Rod Roberson
Mayor

Laura Kolo
Envirnmental Resources

Tory Irwin, P.E.
Engineering Services

City of Elkhart
the city with a heart

Public Works &
Utilities Department

Administration,Engineering
& Laboratory
574.293.2572

Utility Billing
574.264.4273

1201 S. Nappanee St.
Elkhart, Indiana 46516

July 11, 2025

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

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

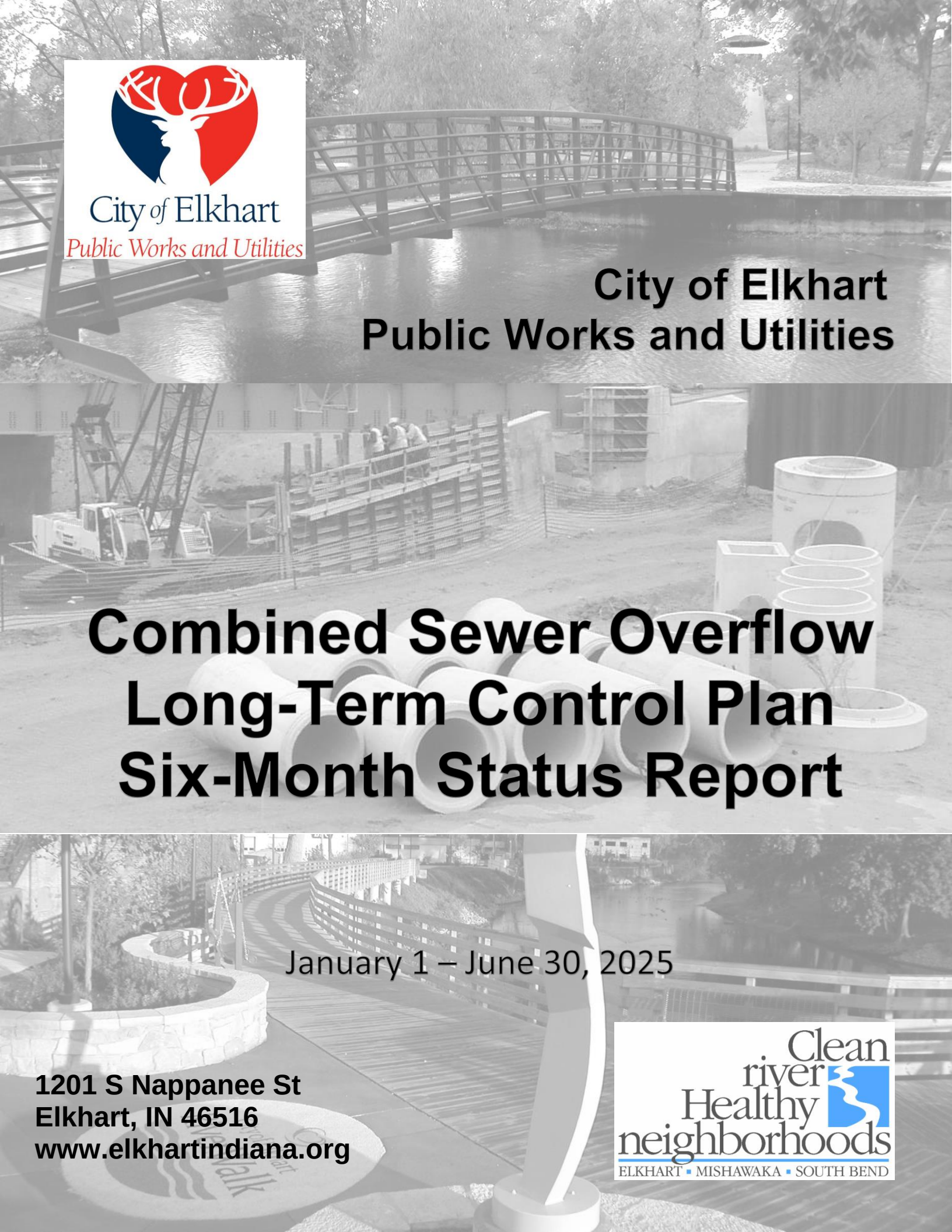
Sent via email to:
Wayne Ault at Wayne.Ault@usdoj.gov
Ryan Bahr at bahr.ryan@epa.gov
Keith Middleton at middleton.keith@epa.gov
Kara Wendholt at KWendhol@idem.IN.gov
Beth Admire at BADMIRE@idem.IN.gov

To Whom It May Concern:

Please find enclosed the City of Elkhart's Six Month Status Report for the period of January 1 – June 30, 2025, as required by the Consent Decree. If you have any questions, please contact me at (574) 293-2572.

