	75.27	57.89	118.21		
20	30.63	216.00	7.4		95			3.39	2.06	73.17	57.60	117.90		
21	29.29	216.00	7.4		96	0.000		3.72	2.03	74.01	57.25			
22	30.41	216.00	7.2		96	0.000		3.21	2.02	73.28	58.27			
23	29.59	216.00	7.3		96	24.759		3.69	2.07	72.73	55.77			
24	28.98	216.00	7.3		92			3.87	1.97	76.24	57.42	76.46		
25	31.67	216.00	7.4		96	24.759		2.82	1.97	75.68	57.55	76.93		
26	31.75	216.00	7.4		97			3.53	1.91	73.98	58.10			
27	29.58	290.88	7.3		97			4.89	1.92	75.82	56.82	117.20		
28	28.58	221.76	7.3		97			4.57	1.91	74.90	57.89			
29														
30														
31														
Avg.	29.21	247.17			95	14.148		4.03	2.17	76.16	57.15	98.70		
Max.	33.92	290.88	7.5		97	42.444		5.09	2.39	84.74	59.15	119.49		
Min.														
Data	28	28	28	0	28	16	0	28	28	28	28	13	0	0

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

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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: February	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)												
	Chloride		Total Nitrogen															
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day														
1																		
2																		
3			20.30	1,611	0.00029	0.0002												
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11					0.00033	0.0002												
12																		
13																		
14																		
15	221	17,731																
16																		
17					0.00067	0.0002												
18																		
19																		
20																		
21																		
22																		
23																		
24					0.00068	0.0002												
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg	221	17,731	20.30	1,611	0.00049	0.0002												
Max					0.00068	0.0002												
Min																		
Data	1	1	1	1	4	4	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	Permit Number	For Month Of:	Year
Elkhart	IN0025674	February	2025

Substitute for State Form 30530

Day Of Month																			
1																			
2																			
3																			
4																			
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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



NONCOMPLIANCE 24-HOUR NOTIFICATION REPORT

State Form 52415 (R / 10-13)
Indiana Department of Environmental Management
Office of Water Quality

INSTRUCTIONS: Complete all sections of this form and email it to Office of Water Quality, Compliance Data Section at wwreports@idem.IN.gov. Thorough completion of this report will satisfy the Office of Water Quality (OWQ) telephone and 5-day written noncompliance notification reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317) 232-8670.

Additionally, any noncompliance which may pose a significant danger to human health or the environment (including a fish kill) must be immediately reported to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

FACILITY INFORMATION		
Facility Name Elkhart Wastewater Treatment Plant	County Elkhart	NPDES Permit Number IN0025674
Individual Reporting Bryan Cress	Telephone Number 574-293-2572	Reporting Date (month, day, year) 2/13/2025
Email Address bryan.cress@coei.org		

NONCOMPLIANCE INFORMATION				
Date (month, day, year)	Outfall	Parameter	Permit Limit (Units/Daily/Weekly/Ave/Max/Min)	Monitored Value
2/13/2025	035	E. Coli	NA	NA
Date (month, day, year)	Outfall	Parameter	Permit Limit (Units/Daily/Weekly/Ave/Max/Min)	Monitored Value

Description of the Noncompliance and its Cause:
The City of Elkhart failed to provide year-round effluent disinfection at its wastewater treatment plant due to a maintenance error. The active UV channel was left closed and the inactive disinfection channel was left open resulting in the effluent not being disinfected.

Description of the Period of Noncompliance, Including Exact Dates and Time, and if the Noncompliance has not been Corrected, the Anticipated Time it is Expected to Continue:
The maintenance error that caused the lack of disinfection was believed to have started at some point during the work day on February 10 and continued until the error was noticed on the morning of February 13 and quickly thereafter corrected by approximately 8AM on February 13.

Steps Taken or Planned to Reduce, Eliminate, and Prevent Reoccurrence of the Noncompliance:
Additional training of Maintenance personnel and possible revision of SCADA alarms

CERTIFICATION AND SIGNATURE	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
SIGNATURE: <u>Bryan Cress</u>	DATE (month, day, year): <u>2/13/2025</u>


Noncompliance Notification Report - 02132025 - City of Elkhart - IN0025674

From Cress, Bryan <bryan.cress@coei.org>

Date Thu 2/13/2025 9:21 AM

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

Cc Irwin, Tory <Tory.Irwin@coei.org>; Kolo, Laura <Laura.Kolo@coei.org>

 1 attachment (72 KB)

Noncompliance Notification Report - 02132025 - City of Elkhart - IN0025674.pdf;

Please see the attached report of noncompliance.

Thank you,
Bryan Cress
Regulatory Compliance Manager



1201 South Nappanee St.
Elkhart, IN 46516
(574) 293-2572 ext.2286



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

CONFIDENTIALITY NOTICE: This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance upon this message. If you have received this in error, please notify me immediately by return email and promptly delete this message and its attachments from your computer system.



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

City: Elkhart			Page 1 of 9			Permit Number: IN0025574														
Facility: Elkhart Public Works & Utilities			Public Notification Requirements Met? Y																	
Monitoring Period: February 2025			Enter "x" if no CSO discharge occurred for the month: X																	
Design Peak Hourly Flow (MGD): 44			Design Average Flow (MGD): 20			Measured/Metered (M) or Estimated (E) must be specified														
WWTP Influent Data			Precipitation Data					CSO Outfall No. 005			CSO Outfall No. 006									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	9.82	11.00					15 min													
2	9.63	12.20	1:04 PM	3.70	0.05	0.04	15 min													
3	10.18	11.60					15 min													
4	9.88	11.50					15 min													
5	9.74	11.40					15 min													
6	10.18	13.20	12:41 PM	2.42	0.01	0.04	15 min													
7	8.99	11.50					15 min													
8	9.57	11.30					15 min													
9	9.88	11.80	5:21 PM	0.08	0.01	0.04	15 min													
10	9.98	11.90	12:16 PM	3.17	0.03	0.04	15 min													
11	9.78	11.70	12:46 PM	0.08	0.01	0.04	15 min													
12	9.92	10.60					15 min													
13	9.28	10.60					15 min													
14	9.11	10.60					15 min													
15	9.36	11.20	12:04 PM	6.20	0.17	0.08	15 min													
16	9.42	11.50	11:39 AM	4.03	0.04	0.04	15 min													
17	9.77	11.40					15 min													
18	9.57	11.10	11:21 AM	0.08	0.01	0.04	15 min													
19	9.81	10.80					15 min													
20	9.50	11.10					15 min													
21	9.44	11.20	11:01 AM	6.00	0.08	0.04	15 min													
22	9.27	11.10	1:11 PM	2.58	0.02	0.04	15 min													
23	8.81	10.60	12:51 PM	0.08	0.01	0.04	15 min													
24	11.62	17.60					15 min													
25	9.72	11.80	12:26 AM	2.50	0.03	0.04	15 min													
26	9.73	11.90	8:51 AM	1.17	0.08	0.12	15 min													
27	9.43	11.00					15 min													
28	9.68	11.20					15 min													
29																				
Totals:	271.02			32.09	0.55			0	Days	0.00		0		0	Days	0.00		0		



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 2 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: February 2025										Enter "x" if no CSO discharge occurred for the month: X															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 007						CSO Outfall No. 008						CSO Outfall No. 009						CSO Outfall No. 011							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1																									
2																									
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28																									
29																									
Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		

FAULTY SENSOR



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 3 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: February 2025										Enter "x" if no CSO discharge occurred for the month: X															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 012						CSO Outfall No. 013						CSO Outfall No. 14B						CSO Outfall No. 015							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: February 2025										Enter "x" if no CSO discharge occurred for the month: X														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 026					CSO Outfall No. 027					CSO Outfall No. 028					CSO Outfall No. 029									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: February 2025					Enter "X" if no CSO discharge occurred for the month: X																				
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 031						CSO Outfall No. 032						CSO Outfall No. 033						CSO Outfall No. 034							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 8 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: February 2025										Enter "X" if no CSO discharge occurred for the month: X														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 037					CSO Outfall No. 039					CSO Outfall No. 040					CSO Outfall No.									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R4 / 9-15)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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

Day of Month	Comments (further explanation as to why each CSO event occurred)
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Laura E. Kolo, Utilities Services Manager	Telephone 574-293-2572
---	---------------------------

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

Signature of Principal Executive Officer or Authorized Agent <i>Laura E. Kolo</i>	Date (mm/dd/yy) 03/28/25
--	-----------------------------

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 **Signing Process Confirmation - CDX Activity ID: _3da98e0a-064a-4a50-a252-240885936133**

Your DMRs are undergoing the Signing Process

IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	03/31/25	04/28/25
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	03/31/25	04/28/25
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	03/31/25	04/28/25
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	03/31/25	04/28/25
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	03/31/25	04/28/25
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	03/31/25	04/28/25
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	03/31/25	04/28/25
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	03/31/25	04/28/25
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	03/31/25	04/28/25
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	03/31/25	04/28/25
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	03/31/25	04/28/25
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	03/31/25	04/28/25
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	03/31/25	04/28/25
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	03/31/25	04/28/25
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	03/31/25	04/28/25
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	03/31/25	04/28/25
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	03/31/25	04/28/25
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	03/31/25	04/28/25
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	03/31/25	04/28/25
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	03/31/25	04/28/25
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	03/31/25	04/28/25
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	03/31/25	04/28/25
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	03/31/25	04/28/25
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	03/31/25	04/28/25
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	03/31/25	04/28/25
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	03/31/25	04/28/25
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	03/31/25	04/28/25
IN0025674	ELKHART WWTP	035	035-AQ	QUARTERLY REPORTING	03/31/25	04/28/25
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	03/31/25	04/28/25
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	03/31/25	04/28/25
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	03/31/25	04/28/25

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DMR Copy of Submission

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

Permit

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

Report Dates & Status

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

Status: NetDMR Validated

DMR Due Date: 04/28/25

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

No Data Indicator (NODI)

Form NODI: -

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0025674_035a_MRO_2025_03.pdf	pdf	749538.0
IN0025674_CSO_MRO_2025_03.pdf	pdf	1311606.0
IN0025674_INC_RPT_2025_03_4.pdf	pdf	130346.0
IN0025674_INC_RPT_2025_03_3.pdf	pdf	146177.0
IN0025674_INC_RPT_2025_03_2.pdf	pdf	121329.0
IN0025674_INC_RPT_2025_03_1.pdf	pdf	127982.0

Report Last Saved By

ELKHART WWTP

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-04-14 13:56 (Time Zone: -04:00)

Report Last Signed By

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-04-14 13:57 (Time Zone: -04:00)

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DMR Copy of Submission

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

Permit

Permit ID: IN0025674 **Major:** 229 SOUTH 2ND ST
ELKHART, IN46516
Permittee: ELKHART WWTP **Permittee Address:** ELKHART, IN46516
Facility: ELKHART WWTP **Facility Location:** 1201 S NAPPANEE ST
ELKHART, IN46516
Permitted Feature: 035 - External Outfall **Discharge:** 035-AQ - QUARTERLY REPORTING
Report Dates & Status **DMR Due Date:** 04/28/25
Monitoring Period: From 01/01/25 to 03/31/25

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

No Data Indicator (NODI)

Form NODI: -

Code	Name	Value 1	Units	Value 1	Value 2	Value 2	Value 3	Units	Ex.	Analysis
00717	Cyanide, free [as free]		26 - lb/d	=0.4507			=0.005	19 - mg/L	0	01/90 - Quarterly
	1 - Effluent Gross									GR - Grab
Season: 0		Req Mon DAILY MX	26 - lb/d				Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly
	NODI: -									GR - Grab
00717	Cyanide, free [as free]						=0.02	19 - mg/L	0	01/90 - Quarterly
	G - Raw Sewage Influent									GR - Grab
Season: 0		Req.					Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly
	NODI: -									GR - Grab
01074	Nickel, total recoverable		26 - lb/d	=0.596			=0.0066	19 - mg/L	0	01/90 - Quarterly
	1 - Effluent Gross									24 - 24 Hour Composite
Season: 0		Req.	26 - lb/d				Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly
	NODI: -									24 - 24 Hour Composite
01074	Nickel, total recoverable						=0.0199	19 - mg/L	0	01/90 - Quarterly
	G - Raw Sewage Influent									24 - 24 Hour Composite
Season: 0		Req.					Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly
	NODI: -									24 - 24 Hour Composite
01094	Zinc, total recoverable		26 - lb/d	=1.509			=0.0167	19 - mg/L	0	01/90 - Quarterly
	1 - Effluent Gross									24 - 24 Hour Composite
Season: 0		Req.	26 - lb/d				Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly
	NODI: -									24 - 24 Hour Composite
01094	Zinc, total recoverable						=0.0549	19 - mg/L	0	01/90 - Quarterly
	G - Raw Sewage Influent									24 - 24 Hour Composite
Season: 0		Req.					Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly
	NODI: -									24 - 24 Hour Composite
01113	Cadmium, total recoverable		26 - lb/d	=0.0549			<0.0002	19 - mg/L	0	01/90 - Quarterly
	1 - Effluent Gross									24 - 24 Hour Composite
Season: 0		Req.	26 - lb/d				Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly
	NODI: -									24 - 24 Hour Composite

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis
NODI: -	NODI									
01119	Copper, total recoverable									
	G - Raw Sewage Influent									
Season: 0										
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: 2025-04-14 10:35 (Time Zone: -04:00)

Report Last Signed By

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2025-04-14 13:57 (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 March	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= 5.77 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Sanitary Sewer Overflow ("X" If Occurred)	CHEMICALS USED			RAW SEWAGE								
							Chlorine - Lbs/day	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								238		9.310	7.3	120	9,317	80	6,212	3.72	20.90
2	Sun								216		8.517	7.5	105	7,458	82	5,825	3.71	19.80
3	Mon								234		9.683	7.3	131	10,579	162	13,083	4.68	25.00
4	Tue			1.63					230		18.241	7.1	85	12,931	310	47,160	5.44	18.10
5	Wed			0.35					275		15.183	7.3	98	12,409	114	14,435	3.52	17.40
6	Thu			0.02					277		10.791	6.8	225	20,249	170	15,299	10.90	21.60
7	Fri			0.07					260		10.080	6.5	143	12,022	132	11,097	5.60	21.10
8	Sat			0.03		X			331		9.136	7.3	125	9,524	122	9,296	3.70	19.60
9	Sun								330		9.617	7.0	116	9,304	78	6,256	3.57	17.80
10	Mon								322		10.580	7.2	116	10,236	158	13,941	4.08	20.80
11	Tue								330		9.242	7.3	111	8,556	104	8,016	4.08	23.00
12	Wed								289		10.330	7.4	122	10,511	118	10,166	3.72	21.60
13	Thu								281		10.383	7.2	164	14,201	166	14,375	4.20	22.10
14	Fri								300		10.660	7.1	123	10,935	106	9,424	3.81	23.40
15	Sat			0.60					302		11.258	7.2	120	11,267	104	9,765	4.84	20.20
16	Sun			0.63					302		14.992	7.5	93	11,628	88	11,003	2.42	11.60
17	Mon			0.01		X			292		11.200	7.2	83	7,753	90	8,407	3.04	18.40
18	Tue					X			289		11.000	7.5	119	10,917	106	9,724	3.87	23.40
19	Wed			0.46		X			286		13.075	7.5	117	12,758	190	20,719	3.50	23.20
20	Thu			0.12					286		13.625	7.5	99	11,250	104	11,818	3.38	22.90
21	Fri								274		11.500	7.3	104	9,975	100	9,591	3.46	19.90
22	Sat								266		11.000	7.6	96	8,807	102	9,357	3.02	15.10
23	Sun			0.10					346		11.108	7.7	89	8,245	68	6,300	2.38	15.20
24	Mon								301		11.758	7.7	83	8,139	112	10,983	3.20	19.60
25	Tue								288		11.358	7.7	108	10,230	104	9,851	5.04	21.40
26	Wed								280		11.423	7.6	108	10,289	118	11,242	3.80	22.80
27	Thu								282		11.667	7.8	148	14,401	138	13,428	4.56	22.00
28	Fri			0.83					288		16.200	7.2	142	19,185	286	38,641	3.75	15.10
29	Sat			0.47					285		15.075	7.7	81	10,184	86	10,812	2.31	13.20
30	Sun			0.44					228		16.033	7.7	89	11,901	92	12,302	1.93	11.40
31	Mon			0.01					274		12.670	7.5	84	8,876	108	11,412	2.86	17.30
Average				0.38					283		11.829		114	11,098	126	12,901	3.94	19.51
Maximum				1.63					346		18.241	7.8	225	20,249	310	47,160	10.90	25.00
Minimum				0.01					216		8.517	6.50	81	7,458	68	5,825	1.93	11.40

# of Data		15	0	4	0	31	0	31	31	31	31	31	31	31	31	31	0
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): <i>Laura Wlo</i>	Date (month, day, year) <i>4/14/25</i>
Signature of principal executive officer or authorized agent <i>Laura Wlo</i>	Date (month, day, year) <i>4/14/25</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 March	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	106	66	90	3,424	263	7.0	11	16.563	4,000						7.8		11.1	
2	92	58	88	3,360	262	6.7	11	16.563	4,380						7.2		11.0	
3	76	76	76	2,264	336	4.3	12	16.515	4,100					21	6.1		10.6	
4	53	152	92	3,064	300	5.7		16.540	5,020					39	7.6		9.4	
5	119	92	88	3,172	277	6.5	10	16.460	7,160					102	7.8		9.9	
6	154	76	100	3,068	33	3.8	12	16.547	4,600						6.7		10.1	
7	93	74	99	3,684	269	5.0	12	16.583	5,240						7.6		10.1	
8	55	66	98	4,040	243	5.4	10	21.070	4,700						7.7		10.6	
9	56	58	99	2,716	365	6.2	12	22.388	5,060						7.8		10.3	
10	84	60	105	3,456	30	4.4	12	22.335	4,240					36	6.2		10.3	
11	92	72	103	2,712	38	3.7	13	22.345	4,820					36	7.6		9.5	
12	86	59	92	3,448	267	4.6	12	22.353	4,200					43	6.2		9.8	
13	115	68	105	2,868	37	4.6	13	22.353	4,580						7.6		10.1	
14	102	72	98	3,996	245	5.5	13	22.311	4,580						7.6		10.0	
15	101	72	100	3,484	29	5.1	13	22.278	4,200						7.6		9.8	
16	77	58	87	2,356	369	6.6	12	22.205	6,000						7.6		10.0	
17	70	73	95	1,880	505	3.7	12	22.328	4,260					33	6.2		9.9	
18	75	62	104	3,588	29	4.9	13	22.298	5,040					49	6.2		9.3	
19	158	58	105	3,860	27	3.4	13	22.300	5,200					56	6.2		9.1	
20	80	62	96	3,668	262	3.3	12	22.273	6,380						6.2		8.9	
21	94	60	107	2,276	47	4.6	12	22.291	4,520						7.1		9.3	
22	64	59	101	4,256	24	6.2	13	22.251	4,920						7.1		10.2	
23	71	45	117	3,228	36	7.0	12	22.185	4,760						7.0		10.6	
24	62	72	115	2,964	39	4.5	12	22.198	4,940					8	6.7		10.5	
25	70	50	108	3,716	29	5.2	13	22.313	5,060					27	6.9		10.4	
26	83	64	115	3,864	30	4.6	13	22.328	8,420					33	7.3		9.9	
27	116	64	121	3,356	36	3.9	13	22.396	4,920						7.7		9.3	
28	88	106	120	2,980	40	3.7	12	22.274	5,280						7.1		9.2	
29	69	54	116	2,824	41	5.3	13	22.210	5,540						7.0		9.6	
30	62	66	112	2,432	46	6.1	14	22.215	6,420						7.4		9.7	
31	66	52	134	2,924	46	5.5	13	22.204	5,140						7.6		9.9	
Avg.	87	69	103	3,191	148	5.1	12	20.951	5,086					40				
Max.	158	152	134	4,256	505	7.0	14	22.396	8,420					102	7.8			
Min.	53	45	76	1,880	24	3.3	10	16.460	4,000						6.10		8.9	
Daily Max															102			
# of Days above 235															0			
Data	31	31	31	31	31	31	07:27	31	31	0	0	0	0	12	31	31	0	

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

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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: March	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	8.650		4		289		5		361		0.10		7.2		0.48	35
2	Sun	8.140		2		136		3		217		0.09		6.1		0.54	37
3	Mon	8.820		3		221		4		272		0.36		26.5		0.54	40
4	Tue	8.820		11		809		13		971		1.55		114.0		0.69	51
5	Wed	15.960		4		532		9		1,211		0.95		126.5		0.59	79
6	Thu	10.760		5		449		6		538		1.30		116.7		1.37	123
7	Fri	10.420		4		348		6		539		0.35		30.4		2.38	207
8	Sat	9.800	10.389	4	4.71	327	403	5	6.63	409	594	0.08	0.67	6.5	61	1.16	95
9	Sun	9.560		3		239		3		263		0.07		5.6		0.62	49
10	Mon	10.220		2		170		3		273		0.13		11.1		0.56	48
11	Tue	9.910		2		165		4		298		0.17		14.1		0.50	41
12	Wed	9.880		2		165		3		272		0.25		20.6		0.57	47
13	Thu	10.180		3		255		5		399		0.20		17.0		0.50	42
14	Fri	9.830		3		246		4		328		0.10		8.2		0.52	43
15	Sat	11.020	10.086	3	2.57	276	217	4	3.74	377	316	0.12	0.15	11.0	13	0.48	44
16	Sun	17.900		3		448		6		836		0.12		17.9		0.37	55
17	Mon	11.320		3		283		4		387		0.12		11.3		0.40	38
18	Tue	11.130		2		186		3		288		0.15		13.9		0.42	39
19	Wed	13.210		6		661		4		441		0.52		57.3		0.48	53
20	Thu	13.150		3		329		5		570		1.19		130.5		0.45	49
21	Fri	11.390		3		285		5		465		0.09		8.5		0.42	40
22	Sat	10.630	12.676	3	3.29	266	351	3	4.27	266	465	0.06	0.32	5.3	35	0.36	32
23	Sun	10.990		3		275		4		330		0.06		5.5		0.28	26
24	Mon	11.860		2		198		4		396		0.08		7.9		0.35	35
25	Tue	11.410		2		190		4		390		0.10		9.5		0.32	30
26	Wed	11.036		2		184		5		433		0.14		12.9		0.39	36
27	Thu	11.400		3		285		5		513		0.10		9.5		0.39	37
28	Fri	15.900		4		530		8		1,034		0.38		50.4		0.44	58
29	Sat	16.140	12.677	3	2.71	404	295	5	4.97	700	542	0.26	0.16	35.0	19	0.32	43
30	Sun	15.500		3		388		4		530		0.21		27.1		0.33	43
31	Mon	12.730		3		319		4		382		0.29		9.6		0.29	31
Avg		11.538		3		318		5		474		0.31		30.1		0.56	52
Max		17.900	13	11	4.71	809	403	13	6.63	1,211	594	1.55	0.67	130.5	61	2.4	207
Min																0.3	26
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)	358
Primary Treatment	24.19	45.5				
Secondary Treatment	NA	NA			Percent Capacity	
Tertiary Treatment	96.2	92.9			(actual flow/design)	57.69
Overall Treatment	97.10	96.2	98.4	85.7		
2/11/25 Final Effl BOD fully depleted						

**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	March	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	30.55	221.76	7.3		96	3.500		4.15	1.95	76.35	56.83				
2	30.61	218.88	7.3		92	0.000		4.08	1.96	78.16	56.64				
3	29.50	214.56	7.3		96			4.68	1.83	80.18	60.90	117.93			
4	28.66	214.56	7.4		96			4.57	1.92	74.15	56.10				
5	39.77	216.00	7.3		96			8.37	2.01	63.08	56.90				
6	37.55	216.00	7.3		96			7.80	2.03	62.20	56.20	118.36			
7	31.07	216.00	7.4		96	7.074		4.75	2.01	70.89	56.62				
8	21.91	214.56	7.3		96	0.000		5.27	2.12	70.50	56.96				
9	30.55	214.56	7.3		102			6.65	2.13	73.53	56.15				
10	29.28	216.00	7.4		93			4.85	2.19	78.59	55.65	74.05			
11	20.70	216.00	7.3		98			4.39	2.15	76.88	56.35	77.04			
12	28.86	216.00	7.3		97			4.77	2.20	75.06	56.55	76.57			
13	29.54	216.00	7.3		98			4.01	2.24	73.87	57.14	89.54			
14	31.81	216.00	7.2		99	7.074		3.80	2.21	73.48	56.40				
15	30.66	216.00	7.3		99	21.222		3.89	2.34	76.04	56.08				
16	32.55	216.00	7.4		99	0.000		5.26	2.32	76.17	56.38				
17	21.48	216.00	7.3		70			10.99	2.41	85.90	55.68	88.55			
18	27.86	216.00	7.1		88	17.685		4.63	2.74	74.45	61.14	90.15			
19	28.83	216.00	7.4		99			3.18	2.32	74.87	57.04	89.87			
20	30.65	216.00	7.5		99	7.074		5.29	2.34	70.39	56.65	89.62			
21	25.52	216.00	7.5		96			6.05	2.36	73.81	55.47	64.36			
22	28.09	216.00	7.3		99			3.33	2.30	75.33	55.67				
23	25.55	216.00	7.3		99	28.296		3.37	2.36	77.14	56.06				
24	22.65	216.00	7.3		95	10.611		3.54	2.32	79.55	55.84	89.02			
25	24.34	216.00	7.3		99	7.074		3.48	2.25	78.28	56.07	90.16			
26	27.50	216.00	7.3		99			3.77	2.24	75.83	57.41	90.00			
27	25.66	216.00	7.3		99			3.28	2.27	76.11	55.70	86.93			
28	29.54	216.00	7.3		99			4.25	2.20	76.77	57.01				
29	29.50	216.00	7.4		100	0.000		4.90	2.13	69.39	56.93				
30	27.16	216.00	7.3		100	17.685		5.38	2.15	70.18	55.30				
31	34.07	216.00	7.3		98	10.611		5.68	2.23	67.70	56.02	82.49			
Avg.	28.77	216.09			96	9.194		4.92	2.20	74.35	56.64	88.41			
Max.	39.77	221.76	7.5		102	28.296		10.99	2.74	85.90	61.14	118.36			
Min.															
Data	31	31	31	0	31	15	0	31	31	31	31	16	0	0	

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

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

State Form 10829 (R10 / 12-24)

Name of Facility Elkhart	Permit Number IN0025674	For Month Of: March	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			21.00	1,545	0.0002	0.0002									160.0000	0.5500
4																
5																
6																
7																
8																
9																
10					0.0002	0.0002										
11																
12																
13																
14																
15																
16																
17					0.0002	0.0002										
18																
19																
20																
21																
22																
23																
24					0.0002	0.0002										
25																
26																
27																
28																
29																
30	140	18,098														
31					0.0002	0.0002										
Avg	140	18,098	21.00	1,545	0.0002	0.0002									160.00	0.55
Max					0.0002	0.0002									160.00	0.55
Min					0.0002	0.0002									160.00	0.55
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 Elkhart	Permit Number IN0025674	For Month Of: March	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																			
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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



BYPASS / OVERFLOW INCIDENT REPORT

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

Follow-up to Bypass report
previously sent on: _____

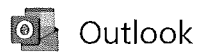
INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary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

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 3/8/25 11:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 3/8/25 11:59 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1201 S. Nappanee St - WWTP	(9) Latitude (Deg Min Sec) 41 40 44N	(9) Longitude (Deg Min Sec) 86 00 9W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 200 Gallons			(11) WWTP Flow During Release 10.2 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 checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) HW screw pump VFD's faulted		(17) Additional Description of the Bypass / Overflow Event: Headworks VFD's faulted. Cause is currently under investigation. - Called IDEM Spill line (Stacy(?), 317-233-7745) on 3/9/25 at 9:37. - Received call from IDEM (David(?), 219-730-4035) on 3/9/25 at 9:53 and provided him with details that were known at the time. - IDEM (David) provided IDEM "Sewage Spill" #116606, via text on 3/10/25 at 9:42 am.		(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	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input checked="" type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other:					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris High voltage electrical contractor is currently on site to troubleshoot why screw faulted. This situation revealed the SCADA alarms not functioning properly following completion of the recent WWTP expansion project. Our SCADA Consultant is currently evaluating the programming changes that are needed for complete and accurate monitoring of the level sensors.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Regularly scheduled test simulation of level sensor to confirm proper operation and alarm notification.					

(22)

CERTIFICATION AND SIGNATURE					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)					
SIGNATURE: <i>Laura Kolo</i>				DATE (month, day, year): 3/10/25	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coe.org	Date (month, day, year) / Time IDEM Notified 3/10/25 appx 12:15	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	



IN0025674_INC_RPT_2025_03

From Kolo, Laura <Laura.Kolo@coei.org>

Date Mon 3/10/2025 12:22 PM

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

 1 attachment (108 KB)

IN0025674_INC_RPT_2025_03.pdf;

Please find incident report attached.

Thank you,
Laura



BYPASS / OVERFLOW INCIDENT REPORT

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

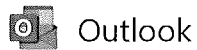
Follow-up to Bypass report
previously sent on: _____

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 3/17/25 4:17 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 3/17/25 6:05 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 244 Superior Blvd	(9) Latitude (Deg Min Sec) 41 41 23N	(9) Longitude (Deg Min Sec) 85 55 47W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 87 Gallons			(11) WWTP Flow During Release 12.1 MGD	(12) WWTP Peak Design Flow Rate 44 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches <i>OBSTRUCTION IN SEWER MAIN</i>					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) sewer main plugged - trash/debris		(17) Additional Description of the Bypass / Overflow Event: Call from resident came in at 4:17 pm. Collection Crews deployed to find main line plugged with trash / debris. Removed obstruction at 6:05 pm and flows/levels returned to normal. Basement dimension estimate from GIS = 30' X 35' X 1" depth est = 87 gallons		(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 Removed obstruction					
(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: <i>Laura Kolo</i>			DATE (month, day, year): 3/18/25	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 3/18/25 appx 12:15	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM



IN0025674_INC_RPT_2-25_03_03

From Kolo, Laura <Laura.Kolo@coei.org>

Date Tue 3/18/2025 12:16 PM

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

 1 attachment (102 KB)

IN0025674_INC_RPT_2025_03_03.pdf;

Please find incident report attached for a basement back-up due to trash/debris obstructing city sewer main on 03/17/25.

Please email or call me at (574) 293-2572 with any questions.

Thank you,
Laura Kolo



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 3/18/25 unknown <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 3/18/25 7:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 3400 Middlebury St	(9) Latitude (Deg Min Sec) 41 40 57N	(9) Longitude (Deg Min Sec) 85 54 38W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 11,912 Gallons			(11) WWTP Flow During Release 7.4 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 checked="" type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input checked="" type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input 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) by-pass pump failed		(17) Additional Description of the Bypass / Overflow Event: - Ames LS (LS 20) failed and by-pass pumping set up on 08/12/25. - Primary and secondary by-pass pumping failed on 03/18/25, exact time is unknown. - Public Works Maintenance notified at 6:34am on 03/18/25. Maintenance deployed and got secondary by-pass pump running at 7 am. Back-up subsided and lift station wet well level returned to normal. - Volumes estimates: 11,000 gallons outside and 912 gallons inside.		(18) Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: 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 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 checked="" type="checkbox"/> Clean-Up Debris Parking lot and swale being cleaned and vacuumed with combo jet vac by Public Works.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Evaluating options to establish temporary communications for pump mode and level detection.					
(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>3/18/25</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 3/18/25 appx 11:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	

IN0025674_INC_RPT_2025_02

From Kolo, Laura <Laura.Kolo@coei.org>

Date Tue 3/18/2025 11:28 AM

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

 1 attachment (105 KB)

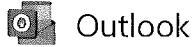
IN0025674_INC_RPT_2025_03_02.pdf;

*IDSAM does no longer
Reply with delivery
receipt of email.
lk 3/18/25*

Please find an incident report for back up at 3400 Middlebury on 03/18/25 attached.

If you have any questions please email or call me at (574) 293-2572.

Laura Kolo




Delivered: NOTIFICATION ONLY - IN0025674_INC_RPT_2025_02

From Microsoft Outlook <MicrosoftExchange329e71ec88ae4615bbc36ab6ce41109e@coei.org>

Date Tue 3/18/2025 11:32 AM

To Lopez, Gloria <Gloria.Lopez@coei.org>

 1 attachment (121 KB)

NOTIFICATION ONLY - IN0025674_INC_RPT_2025_02;

Your message has been delivered to the following recipients:

[Lopez, Gloria \(Gloria.Lopez@coei.org\)](mailto:Gloria.Lopez@coei.org)

Subject: NOTIFICATION ONLY - IN0025674_INC_RPT_2025_02



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: _____

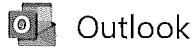
INSTRUCTIONS: Complete all parts of this form and email signed copies to wwreports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary 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	(7) Date (mm/dd/yy) and Time Release Stopped	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)		
	3/19/25 10:17 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	3/19/25 11:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	720 W. Bristol	41 42 15N	85 59 10W		
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 180 Gallons				(11) WWTP Flow During Release 12.0 MGD	(12) WWTP Peak Design Flow Rate 44 MGD		
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none				
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation <input type="checkbox"/> Other: OBSTRUCTION - GREASE							
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below) sewer main plugged - grease		(17) Additional Description of the Bypass / Overflow Event: Call from resident came in at 10:17am with basement back-up. Collection Crews deployed to find main line plugged with grease. Removed obstruction at 11:00am and flows/levels returned to normal. Back-up dimension estimate = 12' X 12' X 2" depth est = 180 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 Removed obstruction							
(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: <i>Laura Kolo</i>		DATE (month, day, year): 3/19/25	
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 3/19/25 appx 3:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM




IN0025674_INC_RPT_2025_03

From Kolo, Laura <Laura.Kolo@coei.org>

Date Wed 3/19/2025 2:55 PM

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

 1 attachment (3 MB)

IN0025674_INC_RPT_2025_03_04.pdf;

Please find incident report for 720 W. Bristol which occurred on 031925 due to grease.

If you have any questions, please email or call me at 574-293-2572.

Laura



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 1 of 9		Permit Number: IN0025574																
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																		
Monitoring Period: March 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	9.31	11.50					15 min													
2	8.52	10.00					15 min													
3	9.68	10.90					15 min													
4	18.24	33.80	3:41 AM	20.22	1.63	0.36	15 min													
5	15.18	26.10	12:06 AM	19.30	0.35	0.16	15 min													
6	10.79	13.10	11:56 AM	2.83	0.02	0.04	15 min													
7	10.08	11.80	2:06 PM	6.92	0.07	0.04	15 min													
8	9.14	11.20	1:19 AM	9.42	0.03	0.04	15 min													
9	9.62	11.10					15 min													
10	10.58	11.50					15 min													
11	9.24	11.40					15 min													
12	10.33	11.50					15 min													
13	10.38	11.90					15 min													
14	10.66	11.70					15 min													
15	11.26	19.70	3:26 AM	20.63	0.60	0.40	15 min													
16	14.99	26.80	12:01 AM	17.17	0.63	0.40	15 min													
17	11.20	12.10	9:16 AM	0.08	0.01	0.04	15 min													
18	11.00	12.70					15 min													
19	13.08	26.40	8:31 PM	3.13	0.46	0.56	15 min													
20	13.63	25.60	3:26 AM	8.30	0.12	0.08	15 min													
21	11.50	12.70					15 min													
22	11.00	12.10					15 min													
23	11.11	13.50	5:06 PM	4.58	0.10	0.08	15 min													
24	11.76	13.70					15 min													
25	11.36	12.60					15 min													
26	11.42	12.80					15 min													
27	11.67	12.70					15 min													
28	16.20	30.60	3:46 AM	13.47	0.83	0.96	15 min													
29	15.08	23.50	10:01 AM	12.58	0.47	0.20	15 min													
30	16.03	40.00	4:36 AM	13.38	0.44	1.40	15 min													
31	12.67	14.10	2:34 AM	10.62	0.01	0.04	15 min													
Totals:	366.70			162.63	5.77			0	Days	0.00		0		0	Days	0.00		0		
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent												Telephone								
Laura E. Kolo, Utilities Services Manager												574-293-2572								
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																				
Signature of Principal Executive Officer or Authorized Agent												Date (mm/dd/yy)								
Laura E. Kolo												04/10/25								



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: March 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																								
3																								
4	8:48 AM	M	2.83	M	0.4734	M							10:00 AM	M	2.08	M	0.0832	M						
5																								
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27																								
28	9:40 AM	M	0.92	M	0.1341	M							9:51 AM	M	0.33	M	0.0084	M						
29																								
30																								
31																								
Totals:	2	Da ys	3.75		0.6075		0	Da ys	0.00		0.0000		2	Da ys	2.41		0.0916		0	Da ys	0.00		0.0000	



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

Slate Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 3 of 9		Permit Number: IN0025574																			
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																					
Monitoring Period: March 2025		Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20																			
				Measured/Metered (M) or Estimated (E) must be specified																			
		CSO Outfall No. 012		CSO Outfall No. 013																			
		CSO Outfall No. 14B		CSO Outfall No. 015																			
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E					
1																							
2																							
3																							
4	9:47 AM	M	1.25	M	0.0038	M							9:28 AM	M	2.67	M	0.1406	M					
5																							
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26																							
27																							
28	9:37 AM	M	0.67	M	0.0145	M	9:37 AM	M	0.75	M	0.0558	M					9:38 AM	M	1.75	M	0.1392	M	
29																							
30	5:22 PM	M	0.33	M	0.0054	M	5:27 PM	M	0.08	M	0.0002	M					5:23 PM	M	0.83	M	0.0651	M	
31																							
Totals:	3	Da ys	2.25		0.0237		2	Da ys	0.83		0.0560		0	Da ys	0.00		0.0000		3	Da ys	5.25		0.3449



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 4 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: March 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																								
2																								
3																								
4	9:46 AM	M	2.25	M	0.0564	M	11:09 AM	M	1.42	M	0.0651	M	9:10 AM	M	1.42	M	0.1091	M						
5																								
6																								
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28	9:51 AM	M	1.58	M	0.0770	M	9:44 AM	M	0.33	M	0.0203	M							9:35 AM	M	1.33	M	0.0256	M
29																								
30							5:24 PM	M	0.58	M	0.0427	M	5:39 PM	M	0.25	M	0.0006	M						
31																								
Totals:	2	Da ys	3.83		0.1334		3	Da ys	2.33		0.1281		2	Da ys	1.67		0.1097		1	Da ys	1.33		0.0256	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: March 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. 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																								
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3																								
4							9:32 AM	M	1.00	M	0.0044	M	9:25 AM	M	3.75	M	0.3736	M	8:41 AM	M	2.83	M	0.1279	M
5																			5:31 AM	M	0.25	M	0.0004	M
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20																			9:26 PM	M	0.17	M	0.0008	M
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26																								
27																								
28	9:26 AM	M	0.42	M	0.0270	M	9:27 AM	M	0.33	M	0.0062	M	9:45 AM	M	1.75	M	0.0952	M	9:21 AM	M	0.75	M	0.1235	M
29																								
30	5:11 PM	M	0.42	M	0.0277	M	5:07 PM	M	0.33	M	0.0130	M	5:40 PM	M	0.75	M	0.0178	M	5:06 PM	M	0.42	M	0.0741	M
31																								
Totals:	2	Da ys	0.84		0.0547		3	Da ys	1.66		0.0236		3	Da ys	6.25		0.4866		5	Da ys	4.42		0.3267	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: March 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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28	9:23 AM	M	0.17	M	0.0004	M	9:20 AM	M	1.00	M	0.0244	M													
29							4:35 PM	M	0.40	M	0.0031	M													
30							5:00 PM	M	1.00	M	0.0472	M													
31																									
Totals:	1	Da	0.17		0.0004		3	Da	2.40		0.0747		0	Da	0.00		0.0000		1	Da	0.17		0.0034		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025574								
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y													
Monitoring Period: March 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					
1																							
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3																							
4							10:12 AM	M	1.67	M	0.1932	M											
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27																							
28							9:32 AM	M	0.83	M	0.1001	M	9:39 AM	M	0.42	M	0.0449	M					
29																							
30							4:07 PM	M	0.58	M	0.0308	M											
31																							
Totals:	0	Days	0.00		0.0000		3	Days	3.08		0.3241		1	Days	0.42		0.0449		0	Days	0.00		0.0000



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 8 of 9		Permit Number: IN0025574																			
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																					
Monitoring Period: March 2025		Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20																			
				Measured/Metered (M) or Estimated (E) must be specified																			
CSO Outfall No. 037		CSO Outfall No. 039		CSO Outfall No. 040		CSO Outfall No.																	
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E					
1																							
2																							
3																							
4	9:17 AM	M	4.67	M	2.6497	M							9:27 AM	M	5.90	M	0.2250	M					
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15																							
16													1:16 AM	M	3.08	M	0.1014	M					
17																							
18																							
19													10:02 PM	M	1.32	M	0.0517	M					
20																							
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27																							
28	9:41 AM	M	2.17	M	0.9799	M							9:41 AM	M	2.83	M	0.1392	M					
29																							
30	5:46 PM	M	0.83	M	0.0686	M							5:11 PM	M	2.20	M	0.1480	M					
31																							
Totals:	3	Da ys	7.67		3.6982		0	Da ys	0.00		0.0000		5	Da ys	15.33		0.6653		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? <input checked="" type="checkbox"/> Y	
Monitoring Period: March 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	
9	
10	
11	
12	
13	
14	
15	
16	precipitation
17	
18	
19	precipitation
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21	
22	
23	
24	
25	
26	
27	
28	precipitation
29	precipitation
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) 04/10/25