Sincerely,

Tory Irwin, P.E.
Public Works Director



City of Elkhart
Public Works and Utilities

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

January 1 – June 30, 2025

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

Clean river Healthy neighborhoods
ELKHART ▪ MISHAWAKA ▪ SOUTH BEND

Table of Contents

Consent Decree Deadline Compliance

Section VII Paragraph 25(a)

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

The following includes a summary of the City of Elkhart's (the "City's") compliance with applicable Consent Decree deadlines and terms from January 1 – June 30, 2025 (the "Reporting Period").

There were no Consent Decree deadlines during the Reporting Period.

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

General Description of Work Completed and Projected Work to be Completed

Section VII Paragraph 25(a)

2. A general description of the work completed within the six-month period, and a projection of work to be performed pursuant to this Consent Decree during the next six-month period

    a. During the Reporting Period the following work was completed:

        - Design of other portions of the Upper St. Joseph River CSO Control continued
        - Construction on a portion of the Oakland Avenue Control continued
        - Design of other portions of the Oakland Avenue Control continued

    b. Within the next six-month period:

        - Design of other portions of the Upper St. Joseph River CSO Control will continue
        - Construction on a portion of the Oakland Avenue Control will continue
        - Design of other portions of the Oakland Avenue Control will continue

Information Generated Pursuant to the Requirements of Appendix A

Section VII Paragraph 25(a)

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

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

Included information:

- Copies of river monitoring data collected during the reporting period*

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

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

Section VII Paragraph 25(a)

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

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

Certification Statement

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

Tory S. Irwin, P.E.
City Engineer

7/11/25
Date

Appendix 1

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

CSO Measure	CSO Numbe	Control Measure Elements	Description	Design Criteria	Performance Criteria	Critical Milestones	Design Date	Bid Date	Date of Full Operation
Christiana Creek CSO Control						**Required Dates**	Nov-15-2010	Nov-15-2011	Nov-15-2014
						Compliance Date	**May-8-2008**	**Mar-10-2010**	**Apr-27-2011**
1	14	High Dive Park - 1.0 MG Facility for Storage & Pumping and Redirection of CSO 14 Basin Flow from NE Elkhart to the North Interceptor System	Construction of a 1 MG off-line storage tank to reduce overflows at CSO 14 and construct a LS to redirect flow to the North Interceptor System	Provide storage capacity of 1 MG and lift station designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the Christiana Creek Watershed, achieve no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2010 Bid date – Nov 15, 2011 Date of Full Operation - Nov 15, 2014			
							Progress Dates for Elements of Control Measure		
	CSO 14		High Dive Park 1 MG Storage			Actual Dates	Aug-5-2008	Mar-10-2010	Apr-27-2011
	CSO 14		High Dive Park Pump Station			Actual Dates	Aug-5-2008	Mar-10-2010	Apr-27-2011
	CSO 14		Force Main: High Dive Park			Actual Dates	Aug-5-2008	Mar-10-2010	Apr-27-2011
Upper Elkhart River CSO Control						**Required Dates**	Nov-15-2013	Nov-15-2014	Nov-15-2018
						Compliance Date	**Apr-7-2009**	**Oct-22-2009**	**Mar-22-2016**
2	4, 30, 31 & 33	EEC - 80,000 gal. Storage & Pump at CSO 31 and various levels of separations at CSO's 4, 30 & 33	Construction of a 80,000 gallon off-line storage tank to reduce overflows at CSO 31 and separation and rehabilitation of sewers to reduce stormwater flow and minimize CSO's 4, 30 & 33	Provide storage capacity of 80,000 gal. and sanitary and storm sewers designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the system upgrades, no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2013 Bid Date - Nov 15, 2014 Date of Full Operation - Nov 15, 2018			
							Progress Dates for Elements of Control Measure		
	CSO 4		Separation - Partial			Actual Dates	Apr-7-2009	Oct-22-2009	Apr-27-2011
	CSO 30		Separation			Actual Dates	Apr-7-2009	Oct-22-2009	Apr-27-2011
	CSO		EEC 80,000-Gal. Storage &			Actual Dates	Dec-16-2014	May-19-2015	Mar-22-2016
	CSO		Separation - Partial			Actual Dates	Jul-5-2011	Jun-6-2013	May-14-2014
WWTP Upgrades*						**Required Dates**	Nov-15-2015	Nov-15-2017	Nov-15-2024
						Compliance Date	**Mar-19-2013**	**Jul-15-2014**	**Nov-8-2024**
3	WWTP	WWTP system improvements provide a peak capacity of 60 MGD through secondary or CMDF treatment and disinfection	Modifications to the influent pumping, preliminary treatment, improvements to primary influent channels, diffuser replacement, aeration blower replacement, RAS system replacement, and cloth media disk filtration installation with a capacity of 30MGD.	System improvement designed per Ten State Standards CMDF Filter Area: 5,164.8SF Max. Hydraulic Loading: 4.4gpm/SF Max. Solids Loading: 15.8lbs/d/SF Average TSS Removal: >85%	Provide peak capacity of 60 MGD - a minimum of 30 MGD through secondary, and up to 30 MGD through CDMF treatment, and 60 MGD disinfection. WWTP Outfall shall meet NPDES permit effluent limits.	Design Date- Nov 15, 2015 Bid Date- Nov 15, 2017 Date of Full Operation - Nov 15, 2024			
							Progress Dates for Elements of Control Measure		
	WWTP		Preliminary and Additional Disinfection for 60 MGD			Actual Dates	Mar-19-2013	Jul-15-2014	Mar-11-2016
	WWTP		Cloth Media Disks and Piping			Actual Dates	Aug-21-2018	Sep-22-2021	Nov-8-2024
	WWTP		Aeration Process Improvements			Actual Dates	Aug-21-2018	Sep-22-2021	Nov-8-2024
	WWTP		RAS System Replacement and Pump Capacity Improvements			Actual Dates	Aug-21-2018	Sep-22-2021	Nov-8-2024
	WWTP		Primary Clarification System Improvements			Actual Dates	Aug-21-2018	Sep-22-2021	Nov-8-2024