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

 **Signing Process Confirmation - CDX Activity ID: _409a00d1-2a5a-42cf-b42c-fe458e07c5fd**

Your DMRs are undergoing the Signing Process

IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	04/30/25	05/28/25
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	04/30/25	05/28/25
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	04/30/25	05/28/25
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	04/30/25	05/28/25
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	04/30/25	05/28/25
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	04/30/25	05/28/25
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	04/30/25	05/28/25
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	04/30/25	05/28/25
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	04/30/25	05/28/25
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	04/30/25	05/28/25
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	04/30/25	05/28/25
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	04/30/25	05/28/25
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	04/30/25	05/28/25
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	04/30/25	05/28/25
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	04/30/25	05/28/25
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	04/30/25	05/28/25
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	04/30/25	05/28/25
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	04/30/25	05/28/25
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	04/30/25	05/28/25
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	04/30/25	05/28/25
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	04/30/25	05/28/25
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	04/30/25	05/28/25
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	04/30/25	05/28/25
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	04/30/25	05/28/25
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	04/30/25	05/28/25
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	04/30/25	05/28/25
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	04/30/25	05/28/25
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	04/30/25	05/28/25
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	04/30/25	05/28/25
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	04/30/25	05/28/25

Permit

Permit ID: IN0025674
Permittee: ELKHART WWTP
Facility: ELKHART WWTP
Permitted Feature: 035 - External Outfall
Major: 229 SOUTH 2ND ST
ELKHART , IN46516
Permittee Address: 1201 S NAPPANEE ST
ELKHART , IN46516
Facility Location: 035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER
Discharge:
DMR Due Date: 05/28/25

Report Dates & Status

Monitoring Period: From 04/01/25 to 04/30/25
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
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	of Ex.	Analysis	Type
00300	Oxygen, dissolved [DO]	Smpl.			=9.0			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: -											
00400	pH	Smpl.			=7.0		=7.8	12 - SU	0	01/01 - Daily	GR - Grab
1 - Effluent Gross											
Season:	0	Req.			>=6.0 DAILY MIN		<=9.0 DAILY MX	12 - SU		01/01 - Daily	GR - Grab
NODI: -											
00530	Solids, total suspended	Smpl.	=784.0			=885.0		26 - lb/d		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		01/01 - Daily	24 - 24 Hour Composite
NODI: -											
00600	Nitrogen, total [as N]	Smpl.	=2568.0					26 - lb/d		01/30 - Monthly	24 - 24 Hour Composite
1 - Effluent Gross											
Season:	0	Req.	Req Mon MO AVG			Req Mon MO AVG		19 - mg/L		01/30 - Monthly	24 - 24 Hour Composite
NODI: -											
00610	Nitrogen, ammonia total [as N]	Smpl.	=22.8			=184.7		26 - lb/d		01/01 - Daily	24 - 24 Hour Composite
1 - Effluent Gross											
Season:	2	Req.	<=1102.0 MO AVG			<=2554.0 DAILY MX		19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
NODI: -											
00665	Phosphorus, total [as P]	Smpl.	=56.0					26 - lb/d		01/01 - Daily	24 - 24 Hour Composite
1 - Effluent Gross											
Season:	0	Req.	Req Mon MO AVG			<=1.0 MO AVG		19 - mg/L		01/01 - Daily	24 - 24 Hour Composite

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_04_2_.pdf	pdf	135553.0
IN0025674_035a_MRO_2025_04.pdf	pdf	732325.0
IN0025674_CSO_MRO_2025_04.pdf	pdf	1396286.0
IN0025674_INC_RPT_2025_04_1_.pdf	pdf	125639.0
IN0025674_Meter_Calibration_2024.pdf	pdf	164623.0

Report Last Saved By

ELKHART WWTP

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-05-27 15:31 (Time Zone: -04:00)

Report Last Signed By

User: Payton88
Name: Laura Kolo
E-Mail: laura.kolo@coei.org
Date/Time: 2025-05-27 15:31 (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 April	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= 4.22	Precipitation - Inches	Bypass At Plant Site ("X" if Occurred)	Sanitary Sewer Overflow ("X" if Occurred)	CHEMICALS USED			RAW SEWAGE								
								Chlorine - Lbs/day	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	Tue			0.00						302		12.570	7.7	112	11,741	130	13,628	2.87	15.80
2	Wed			1.59						289		23.511	7.5	94	16,071	170	29,065	2.31	10.70
3	Thu			0.01						245		17.830	7.6	88	13,086	114	16,952	2.24	11.70
4	Fri			0.10						274		17.760	7.6	67	9,924	84	12,442	2.29	11.30
5	Sat			0.14						266		18.800	7.5	77	12,073	90	14,111	1.96	9.45
6	Sun			0.00						259		17.470	7.6	77	11,219	60	8,742	1.79	8.34
7	Mon			0.00						259		17.650	7.6	79	11,629	76	11,187	2.02	9.33
8	Tue			0.00						245		16.990	7.7	66	9,352	74	10,486	2.32	11.50
9	Wed			0.17						245		17.370	7.6	79	11,444	96	13,907	2.11	11.20
10	Thu			0.00						202		17.050	7.6	103	14,646	98	13,935	2.58	11.80
11	Fri			0.01						202		16.730	7.5	82	11,441	98	13,674	2.51	12.60
12	Sat			0.00		X				187		16.330	7.6	75	10,214	88	11,985	2.07	10.80
13	Sun			0.00						172		16.010	7.5	89	11,884	56	7,477	2.23	9.16
14	Mon			0.00						216		16.480	7.7	69	9,484	110	15,119	2.37	15.20
15	Tue			0.14						266		16.510	7.8	95	13,081	122	16,799	2.60	13.00
16	Wed			0.00						173		15.900	7.6	115	15,250	90	11,935	2.69	14.40
17	Thu			0.00								15.680	7.6	143	18,700	136	17,785	3.20	13.90
18	Fri			0.00						202		15.960	7.6	111	14,775	72	9,584	2.58	14.00
19	Sat			0.34						199		15.710	7.5	86	11,268	70	9,171	2.33	10.90
20	Sun			0.00						216		14.320	7.6	85	10,151	68	8,121	2.33	10.50
21	Mon			0.10						250		15.280	7.5	65	8,283	128	16,312	3.05	11.50
22	Tue			0.00						215		14.830	7.8	98	12,121	120	14,842	3.22	14.00
23	Wed			0.01						202		15.170	7.7	81	10,248	112	14,170	3.29	14.60
24	Thu			0.00						199		14.650	7.8	105	12,829	94	11,485	3.17	15.60
25	Fri			1.61		X				182		19.221	7.5	97	15,039	194	30,078	2.88	12.00
26	Sat			0.00						202		14.530	7.0	60	7,271	96	11,633	2.14	10.80
27	Sun			0.00						243		14.440	7.7	86	10,357	76	9,153	1.98	11.10
28	Mon			0.00						205		14.760	7.7	82	10,094	120	14,772	2.63	12.50
29	Tue			0.00						209		14.670	7.6	69	8,442	116	14,192	3.44	12.60
30	Wed			0.00						258		14.080	7.7	105	12,330	160	18,788	3.70	14.50
31																			
Average				0.14						227		16.275		88	11,815	104	14,051	2.56	12.16
Maximum				1.61						302		23.511	7.8	143	18,700	194	30,078	3.70	15.80
Minimum				0.00						172		12.570	7.00	60	7,271	56	7,477	1.79	8.34

# of Data			30	0	2	0	29	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>Laura Kolo</i>	Date (month, day, year) 5/27/25
Signature of principal executive officer or authorized agent <i>Laura Kolo</i>	Date (month, day, year) 5/27/25

**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: April	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	69	88	128	3,500	37	3.9	13	22.208	6,240					42	7.5		9.4	
2	77	84	124	3,376	37	6.3	10	22.178	6,100					23	7.6		9.6	
3	71	72	110	2,816	39	4.9	13	22.092	6,920					40	7.6		9.0	
4	67	60	113	2,696	42	4.8	13	22.114	7,140					60	7.6		9.3	
5	58	53	125	3,392	37	6.6	12	22.106	5,140					18	7.5		9.7	
6	53	43	108	3,444	31	6.8	12	22.066	5,580					26	7.7		10.4	
7	62	52	107	2,280	47	4.0	13	22.078	6,640					40	7.8		9.7	
8	78	47	112	3,124	36	4.4	13	22.098	6,960					68	7.6		9.3	
9	71	44	116	2,972	39	5.1	12	22.140	6,080					65	7.6		9.5	
10	94	52	118	2,888	41	3.4	13	22.153	6,000					50	7.7		9.0	
11	71	60	126	2,180	58	4.9	13	22.139	5,840					18	7.7		9.1	
12	62	53	126	2,472	51	6.1	13	22.119	6,760					10	7.6		9.9	
13	65	37	124	3,048	41	5.7	13	22.084	6,400					6	7.7		10.0	
14	55	55	122	2,600	47	3.9	13	22.092	6,400					6	7.6		9.8	
15	41	59	123	2,776	44	4.1	13	22.138	5,860					3	7.6		9.4	
16	79	53	122	3,576	34	3.5	13	22.206	5,840					13	7.0		9.6	
17	90	66	126	2,424	52	3.6	13	22.176	4,900					4	7.6		9.5	
18	79	62	128	2,632	49	5.2	13	22.144	2,770					11	7.5		9.7	
19	65	54	123	2,996	41	5.5	14	22.141	5,840					6	7.5		9.8	
20	62	47	126	3,212	39	5.4	13	22.236	5,480					14	7.8		10.0	
21	52	61	122	3,292	37	4.4	13	22.394	6,560					3	7.4		9.9	
22	50	71	124	3,024	41	3.0	14	22.427	5,840					7	7.2		9.4	
23	65	59	122	2,740	45	2.6	14	22.433	5,220					6	7.6		9.2	
24	71	59	123	2,968	41	1.9	14	22.311	6,620					11	7.6		9.3	
25	80	74	121	2,860	42	2.4	13	22.284	5,320					8	7.0		9.0	
26	52	47	115	2,740	42	5.4	14	22.167	4,540					5	7.3		9.2	
27	73	53	118	5,388	22	5.7	14	22.124	6,540					18	7.0		10.0	
28	67	81	118	3,276	36	4.1	14	22.176	5,340					18	7.0		9.9	
29	60	71	115	2,960	39	3.7	15	22.179	5,260					8	7.4		9.6	
30	60	6	125	2,864	44	3.4	14	22.102	5,320					12	7.4		9.4	
31																		
Avg.	67	57	120	3,017	41	4.5	13	22.177	5,848					14				
Max.	94	88	128	5,388	58	6.8	15	22.433	7,140					68	7.8			
Min.	41	6	107	2,180	22	1.9	10	22.066	2,770						7.00		9.0	
Daily Max														68				
# of Days above 235														0				
Data	30	30	30	30	30	30		30	30	0	0	0	0	30	30	30	0	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: April	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	12.990		3		325		5		563		0.09		9.8		0.28	30
2	Wed	25.570		5		1,066		9		1,962		0.36		76.8		0.36	77
3	Thu	19.700		3		493		6		920		0.43		70.6		0.26	43
4	Fri	19.300		3		483		6		998		0.10		16.1		0.30	48
5	Sat	20.110	17.986	3	3.29	503	511	5	5.56	839	885	0.12	0.20	20.1	33	0.36	60
6	Sun	18.940		3		474		6		1,011		0.07		11.1		0.27	43
7	Mon	19.010		3		476		4		634		0.10		15.9		0.26	41
8	Tue	18.220		3		456		5		790		0.11		16.7		0.27	41
9	Wed	18.570		3		465		7		1,038		0.14		21.7		0.34	53
10	Thu	17.940		3		449		5		778		0.16		23.9		0.29	43
11	Fri	17.350		2		289		5		680		0.07		10.1		0.29	42
12	Sat	16.770	18.114	4	3.00	559	453	5	5.31	699	804	0.06	0.10	8.4	15	0.36	50
13	Sun	16.350		4		545		4		559		0.05		6.8		0.34	46
14	Mon	16.460		3		412		4		508		0.07		9.6		0.35	48
15	Tue	16.330		2		272		5		735		0.10		13.6		0.32	44
16	Wed	16.010		3		401		6		801		0.08		10.7		0.37	49
17	Thu	15.790		3		395		4		527		0.08		10.5		0.40	53
18	Fri	15.690		4		523		6		785		0.06		7.9		0.47	62
19	Sat	15.430	16.009	3	3.14	386	419	5	4.91	669	655	0.06	0.07	7.7	10	0.50	64
20	Sun	14.080		3		352		4		470		0.06		7.0		0.44	52
21	Mon	15.240		3		381		5		636		0.07		8.9		0.47	60
22	Tue	14.680		3		367		6		686		0.13		15.9		0.58	71
23	Wed	14.470		3		362		6		676		0.28		33.8		0.61	74
24	Thu	14.000		3		350		5		607		0.15		17.5		0.59	69
25	Fri	20.700		4		691		10		1,657		1.07		184.7		0.66	114
26	Sat	15.430	15.514	3	3.14	386	413	6	5.83	746	782	0.09	0.26	11.6	40	0.46	59
27	Sun	15.580		4		520		7		858		0.05		6.5		0.39	51
28	Mon	15.680		3		392		5		706		0.08		10.5		0.47	61
29	Tue	14.730		3		369		4		491		0.08		9.8		0.47	58
30	Wed	14.410	15.650	3	3.43	361	464	4	5.33	481	717	0.09	0.10	10.8	15	0.58	70
31																	
Avg		16.851		3		450		5		784		0.15		22.8		0.40	56
Max		25.570	18	5	3.43	1,066	511	10	5.83	1,962	885	1.07	0.26	184.7	40	0.7	114
Min																0.3	30
Data		30	5	30	5	30	5	30	5	30	5	30	5	30	5	30	30

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:	
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)	506
Primary Treatment	24.28	44.7				
Secondary Treatment	NA	NA			Percent Capacity	
Tertiary Treatment	95.2	90.5			(actual flow/design; 84.26)	
Overall Treatment	96.40	94.7	98.8	84.3		
2/11/25 Final Effl BOD fully depleted						

**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	April	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	17.69	216.00	7.4		100			4.93	2.18	69.80	54.82	90.04			
2	35.56	216.00	7.3		100			5.12	2.18	68.27	55.48				
3	27.54	216.00	7.4		100			6.16	2.21	61.20	53.25	89.75			
4	29.44	216.00	7.4		100			6.93	2.25	60.89	54.61	64.52			
5	33.02	216.00	7.3		100	31.833		5.77	2.26	67.05	56.00				
6	22.72	216.00	7.3		101			4.32	2.25	69.71	55.24				
7	8.97	216.00	7.3		100			0.25	2.31	58.82	53.89	90.01			
8	20.15	216.00	7.4		100			3.01	2.26	71.75	54.90	91.07			
9	19.82	216.00	7.3		100	7.074		4.12	2.26	74.87	52.38	91.06			
10	26.32	216.00	7.4		100			3.61	2.32	73.65	53.26	90.55			
11	25.54	216.00	7.4		100			3.59	2.34	71.56	53.29	65.07			
12	30.40	216.00	7.4		101	17.685		3.91	2.36	73.20	52.66				
13	24.96	216.00	7.3		101	21.222		3.75	2.37	74.36	56.29				
14	20.60	216.00	7.3		99	7.074		4.13	2.35	79.64	55.37	89.86			
15	27.76	216.00	7.2		101			3.74	2.28	77.04	53.38	64.64			
16	26.61	216.00	7.3		100			3.73	2.30	74.20	53.06	91.14			
17	26.26	216.00	7.4		101			3.75	2.35	76.88	57.06	91.14			
18	29.77	216.00	7.2		102			3.16	2.37	77.06	52.87				
19	32.70	216.00	7.4		102	14.148		3.59	2.35	75.69	54.62				
20	24.67	216.00	7.3		102	21.222		3.43	2.32	76.96	53.03				
21	29.75	216.00	7.4		101			3.76	2.31	75.95	53.26	63.42			
22	28.73	216.00	7.3		102			4.40	2.32	77.75	54.44	95.76			
23	25.81	216.00	7.4		103			4.49	2.29	77.17	55.17	101.06			
24	27.51	216.00	7.3		102	14.148		3.51	2.26	76.54	54.05	84.13			
25	26.34	216.00	7.4		102			3.71	2.28	75.69	53.06	90.81			
26	28.84	216.00	7.3		102			6.32	2.24	65.22	52.53				
27	19.07	216.00	7.3		103			5.07	2.27	66.46	53.11				
28	28.06	216.00	7.4		100			4.13	2.21	69.97	54.14	89.84			
29	31.39	216.00	7.3		102	21.222		4.73	2.22	66.21	53.25	90.79			
30	24.94	216.00	7.4		103			3.06	2.21	70.91	51.72	90.17			
31															
Avg.	26.03	216.00			101	17.292		4.14	2.28	71.82	54.01	85.74			
Max.	35.56	216.00	7.4		103	31.833		6.93	2.37	79.64	57.06	101.06			
Min.															
Data	30	30	30	0	30	9	0	30	30	30	30	20	0	0	

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

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

State Form 10829 (R10 / 12-24)

Name of Facility	Permit Number	For Month Of:	Year
Elkhart	IN0025674	April	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			23.70	2,568												
2																
3																
4								0.0020	0.0060							
5																
6																
7					0.0002	0.0002	0.0006	0.0002			0.0125	0.0021	0.0388	0.0071		
8																
9																
10																
11																
12																
13																
14					0.0002	0.0002										
15																
16																
17																
18																
19																
20																
21					0.0003	0.0002										
22																
23																
24																
25																
26																
27																
28					0.0003	0.0002										
29																
30	198	23,796														
31																
Avg	198	23,796	23.70	2,568	0.0003	0.0002	0.00	0.00	0.00	0.01	0.01	0.00	0.04	0.01		
Max					0.0003	0.0002	0.00	0.00	0.00	0.01	0.01	0.00	0.04	0.01		
Min					0.0002	0.0002	0.00	0.00	0.00	0.01	0.01	0.00	0.04	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: April	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	0.0118	0.0048	0.0016	0.0010	0.0552	0.0140												
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
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22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg	0.0118	0.0048	0.0016	0.0010	0.0552	0.0140												
Max	0.0118	0.0048	0.0016	0.0010	0.0552	0.0140												
Min	0.0118	0.0048	0.0016	0.0010	0.0552	0.0140												
Data	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0



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

City: Elkhart Page 1 of 9 Permit Number: IN0025574

Facility: Elkhart Public Works & Utilities Public Notification Requirements Met? Y

Monitoring Period: April 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	12.57	13.70					15 min													
2	20.50	37.71	4:29 AM	17.33	1.59	1.76	15 min	9:26 PM	M	2.58	M	0.0733	M							
3	17.83	29.94	2:46 AM	0.08	0.01	0.04	15 min	12:01 AM	M	11.42	M	0.3406	M							
4	17.76	22.44	5:59 PM	5.95	0.10	0.08	15 min													
5	18.80	24.23	12:04 AM	7.25	0.14	0.12	15 min													
6	17.47	22.20					15 min													
7	17.65	20.65					15 min													
8	16.99	19.74					15 min													
9	17.37	26.23	3:44 PM	7.83	0.17	0.08	15 min													
10	17.05	19.14					15 min													
11	16.73	18.74	8:14 AM	0.08	0.01	0.04	15 min													
12	16.33	19.59					15 min													
13	16.01	20.67					15 min													
14	16.48	18.37					15 min													
15	16.51	26.32	6:39 AM	4.25	0.14	0.12	15 min													
16	15.90	18.47					15 min													
17	15.68	18.42					15 min													
18	15.96	18.11					15 min													
19	15.71	25.15	4:44 AM	2.00	0.34	0.56	15 min													
20	14.32	16.22					15 min													
21	15.28	19.77	4:01 AM	1.08	0.10	0.20	15 min													
22	14.83	17.52					15 min													
23	15.17	19.38	1:59 PM	0.08	0.01	0.04	15 min													
24	14.65	17.77					15 min													
25	18.59	40.55	2:04 PM	4.50	1.61	1.76	15 min						2:53 PM	M	0.08	M	0.0005	M		
26	14.53	23.89					15 min													
27	14.44	22.35					15 min													
28	14.76	29.35					15 min													
29	14.67	18.01					15 min													
30	14.08	16.66					15 min													
Totals:	484.62			50.43	4.22			2	Da ys	14.00		0.4139		1	Da ys	0.08		0.0005		

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): 5/27/25



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: April 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	8:00 AM	M	6.17	M	1.0466	M	8:20 PM	M	0.25	M	0.0305	M							8:14 PM	M	0.42	M	0.0353	M			
3																											
4																											
5																											
6																											
7																											
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9																											
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21																											
22																											
23																											
24																											
25	2:55 PM	M	1.92	M	0.3194	M							3:06 PM	M	1.75	M	0.0759	M									
26																											
27																											
28																											
29																											
30																											
Totals:	2	Da ys	8.09		1.3660		1	Da ys	0.25		0.0305		1	Da ys	1.75		0.0759		1	Da ys	0.42		0.0353				