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

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

CSO Measure	CSO Numbe	Control Measure Elements	Description [1]	Design Criteria [1]	Performance Criteria 2	Critical Milestones	Design Date	Bid Date	Date of Full Operation
Oakland Avenue Control						**Required Dates**	Nov-15-2021	Nov-15-2023	Nov-15-2028
						Compliance Date	**Oct-20-2020**	**May-11-2023**	
5	24 & 37	CSO 24 - LS 1.1 MG Storage and Pump Force Main from CSO 24 LS to WWTP	Construction of a 1.1 MG off-line storage and pump tank with system additions to allow the redirection of flow to CSO 24 & 37 LS and then to the WWTP to reduce overflows at CSOs 24 & 37	Provide storage capacity of 1.1 MG with lift station and system improvements designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the system upgrades, no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2021 Bid Date - Nov 15, 2023 Date of Full Operation - Nov 15, 2028			
							Progress Dates for Elements of Control Measure		
	CSOs 24 & 37		Force Main from Oakland Ave. LS to WWTP			Actual Dates	Oct-20-2020	May-11-2023	
	CSOs 24 & 37		Interceptor of CSO 37 Overflow (CSO 37.0)			Actual Dates	May-6-2023	Dec-3-2024	
	CSOs 24 & 37		Interceptor of CSO 37 Overflow (CSO 37.02)			Actual Dates	May-6-2023	Dec-3-2024	
	CSOs 24 & 37		Interceptor of CSO 37 Overflow (CSO 37.03)			Actual Dates	May-6-2023	Dec-3-2024	
	CSOs 24 & 37		Interceptor of CSO 37 Overflow + Jackson LS			Actual Dates	May-21-2024		
	CSOs 24 & 37		Interceptor of Flow to CSO#24 L-TUFF 1			Actual Dates	Oct-20-2020	May-11-2023	
	CSOs 24 & 37		Interceptor of Flow to CSO#24 L-TUFF 1B			Actual Dates	Oct-20-2020	May-11-2023	
	CSOs 24 & 37		LS 8 Force Main To Oakland Ave. Storage facility			Actual Dates	May-21-2024		
	CSOs 24 & 37		CSO 24 LS 1.1 MG Storage and Pump			Actual Dates	May-6-2023	Dec-3-2024	
Upper St Joe River CSO Control						**Required Dates**	Nov-15-2022	Nov-15-2023	Nov-15-2026
						Compliance Date	**Aug-2-2022**	**Nov-1-2023**	
6	13, 25, 29 & 39	Basin Separations, Lift Station Improvements, system improvements and CSO eliminations	Separation, flow redirection and rehabilitation of sewers to reduce stormwater flow and minimize or eliminate CSOs	System modifications designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the system upgrades, no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2022 Bid Date - Nov 15, 2023 Date of Full Operation - Nov 15, 2026			
							Progress Dates for Elements of Control Measure		
	CSO 13		Separation - Partial			Actual Dates	Aug-2-2022		
	CSO 25		Effluent Line Upgrade: CSO 25 to Interceptor			Actual Dates			
	CSO 29		Plug Overflow (Jefferson)			Actual Dates			
	CSO 28		Plug Overflow (Washington)			Actual Dates			
	CSO 39		Separation			Actual Dates	Jan-11-2023	Nov-1-2023	Dec-20-2024
Lower St Joe River CSO Control						**Required Dates**	Nov-15-2023	Nov-15-2024	Dec-31-2029
						Compliance Date	**Feb-1-2007**	**Sep-27-2007**	
7	17, 18, 21 & 23	Basin Separations, Lift Station Improvements, system improvements, CSO eliminations and system redirections	Separation, flow redirection and rehabilitation of sewers to reduce stormwater flow and minimize or eliminate CSOs	System modifications designed per City of Elkhart Standards and Ten State Standards	When incorporated with the rest of the system upgrades, no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2023 Bid Date - Nov 15, 2024 Date of Full Operation - Dec 31, 2029			
							Progress Dates for Elements of Control Measure		
	CSO 18		Plug Overflow (McNaughton Park)			Actual Dates			
	CSO 27		Plug Overflow (Navajo)			Actual Dates			
	CSOs 17 & 18		Redirect Flow to North Interceptor			Actual Dates	Feb-18-2014	May-15-2014	
	CSO 21		Separation			Actual Dates	Feb-1-2007	Sep-27-2007	Jun-24-2008
	CSO 23		Effluent Line Upgrade CSO#23 to LS#4			Actual Dates			
	CSO 23		LS 4 Force Main			Actual Dates			
	CSO 23		LS 4 (8th & Franklin) Improvements			Actual Dates			
	CSO 23		Separation - Partial			Actual Dates			
Riverside Drive Control						**Required Dates**	Nov-15-2024	Nov-15-2025	Dec-31-2029
						Compliance Date	**Apr-1-2007**	**Sep-27-2007**	
8	15	Riverside Dr. - 0.43 MG Storage & Pump with sewer separations and system redirection	Construction of a 0.43 MG off-line storage tank with NW Elkhart sewer system redirection and partial basin separation to reduce overflows at CSO 15	Provide storage capacity of 0.43 MG and system improvements designed per City of Elkhart Standards and Ten State Standards	When incorporated with the other work in CSO 15 basin and downstream improvements, achieve no more than 9 overflow events on a system wide basis	Design Date - Nov 15, 2024 Bid Date - Nov 15, 2025 Date of Full Operation - Dec 31, 2029			
							Progress Dates for Elements of Control Measure		
	CSO 15		AACOA Redirection			Actual Dates	Apr-1-2007	Sep-27-2007	Nov-29-2007
	CSO 15		Riverside Dr. 0.43 MG Storage & Pump			Actual Dates			
	CSO 15		Separation - Partial			Actual Dates			