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R1 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 3 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: April 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	8:07 AM	M	1.50	M	0.0704	M	8:02 AM	M	1.75	M	0.2024	M							7:58 AM	M	3.00	M	0.5399	M	
3																									
4																									
5																									
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9																									
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23																									
24																									
25	2:22 PM	M	2.08	M	0.0642	M	2:27 PM	M	1.50	M	0.0920	M							2:18 PM	M	3.08	M	0.6393	M	
26																									
27																									
28																									
29																									
30																									
Totals:	2	Da ys	3.58		0.1346		2	Da ys	3.25		0.2944		0	Da ys	0.00		0.0000		2	Da ys	6.08		1.1792		



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 4 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: April 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. 016						CSO Outfall No. 017						CSO Outfall No. 018						CSO Outfall No. 019					
	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	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	8:06 AM	M	3.08	M	0.3221	M	8:04 AM	M	2.00	M	0.3896	M	8:09 AM	M	1.67	M	0.0745	M	8:05 AM	M	3.00	M	0.1167	M
3																								
4																								
5																								
6																								
7																								
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19																								
20																								
21																								
22																								
23																								
24																								
25	3:26 PM	M	1.08	M	0.0369	M	2:19 PM	M	2.33	M	0.4240	M	2:10 PM	M	5.48	M	0.5854	M	2:21 PM	M	4.42	M	0.4161	M
26																								
27																								
28																								
29																								
30																								
Totals:	2	Days	4.16		0.3590		2	Days	4.33		0.8136		2	Days	7.15		0.6599		2	Days	7.42		0.5328	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: April 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	8:06 AM	M	1.42	M	0.0941	M	7:57 AM	M	1.50	M	0.0628	M	8:00 AM	M	3.75	M	0.5093	M	7:46 AM	M	1.83	M	0.2693	M	
3																									
4																									
5																									
6																									
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23																									
24																									
25	2:31 PM	M	0.83	M	0.0518	M	2:42 PM	M	0.50	M	0.0158	M	3:15 PM	M	2.33	M	0.0542	M	2:11 PM	M	2.25	M	0.3573	M	
26																									
27																									
28																									
29																									
30																									
Totals:	2	Days	2.25		0.1459		2	Days	2.00		0.0786		2	Days	6.08		0.5635		2	Days	4.08		0.6266		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: April 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																									
2							8:15 AM	M	0.67	M	0.0302	M							8:12 AM	M	0.75	M	0.0228	M	
3																									
4																									
5																									
6																									
7																									
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11																									
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14																									
15																									
16																									
17																									
18																									
19	6:43 AM	M	0.08	M	0.0002	M																			
20																									
21																									
22																									
23																									
24																									
25	2:08 PM	M	4.42	M	0.3316	M	2:05 PM	M	1.08	M	0.0408	M							2:12 PM	M	1.25	M	0.0451	M	
26																									
27																									
28																									
29																									
30																									
Totals:	2	Da ys	4.50		0.3318		2	Da ys	1.75		0.0710		0	Da ys	0.00		0.0000		2	Da ys	2.00		0.0679		



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: April 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	7:31 PM	M	0.50	M	0.0358	M	7:02 AM	M	1.67	M	0.0604	M	8:09 AM	M	4.25	M	2.4836	M	8:16 PM	M	0.25	M	0.0124	M
3													12:04 AM	M	11.50	M	7.8312	M						
4																								
5																								
6																								
7																								
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24																								
25							1:27 PM	M	1.75	M	0.0307	M												
26																								
27																								
28																								
29																								
30																								
Totals:	1	Da	0.50		0.0358		2	Da	3.42		0.0911		2	Da	15.75		10.3148		1	Da	0.25		0.0124	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 8 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: April 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	8:01 AM	M	4.08	M	2.6999	M							7:56 AM	M	6.48	M	0.3279	M						
3																								
4																								
5																								
6																								
7																								
8																								
9																								
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22																								
23																								
24																								
25	3:41 PM	M	2.33	M	0.4317	M							2:11 PM	M	5.23	M	0.4308	M						
26																								
27																								
28																								
29																								
30																								
Totals:	2	Da ys	6.41		3.1316		0	Da ys	0.00		0.0000		2	Da ys	11.71		0.7587		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: April 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	precipitation
3	precipitation previous day
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	precipitation
20	
21	
22	
23	
24	
25	precipitation
26	
27	
28	precipitation
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 Kolo</i>	Date (mm/dd/yy) 5/27/25



BYPASS / OVERFLOW INCIDENT REPORT

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

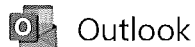
Follow-up to Bypass report
previously sent on: _____

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 4/12/25 9:04 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 4/12/25 11:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1308 Locust	(9) Latitude (Deg Min Sec) 41 42 01N	(9) Longitude (Deg Min Sec) 85 59 02W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 748 Gallons			(11) WWTP Flow During Release 17.6.0 MGD	(12) WWTP Peak Design Flow Rate 44 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: none		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches <i>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) sewer main plugged - roots		(17) Additional Description of the Bypass / Overflow Event: Call from resident came in at 9:04 pm with basement back-up. Collection Crews deployed to find main line, plugged with roots. Removed roots and flows/levels returned to normal at 11:00 pm. Back-up dimension estimate = 20' X 20' X 3" depth est = 748 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: <p style="text-align: right;">n/a</p>					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris Removed roots					
(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): 04/12/25
Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 04/12/25 appx 11:25	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM



Fw: IN00025674_INC_RPT_2025_04_01

From Kolo, Laura <Laura.Kolo@coei.org>

Date Sat 4/12/2025 11:23 AM

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

 1 attachment (105 KB)

IN0025674_INC_RPT_2025_04_01.pdf;

From: Kolo, Laura

Sent: Saturday, April 12, 2025 11:23 AM

To: 'wwreports@idem.IN.gov' <wwreports@idem.in.gov>

Subject: IN00025674_INC_RPT_2025_04_01

Please find incident report for a basement back-up which occurred on 041225 due to roots in the sewer main.

Thanks you,
Laura Kolo



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 4/25/25 6:19 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 4/25/25 7:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 522 Laurel	(9) Latitude (Deg Min Sec) 41 41 26N	(9) Longitude (Deg Min Sec) 85 58 59W

(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 1342 Gallons	(11) WWTP Flow During Release 30.4 MGD	(12) WWTP Peak Design Flow Rate 44 MGD
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(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release	(14) Describe any damage to aquatic life or receiving stream: none
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(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation ^{0.25/5 min} 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; 0.25"/5 min.; 0/83 total	(17) Additional Description of the Bypass / Overflow Event: Call from resident came in at 6:19 pm that basement back-up had occurred. Collection Crews deployed to find main had surcharged due to heavy rain but then receded. Back-up dimension est = 33' X 32' X 2" depth est = 1342 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
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(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other: n/a
--

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris A newer employee responded to this call the first time. Proper procedures were not followed and management was not made aware of incident upon resolving the situation as the procedure calls for.
--

(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): 05/05/25

Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 05/05/25 appx 9:00 a.m.	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
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Kolo, Laura

From: Kolo, Laura
Sent: Monday, May 5, 2025 9:31 AM
To: 'wwreports@idem.IN.gov'
Subject: IN0025674_INC_RPT_2025_04_2
Attachments: IN0025674_INC_RPT_2025_04_2.pdf

Please find incident report for a basement back-up during a very intense rain.

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.

CONFIDENTIALITY NOTICE: This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance upon this message. If you have received this in error, please notify me immediately by return email and promptly delete this message and its attachments from your computer system.

certificate of calibration



BL ANDERSON

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

LOCATION: Elkhart WWTP
Raw Influent

DATE: 1 / 3 / 24
CONTACT: Jeff Owens

(1) MANUFACTURER:

- | | | | | |
|-------------------------------------|-------------------------------------|--|---|---|
| <input type="checkbox"/> ABB | <input type="checkbox"/> BADGER | <input type="checkbox"/> CHESSELL | <input type="checkbox"/> ENDRESS HAUSER | <input type="checkbox"/> FOXBORO |
| <input type="checkbox"/> GREYLINE | <input type="checkbox"/> HACH/SIGMA | <input type="checkbox"/> HONEYWELL | <input type="checkbox"/> KROHNE | <input type="checkbox"/> MARSH MCBIRNEY |
| <input type="checkbox"/> McCROMETER | <input type="checkbox"/> MISSION | <input type="checkbox"/> PRECISION DIG | <input type="checkbox"/> RED LION | <input type="checkbox"/> ROSEMOUNT |
| <input type="checkbox"/> SCADA/PLC | <input type="checkbox"/> SIEMENS | <input type="checkbox"/> SPARLING | <input type="checkbox"/> VEGA | <input type="checkbox"/> YOKOGAWA |

Pulsar
MODEL NO: Ultra-Twin

S/N: 1921110200X4-XOP 348149

MODEL NO: _____ S/N: _____

(2) TYPE OF METER:

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

(3) CALIBRATION NOTES:

TRANSMITTER Accurate at 8.9" of head + 9.5" of head
SCALE 0-30 MGD CAL FACTOR — EXCITATION —

RECEIVING DEVICE

RECORDER INDICATOR TOTALIZER DATALOGGER SCADA/PLC OTHER
Totalizer: 339.12 US MG

(4) METHOD OF CALIBRATION:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> STAFF GAUGE/FLOW-CURVE TABLE | <input type="checkbox"/> DRAWDOWN TEST | <input checked="" type="checkbox"/> NO ADJUSTMENTS NEEDED |
| <input type="checkbox"/> PORTABLE METER/TEST SET | <input checked="" type="checkbox"/> ELECTRONICS ADJUSTMENT/PROGRAMMING | |
| <input type="checkbox"/> OTHER | | |

(5) COMMENTS: Echo Confidence: 100%

4-20mA signal is not being used.

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

FIELD 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: Elkhart WWTP
UV Effluent

DATE: 1 / 3 / 24
CONTACT: Jeff Owens

- (1) MANUFACTURER:
- | | | | | |
|-------------------------------------|-------------------------------------|--|---|---|
| <input type="checkbox"/> ABB | <input type="checkbox"/> BADGER | <input type="checkbox"/> CHESSELL | <input type="checkbox"/> ENDRESS HAUSER | <input type="checkbox"/> FOXBORO |
| <input type="checkbox"/> GREYLINE | <input type="checkbox"/> HACH/SIGMA | <input type="checkbox"/> HONEYWELL | <input type="checkbox"/> KROHNE | <input type="checkbox"/> MARSH MCBIRNEY |
| <input type="checkbox"/> McCROMETER | <input type="checkbox"/> MISSION | <input type="checkbox"/> PRECISION DIG | <input type="checkbox"/> RED LION | <input checked="" type="checkbox"/> ROSEMOUNT |
| <input type="checkbox"/> SCADA/PLC | <input type="checkbox"/> SIEMENS | <input type="checkbox"/> SPARLING | <input type="checkbox"/> VEGA | <input type="checkbox"/> YOKOGAWA |

MODEL NO: 3492LIP4I5 S/N: 7693537
MODEL NO: 3108 S/N: _____


- (2) TYPE OF METER:
- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> CLOSED | <input type="checkbox"/> OPEN PIPE: | <input type="checkbox"/> OPEN CHANNEL: | PRIMARY DEVICE: (Write size in blank) | |
| <input type="checkbox"/> MAGNETIC | <input type="checkbox"/> BUBBLER | <input type="checkbox"/> PARSHALL FLUME | <input type="checkbox"/> V-NOTCH WEIR | |
| <input type="checkbox"/> CLAMP-ON | <input type="checkbox"/> RADAR | <input type="checkbox"/> RECTANGULAR WEIR | <input checked="" type="checkbox"/> W/END CONTRACTIONS | |
| <input type="checkbox"/> DIFF PRESSURE | <input checked="" type="checkbox"/> ULTRASONIC | <input type="checkbox"/> PALMER-BOWLUS | <input type="checkbox"/> V-TRAPEZOIDAL FLUME | |
| <input type="checkbox"/> OTHER | <input type="checkbox"/> OTHER | <input type="checkbox"/> H FLUME | <input type="checkbox"/> OTHER | |

- (3) CALIBRATION NOTES:
- TRANSMITTER Measures accurately at 1.5" of head (15.19 MGD)
- SCALE 0-60 MGD CAL FACTOR — EXCITATION —
- 4-20 mA: Accurate across range.
- RECEIVING DEVICE
- RECORDER INDICATOR TOTALIZER DATALOGGER SCADA/PLC OTHER
- Totalizer: 57787148 x 10³ MGD

- (4) METHOD OF CALIBRATION:
- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> STAFF GAUGE/FLOW-CURVE TABLE | <input type="checkbox"/> DRAWDOWN TEST | <input checked="" type="checkbox"/> NO ADJUSTMENTS NEEDED |
| <input type="checkbox"/> PORTABLE METER/TEST SET | <input checked="" type="checkbox"/> ELECTRONICS ADJUSTMENT/PROGRAMMING | |
| <input type="checkbox"/> OTHER | | |

- (5) COMMENTS: _____
- _____
- _____

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


FIELD TECHNICAL SPECIALIST
JIM TODD / JIM GRONCESKI / SHAWN MARCH / RANDY PHARES
DAVE HALICKI / HOBIE MONTGOMERY (STEVE FARRIS)

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

 **Signing Process Confirmation - CDX Activity ID: _17118a57-1535-4229-a684-0a77a3d11723**

Your DMRs are undergoing the Signing Process

IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	05/31/25	06/28/25
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	05/31/25	06/28/25
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	05/31/25	06/28/25
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	05/31/25	06/28/25
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWAY - FKA JR. ACHIEVEMENT (Y DR N)	05/31/25	06/28/25
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	05/31/25	06/28/25
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	05/31/25	06/28/25
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	05/31/25	06/28/25
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	05/31/25	06/28/25
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	05/31/25	06/28/25
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	05/31/25	06/28/25
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	05/31/25	06/28/25
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	05/31/25	06/28/25
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	05/31/25	06/28/25
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	05/31/25	06/28/25
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	05/31/25	06/28/25
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	05/31/25	06/28/25
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	05/31/25	06/28/25
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	05/31/25	06/28/25
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	05/31/25	06/28/25
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	05/31/25	06/28/25
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	05/31/25	06/28/25
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	05/31/25	06/28/25
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	05/31/25	06/28/25
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	05/31/25	06/28/25
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	05/31/25	06/28/25
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	05/31/25	06/28/25
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	05/31/25	06/28/25
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	05/31/25	06/28/25
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	05/31/25	06/28/25

Code	Name	Value 1	Units	Value 1	Value 2	Value 3	Units	Value 2	Value 3	Ex.	Analysis	Type
00300	Oxygen, dissolved [DO]	Smpl.		=8.6			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	Smpl.		=7.0		=7.7	12 - SU			0	01/01 - Daily	GR - Grab
	1 - Effluent Gross											
Season: 0	Req.			>=6.0 DAILY MN		<=9.0 DAILY MX	12 - SU				01/01 - Daily	GR - Grab
NODI: -	NODI											
00530	Solids, total suspended	Smpl.	=431.0	=495.0	26 - lb/d	=4.0	19 - mg/L			0	01/01 - Daily	24 - 24 Hour Composite
	1 - Effluent Gross											
Season: 0	Req.	<=7511.0 MO AVG	<=11266.0 MX WK AV	<=30.0 MO AVG	26 - lb/d	<=45.0 MX WK AV	19 - mg/L				01/01 - Daily	24 - 24 Hour Composite
NODI: -	NODI											
00600	Nitrogen, total [as N]	Smpl.	=2217.0	=18.01	26 - lb/d	=18.01	19 - mg/L			0	01/30 - Monthly	24 - 24 Hour Composite
	1 - Effluent Gross											
Season: 0	Req.	Req Mon MO AVG	26 - lb/d	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.	=10.4	=53.8	26 - lb/d	=0.1	19 - mg/L			0	01/01 - Daily	24 - 24 Hour Composite
	1 - Effluent Gross											
Season: 1	Req.	<=1051.0 MO AVG	<=2478.0 DAILY MX	<=4.2 MO AVG	26 - lb/d	<=9.9 DAILY MX	19 - mg/L				01/01 - Daily	24 - 24 Hour Composite
NODI: -	NODI											
00665	Phosphorus, total [as P]	Smpl.	=54.0	=0.47	26 - lb/d	=0.47	19 - mg/L			0	01/01 - Daily	24 - 24 Hour Composite
	1 - Effluent Gross											
Season: 0	Req.	Req Mon MO AVG	26 - lb/d	<=1.0 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	Ex.	Analysis	Type
81012	Phosphorus, total percent removal										
	K - Percent Removal										
Season: 0	Req.										
NODI: -	NODI										
82220	Flow, total										
1 - Effluent Gross	Smpl.										
Season: 0	Req.										
NODI: -	NODI										

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0025674_CS0_MRO_2025_05.pdf	pdf	1346175.0
IN0025674_035a_MRO_2025_05.pdf	pdf	745673.0

Report Last Saved By

ELKHART WWTP

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2025-06-27 07:12 (Time Zone: -04:00)

Report Last Signed By

User: Payton88
 Name: Laura Kolo
 E-Mail: laura.kolo@coei.org
 Date/Time: 2025-06-27 07:13 (Time Zone: -04:00)

Permit

Permit ID: IN0025674 **Major:** 229 SOUTH 2ND ST
ELKHART, IN46516
Permittee: ELKHART WWTP **Permittee Address:** 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 05/01/25 to 05/31/25 **DMR Due Date:** 06/28/25
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: -



**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 May	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= 2.70 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	Thu			0.70				250		17.943	7.0	84	12,318	120	17,597	2.75	13.00
2	Fri			0.00				230		14.650	7.6	90	10,996	118	14,417	3.07	15.80
3	Sat			0.00				216		13.567	7.7	81	9,165	58	6,563	2.64	14.40
4	Sun			0.48				231		16.280	7.7	94	12,363	106	13,941	2.18	11.00
5	Mon			0.07				202		13.933	7.6	58	6,740	112	13,015	2.52	12.70
6	Tue			0.00				264		14.550	7.6	75	9,101	124	15,047	3.17	15.60
7	Wed			0.00				283		14.100	7.6	88	10,348	118	13,876	2.99	14.80
8	Thu			0.00				230		14.275	7.7	114	13,572	130	15,477	3.73	15.00
9	Fri			0.00				213		15.190	7.7	93	11,782	150	19,003	3.46	12.30
10	Sat			0.00				216		12.967	7.7	78	8,435	68	7,354	2.68	11.90
11	Sun			0.00				199		12.980	7.6	80	8,660	80	8,660	2.52	13.20
12	Mon			0.00				209		14.150	7.6	106	12,509	182	21,478	3.17	13.40
13	Tue			0.10				202		14.441	7.6	145	17,464	210	25,292	3.97	21.40
14	Wed			0.03				182		13.242	7.5	103	11,375	110	12,148	3.12	15.30
15	Thu			0.17				187		14.225	7.0	118	13,999	110	13,050	3.24	18.60
16	Fri			0.06				194		14.780	7.0	129	15,858	150	18,440	3.24	11.90
17	Sat			0.00				173		12.592	7.5	111	11,657	94	9,872	2.95	15.50
18	Sun			0.00				310		12.800	7.6	111	11,849	81	8,647	2.50	14.00
19	Mon			0.00				269		13.030	7.5	111	12,062	184	19,995	3.34	15.30
20	Tue			0.60				316		16.100	7.6	144	19,155	230	30,595	3.86	16.70
21	Wed			0.16				218		14.367	7.7	83	9,945	114	13,660	3.09	16.00
22	Thu			0.03				230		13.158	7.6	102	11,193	150	16,461	3.73	16.30
23	Fri			0.00				219		12.940	7.3	110	11,871	256	27,627	3.86	15.00
24	Sat			0.00				230		12.092	7.6	94	9,480	84	8,471	3.19	17.20
25	Sun			0.00				218		11.450	7.0	80	7,639	80	7,639	2.47	15.50
26	Mon			0.00				216		10.950	7.5	61	5,571	70	6,393	2.51	14.20
27	Tue			0.00				216		17.310	7.7	94	13,570	104	15,014	3.20	16.40
28	Wed			0.29				259		13.247	7.5	115	12,545	200	21,817	4.04	20.40
29	Thu			0.00				216		13.910	7.5	116	13,457	174	20,186	4.08	18.50
30	Fri			0.01				233		13.610	7.0	82	9,308	132	14,983	3.77	18.70
31	Sat			0.00				288		11.758	7.6	116	11,375	110	10,787	3.37	17.10
Average				0.09				230		13.890		99	11,463	129	15,081	3.17	15.39
Maximum				0.70				316		17.943	7.7	145	19,155	256	30,595	4.08	21.40
Minimum				0.00				173		10.950	7.00	58	5,571	58	6,393	2.18	11.00

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

Prepared by or under the direction of (Certified Operator): <i>Laura Kolo</i>	Date (month, day, year) 6/28/25
Signature of principal executive officer or authorized agent <i>Laura Kolo</i>	Date (month, day, year) 6/28/25

**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: May	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	86	70	122	2,500	49	4.2	14	22.122	6,280					7	7.0		9.0	
2	71	72	118	2,368	50	4.3	15	22.068	6,280					12	7.2		9.1	
3	61	51	120	2,880	42	4.9	14	22.048	5,940					3	7.1		9.3	
4	67	61	123	2,808	44	4.5	14	22.112	7,060					10	7.0		9.3	
5	55	53	126	3,040	41	4.9	15	22.177	7,040					3	7.1		9.5	
6	72	63	125	3,196	39	4.7	15	22.220	6,880					6	7.2		9.4	
7	60	61	130	3,096	42	4.8	15	22.111	5,140					8	7.1		9.4	
8	82	78	130	3,404	38	4.4	15	22.061	5,440					4	7.0		9.4	
9	64	74	130	3,180	41	4.9	15	21.975	6,660					8	7.3		9.2	
10	51	51	130	3,092	42	5.2	15	21.991	6,500					3	7.1		9.4	
11	53	47	132	2,772	48	5.2	15	21.958	6,580					13	7.0		9.2	
12	60	72	127	3,820	33	4.9	15	21.882	4,260					5	7.0		9.4	
13	81	72	136	3,024	45	3.8	15	21.826	7,220					3	7.5		9.1	
14	70	72	135	3,196	42	4.0	16	21.699	7,360					2	7.0		8.8	
15	81	74	128	3,428	37	4.1	16	21.594	5,980					5	7.2		9.0	
16	93	94	145	2,580	56	4.2	17	21.509	6,720					8	7.1		8.6	
17	74	59	146	3,464	42	4.5	16	21.548	7,600					2	7.0		9.1	
18	77	44	140	3,328	42	5.0	15	21.593	7,140					4	7.1		9.4	
19	58	71	139	2,940	47	4.7	16	21.656	7,600					4	7.0		9.8	
20	85	93	140	2,836	49	4.5	16	21.742	5,000					9	7.6		9.0	
21	70	63	145	3,508	41	4.4	16	21.726	6,420					5	7.0		8.8	
22	72	62	146	3,560	41	4.5	16	21.655	5,080					4	7.0		9.3	
23	71	58	142	3,680	39	4.7	16	21.564	7,520					3	7.5		9.2	
24	77	58	148	3,292	45	4.6	16	21.544	6,180					1	7.0		9.0	
25	70	51	147	3,096	47	3.9	16	21.699	6,480					10	7.2		9.0	
26	55	45	131	3,392	39	4.1	16	21.594	6,400					16	7.6		9.2	
27	58	49	141	2,748	51	4.2	16	21.509	6,580					10	7.6		9.2	
28	60	59	134	3,012	44	4.4	16	22.068	6,980					6	7.0		9.7	
29	87	93	136	3,148	43	4.1	16	22.048	5,320					9	7.0		8.8	
30	73	68	134	3,056	44	4.0	17	22.112	3,360					9	7.4		8.8	
31	86	50	133	3,000	44	4.5	16	22.048	3,180					7	7.0		8.7	
Avg.	70	64	134	3,111	44	4.5	16	21.854	6,199					5				
Max.	93	94	148	3,820	56	5.2	17	22.220	7,600					16	7.6			
Min.	51	44	118	2,368	33	3.8	14	21.509	3,180						7.00		8.6	
Daily Max														16				
# of Days above 235														0				
Data	31	31	31	31	31	31		31	31	0	0	0	0	31	31	31	0	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: May	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	Thu	20.150		6		1,008		8		1,378		0.31		52.1		0.56	94
2	Fri	15.220		2		254		5		635		0.06		7.6		0.41	52
3	Sat	13.780		3		345		4		471		0.04		4.6		0.44	51
4	Sun	17.420		4		581		5		683		0.37		53.8		0.50	73
5	Mon	15.040		3		376		4		464		0.07		8.8		0.44	55
6	Tue	14.760		2		246		4		492		0.05		6.2		0.40	49
7	Wed	14.230		3		356		4		439		0.05		5.9		0.38	45
8	Thu	14.310		2		239		4		430		0.04		4.8		0.38	45
9	Fri	16.140		3		404		5		619		0.05		6.7		0.44	59
10	Sat	12.980	14.983	2	2.71	217	346	3	3.91	336	495	0.03	0.09	3.2	13	0.38	41
11	Sun	12.890		2		215		2		215		0.03		3.2		0.46	49
12	Mon	13.710		3		343		3		354		0.07		8.0		0.50	57
13	Tue	13.880		2		232		3		301		0.11		12.7		0.50	58
14	Wed	13.730		2		229		4		401		0.05		5.7		0.46	53
15	Thu	13.360		3		334		2		223		0.07		7.8		0.41	46
16	Fri	14.960		3		374		3		412		0.10		12.5		0.42	52
17	Sat	12.000	13.504	3	2.57	300	290	2	2.70	240	307	0.04	0.07	4.0	8	0.49	49
18	Sun	12.140		3		304		5		537		0.03		3.0		0.75	76
19	Mon	12.880		2		215		2		258		0.06		6.4		0.48	52
20	Tue	16.930		2		282		4		494		0.19		26.8		0.44	62
21	Wed	14.400		2		240		4		444		0.04		4.8		0.36	43
22	Thu	13.070		2		218		4		458		0.05		5.5		0.40	44
23	Fri	13.070		2		218		3		349		0.05		5.5		0.40	44
24	Sat	11.900	13.484	2	2.14	198	239	3	3.67	337	411	0.06	0.07	6.0	8	0.44	44
25	Sun	10.980		2		183		2		211		0.06		5.5		0.49	45
26	Mon	10.535		3		264		3		237		0.06		5.3		0.51	45
27	Tue	12.453		2		208		3		312		0.05		5.2		0.54	56
28	Wed	13.430		3		336		4		392		0.11		12.3		0.55	62
29	Thu	12.210		2		204		4		438		0.12		12.2		0.54	55
30	Fri	11.990		2		200		5		460		0.08		8.0		0.58	58
31	Sat	11.190	11.827	3	2.43	280	239	4	3.41	327	339	0.50	0.08	7.5	8	0.50	47
Avg		13.733		3		303		4		431		0.10		10.4		0.47	54
Max		20.150	15	6	2.71	1,008	346	8	3.91	1,378	495	0.50	0.09	53.8	13	0.8	94
Min																0.4	41
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)	426
Primary Treatment	28.90	50.4				
Secondary Treatment	NA	NA			Percent Capacity	
Tertiary Treatment	96.3	94.2			(actual flow/design)	68.67
Overall Treatment	97.39	97.1	99.4	85.2		

**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	May	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	22.58	216.00	7.4		103		4.19	2.20	71.75	53.71	90.21			
2	31.55	216.00	7.4		103	14.148	3.64	2.25	73.29	53.59	51.88			
3	29.41	195.84	7.3		103		4.75	2.31	72.62	52.84				
4	21.05	194.40	7.2		103		3.48	2.37	77.39	54.17				
5	17.02	194.40	7.2		103		5.65	2.33	82.18	54.84	89.14			
6	22.08	194.40	7.2		103	7.074	3.10	2.28	72.83	54.39	90.43			
7	31.63	194.40	7.3		103	3.537	3.81	2.29	74.63	51.92	90.38			
8	28.60	194.40	7.3		103		3.59	2.32	70.97	51.56	90.23			
9	21.05	194.40	7.3		103		4.10	2.26	71.01	53.50	51.61			
10	25.05	194.40	7.2		103		3.82	2.22	70.12	52.54				
11	28.07	194.40	7.3		104	3.537	4.60	2.34	71.93	50.32				
12	19.90	194.40	7.3		104		4.58	2.30	76.38	50.93	89.66			
13	31.05	194.40	7.3		104		4.29	2.32	74.86	54.90	89.81			
14	38.46	194.40	7.5		102		3.77	2.21	73.33	55.77	90.17			
15	31.55	194.40	7.4		104		3.31	2.35	72.64	52.83	90.29			
16	32.45	194.40	7.4		104		2.94	2.39	74.15	53.98	51.55			
17	32.44	194.40	7.3		104		5.01	2.39	70.97	53.42				
18	28.74	194.40	7.3		104		4.52	2.40	75.49	48.89				
19	24.42	194.40	7.4		104	7.074	4.57	2.47	76.61	54.88	89.19			
20	23.50	194.40	7.3		103		3.98	2.37	77.24	53.46	90.18			
21	33.16	194.40	7.3		103		5.05	2.43	74.84	53.76	89.66			
22	36.96	194.40	7.3		103	7.074	4.21	2.40	72.91	53.90	89.61			
23	40.68	194.40	7.3		103		3.99	2.38	72.30	53.33	50.48			
24	37.08	194.40	7.3		104		2.46	2.35	74.05	52.41				
25	29.27	194.40	7.4		103		4.20	2.36	75.50	55.00				
26	32.42	194.40	7.3		103		4.57	2.40	76.45	53.24				
27	17.62	194.40	7.4		101		4.69	2.37	75.48	53.95	89.48			
28	28.46	194.40	7.3		103		4.09	2.38	77.28	53.85	88.02			
29	36.55	194.40	7.2		103		4.20	2.36	74.91	53.63	88.12			
30	33.45	194.40	7.2		103	24.759	4.64	2.36	76.50	55.62	89.59			
31	23.45	194.40	7.3		104		4.52	2.43	75.08	56.00				
Avg.	28.70	195.84			103	9.600	4.14	2.34	74.38	53.46	82.37			
Max.	40.68	216.00	7.5		104	24.759	5.65	2.47	82.18	56.00	90.43			
Min.														
Data	31	31	31	0	31	7	0	31	31	31	31	21	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	May	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																
5					0.0002	0.0002										
6			18.01	2,217												
7																
8																
9																
10																
11																
12																
13					0.0002	0.0002										
14																
15																
16																
17																
18																
19					0.0003	0.0002										
20																
21															8.2800	0.6020
22																
23																
24																
25																
26					0.0002	0.0002										
27																
28	178	19,937														
29																
30																
31																
Avg	178	19,937	18.01	2,217	0.0002	0.0002									8.28	0.60
Max					0.0003	0.0002									8.28	0.60
Min					0.0002	0.0002									8.28	0.60
Data	1	1	1	1	4	4	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	May	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																			
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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



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 1 of 9				Permit Number: IN0025574												
Facility: Elkhart Public Works & Utilities				Public Notification Requirements Met? Y																
Monitoring Period: May 2025				Enter "x" if no CSO discharge occurred for the month: X																
Design Peak Hourly Flow (MGD): 44				Design Average Flow (MGD): 20				Measured/Metered (M) or Estimated (E) must be specified												
WWTP Influent Data			Precipitation Data					CSO Outfall No. 005					CSO Outfall No. 006							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	17.58	28.00	2:54 AM	20.00	0.70	0.88	15 min													
2	14.65	19.97					15 min													
3	13.57	14.90					15 min													
4	15.77	31.69	11:29 AM	5.67	0.48	0.24	15 min													
5	13.93	15.20	1:01 AM	22.97	0.07	0.20	15 min													
6	14.55	18.78					15 min													
7	14.10	15.50					15 min													
8	14.28	15.50					15 min													
9	15.19	25.51					15 min													
10	12.97	14.80					15 min													
11	12.98	26.23					15 min													
12	14.15	16.02					15 min													
13	14.44	17.80	12:14 AM	21.53	0.10	0.08	15 min													
14	13.24	17.20	2:19 AM	14.45	0.03	0.08	15 min													
15	14.23	16.10	10:29 PM	1.20	0.17	0.64	15 min													
16	14.74	30.98	12:04 AM	0.17	0.06	0.24	15 min													
17	12.59	14.40					15 min													
18	12.80	14.00					15 min													
19	13.03	14.71					15 min													
20	15.95	30.15	8:04 AM	14.92	0.60	0.52	15 min													
21	14.37	17.20	2:44 AM	20.25	0.16	0.16	15 min													
22	13.16	14.20	12:29 AM	3.58	0.03	0.04	15 min													
23	12.94	16.66					15 min													
24	12.09	13.40					15 min													
25	11.45	15.77					15 min													
26	10.95	20.96					15 min													
27	17.31	17.31					15 min													
28	13.08	29.53	1:09 PM	1.75	0.29	0.24	15 min													
29	13.91	13.91					15 min													
30	13.61	13.61	6:44 PM	0.08	0.01	0.04	15 min													
31	11.76	22.41					15 min													
Totals:	429.36			126.57	2.70			0	Days	0.00	0			0	Days	0.00	0			



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 2 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: May 2025										Enter "x" if no CSO discharge occurred for the month: X															
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 007					CSO Outfall No. 008					CSO Outfall No. 009					CSO Outfall No. 011										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1																									
2																									
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24																									
25																									
26																									
27																									
28																									
29																									
30																									
31																									
Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 3 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: May 2025										Enter "x" if no CSO discharge occurred for the month: X														
Design Peak Flow (Hourly) (MGD): 44					Design Flow (MGD): 20					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 012							CSO Outfall No. 013							CSO Outfall No. 14B					CSO Outfall No. 015					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1	3:52 AM	M	0.42	M	0.0032	M													4:03 AM	M	1.00	M	0.0513	M
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20	4:32 PM	M	0.08	M	0.0004	M													4:23 PM	M	0.58	M	0.0133	M
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	2	Days	0.50		0.0036		0	Days	0.00		0.0000		0	Days	0.00		0.0000		2	Days	1.58		0.0646	



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 4 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: May 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													3:44 AM	M	2.83	M	0.1030	M	4:26 AM	M	1.58	M	0.0214	M
2																								
3																								
4													1:44 PM	M	2.75	M	0.1808	M	2:26 PM	M	1.00	M	0.0338	M
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16													12:20 AM	M	0.88	M	0.0343	M						
17																								
18																								
19																								
20													4:10 PM	M	2.33	M	0.1506	M						
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28													2:55 PM	M	1.92	M	0.0937	M						
29																								
30																								
31																								
Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		5	Days	10.71		0.5624		2	Days	2.58		0.0552	



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart												Page 5 of 9			Permit Number: IN0025574											
Facility: Elkhart Public Works & Utilities												Public Notification Requirements Met? Y														
Monitoring Period: May 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	3:40 AM	M	0.25	M	0.0156	M	3:37 AM	M	0.17	M	0.0017	M								3:36 AM	M	0.25	M	0.0420	M	
2																										
3																										
4																										
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10																										
11																										
12																										
13																										
14																										
15																					11:36 PM	M	0.17	M	0.0244	M
16																										
17																										
18																										
19																										
20														4:30 PM	M	0.75	M	0.0139	M		4:06 PM	M	0.25	M	0.0110	M
21																										
22																										
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24																										
25																										
26																										
27																										
28																										
29																										
30																										
31																										
Totals:	1	Days	0.25		0.0156		1	Days	0.17		0.0017		1	Days	0.75		0.0139		3	Days	0.67		0.0774			



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: May 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	3:38 AM	M	1.17	M	0.0159	M	3:35 AM	M	0.50	M	0.0218	M													
2																									
3																									
4	1:08 PM	M	2.83	M	0.0343	M	12:55 PM	M	0.58	M	0.0030	M													
5							10:40 AM	M	0.75	M	0.0038	M													
6																									
7																									
8																									
9																									
10																									
11																									
12																									
13																									
14																									
15	11:48 PM	M	0.25	M	0.0037	M																			
16	12:03 AM	M	0.33	M	0.0030	M																			
17																									
18																									
19																									
20	4:03 PM	M	0.42	M	0.0073	M																			
21																									
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27																									
28																									
29																									
30																									
31																									
Totals:	5	Days	5.00		0.0642		3	Days	1.83		0.0286		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: May 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							3:42 AM	M	0.17	M	0.0055	M												
2																								
3																								
4																								
5																								
6																								
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27																								
28																								
29																								
30																								
31																								
Totals:	0	Days	0.00		0.0000		1	Days	0.17		0.0055		0	Days	0.00		0.0000		0	Days	0.00		0.0000	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 8 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: May 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	2:31 PM	M	0.42	M	0.0043	M							2:06 PM	M	2.00	M	0.0999	M						
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20	4:31 PM	M	0.92	M	0.1045	M							4:20 PM	M	2.08	M	0.0924	M						
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28													3:20 PM	M	0.58	M	0.0017	M						
29																								
30																								
31																								
Totals:	2	Days	1.34		0.1088		0	Days	0.00		0.0000		3	Days	4.66		0.1940		0	Days	0.00		0.0000	



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

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

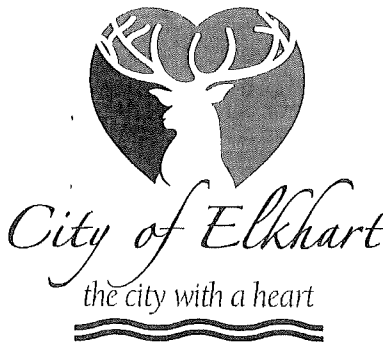
Day of Month	Comments (further explanation as to why each CSO event occurred)
1	Precipitation
2	
3	
4	Precipitation
5	Precipitation
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	Precipitation
16	Precipitation
17	
18	
19	
20	Precipitation
21	
22	
23	
24	
25	
26	
27	
28	Precipitation
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Laura E. Kolo, Utilities Services Manager	Telephone 574-293-2572
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent <i>Laura Kolo</i>	Date (mm/dd/yy) <i>6/25/25</i>

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
Permittee: ELKHART WWTP
Facility: ELKHART WWTP
Permitted Feature: 035 - External Outfall
Major: 229 SOUTH 2ND ST
ELKHART , IN46516
Permittee Address: 1201 S NAPPANEE ST
ELKHART , IN46516
Facility Location: 035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER
Discharge:
DMR Due Date: 07/28/25

Report Dates & Status

Monitoring Period: From 06/01/25 to 06/30/25
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
Last Name: Kolo
Telephone: 574-293-2572

No Data Indicator (NODI)

Form NODI: -

Code	Ni	Value 1	Value 2	Units	Req 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
00300	Oxygen, dissolved [DO]										
	1 - Effluent Gross										
	Season: 0										
	NODI: -										
00400	pH										
	1 - Effluent Gross										
	Season: 0										
	NODI: -										
00530	Solids, total suspended										
	1 - Effluent Gross										
	Season: 0										
	NODI: -										
00600	Nitrogen, total [as N]										
	1 - Effluent Gross										
	Season: 0										
	NODI: -										
00610	Nitrogen, ammonia total [as N]										
	1 - Effluent Gross										
	Season: 1										
	NODI: -										
00665	Phosphorus, total [as P]										
	1 - Effluent Gross										
	Season: 0										

01/01 - Daily

19 - mg/L

Value 3

Value 2

Req 1

Units

Value 2

Value 1

Smpl.

Req.

01/01 - Daily

19 - mg/L

Value 3

Value 2

Req 1

Units

Value 2

Value 1

Smpl.

Req.

01/01 - Daily

12 - SU

Value 3

Value 2

Req 1

Units

Value 2

Value 1

Smpl.

Req.

01/01 - Daily

12 - SU

Value 3

Value 2

Req 1

Units

Value 2

Value 1

Smpl.

Req.

01/01 - Daily

19 - mg/L

Value 3

Value 2

Req 1

Units

Value 2

Value 1

Smpl.

Req.

01/30 - Monthly

19 - mg/L

Value 3

Value 2

Req 1

Units

Value 2

Value 1

Smpl.

Req.

01/30 - Monthly

19 - mg/L

Value 3

Value 2

Req 1

Units

Value 2

Value 1

Smpl.

Req.

01/01 - Daily

19 - mg/L

Value 3

Value 2

Req 1

Units

Value 2

Value 1

Smpl.

Req.

01/01 - Daily

19 - mg/L

Value 3

Value 2

Req 1

Units

Value 2

Value 1

Smpl.

Req.

01/01 - Daily

19 - mg/L

Value 3

Value 2

Req 1

Units

Value 2

Value 1

Smpl.

Req.

Submission #

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, 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	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) 7/23/25
Signature of principal executive officer or authorized agent <i>Laura Kolo</i>	Date (month, day, year) 7/23/25

**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 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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		FINAL EFFLUENT															
Day Of Month	Day of Week	Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Sun	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				
Overall Treatment	97.41	96.4	98.1	86.7		
					Percent Capacity (actual flow/design) 63.15	

**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	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 Elkhart	Permit Number IN0025674	For Month Of: June	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					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																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
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



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	Days	0.00		0		4	Days	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	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							2:53 AM	M	0.58	M	0.0469	M	
28																									
29																									
30	1:22 PM	M	0.33	M	0.0121	M	1:22 PM	M	0.17	M	0.0046	M							1:28 PM	M	0.50	M	0.0245	M	
Totals:	5	Da ys	2.17		0.0889		4	Da ys	1.25		0.1231		0	Da ys	0.00		0.0000		6	Da ys	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													5:55 PM	M	0.58	M	0.0062	M						
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	Da ys	5.83		0.2837		4	Da ys	2.66		0.3765		8	Da ys	9.23		0.3305		5	Da ys	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						
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	Days	0.33		0.0038		6	Days	1.76		0.0675		6	Days	3.16		0.7650		3	Days	0.42		0.0237	



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: 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. 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	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 60546 (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 Describe Other: (in the box below) intense rain; 0.25"/5 min.; 0/83 total		(17) Additional Description of the Bypass / Overflow Event: Call from resident came in at 8:14 am on 6/3/25. Said she has 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	
(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
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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
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: Laura Kolo 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
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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: _____

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

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

RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 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
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(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other: n/a
--

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



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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: _____

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

GENERAL INFORMATION					
(1) Facility Name (<i>Organization</i>) Elkhart Public Works		(2) Mailing Address (<i>reporting organization</i>) 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 (<i>streets address or Manhole, Lift Station, Force Main etc.</i>) LS 18	(9) Latitude (Deg Min Sec) unable to gather	(9) Longitude (Deg Min Sec) unable to gather
(10) Amount of Flow Released (<i>Always provide a volume.</i>) 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 (<i>Select one.</i>) <input type="checkbox"/> Sanitary Sewer Overflow <input 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 checked="" 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 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) (<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>) 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 06/19/25. 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 (<i>Check all that apply.</i>) <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 (<i>Select one or more.</i>) <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 (<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 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.					