Appendix 2

Copies of all information generated during the Reporting Period

City of Elkhart

River Water Quality Data

1/30/2025

Rain Event ☐

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	1203		8.5												1	2.0	1.0	
	YMCA	488		7.9												1	2.0	1.0	
St. Joseph River	Ash Rd	77		8.3												1	1.0	1.0	
	Lexington Ave	105		8.2												1	2.0	1.0	
	Six Span																	5.0	
Christiana Cree	High Dive	79		8.3												4	2	1.0	
	High Dive 2	40		8.4												2	2	1.0	

Comments

2/11/2025

Rain Event ☐

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	54	11.4	8.8												3	3.0	1.0	
	YMCA	22	13.0	8.4												2	3.0	1.0	
St. Joseph River	Ash Rd	64	11.4	8.4												1	2.0	3.0	4
	Lexington Ave	14	13.0	8.0												2	2.0	3.0	4
	Six Span	44	13.4	8.7												1	3.0	1.0	
Christiana Cree	High Dive	27	12	8.3												4	3	1.0	
	High Dive 2	89	13	7.9												2	3	2.0	

Comments

3/11/2025

Rain Event ☐

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	56	10.8	7.9												9	1.0	3.0	3
	YMCA	78	10.4	8.3												10	1.0	4.0	
St. Joseph River	Ash Rd	27	11.6	8.3												10	1.0	4.0	
	Lexington Ave	32	11.4	8.1												9	1.0	3.0	
	Six Span	21	11.2	8.3												9	1.0	2.0	
Christiana Cree	High Dive	7	11	8.3												10	1	3.0	
	High Dive 2	7	12	8.3												8	1	2.0	

Comments

4/24/2025

Rain Event ☐

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	44	9.6	8.1												19	1.0	2.0	
	YMCA	61	9.6	8.1												19	1.0	3.0	
St. Joseph River	Ash Rd	11	9.6	8.2												20	1.0	2.0	
	Lexington Ave	36	9.4	8.2												18	1.0	2.0	
	Six Span	35	9.4	8.1												18	1.0	2.0	
Christiana Cree	High Dive	58	9	8.0												19	1	1.0	
	High Dive 2	60	10	8.2												18	1	1.0	

Comments

5/13/2025

Rain Event ☐

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

5/13/2025

Rain Event ☐

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	71	8.0	8.2												19	3.0	3.0	
	YMCA	80	8.4	8.2												19	3.0	2.0	
St. Joseph River	Ash Rd	28	9.4	8.3												20	3.0	3.0	
	Lexington Ave	54	9.0	8.2												20	3.0	2.0	
	Six Span	28	9.0	8.2												20	3.0	2.0	
Christiana Cree	High Dive	107	8	8.1												20	3	2.0	
	High Dive 2	214	9	8.3												19	3	2.0	