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 then fax or scan to PDF for emailing.</i>)				
SIGNATURE: <i>Laura Kolo</i>				DATE (month, day, year): 06/19/24
Individual Making Report (<i>printed</i>) 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	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 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 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: 3492L1P4I5 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.

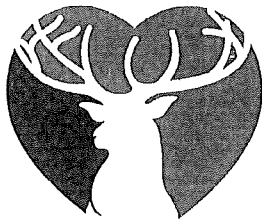
THIS EQUIPMENT HAS NOW BEEN CALIBRATED AND/OR VERIFIED TO BE OPERATING WITHIN THE MANUFACTURES SPECIFICATIONS

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	ELKH	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

✓ View Certification |  Download COR

DMR Copy of Submission

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

Permit

Permit ID: IN0025674 **Major:** 229 SOUTH 2ND ST
ELKHART, IN46516
Permittee: ELKHART WWTP **Permittee Address:** 1201 S NAPPANEE ST
ELKHART, IN46516
Facility: ELKHART WWTP **Facility Location:** 035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER
Permitted Feature: 035 - External Outfall **Discharge:**
Report Dates & Status **DMR Due Date:** 08/28/25
Monitoring Period: From 07/01/25 to 07/31/25

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	Ex.	of Analysis	Type
NODI: -												
01079	Silver total recoverable											
1 - Effluent Gross												
Season: 0												
NODI: -												
01079	Silver total recoverable											
G - Raw Sewage Influent												
Season: 0												
NODI: -												
50050	Flow, in conduit or thru treatment plant											
1 - Effluent Gross												
Season: 0												
NODI: -												
51041	E. coli, colony forming units [CFU]											
1 - Effluent Gross												
Season: 1												
NODI: -												
80082	BOD, carbonaceous [5 day, 20 C]											
1 - Effluent Gross												
Season: 0												
NODI: -												

NODI: -

Smpl. <0.017 <0.018 26 - lb/d <0.0002 19 - mg/L 0 01/07 - Weekly 24 - 24 Hour Composite

Req. <=0.063 MO AVG <=0.13 DAILY MX 26 - lb/d <=0.00038 MO AVG <=0.00077 DAILY MX 19 - mg/L 0 01/07 - Weekly 24 - 24 Hour Composite

NODI: -

Smpl. =10.263 03 - MGD =0.0004 =0.00074 19 - mg/L 0 02/30 - Twice Per Month 24 - 24 Hour Composite

Req. Req Mon MO AVG Req Mon DAILY MX 19 - mg/L 0 02/30 - Twice Per Month 24 - 24 Hour Composite

NODI: -

Req. Req Mon MO AVG 03 - MGD 01/01 - Daily TM - Totalizer

Smpl. =54.0 3Z - CFU/100mL 0 01/01 - Daily GR - Grab

Req. <=125.0 MO GEO <=235.0 DAILY MX 3Z - CFU/100mL 0 01/01 - Daily GR - Grab

NODI: -

Smpl. =274.0 26 - lb/d =399.0 =5.0 19 - mg/L 0 01/01 - Daily 24 - 24 Hour Composite

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 0 01/01 - Daily 24 - 24 Hour Composite

NODI: -

Code	NaI	Value 1	Value 2	Units	V	1	Value 2	Value 3	Units	Ex.	of Analysis	Type
81012	Phosphorus, total percent removal											
	K - Percent Removal											
Season:	0										01/30 - Monthly	CA - Calculated
											23 - %	0
Req.:												
NODI:	-											
82220	Flow, total											
	1 - Effluent Gross											
Season:	0										01/30 - Monthly	RT - Recorder Total
											0	
Req.:												
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)

we also encourage you to ask a question, provide feedback, or report a problem.



**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	31	0
-----------	--	----	---	---	---	----	---	----	----	----	----	----	----	----	----	---

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

Prepared by or under the direction of (Certified 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**

Slate 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				
Secondary Treatment	NA	NA			Percent Capacity	
Tertiary Treatment	97.1	91.9			(actual flow/design) 51.32	
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																		
15																		
16																		
17																		
18																		
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22																		
23																		
24																		
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 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	11.29	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																									
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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																									
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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		
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26	11:39 AM	M	0.50	M	0.0293	M	11:37 AM	M	0.42	M	0.0576	M														
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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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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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
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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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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
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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: 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. 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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24	6:37 PM	M	0.08	M	0.0000	M																				
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26	11:32 AM	M	0.17	M	0.0077	M	11:35 AM	M	0.08	M	0.0037	M														
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Totals:	1	Da ys	0.25		0.0077		3	Da ys	1.33		0.0332		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 60546 (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	
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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	
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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
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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																								
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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	
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9	
10	
11	precipitation
12	
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14	precipitation within previous 72 hours
15	
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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 	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: Laura Kolo DATE (month, day, year): 7/7/24

Individual Making Report (printed) Laura Kolo	Telephone Number (574) 293-2572	Contact Email laura.kolo@coei.org	Date (month, day, year) / Time IDEM Notified 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.

CONFIDENTIALITY NOTICE: This email and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance upon this message. If you have received this in error, please notify me immediately by return email and promptly delete this message and its attachments from your computer system.

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

Biomonitor

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

SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity

SAMPLE IDENTIFICATION: Elkhart - 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:

Biomonitor

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

SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity

SAMPLE IDENTIFICATION: Elkhart - 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: Murphy
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:

Biomonitor

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

SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity

SAMPLE IDENTIFICATION: Elkhart - 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 Hill
Date: 7-11-2025 Time: 12:00

Received by: CFC-7E
Date: 7/11/25 Time: 12:00 pm

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
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	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		160	69
Lower Limit	61	20	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	1731	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
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	6	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 Adults	No. of Young per Adult	
		1	2	3	4	5	6	7	8	9	10			
Control	1	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	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	0	0	0	0	2	0	0	0	0	3	10	0.5
	5	0	2	2	0	0	3	4	3	6	0	20	10	2.0
	6	5	0	3	4	3	0	8	4	0	5	32	10	3.2
	7	8	6	7	4	0	7	8	0	8	7	55	10	5.5
	8	7	0	0	0	7	9	0	7	13	10	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 Adults	No. of Young per Adult	
		1	2	3	4	5	6	7	8	9	10			
6%	1	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	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	0	0/	3	0	0	0	0	0	0	3	9	0.3
	5	5	2	0/	0	0	4	0	2	4	0	17	9	1.7
	6	0	8	0/	7	3	0	7	5	2	6	38	9	3.8
	7	8	9	0/	8	7	6	11	0	8	8	65	9	6.5
	8	8	0	0/	0	0	0	0	9	0	11	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 Adults	No. of Young per Adult	
		1	2	3	4	5	6	7	8	9	10			
12%	1	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	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	2	2	10	0.2
	4	2	0	0	0	0	0	0	0	0	2	4	10	0.4
	5	0	0	0	0	0	0	0	0	0	0	3	10	0.3
	6	4	0	2	5	5	0	9	4	7	5	41	10	4.1
	7	9	7	5	7	8	9	11	10	9	8	83	10	8.3
	8	0	0	0	0	12	0	0	7	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	10	0	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
	4	2	2	0	0	0	0	0	0	0	0	2	2	8	0.8
	5	4	0	1	0	0	0	0	0	0	4	0	5	17	1.7
	6	0	7	2	3	0	8	8	5	7	3	3	3	43	4.3
	7	10	8	0	8	8	9	12	12	6	0	6	0	73	7.3
	8	0	0	12	0	10	0	0	0	0	0	0	4	26	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	10	0	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
	4	0	0	0	0	0	2	2	0	0	0	0	4	8	0.8
	5	0	6	0	0	3	6	0	0	1	0	16	0	16	1.6
	6	0	9	0	0	0	3	11	4	0	6	33	10	33	3.3
	7	0/	0	3	5	9	0	10	9	1	0	37	9	37	3.7
	8	0/	6	0	0	5	0	0	0	3	5	19	9	19	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	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
	4	0	2	0	4	3	1	3	0	0	0	13	10	13	1.3
	5	0	4	0	0	0	0	0	2	0	6	12	10	12	1.2
	6	0	6	8	7	2	2	8	6	5	9	53	10	53	5.3
	7	13	0	3	0	15	0	2	9	0	0	42	10	42	4.2
	8	0	7	0	8	0	0	0	0	0	6	21	10	21	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 Test Date(s) : 7/8-15/25 Drying Temp (°C): 100
 Location: Elkhart, IN Weighing Date: 7/16/25 Drying Time (h): 6
 Analyst: MMB, MN, MIMK

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 WWP**

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

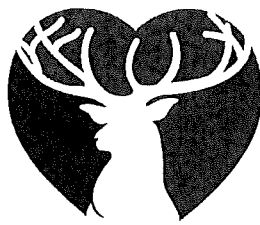
Discharger: Elkhart WWTP
 Location: Elkhart, IN

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

Indiana DEM

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

DMR Copy of Submission

[Expand Notices](#)

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

Permit

Permit ID: IN0025674
Permittee: ELKHART WWTP
Facility: ELKHART WWTP
Permitted Feature: 035 - External Outfall
Major: 229 SOUTH 2ND ST
ELKHART , IN46516
Permittee Address: 1201 S NAPPANEE ST
ELKHART , IN46516
Facility Location: 035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER
Discharge:
DMR Due Date: 09/28/25

Report Dates & Status

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

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
Last Name: Kolo
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 Analysis Ex.	Type
00300	Oxygen, dissolved [DO]										
	1 - Effluent Gross										
	Season: 0										
	NODI: -										
00400	pH										
	1 - Effluent Gross										
	Season: 0										
	NODI: -										
00530	Solids, total suspended										
	1 - Effluent Gross										
	Season: 0										
	NODI: -										
00600	Nitrogen, total [as N]										
	1 - Effluent Gross										
	Season: 0										
	NODI: -										
00610	Nitrogen, ammonia total [as N]										
	1 - Effluent Gross										
	Season: 1										
	NODI: -										
00665	Phosphorus, total [as P]										
	1 - Effluent Gross										
	Season: 0										
	NODI: -										

3R - 3
Grabs/24
hours

01/01 -
Daily

19 - mg/L

0

3R - 3
Grabs/24
hours

01/01 -
Daily

19 - mg/L

0

12 - SU

0

01/01 -
Daily

GR - Grab

01/01 -
Daily

12 - SU

0

01/01 -
Daily

GR - Grab

01/01 -
Daily

19 - mg/L

0

01/01 -
Daily

24 - 24
Hour
Composite

01/01 -
Daily

24 - 24
Hour
Composite

01/01 -
Monthly

19 - mg/L

0

01/30 -
Monthly

24 - 24
Hour
Composite

01/30 -
Monthly

19 - mg/L

0

01/01 -
Daily

24 - 24
Hour
Composite

01/01 -
Daily

19 - mg/L

0

01/01 -
Daily

24 - 24
Hour
Composite

01/01 -
Daily

19 - mg/L

0

01/01 -
Daily

24 - 24
Hour
Composite

01/01 -
Daily

19 - mg/L

0

01/01 -
Daily

24 - 24
Hour
Composite

01/01 -
Daily

19 - mg/L

0

01/01 -
Daily

24 - 24
Hour
Composite

01/01 -
Daily

19 - mg/L

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01/01 -
Daily

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Hour
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Daily

19 - mg/L

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Daily

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Composite

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Daily

19 - mg/L

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Daily

24 - 24
Hour
Composite

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Daily

19 - mg/L

0

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Daily

24 - 24
Hour
Composite

01/01 -
Daily

19 - mg/L

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01/01 -
Daily

24 - 24
Hour
Composite

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Daily

19 - mg/L

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Daily

24 - 24
Hour
Composite

01/01 -
Daily

19 - mg/L

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Daily

24 - 24
Hour
Composite

01/01 -
Daily

19 - mg/L

0

01/01 -
Daily

24 - 24
Hour
Composite

01/01 -
Daily

19 - mg/L

0

01/01 -
Daily

24 - 24
Hour
Composite

01/01 -
Daily

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_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)

✓ View Certification |  Download COR

DMR Copy of Submission

Expand Notices

Permit

Permit ID: IN0025674
Permittee: ELKHART WWTP
Facility: ELKHART WWTP
Permitted Feature: 035 - External Outfall
Major: 229 SOUTH 2ND ST
ELKHART , IN46516
Permittee Address: 1201 S NAPPANEE ST
ELKHART , IN46516
Facility Location: 035-TX - SEMIANNUAL BIOMONITORING
Discharge: 09/28/25
DMR Due Date: 09/28/25

Report Dates & Status

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

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

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)	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
-----------	---	---	---	---	----	---	----	----	----	----	----	----	----	----	----	---

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

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

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	Permit Number	For Month Of:	Year
Elkhart	IN0025674	August	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	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 Elkhart	Permit Number IN0025674	For Month Of: August	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																			
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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



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 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																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
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																								
16																								
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																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	2	Da ys	4.66		0.7994		2	Da ys	0.84		0.0946		2	Da ys	4.25		0.1808		2	Da ys	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		Design Peak Flow (Hourly) (MGD): 44		Design Flow (MGD): 20																			
				Measured/Metered (M) or Estimated (E) must be specified																			
CSO Outfall No. 012		CSO Outfall No. 013		CSO Outfall No. 14B		CSO Outfall No. 015																	
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E					
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
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																							
15																							
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																							
21																							
22																							
23																							
24																							
25																							
26																							
27																							
28																							
29																							
30																							
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 50548 (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: 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
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
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																								
14																								
15																								
16																								
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																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
31																								
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	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	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																									
14																									
15																									
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																									
21																									
22																									
23																									
24																									
25																									
26																									
27																									
28																									
29																									
30																									
31																									
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	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	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													4:44 AM	M	0.92	M	0.0229	M	
20																									
21																									
22																									
23																									
24																									
25																									
26																									
27																									
28																									
29																									
30																									
31																									
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						
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
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						
14																								
15																								
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
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
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
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
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																								
21																								
22																								
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	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	precipitation
13	precipitation
14	
15	
16	
17	
18	
19	precipitation
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent 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) 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	(7) Date (mm/dd/yy) and Time Release Stopped	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
	8/06/25 7:37 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	8/06/25 9:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	1823 Kenilworth Dr	41 42 34.765N	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: <i>Justin Shanholt</i>	DATE (month, day, year): 8/07/25			
Individual Making Report (printed) Justin Shanholt	Telephone Number (574) 293-2572	Contact Email justin.shanholt@coei.org	Date (month, day, year) / Time IDEM Notified 8/07/25 appx 1:15 pm	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM



IN0025674_INC_RPT_2025_08_6

From Shaholt, Justin <justin.shaholt@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 Shaholt
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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Outlook

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 <input checked="" 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.) 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 _____ 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 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.					
(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 then fax or scan to PDF for emailing.</i>					
SIGNATURE: <u>Justin Shanholt</u>				DATE (month, day, year): <u>8/19/25</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 8/19/25 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 Shamball

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"
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: _____

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

GENERAL INFORMATION					
(1) Facility Name (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee Street		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 8/19/25 9:42 <input checked="" 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): <u>8/19/25</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 8/19/25 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 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)
	<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 <input 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)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 5)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 6)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 7)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

CERTIFICATION AND SIGNATURE	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
SIGNATURE: <u>Julie Shantall</u>	DATE (month, day, year): <u>8/19/25</u>



Outlook

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"
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	(7) Date (mm/dd/yy) and Time Release Stopped	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
	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	5 Sunrise Dr	41 39 50.728N	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 <i>Rain</i>		
(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: <i>Justin Shanholt</i>		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	
		<input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water			

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

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

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

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


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

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

CERTIFICATION AND SIGNATURE	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
SIGNATURE: <u>Julian Shambolt</u>	DATE (month, day, year): <u>8/20/25</u>

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 <u>and</u> NetDMR (Parameter Code 61427)
		Toxicity (chronic)	TU _c	1					8.0	Pass	Laboratory Report <u>and</u> NetDMR (Parameter Code 61428)

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

Project Name: Elkhart Wastewater Treatment Plant

Project Date: 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 Britten

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

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SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity

SAMPLE IDENTIFICATION: Elkhart - [redacted] Mo[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: lps

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: one, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

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

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

Relinquished by: _____
Date: _____ Time: _____

Received by: _____
Date: _____ Time: _____

TEMP: 12 °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 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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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: 12:50 pm

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

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 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
2/22	105	40	80	54
3/22	75	40	80	51
4/22	113	40	80	57
5/22	95	40	80	30
6/22	113	40	80	41
7/22	75	40	80	33
8/22	86	20	40	30
9/22	80	40	80	32
11/22	70	40	80	40
12/22	77	40	80	48
1/23	75	40	80	48
2/23	86	40	80	52
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 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
02/22	812	500	1000	612
03/22	946	500	1000	707
04/22	917	500	1000	703
05/22	1110	1000	2000	1223
06/22	856	500	1000	710
07/22	1130	500	1000	736
08/22	1093	500	1000	925
09/22	1278	1000	2000	950
11/22	1035	500	1000	684
12/22	1053	1000	2000	805
01/23	795	500	1000	664
02/23	1091	500	1000	741
04/23	1231	1000	2000	1121
05/23	1189	1000	2000	1110
06/23	951	500	1000	659
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	493

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 Test Date(s) : 7/29/25 - 8/5/25 Drying Temp (°C): 100
 Location: Elkhart, IN Weighing Date: 8/6/25 Drying Time (h): 6
 Analyst: MMB, MN, MMK

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 < Critical F FAIL TO REJECT Ho: All groups equal

Elkhart RT 8.25

File: fhm_grow

Transform: NO TRANSFORMATION

DUNNETTS TEST - TABLE 1 OF 2

Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	MEAN CALCULATED IN ORIGINAL UNITS	T STAT	SIG
1	control	0.253	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/MAVAJO	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 **Major:** 229 SOUTH 2ND ST
ELKHART, IN46516
Permittee: ELKHART WWTP **Permittee Address:** 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 09/01/25 to 09/30/25 **DMR Due Date:** 10/28/25

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	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis of	Type
00300	Oxygen, dissolved [DO]	Smpl.			=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	Smpl.			=7.0		12 - SU	0		01/01 - Daily	GR - Grab
	1 - Effluent Gross										
Season: 0	Req.				>=6.0 DAILY MN		<=9.0 DAILY MX	12 - SU		01/01 - Daily	GR - Grab
NODI: -	NODI										
00530	Solids, total suspended	Smpl.	=437.0	26 - lb/d		=900.0	=9.0	19 - mg/L	0	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.	=1539.0	26 - lb/d		=20.5		19 - mg/L	0	01/30 - Monthly	24 - 24 Hour Composite
	1 - Effluent Gross										
Season: 0	Req.	Req Mon MO AVG	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.	=9.9	26 - lb/d		=94.2	=0.11	19 - mg/L	0	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.	=36.0	26 - lb/d		=0.47		19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
	1 - Effluent Gross										
Season: 0	Req.	Req Mon MO AVG	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
81012	Phosphorus, total percent removal	Smpl.			=89.1			23 - %	0	01/30 - Monthly	CA - Calculated
	K - Percent Removal				>=75.0 MO AV MN			23 - %		01/30 - Monthly	CA - Calculated
Season:	0	Req.									
NODI:	-	NODI									
82220	Flow, total	Smpl.		80 - Mgal/mo					0	01/30 - Monthly	RT - Recorder Total
	1 - Effluent Gross		=276.0								
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)

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

DMR Copy of Submission

Expand Notices

Showing COR 13 of 31 ◀ ◁ 9 10 11 12 **13** 14 15 16 ▶ ▷

Permit

Permit ID: IN0025674 **Major:** 229 SOUTH 2ND ST
ELKHART, IN46516
Permittee: ELKHART WWTP **Permittee Address:** 1201 S NAPPANEE ST
ELKHART, IN46516
Facility: ELKHART WWTP **Facility Location:** 035-AQ - QUARTERLY REPORTING
Permitted Feature: 035 - External Outfall **Discharge:** 10/28/25
Report Dates & Status **DMR Due Date:** 10/28/25
Monitoring Period: From 07/01/25 to 09/30/25

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

No Data Indicator (NODI)

Form NODI:

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis
00717	Cyanide, free [as free]		=0.264	26 - lb/d			=0.003	19 - mg/L	0	01/90 - Quarterly
	1 - Effluent Gross									GR - Grab
Season: 0	Req.	Req Mon DAILY MX		26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly
	NODI: -									GR - Grab
00717	Cyanide, free [as free]						=0.014	19 - mg/L	0	01/90 - Quarterly
	G - Raw Sewage Influent									GR - Grab
Season: 0	Req.	Req Mon DAILY MX					Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly
	NODI: -									GR - Grab
01074	Nickel, total recoverable		=0.678	26 - lb/d			=0.008	19 - mg/L	0	01/90 - Quarterly
	1 - Effluent Gross									24 - 24 Hour Composite
Season: 0	Req.	Req Mon DAILY MX		26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly
	NODI: -									24 - 24 Hour Composite
01074	Nickel, total recoverable						=0.02	19 - mg/L	0	01/90 - Quarterly
	G - Raw Sewage Influent									24 - 24 Hour Composite
Season: 0	Req.	Req Mon DAILY MX					Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly
	NODI: -									24 - 24 Hour Composite
01094	Zinc, total recoverable		=1.983	26 - lb/d			=0.0234	19 - mg/L	0	01/90 - Quarterly
	1 - Effluent Gross									24 - 24 Hour Composite
Season: 0	Req.	Req Mon DAILY MX		26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly
	NODI: -									24 - 24 Hour Composite
01094	Zinc, total recoverable						=0.0693	19 - mg/L	0	01/90 - Quarterly
	G - Raw Sewage Influent									24 - 24 Hour Composite
Season: 0	Req.	Req Mon DAILY MX					Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly
	NODI: -									24 - 24 Hour Composite
01113	Cadmium, total recoverable		=0.069	26 - lb/d			<0.0002	19 - mg/L	0	01/90 - Quarterly
	1 - Effluent Gross									24 - 24 Hour Composite

Code	Name	Value 1	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: 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= 3.04 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	45.96
Tertiary Treatment	98.4	95.5			(actual flow/design)	
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 Elkhart	Permit Number IN0025674	For Month Of: September	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																			
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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



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 (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee St. Elkhart IN 46516		(3) County Elkhart	(4) NPDES Permit IN0025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 035	(6) Date (mm/dd/yy) and Time Release Began 9:49 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 12:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 1 S. Nappanee St. Elkhart IN 46	(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 12-68K Gallons			(11) WWTP Flow During Release 33.4 MGD	(12) WWTP Peak Design Flow Rate 60 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		
(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) 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 (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 checked="" type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: St. Joseph river	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input checked="" type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health 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 (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input checked="" type="checkbox"/> Clean-Up Debris Optimize flow to the splitter box, and vac area of debris.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Optimize flow to through the splitter box.					
(22)					

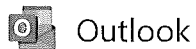
CERTIFICATION AND SIGNATURE

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. (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)

SIGNATURE:

DATE (month, day, year): 09, 22, 2025

Individual Making Report (printed) Donn Neff	Telephone Number 573-320-3436	Contact E-mail donn.neff@coei.org	Date (month, day, year) / Time IDEM Notified 09,22,2025 10:15	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
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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	
1																									
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4																									
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20																									
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	
24																									
25																									
26																									
27																									
28																									
29																									
30																									
Totals:	2	Days	2.92		0.4732		1	Days	0.17		0.0238		2	Days	1.25		0.0495		2	Days	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		
1																										
2																										
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19																										
20																										
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																										
25																										
26																										
27																										
28																										
29																										
30																										
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																								
25																								
26																								
27																								
28																								
29																								
30																								
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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2																								
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20																								
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		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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26																							
27																							
28																							
29																							
30																							
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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26																								
27																								
28																								
29																								
30																								
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 / 9-16)

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: 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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19																										
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																										
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30																										
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			

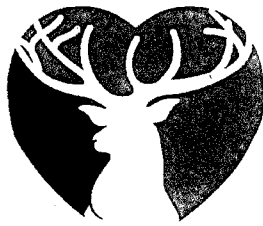


National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R4 / 9-15)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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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21	precipitation
22	precipitation
23	precipitation
24	
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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 <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 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 10/18/25 7:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(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 Describe Other: (in the box below) Intense Rain:		(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	
(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.					
(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:		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
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	8.2	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

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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):

Brian Davison

Signature of principal executive officer or authorized agent

Donna Nell

Date (month, day, year)

11/26/25

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

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.

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	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 Elkhart	Permit Number IN0025674	For Month Of October	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	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 Eikhart	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	Permit Number	For Month Of:	Year
Elkhart	IN0025674	October	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	0.0247	0.0096	0.0013	0.0010	0.0804	0.0172													
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			
27																			
28																			
29																			
30																			
31																			
Avg	0.0247	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	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	M	

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: *Donn Neff* 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																									
2																									
3																									
4																									
5																									
6																									
7																									
8																									
9																									
10																									
11																									
12																									
13																									
14																									
15																									
16																									
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																									
22																									
23																									
24																									
25																									
26																									
27																									
28																									
29																									
30																									
31																									
Totals:	1	Da ys	2.00		0.3389		1	Da ys	0.33		0.0448		1	Da ys	1.83		0.0779		1	Da ys	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					
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							
13																							
14																							
15																							
16																							
17																							
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	
19																							
20																							
21																							
22																							
23																							
24																							
25																							
26																							
27																							
28																							
29																							
30																							
31																							
Totals:	1	Days	1.50		0.1107		1	Days	0.92		0.0762		0	Days	0.00		0.0000		1	Days	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	
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16																									
17																									
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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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																									
4																									
5																									
6																									
7																				7:26 AM	M	0.08	M	0.0001	M
8																									
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14																									
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16																									
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																									
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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
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17																								
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
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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	
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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																									
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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																			
19																									
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29																									
30																									
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? <input checked="" type="checkbox"/> 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		Telephone
Donn Neff		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		Date (mm/dd/yy)
<i>Donn Neff</i>		11/26/25

IN0025674	ELKF	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 PRKWAY - 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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DMR Copy of Submission

[Expand Notices](#)

Showing COR 13 of 30 [9](#) [10](#) [11](#) [12](#) **13** [14](#) [15](#) [16](#) [17](#)

Code	Nar	Value 1	Value 2	Units	1	Value 2	Value 3	Units	of Ex.	Analysis	Type
00300	Oxygen, dissolved [DO]										
	1 - Effluent Gross			=6.9				19 - mg/L	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			=7.1			=7.7	12 - SU	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	=903.0	=1765.0	26 - lb/d		=10.0	=16.1	19 - mg/L	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	=1419.0		26 - lb/d		=13.8		19 - mg/L	01/30 - Monthly	24 - 24 Hour Composite	
	Season: 0	Req Mon MO AVG	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	=1.1.3	=140.4	26 - lb/d		=0.36	=1.78	19 - mg/L	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	=47.0		26 - lb/d		=0.56		19 - mg/L	01/01 - Daily	24 - 24 Hour Composite	
	Season: 0	Req Mon MO AVG	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 Analysis	Type
NODI: -									Ex.	
01079	Silver total recoverable	=0.015	=0.017	26 - lb/d	=0.0002	=0.0002	=0.0002	19 - mg/L	01/07 - Weekly	24 - 24 Hour Composite
1 - Effluent Gross										
Season: 0		<=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: -										
01079	Silver total recoverable									
G - Raw Sewage Influent										
Season: 0					=0.0005	=0.0013	Req Mon DAILY MX	19 - mg/L	02/30 - Twice Per Month	24 - 24 Hour Composite
NODI: -										
50050	Flow, in conduit or thru treatment plant	=9.517		03 - MGD					01/01 - Daily	TM - Totalizer
1 - Effluent Gross										
Season: 0		Req Mon MO AVG		03 - MGD					01/01 - Daily	TM - Totalizer
NODI: -										
51041	E. coli, colony forming units [CFU]									
1 - Effluent Gross					=15.0	=69.0		3Z - CFU/100mL	01/01 - Daily	GR - Grab
Season: 1					<=125.0 MO GEO	<=235.0 DAILY MX		3Z - CFU/100mL	01/01 - Daily	GR - Grab
NODI: -										
71901	Mercury, total recoverable									
1 - Effluent Gross										
Season: 0					<=1.6 ANNL AVG	Req Mon DAILY MX		3M - ng/L	01/60 - Once Every 2 Months	GR - Grab
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 of 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

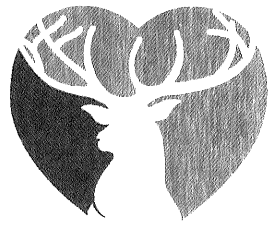
October 2025

Date	Final Effic 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

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

DMR Copy of Submission

Expand Notices

Permit

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

Report Dates & Status

Monitoring Period: From 11/01/25 to 11/30/25 **DMR Due Date:** 12/28/25
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	N	Value 1	Value 2	Units	ie 1	Value 2	Value 3	Units	of Analysis Ex.	Type
81012	Phosphorus, total percent removal									
	K - Percent Removal				=88.1			23 - %	01/30 - Monthly	CA - Calculated
	Season: 0				>=75.0 MO AV MN			23 - %	01/30 - Monthly	CA - Calculated
	NODI: -									
82220	Flow, total									
	1 - Effluent Gross					=273.0		80 - Mgal/mo	01/30 - Monthly	RT - Recorder Total
	Season: 0					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 Hogrebe
 E-Mail: mkhogrebe@gmail.com
 Date/Time: 2025-12-23 17:01 (Time Zone:-05:00)

Report Last Signed By

User: MATTHOGREBE
 Name: Matt Hogrebe
 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 HERRER</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 hart	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 Elkhart	Permit Number IN0025674	For Month Of: November	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					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																		
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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			
Tertiary Treatment	98.1	94.7			Percent Capacity (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 Elkhart	Permit Number IN0025674	For Month Of: November	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	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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12							7:39 AM	M	0.08	M	0.4001	M												
13																								
14																								
15	4:24 PM	M	0.08	M	0.0145	M																		
16																								
17																								
18																								
19																								
20																								
21							3:04 PM	M	0.08	M	0.0145	M												
22																								
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28																								
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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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21							1:17 AM	M	0.25	M	0.0434	M														
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Totals:	0	Da ys	0.00		0.0000		1	Da ys	0.25		0.0434		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 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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11	10:52 PM	M	0.08	M	0.0567	M																			
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17																				7:15 PM	M	0.08	M	0.0224	M
18																									
19																									
20																									
21	2:57 PM	M	0.08	M	0.0567	M														12:10 PM	M	0.08	M	0.0224	M
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Totals:	2	Da ys	0.16		0.1134		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		2	Da ys	0.16		0.0448		



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					
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20	4:26 PM	M	0.08	M	0.0055	M	8:14 PM	M	0.08	M	0.0145	M	3:51 PM	M	0.17	M	0.1135	M					
21													9:51 AM	M	0.08	M	0.0567	M					
22																							
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Totals:	1	Da ys	0.08		0.0055		1	Da ys	0.08		0.0145		2	Da ys	0.25		0.1702		0	Da ys	0.00		0.0000



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: 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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20							8:18 PM	M	0.08	M	0.0145	M	6:32 PM	M	0.08	M	0.0036	M						
21																								
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Totals:	0	Da ys	0.00		0.0000		1	Da ys	0.08		0.0145		1	Da ys	0.08		0.0036		0	Da ys	0.00		0.0000	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 7 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: 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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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14																				5:45 PM	M	0.08	M	0.0057	M
15																									
16																									
17							3:49 PM	M	0.17	M	0.0290	M													
18																									
19																									
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	
22																									
23																									
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27																									
28																									
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Totals:	1	Da ys	0.08		0.1092		2	Da ys	0.25		0.0435		1	Da ys	0.08		0.0567		2	Da ys	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: 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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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3																								
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11																								
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						
15																								
16																								
17																								
18																								
19																								
20	5:01 PM	M	0.17	M	0.2550	M																		
21													7:03 AM	M	0.17	M	0.0227	M						
22																								
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Totals:	4	Da ys	0.41		0.5532		0	Da ys	0.00		0.0000		2	Da ys	0.25		0.0277		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: 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)
1	
2	
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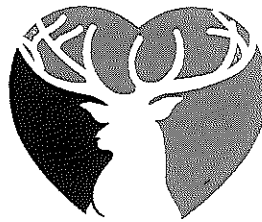
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Donn Neff, Plant Manager	Telephone 574-293-2572
---	----------------------------------

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		Raw Silver		Final Effl Flow		Final Silver		Final Silver Load
	MGD	MGD	mg/L	mg/L	MGD	MGD	mg/L	mg/L	
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



City of Elkhart
Public Works and Utilities

Date Jan 28, 2026
Memo To Board of Public Works
Memo From Donn Neff, Superintendent
Subject Wastewater Utility Monthly Report of Operations
for the month of December, 2025

Wastewater MRO Highlights

Parameter	Monthly Avg	Permit Limit
Suspended Solids mg/L	18	30
cBOD5 mg/L	4	25
Phosphorus mg/L	0.68	1.0
Ammonia mg/L	0.06	4.4 (Dec-Apr) 4.2 (May-Nov)
Avg Daily Flow MGD	10.01	Design - 20
Total Monthly Flow MGD	310	Report

Incident Reports Filed

Date	Location	Volume (gal)	Cause
12/28/25	WWTP	5000	flow limited to splitter box

Wet Weather Overflows

Number of Events	Total Overflow Volume (MG)
16	2.067

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

DMR Copy of Submission

[Expand Notices](#)

Showing COR 1 of 31 [◀](#) [▶](#) [1](#) [2](#) [3](#) [4](#) [▶](#)

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

Edit Check Errors

No errors.

Comments

Mercury Results reported in December were collected on November 5, 2025

Attachments

Name	Type	Size
IN0025674_035a_MRO_2025_12.pdf	pdf	9891150.0
IN0025674_CSO_MRO_2025_12.pdf	pdf	14739384.0

Report Last Saved By

ELKHART WWTP

User: MATTHOGREBE
Name: Matt Hogrebe
E-Mail: mkhogrebe@gmail.com
Date/Time: 2026-01-28 09:54 (Time Zone: -05:00)

Report Last Signed By

User: MATTHOGREBE
Name: Matt Hogrebe
E-Mail: mkhogrebe@gmail.com
Date/Time: 2026-01-28 09:56 (Time Zone: -05:00)

Permit

Permit ID: IN0025674 **Major:** 229 SOUTH 2ND ST
ELKHART, IN46516
Permittee: ELKHART WWTP **Permittee Address:** 1201 S NAPPANEE ST
ELKHART, IN46516
Facility: ELKHART WWTP **Facility Location:** 035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER
Permitted Feature: 035 - External Outfall **Discharge:** 01/28/26

Report Dates & Status

Monitoring Period: From 12/01/25 to 12/31/25 **DMR Due Date:** 01/28/26
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	NA	Value 1	Value 2	Units	V	Value 2	Value 3	Units	Ex.	Analysis
NODI: -		NODI								
01119	Copper, total recoverable						=0.0654	19 - mg/L		01/90 - Quarterly
	G - Raw Sewage Influent									24 - 24 Hour Composite
Season: 0								19 - mg/L		01/90 - Quarterly
NODI: -		NODI					Req Mon DAILY MX			24 - 24 Hour Composite

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: MATTHOGREBE
 Name: Matt Hogrebe
 E-Mail: mkhogrebe@gmail.com
 Date/Time: 2026-01-28 08:31 (Time Zone:-05:00)

Report Last Signed By

User: MATTHOGREBE
 Name: Matt Hogrebe
 E-Mail: mkhogrebe@gmail.com
 Date/Time: 2026-01-28 09:56 (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 December	Year 2025	Plant Design Flow 20,000 mgd	Telephone Number 574-293-2572
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= 2.23 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 (ft metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l
1	Mon			0.04				239	9.630	7.8	141	11,324	204	16,384	4.24	20.30
2	Tue							221	9.540	7.8	149	11,855	184	14,640	4.24	24.60
3	Wed							230	9.710	7.8	216	17,492	188	15,225	4.84	27.50
4	Thu			0.08				259	9.570	7.9	168	13,409	224	17,878	3.61	23.00
5	Fri							276	9.610	8.0	224	17,953	204	16,350	3.85	23.40
6	Sat			0.01				353	9.650	8.0	194	15,613	208	16,740	3.93	24.90
7	Sun			0.01				286	9.240	7.9	164	12,638	96	7,398	3.56	17.70
8	Mon			0.01				266	9.620	7.9	201	16,126	152	12,195	3.44	20.10
9	Tue			0.03				283	9.970	7.8	157	13,055	160	13,304	3.53	25.40
10	Wed			0.67				322	11.980	8.0	136	13,588	162	16,186	3.21	25.70
11	Thu							274	10.230	8.0	147	12,542	118	10,068	3.64	18.90
12	Fri			0.02				346	9.890	7.9	152	12,537	166	13,692	4.28	19.10
13	Sat							341	9.740	7.4	140	11,372	130	10,560	4.12	18.50
14	Sun							374	9.590	7.7	120	9,598	71	5,679	2.96	15.40
15	Mon							300	10.020	8.0	123	10,279	136	11,365	3.63	17.90
16	Tue			0.03				271	10.120	7.9	157	13,251	174	14,686	4.56	20.10
17	Wed			0.02				274	10.590	7.9	162	14,308	256	22,610	7.38	22.60
18	Thu			0.33				274	13.880	7.6	134	15,512	150	17,364	3.54	18.50
19	Fri							264	9.920	7.9	135	11,169	140	11,583	3.61	21.10
20	Sat							264	9.590	7.8	150	11,997	98	7,838	3.47	20.20
21	Sun							266	9.190	7.9	133	10,194	92	7,051	4.16	18.80
22	Mon							277	9.870	7.4	132	10,866	148	12,183	3.54	18.40
23	Tue							266	9.930	7.8	157	13,002	130	10,766	3.96	23.10
24	Wed			0.01				265	9.350	7.7	158	12,321	132	10,293	4.20	23.00
25	Thu							264	8.740	7.1	130	9,476	78	5,686	3.40	22.50
26	Fri			0.12				223	9.520	7.5	155	12,307	152	12,068	3.35	21.70
27	Sat			0.01				269	9.170	7.4	125	9,560	104	7,954	3.28	24.60
28	Sun			0.83		X		271	15.800	7.6	143	18,843	142	18,712	2.74	16.00
29	Mon							259	9.740	7.4	104	8,448	86	6,986	2.93	22.40
30	Tue							257	10.020	7.6	103	8,607	104	8,691	3.35	21.80
31	Wed			0.01				269	9.880	7.5	133	10,959	144	11,865	4.00	22.80
Average				0.14				278	10.106		150	12,587	146	12,387	3.82	21.29
Maximum				0.83				374	15.800	8.0	224	18,843	256	22,610	7.38	27.50
Minimum				0.01				221	8.740	7.10	103	8,448	71	5,679	2.74	15.40

of Data 16 0 5 0 31 0 31 31 31 31 31 31 31 31 31 0

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

Prepared by or under the direction of (Certified Operator): Matthew Hogrebe	Date (month, day, year) 1/22/26
Signature of principal executive officer or authorized agent Donn Neff	Date (month, day, year) 1-22-26

**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 December	Year 2025
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Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT					Oil & Grease (mg/l)	
	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
			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	131	196	732	7,860	93	3.9	15	25.028	9,060					5	7.3		9.2	
2	134	198	754	11,580	65	3.6	15	25.047	9,880					5	7.4		9.0	
3	197	940	712	7,968	89	3.4	15	25.061	11,380					16	7.5		9.3	
4	262	1,860	708	7,612	93	3.2	15	25.073	10,700						7.4		8.9	
5	294	1,510	768	6,796	113	3.4	14	25.089	8,360						7.3		8.6	
6	430	1,610	732	11,632	63	3.4		25.121	10,280						7.4		8.3	
7	394	1,160	734	7,716	95	3.2	15	25.144	11,100						7.4		8.2	
8	314	1,240	724	7,256	100	3.7	14	25.110	10,720					15	7.5		9.7	
9	278	1,310	802	7,528	107	3.3	14	25.150	10,560					14	7.5		10.0	
10	272	833	732	10,764	68	2.9	14	25.230	8,600					30	7.5		8.5	
11	246	1,240	754	8,032	94	3.4	14	25.249	8,300						7.5		9.0	
12	247	1,520	810	7,484	108	3.2	14	25.239	10,740						7.3		9.3	
13	281	1,452	768	8,004	96	4.1	14	25.219	10,020						7.3		8.9	
14	298	816	783	7,440	105	4.7	14	25.170	10,140						7.3		8.9	
15	294	1,330	807	7,120	113	4.2	13	25.194	8,540					15	7.4		8.9	
16	276	1,512	803	6,868	117	3.3	13	25.272	9,220					11	7.4		8.8	
17	240	1,000	762	7,500	102	2.8	14	25.230	10,640					12	7.4		8.6	
18	254	1,152	758	7,048	108	3.2	14	25.119	10,880						7.7		8.5	
19	300	1,172	370	6,392	58	3.7	12	24.693	10,260						7.5		9.7	
20	388	1,580	828	10,680	78	3.2	13	25.111	11,820						7.3		8.9	
21	370	1,290	766	9,028	85	3.1		26.593	12,500						7.3		9.4	
22	380	1,430	742	7,712	96	3.2	13	26.456	13,240					11	7.4		9.3	
23	299	1,260	718	7,300	98	3.8	14	265.930	12,120					8	7.4		9.2	
24	350	1,313	752	8,084	93	3.4	14	26.429	9,760						7.4		8.9	
25	396	1,493	876	9,200	95	3.4	14	26.518	13,020						7.0		9.1	
26	409	1,280	780	6,956	112	2.7	14	26.529	10,280					7	7.3		9.4	
27	348	1,260	733	6,864	107	3.4	14	26.535	11,060						7.3		9.4	
28	476	1,195	800	6,832	117	4.1	14	28.642	10,240						7.1		8.9	
29	232	815	636	7,144	89	4.2		27.640	8,960					8	7.2		9.7	
30	288	1,090	580	6,472	90	3.9	13	27.735	6,560					10	7.3		9.5	
31	350	930	642	6,528	98	3.2	13	39.577	9,160					41	7.2		9.3	
Avg.	304	1,193	738	7,916	95	3.5	14	33.908	10,261					12				
Max.	476	1,860	876	11,632	117	4.7	15	265.930	13,240					41	7.7			
Min.	131	196	370	6,392	58	2.7	12	24.693	6,560						7.00		8.2	
Daily Max														41				
# of Days above 235														0				
Data	31	31	31	31	31	31		31	31	0	0	0	0	15	31	31	0	