Comments

6/5/2025

Rain Event ☑

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	435	7.4	8.1												195	3.0	3.0	3
	YMCA	823	7.6	8.4												19	3.0	4.0	
St. Joseph River	Ash Rd	2419	8.0	8.5												20	3.0	1.0	
	Lexington Ave	228	8.0	8.5												20	3.0	4.0	
	Six Span	214	7.4	8.3												20	3.0	1.0	2
Christiana Cree	High Dive	816	7	8.0												19	3	1.0	
	High Dive 2	980	9	8.4												18	3	3.0	

Comments

6/9/2025

Rain Event ☑

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

6/9/2025

Rain Event ☑

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

Comments

6/12/2025

Rain Event ☐

		e coli	DO	pH	TSS	NH3	PO4	BOD	Cd	Cr	Cu	Ni	Pb	Ag	Zn	Water Temp	*Weather Conditions	**Water App	***Add App
Elkhart River	CR 18	82		8.4												23	1.0	3.0	
	YMCA	127		8.4												23	1.0	3.0	
St. Joseph River	Ash Rd	60		8.6												25	1.0	2.0	
	Lexington Ave	93		8.5												25	1.0	2.0	
	Six Span	44		8.5												25	1.0	2.0	
Christiana Cree	High Dive	118		8.4												24	1	1.0	
	High Dive 2	199		8.5												23	1	1.0	

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

*Weather Conditions
1=clear/sunny
2=partly sunny
3=cloudy
4=light rain
5=rain
6=light snow
7=snow
8=windy

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

***Additional appearance notes
1=large floatables present
2=small floatables present
3=brown color observed
4=other color observed
5=strong odor observed
6=slight odor observed
7=large amounts of algae present
8=small amounts algae present
9=other

Appendix 3

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

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

Signing Process Confirmation - CDX Activity ID: _b7df8951-a89d-474a-b3f0-2eae8c6b0f0c

Your DMRs are undergoing the Signing Process

Permit ID	Facility	Permitted Feature	Discharge #	Discharge Description	Monitoring Period End Date	DMR Due Date
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	12/31/24	01/28/25

NPDES eReporting Help Desk: NPDESeReporting@epa.gov | 877-227-8965 (9:00am - 8:00pm EST)
Contact Us to ask a question, provide feedback, or report a problem.

revised pages 1+2 of MRO + resubmitted
ik
1/27/25 (pw)

View Certification | Download COR

DMR Copy of Submission

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

Expand Notices

Showing COR 1 of 3 **1** 2 3

Permit

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

Report Dates & Status

Monitoring Period:	From 12/01/24 to 12/31/24	**DMR Due Date:**	01/28/25
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	# of 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		=7.8	12 - SU	0	01/01 - Daily	GR - Grab
1 - Effluent Gross												
Season: 0		**Req.**				>=6.0 DAILY MN		<=9.0 DAILY MX	12 - SU		01/01 - Daily	GR - Grab
NODI: -		**NODI**										
00530	**Solids, total suspended**	**Smpl.**	=587.0	=722.0	26 - lb/d		=7.0	=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: -		**NODI**										
00600	**Nitrogen, total [as N]**	**Smpl.**	=1825.0		26 - lb/d		=20.6		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		19 - mg/L		01/30 - Monthly	24 - 24 Hour Composite
NODI: -		**NODI**										
00610	**Nitrogen, ammonia total [as N]**	**Smpl.**	=11.6	=80.0	26 - lb/d		=0.15	=0.22	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: -		**NODI**										
00665	**Phosphorus, total [as P]**	**Smpl.**	=59.0		26 - lb/d		=0.7		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		19 - mg/L		01/01 - Daily	24 - 24 Hour Composite

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	# of Ex.	Analysis	Type
NODI: -		**NODI**										
01079	**Silver total recoverable**	**Smpl.**	<0.015	<0.018	26 - lb/d		<0.0002	<0.0002	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**	<=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d		<=0.00038 MO AVG	<=0.00077 DAILY MX	19 - mg/L		01/07 - Weekly	24 - 24 Hour Composite
NODI: -		**NODI**										
01079	**Silver total recoverable**	**Smpl.**					<=0.0003	=0.00032	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
G - Raw Sewage Influent												
Season: 0		**Req.**					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - 24 Hour Composite
NODI: -		**NODI**										
50050	**Flow, in conduit or thru treatment plant**	**Smpl.**	=10.343		03 - MGD					0	01/01 - Daily	TM - Totalizer
1 - Effluent Gross												
Season: 0		**Req.**	Req Mon MO AVG		03 - MGD						01/01 - Daily	TM - Totalizer
NODI: -		**NODI**										
51041	**E. coli, colony forming units [CFU]**	**Smpl.**					=21.0	=70.0	3Z - CFU/100mL	0	03/07 - Three Per Week	GR - Grab
1 - Effluent Gross												
Season: 2		**Req.**					Req Mon MO GEO	Req Mon DAILY MX	3Z - CFU/100mL		03/07 - Three Per Week	GR - Grab
NODI: -		**NODI**										
71901	**Mercury, total recoverable**	**Smpl.**					=1.26	=1.07	3M - ng/L	0	01/60 - Once Every 2 Months	GR - Grab
1 - Effluent Gross												
Season: 0		**Req.**					<=1.6 ANNL AVG	Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - Grab
NODI: -		**NODI**										

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
71901	**Mercury, total recoverable**	**Smpl.**						=32.6	3M - ng/L	0	01/60 - Once Every 2 Months	GR - Grab
G - Raw Sewage Influent												
Season: 0		**Req.**						Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - Grab
NODI: -		**NODI**										
80082	**BOD, carbonaceous [5 day, 20 C]**	**Smpl.**	=273.0	=291.0	26 - lb/d		=3.0	=3.0	19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**	<=6259.0 MO AVG	<=10014.0 MX WK AV	26 - lb/d		<=25.0 MO AVG	<=40.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
NODI: -		**NODI**										
81012	**Phosphorus, total percent removal**	**Smpl.**				=80.7			23 - %	0	01/30 - Monthly	CA - Calculated
K - Percent Removal												
Season: 0		**Req.**				>=75.0 MO AV MN			23 - %		01/30 - Monthly	CA - Calculated
NODI: -		**NODI**										
82220	**Flow, total**	**Smpl.**		=322.0	80 - Mgal/mo					0	01/30 - Monthly	RT - Recorder Total
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon MO TOTAL	80 - Mgal/mo						01/30 - Monthly	RT - Recorder Total
NODI: -		**NODI**										

Submission Note

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

Edit Check Errors

No errors.

Comments

revied sheets 1 and 2 of MRO are attached

Attachments

Name	Type	Size
IN0025674_INC_RPT_2024_12_1.pdf	pdf	160106.0
IN0025674_035a_MRO_2024_12.pdf	pdf	1218298.0
IN0025674_INC_RPT_2024_12_2.pdf	pdf	124041.0
IN0025674_CSO_MRO_2024_12.pdf	pdf	1702837.0
IN0025674_035a_MRO_2024_12_rev.pdf	pdf	505255.0

Report Last Saved By

ELKHART WWTP

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2025-01-27 12:24 (Time Zone:-05:00)

Report Last Signed By

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2025-01-27 12:24 (Time Zone:-05:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility		Permit Number	
Elkhart		IN0025674	
Month	Year	Plant Design Flow	Telephone Number
December	2024	20.00 mgd	574/293-2572
E-mail address: laura.kolo@coei.org			035 A
Certified Operator: Name		Class	Certificate Number / Expiration Date
Laura E. Kolo		IV	15094 06/30/2024/7