Elevated SS for final effluent on 12/18/25 due to a final clarifier being down for maintenance
Elevated SS for final effluent due to limited flow to the splitter box

**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 December	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	9.290		3		232		10		744		0.03		2.3		0.57	44
2	Tue	9.400		3		235		9		713		0.02		1.6		0.60	47
3	Wed	9.570		2		160		10		766		0.02		1.6		0.65	52
4	Thu	9.620		3		241		13		1,011		0.04		3.2		0.68	55
5	Fri	9.350		3		234		11		873		0.04		3.1		0.60	47
6	Sat	9.350	9.334	3	2.86	234	222	11	10.30	842	803	0.02	0.03	1.6	2	0.63	49
7	Sun	8.810		3		220		10		705		0.03		2.2		0.58	43
8	Mon	9.470		3		237		9		742		0.04		3.2		0.54	43
9	Tue	9.760		3		244		10		798		0.16		13.0		0.50	41
10	Wed	12.000		3		300		8		781		0.05		5.0		0.47	47
11	Thu	10.080		3		252		7		622		0.05		4.2		0.46	39
12	Fri	9.600		3		240		8		657		0.04		3.2		0.42	34
13	Sat	9.220	9.849	2	2.86	154	235	7	8.46	538	692	0.03	0.06	2.3	5	0.43	33
14	Sun	9.040		3		226		7		543		0.03		2.3		0.37	28
15	Mon	9.660		3		242		8		628		0.04		3.2		0.38	31
16	Tue	9.940		2		166		8		663		0.03		2.5		0.39	32
17	Wed	10.340		3		259		7		604		0.03		2.6		0.40	34
18	Thu	15.050		20		2,510		174		21,840		0.65		81.6		4.36	547
19	Fri	9.330		2		156		9		716		0.15		11.7		0.41	32
20	Sat	9.230	10.370	3	5.14	231	541	9	31.71	677	3,667	0.02	0.14	1.5	15	0.37	28
21	Sun	8.860		3		222		7		532		0.02		1.5		0.43	32
22	Mon	9.790		3		245		7		555		0.03		2.4		0.35	29
23	Tue	9.750		3		244		8		634		0.09		7.3		0.37	30
24	Wed	8.930		2		149		8		611		0.07		5.2		0.37	28
25	Thu	8.250		2		138		7		482		0.03		2.1		0.33	23
26	Fri	9.250		3		231		6		478		0.04		3.1		0.36	28
27	Sat	9.140	9.139	2	2.57	152	197	8	7.34	625	560	0.03	0.04	2.3	3	0.33	25
28	Sun	18.070		14		2,110		103		15,522		0.07		10.5		2.96	446
29	Mon	9.810		2		164		7		573		0.04		3.3		0.32	26
30	Tue	10.260		7		599		42		3,628		0.04		3.4		1.20	103
31	Wed	10.060	10.990	3	5.00	252	600	14	28.57	1,158	3,366	0.37	0.04	2.5	4	0.37	31
Avg		10.009		4		364		18		1,944		0.08		6.3		0.68	68
Max		18.070	11	20	5.14	2,510	600	174	31.71	21,840	3,667	0.65	0.14	81.6	15	4.4	547
Min																0.3	23
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)	310
Primary Treatment	-103.06	-715.9				
Secondary Treatment	NA	NA				
Tertiary Treatment	98.8	98.5			Percent Capacity	50.05
Overall Treatment	97.48	87.6	99.6	82.1	(actual flow/design)	

**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: December	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	38.97	216.00	7.2		96			3.73	2.10	69.79	54.48				
2	39.00	216.00	7.2		96			2.96	2.10	67.37	54.39	95.59			
3	38.99	216.00	7.2		96			2.89	2.08	67.24	54.29	94.83			
4	39.98	216.00	7.1		96			3.19	2.09	64.98	55.81	79.43			
5	39.97	216.00	7.0		97			2.90	2.08	63.01	54.04				
6	40.36	216.00	7.1		97			2.97	2.04	64.80	57.69				
7	49.24	216.00	7.0		96			2.95	2.15	65.33	56.30				
8	49.61	216.00	7.0		96			2.84	2.12	64.77	56.36				
9	270.29	216.00	7.1		96			2.44	2.02	64.42	54.66	78.59			
10	49.30	216.00	7.2		95			2.74	2.03	63.92	56.16				
11	49.27	216.00	7.2		97	21.222		2.69	1.72	64.06	54.95	76.48			
12	49.27	216.00	7.2		96			2.91	1.94	65.17	55.22				
13	49.61	216.00	7.2		96			2.79	1.95	64.52	56.03				
14	49.23	216.00	7.1		96			2.94	1.89	65.32	54.68				
15	49.24	216.00	6.9		96			2.97	2.02	63.64	63.41	41.68			
16	49.86	216.00	7.1		96			2.77	1.91	65.30	53.91	33.44			
17	24.94	216.00	7.1		96			2.91	1.91	66.11	55.47	80.18			
18	47.42	216.00	7.2		96			3.07	1.93	65.06	56.46	77.89			
19	70.65	216.00	7.1		95			3.06	1.95	67.37	56.12	44.22			
20	74.72	216.00	7.1		96	7.074		2.89	1.96	65.60	56.07				
21	77.86	216.00	7.0		95			2.76	1.73	65.73	58.06				
22	78.20	216.00	7.1		94	7.074		2.75	1.97	64.73	56.96	81.13			
23	78.23	216.00	7.1		95	7.074		2.90	2.01	65.17	57.55	117.15			
24	78.21	216.00	7.2		95	7.074		2.33	2.03	66.20	57.93				
25	78.18	216.00	7.0		95	20.000		2.82	2.12	65.69	56.28				
26	39.08	216.00	7.1		94			2.79	2.06	67.13	57.46				
27	59.27	216.00	7.1		96	42.444		2.84	2.10	65.81	56.49				
28	59.60	216.00	7.2		96	10.611		2.66	2.08	65.90	56.62				
29	60.57	216.00	7.2		96	0.000		2.84	2.17	66.67	56.73	56.26			
30	30.34	216.00	7.2		96			3.05	2.06	68.18	56.49	113.21			
31	65.63	259.20	7.1		95	10.611		2.90	2.12	66.32	56.91	113.99			
Avg.	60.49	217.39			96	13.318		2.88	2.01	65.66	56.26	78.94			
Max.	270.29	259.20	7.2		97	42.444		3.73	2.17	69.79	63.41	117.15			
Min.															
Data	31	31	31	0	31	10	0	31	31	31	31	15	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	December	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					0.0003	0.0002										
2			13.30	1,043												
3																
4																
5																
6																
7																
8					0.0002	0.0002										
9																
10																
11																
12																
13																
14																
15					0.0004	0.0002										
16																
17																
18																
19																
20																
21																
22	199	16,248			0.0002	0.0002										
23																
24																
25																
26																
27																
28																
29					0.0015	0.0002										
30																
31																
Avg	199	16,248	13.30	1,043	0.0005	0.0002										
Max					0.0015	0.0002										
Min					0.0002	0.0002										
Data	1	1	1	1	5	5	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 December	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																				
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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

Monthly E. Coli

December 2025

Date	Final E. coli MPN
12/1/2025	5
12/2/2025	5
12/3/2025	16
12/4/2025	
12/5/2025	
12/6/2025	
12/7/2025	
12/8/2025	15
12/9/2025	14
12/10/2025	30
12/11/2025	
12/12/2025	
12/13/2025	
12/14/2025	
12/15/2025	15
12/16/2025	11
12/17/2025	12
12/18/2025	
12/19/2025	
12/20/2025	
12/21/2025	
12/22/2025	11
12/23/2025	8
12/24/2025	
12/25/2025	
12/26/2025	7
12/27/2025	
12/28/2025	
12/29/2025	8
12/30/2025	10
12/31/2025	41
Minimum	5
Maximum	41
Total	208
Average	14
Geo Mean	12
count	15

51041 CV2 is hi
samples abo

Monthly Metals December 2025

Date	Raw Infl Flow MGD	Raw Silver mg/L	Final Effl Flow MGD	Final Silver mg/L	Final Silver Load
12/1/2025	9.630	0.00032	9.290	<0.0002	<0.015
12/2/2025	9.540		9.400		
12/3/2025	9.710		9.570		
12/4/2025	9.570		9.620		
12/5/2025	9.610		9.350		
12/6/2025	9.650		9.350		
12/7/2025	9.240		8.810		
12/8/2025	9.620	<0.0002	9.470	<0.0002	<0.016
12/9/2025	9.970		9.760		
12/10/2025	11.980		12.000		
12/11/2025	10.230		10.080		
12/12/2025	9.890		9.600		
12/13/2025	9.740		9.220		
12/14/2025	9.590		9.040		
12/15/2025	10.020	0.00035	9.660	<0.0002	<0.016
12/16/2025	10.120		9.940		
12/17/2025	10.590		10.340		
12/18/2025	13.880		15.050		
12/19/2025	9.920		9.330		
12/20/2025	9.590		9.230		
12/21/2025	9.190		8.860		
12/22/2025	9.870	<0.0002	9.790	<0.0002	<0.016
12/23/2025	9.930		9.750		
12/24/2025	9.350		8.930		
12/25/2025	8.740		8.250		
12/26/2025	9.520		9.250		
12/27/2025	9.170		9.140		
12/28/2025	15.800		18.070		
12/29/2025	9.740	0.0015	9.810	<0.0002	<0.016
12/30/2025	10.020		10.260		
12/31/2025	9.880		10.060		
Minimum	8.740	<0.0002	8.250	<0.0002	<0.015
Maximum	15.800	0.0015	18.070	<0.0002	<0.016
Average	10.106	<0.0005	10.009	<0.0002	<0.016



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: December 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	9.63	12.12	1:34 PM	2.42	0.04	0.12	15 min													
2	9.54	11.48					15 min													
3	9.71	13.00					15 min													
4	9.57	11.76	11:24 AM	5.25	0.08	0.04	15 min													
5	9.61	12.18					15 min													
6	9.65	12.98	1:29 PM	0.08	0.01	0.04	15 min													
7	9.24	12.23	1:24 PM	0.08	0.01	0.04	15 min													
8	9.62	12.74	12:39 PM	0.08	0.01	0.04	15 min													
9	9.97	13.10	1:49 PM	10.08	0.03	0.04	15 min													
10	11.98	17.11	12:14 AM	15.17	0.67	0.36	15 min													
11	10.23	13.79					15 min													
12	9.89	12.68	11:44 AM	2.75	0.02	0.04	15 min													
13	9.74	12.59					15 min													
14	9.59	12.05					15 min													
15	10.02	12.96					15 min													
16	10.12	13.42	11:54 AM	4.92	0.03	0.04	15 min													
17	10.59	14.91	9:24 AM	2.92	0.02	0.04	15 min													
18	13.88	30.91	11:09 AM	12.67	0.33	0.24	15 min													
19	9.92	13.75					15 min													
20	9.59	12.62					15 min													
21	9.19	12.31					15 min													
22	9.87	13.09					15 min													
23	9.93	14.13					15 min													
24	9.35	12.53	11:14 PM	0.08	0.01	0.04	15 min													
25	8.74	11.45					15 min													
26	9.52	13.43	3:54 AM	8.53	0.12	0.20	15 min													
27	9.17	11.82	12:29 PM	0.08	0.01	0.04	15 min													
28	15.80	36.10	4:59 AM	14.67	0.83	0.60	15 min							11:26 AM	M	0.17	M	0.0018	M	
29	9.74	12.35					15 min													
30	10.02	12.69					15 min													
31	9.88	15.74	7:14 PM	0.08	0.01	0.04	15 min													
Totals:	313.30			79.86	2.23			0	Days	0.00		0		1	Days	0.17		0.0018		
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent												Telephone								
Donn Neff, Utilities Plant Manager												574-293-2572								
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																				
Signature of Principal Executive Officer or Authorized Agent												Date (mm/dd/yy)								
<i>Donn Neff</i>												1-22-2026								



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart	Page: 9 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities	Public Notification Requirements Met? Y	
Monitoring Period: December 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	Precip
2	
3	
4	Precip
5	
6	Precip
7	Precip
8	Precip
9	Precip
10	Precip
11	
12	Precip
13	
14	
15	
16	Precip
17	Precip
18	Precip
19	
20	
21	
22	
23	
24	Precip
25	
26	Precip
27	Precip
28	Precip & flow limited to splitter box
29	
30	
31	Precip

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Donn Neff, Utilities 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) 1-22-2026



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 2 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: December 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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27																								
28	11:17 AM	M	2.58	M	0.4273	M							11:26 AM	M	1.92	M	0.0820	M						
29																								
30																								
31																								
Totals:	1	Da ys	2.58		0.4273		0	Da ys	0.00		0.0000		1	Da ys	1.92		0.0820		0	Da ys	0.00		0.0000	



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 3 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: December 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																									
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26																									
27																									
28	11:27 AM	M	0.42	M	0.0045	M																			
29																									
30																									
31																									
Totals:	1	Days	0.42		0.0045		0	Days	0.00		0.0000		0	Days	0.00		0.0000		1	Days	0.92		0.0432		



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 4 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: December 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	6:08 PM	M	0.92	M	0.0129	M																			
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25																									
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27																									
28	11:18 AM	M	3.17	M	0.3060	M																			
29																									
30																									
31																									
Totals:	2	Da ys	4.09		0.3189		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		1	Da ys	1.42		0.2504		



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 5 of 9					Permit Number: IN0025574									
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y														
Monitoring Period: December 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			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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28							11:04 AM	M	0.92	M	0.0227	M	11:30 AM	M	0.92	M	0.0270	M	10:56 AM	M	0.92	M	0.0609	M
29																								
30																								
31																								
Totals:		0	Days	0.00		0.0000		1	Days	0.92		0.0227		1	Days	0.92		0.0270		1	Days	0.92		0.0609



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: December 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: December 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	
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28							11:21 AM	M	0.75	M	0.0058	M	11:09 AM	M	0.75	M	0.1819	M							
29																									
30																									
31																									
Totals:	0	Da ys	0.00		0.0000		1	Da ys	0.75		0.0058		1	Da ys	0.75		0.1819		0	Da ys	0.00		0.0000		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 8 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: December 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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28	11:21 AM	M	2.42	M	0.6713	M																			
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Totals:		1	Da	2.42		0.6713		0	Da	0.00		0.0000		0	Da	0.00		0.0000		0	Da	0.00		0.0000	



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 end 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 (Organization) Elkhart Public Works		(2) Mailing Address (reporting organization) 1201 S. Nappanee St		(3) County Elkhart	(4) NPDES Permit IN00025674
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 12/28/25 5:11 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 12/28/25 5:50 <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, Elkhart	(9) Latitude (Deg Min Sec) 41 41 40.83N	(9) Longitude (Deg Min Sec) 86 0 6.202 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 5000 Gallons			(11) WWTP Flow During Release 31.0 MGD	(12) WWTP Peak Design Flow Rate 60 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		
(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 checked="" type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: Treatment flow was limited through the splitter box. Overflow was contained to the treatment plant and did not reach the outfall to the river		(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	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input 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 (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 optimized flow to the splitter box and vac area of debris					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence optimize flow through the splitter box and final clarifiers					

(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. Scan the completed form to PDF and e-mail to wwreports@idem.in.gov)			
SIGNATURE:		DATE (month, day, year):	
Individual Making Report (Printed) Matthew Hogrebe	Telephone Number 574-293-2572	Contact E-mail matt.hogrebe@coei.org	Date (month, day, year) / Time IDEM Notified 12/29/2025 11:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM



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	637 W. Lexington	1808	Obstruction of Grease

Wet Weather Overflows

Number of Events	Total Overflow Volume (MG)
9	1.403

DMR Copy of Submission

Expand Notices

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

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: 229 SOUTH 2ND ST
Permittee Address: ELKHART , IN46516
Facility Location: 1201 S NAPPANEE ST
Discharge: ELKHART , IN46516
DMR Due Date: 12/28/25

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

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: Superintendent
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 Analysis Ex.	Type
81012	Phosphorus, total percent removal	Smpl.			=88.1			23 - %	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	Smpl.		80 - Mgal/mo		=273.0			01/30 - Monthly	RT - Recorder Total
	1 - Effluent Gross									
	Season: 0	Req.		80 - Mgal/mo		Req Mon MO TOTAL			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

Mercury sampled on 11/5/25 for December reporting

Attachments

Name	Type	Size
IN0025674_035a_MRO_2025_11.pdf	pdf	1898681.0
IN0025674_CS0_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
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 0

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

Prepared by or under the direction of (Certified Operator): MATTHEW HYER	Date (month, day, year) 12/23/25
Signature of principal executive officer or authorized agent Donn Neff	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 hart	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. Coll - 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	

**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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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 Elkhart	Permit Number IN0025674	For Month Of November	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												
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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				
Tertiary Treatment	98.1	94.7			Percent Capacity	45.54
Overall Treatment	98.57	95.7	99.9	88.1	(actual flow/design)	

**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	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	ys	0.0108		1	Da	0.08	ys	0.1275		

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent <p style="text-align: center;">Donn Neff, Utilities Plant Manager</p>	Telephone <p style="text-align: center;">(574) 322-4761</p>
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	
Signature of Principal Executive Officer or Authorized Agent 	Date (mm/dd/yy) <p style="text-align: center;">12/23/25</p>



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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11																												
12							7:39 AM	M	0.08	M	0.4001	M																
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15	4:24 PM	M	0.08	M	0.0145	M																						
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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		0.4145		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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21							1:17 AM	M	0.25	M	0.0434	M														
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Totals:		0	Da	0.00	0.0000		1	Da	0.25	0.0434			0	Da	0.00	0.0000			0	Da	0.00	0.0000				



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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 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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11	10:52 PM	M	0.08	M	0.0567	M																			
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21	2:57 PM	M	0.08	M	0.0567	M																			
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Totals:	2	Da ys	0.16		0.1134		0	Da ys	0.00		0.0000		0	Da ys	0.00		0.0000		2	Da ys	0.16		0.0448		



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			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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18																									
19																									
20	4:26 PM	M	0.08	M	0.0055	M	8:14 PM	M	0.08	M	0.0145	M	3:51 PM	M	0.17	M	0.1135	M							
21													9:51 AM	M	0.08	M	0.0567	M							
22																									
23																									
24																									
25																									
26																									
27																									
28																									
29																									
30																									
Totals:	1	Da ys	0.08		0.0055		1	Da ys	0.08		0.0145		2	Da ys	0.25		0.1702		0	Da ys	0.00		0.0000		



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart										Page 6 of 9					Permit Number: IN0025574										
Facility: Elkhart Public Works & Utilities										Public Notification Requirements Met? Y															
Monitoring Period: 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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18																									
19																									
20							8:18 PM	M	0.08	M	0.0145	M	6:32 PM	M	0.08	M	0.0036	M							
21																									
22																									
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Totals:	0	Da	0.00		0.0000		1	Da	0.08		0.0145		1	Da	0.08		0.0036		0	Da	0.00		0.0000		



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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 7 of 9		Permit Number: IN0025574																				
Facility: Elkhart Public Works & Utilities		Public Notification Requirements Met? Y																						
Monitoring Period: 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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14																	5:45 PM	M	0.08	M	0.0057	M		
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17							3:49 PM	M	0.17	M	0.0290	M												
18																								
19																								
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
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	1	Da	0.08		0.1092		2	Da	0.25		0.0435		1	Da	0.08		0.0567		2	Da	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: 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	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						
15																								
16																								
17																								
18																								
19																								
20	5:01 PM	M	0.17	M	0.2550	M																		
21													7:03 AM	M	0.17	M	0.0227	M						
22																								
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26																								
27																								
28																								
29																								
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Totals:	4	Da ys	0.41		0.5532		0	Da ys	0.00		0.0000		2	Da ys	0.25		0.0277		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: 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
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I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent <i>Donn Neff</i>	Date (mm/dd/yy) 12/23/25
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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 Effluent 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

51041 CV2 is hi
samples abo