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 2.77			CHEMICALS USED			RAW SEWAGE								
				Precipitation - Inches	Bypass At Plant Site("X" If Occurred)	Sanitary Sewer Overflow("X" If Occurred)	Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l	
1	Sun							230		10.000	7.0	111	9,257	78	6,505	2.89	18.10	
2	Mon							243		10.566	7.4	119	10,486	124	10,927	3.34	21.20	
3	Tue			0.01				243		10.492	7.5	114	9,975	126	11,025	4.12	21.80	
4	Wed							221		10.658	7.3	142	12,622	196	17,422	4.24	23.50	
5	Thu							222		10.341	~~0.0~~ le	112	9,659	112	9,659	3.53	21.30	
6	Fri			0.10				219		10.366	7.2	116	10,028	112	9,683	3.74	21.20	
7	Sat			0.01				228		10.317	7.6	117	10,067	118	10,153	3.71	21.60	
8	Sun							232		9.742	7.3	117	9,506	84	6,825	2.80	17.10	
9	Mon			0.10				216		10.733	7.0	111	9,936	164	14,680	3.64	17.70	
10	Tue							210		10.725	7.1	129	11,539	164	14,669	4.52	19.10	
11	Wed							202		10.608	7.3	110	9,732	138	12,209	4.04	22.20	
12	Thu							202		10.625	7.4	128	11,342	156	13,824	3.93	39.40	
13	Fri							202		10.100	7.4	121	10,192	122	10,277	3.75	22.90	
14	Sat			0.16				225		9.892	7.3	118	9,735	104	8,580	3.44	22.10	
15	Sun			0.33				228		12.750	7.4	148	15,738	162	17,226	2.86	15.60	
16	Mon			0.11				259		10.858	7.0	118	10,686	130	11,772	4.12	21.00	
17	Tue					X		230		10.091	7.5	178	14,980	176	14,812	4.08	24.10	
18	Wed							231		10.175	7.7	109	9,350	134	11,371	4.00	23.00	
19	Thu							231		10.491	7.5	106	9,274	178	15,574	3.77	22.20	
20	Fri			0.08				202		10.108	7.7	107	9,020	162	13,657	4.08	22.10	
21	Sat			0.02				202		9.150	7.0	111	8,471	78	5,952	3.53	19.40	
22	Sun							53		9.258	7.6	126	9,729	108	8,339	3.23	18.40	
23	Mon			0.04				302		9.591	7.3	133	10,639	112	8,959	3.72	21.10	
24	Tue			0.01				288		9.966	7.3	110	9,143	86	7,148	3.99	22.10	
25	Wed			0.01		X		202		9.258	7.5	81	6,254	87	6,717	2.80	19.00	
26	Thu			0.03				202		10.691	7.6	111	9,897	94	8,381	3.35	20.60	
27	Fri			0.18				374		10.300	7.3	164	14,088	128	10,995	4.20	23.00	
28	Sat			0.04				230		10.358	7.5	129	11,144	92	7,947	3.60	20.00	
29	Sun			1.32				187		19.075	7.3	107	17,022	110	17,499	2.80	10.00	
30	Mon			0.02				202		10.808	7.3	106	9,555	134	12,079	3.02	19.40	
31	Tue			0.20				173		10.575	7.3	118	10,407	112	9,878	3.52	22.10	
1		Fill in January's effluent data on page 3 as needed for weekly average calculations.									le							
2																		
3																		
Average								222		10.602		120	10,625	125	11,121	3.62	21.04	
Maximum								374		19.075	7.8~~47~~	178	17,022	196	17,499	4.52	39.40	
Minimum				0.01				53		9.150	~~7.0~~ le	81	6,254	78	5,952	2.80	10.00	
# of Data		0		18	0	0	0	31	0	31	31	31	31	31	31	31	31	0

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

Prepared by or under the direction of (Certified Operatc: Laura Kolo — Date (month, day, year): 1/27/25

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Laura Kolo — Date (month, day, year): 1/27/25

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	December	2024

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
1	72	44	106	1,800	59	6.0	14	7.785	3,500						7.8		9.4	
2	81	71	100	1,852	54	4.4	15	7.807	3,400					28	7.0		9.2	
3	81	56	101	1,280	79	3.8	15	7.785	3,200					28	7.8		8.7	
4	98	44	108	1,828	59	3.7	15	7.785	3,700					18	7.5		8.8	
5	87	52	105	1,844	57	4.4	14	7.938	3,640						7.0		9.3	
6	86	62	108	1,932	56	5.5	14	7.785	3,800						7.6		9.5	
7	82	67	106	1,948	54	5.3	14	7.785	3,640						7.0		9.7	
8	87	51	104	2,040	51	4.5	13	7.785	3,880						7.0		9.0	
9	52	72	104	2,052	51	4.1	15	7.785	3,980					29	7.7		8.6	
10	87	68	107	1,904	56	4.1	15	7.785	3,860					20	7.6		8.9	
11	80	52	110	1,840	60	4.4	15	7.785	3,880					16	7.7		9.1	
12	99	61	113	1,968	57	3.6	14	7.785	3,900						7.7		8.9	
13	89	64	108	2,108	51	5.4	14	13.386	3,700						7.6		9.3	
14	86	60	107	4,544	24	5.6	14	7.785	4,380						7.6		9.2	
15	88	72	107	2,264	47	5.6	13	7.785	4,400						7.4		9.5	
16	76	68	107	2,084	51	4.9	14	7.785	4,360					25	7.5		9.3	
17	106	84	121	2,056	59	4.2	15	13.486	4,140					69	7.5		9.4	
18	80	56	120	2,112	57	3.9	14	13.346	4,540					70	7.5		9.2	
19	67	61	120	2,084	57	4.2	15	13.206	4,320						7.5		9.3	
20	72	78	126	5,204	24	6.3	15	12.918	4,280						7.4		9.3	
21	89	57	122	2,536	48	6.3	14	12.881	4,260						7.5		9.9	
22	82	61	118	2,668	44	6.1	14	7.785	4,520						7.6		9.6	
23	81	62	129	2,452	53	6.4	13	12.968	4,280					19	7.7		10.0	
24	80	51	122	2,188	56	5.7	14	12.886	4,160						7.6		9.5	
25	63	59	119	2,520	47	6.4	15	12.718	4,160						7.6		9.6	
26	90	90	113	2,728	41	5.4	14	13.996	4,600					19	7.5		9.8	
27	89	55	117	2,384	49	3.9	14	14.262	4,060					5	7.6		9.4	
28	86	70	121	2,340	52	5.6	14	13.558	4,420						7.5		9.1	
29	72	108	120	2,104	57	6.2	12	13.486	4,940						7.4		9.3	
30	72	60	118	2,552	46	6.2	12	13.780	5,380					3	7.6		10.2	
31	71	62	120	4,624	26	4.80	13	13.393	4920					32	7.6		9.6	
Avg.	82	64	113	2,382	51	5.1	14	10	4,135					27			9.3	
Max	106	108	129	5,204	79	6.4	15	14	5,380					70	7.8		10.2	
Min.	52	44	100	1,280	24	3.6	12	8	3,200					3	7.0		8.6	
Daily Max														70				
# of Days above 235														0				
Data	31	31	31	31	31	31	31	31	31	0	0	1	0	14	31	0	31	0

revised 1/27/25 12:15 pm L.K.

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):
Raw pH 12/05/24 not recorded

Dec Raw pH max = 7.7 s.u.

Dec Raw pH min = 7.0 s.u.

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

Signing Process Confirmation - CDX Activity ID: _99096262-26d6-427e-b67b-91b62089f9f3

Your DMRs are undergoing the Signing Process

Permit ID	Facility	Permitted Feature	Discharge #	Discharge Description	Monitoring Period End Date	DMR Due Date
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	12/31/24	01/28/25

035-a
revised + resubmitted
on 1/27/25 to include
4 attachments

JH
1/27/25

View Certification | Download COR

DMR Copy of Submission

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

Expand Notices

Showing COR 1 of 2 **1** 2

Permit

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

Report Dates & Status

Monitoring Period:	From 12/01/24 to 12/31/24	**DMR Due Date:**	01/28/25
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	# of 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		=7.8	12 - SU	0	01/01 - Daily	GR - Grab
1 - Effluent Gross												
Season: 0		**Req.**				>=6.0 DAILY MN		<=9.0 DAILY MX	12 - SU		01/01 - Daily	GR - Grab
NODI: -		**NODI**										
00530	**Solids, total suspended**	**Smpl.**	=587.0	=722.0	26 - lb/d		=7.0	=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: -		**NODI**										
00600	**Nitrogen, total [as N]**	**Smpl.**	=1825.0		26 - lb/d		=20.6		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		19 - mg/L		01/30 - Monthly	24 - 24 Hour Composite
NODI: -		**NODI**										
00610	**Nitrogen, ammonia total [as N]**	**Smpl.**	=11.6	=80.0	26 - lb/d		=0.15	=0.22	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: -		**NODI**										
00665	**Phosphorus, total [as P]**	**Smpl.**	=59.0		26 - lb/d		=0.7		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		19 - mg/L		01/01 - Daily	24 - 24 Hour Composite

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
NODI: -		**NODI**										
01079	**Silver total recoverable**	**Smpl.**	<0.015	<0.018	26 - lb/d		<0.0002	<0.0002	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**	<=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d		<=0.00038 MO AVG	<=0.00077 DAILY MX	19 - mg/L		01/07 - Weekly	24 - 24 Hour Composite
NODI: -		**NODI**										
01079	**Silver total recoverable**	**Smpl.**					<=0.0003	=0.00032	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
G - Raw Sewage Influent												
Season: 0		**Req.**					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - 24 Hour Composite
NODI: -		**NODI**										
50050	**Flow, in conduit or thru treatment plant**	**Smpl.**	=10.343		03 - MGD					0	01/01 - Daily	TM - Totalizer
1 - Effluent Gross												
Season: 0		**Req.**	Req Mon MO AVG		03 - MGD						01/01 - Daily	TM - Totalizer
NODI: -		**NODI**										
51041	**E. coli, colony forming units [CFU]**	**Smpl.**					=21.0	=70.0	3Z - CFU/100mL	0	03/07 - Three Per Week	GR - Grab
1 - Effluent Gross												
Season: 2		**Req.**					Req Mon MO GEO	Req Mon DAILY MX	3Z - CFU/100mL		03/07 - Three Per Week	GR - Grab
NODI: -		**NODI**										
71901	**Mercury, total recoverable**	**Smpl.**					=1.26	=1.07	3M - ng/L	0	01/60 - Once Every 2 Months	GR - Grab
1 - Effluent Gross												
Season: 0		**Req.**					<=1.6 ANNL AVG	Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - Grab
NODI: -		**NODI**										

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	# of Ex.	Analysis	Type
71901	**Mercury, total recoverable**	**Smpl.**						=32.6	3M - ng/L	0	01/60 - Once Every 2 Months	GR - Grab
G - Raw Sewage Influent												
Season: 0		**Req.**						Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - Grab
NODI: -		**NODI**										
80082	**BOD, carbonaceous [5 day, 20 C]**	**Smpl.**	=273.0	=291.0	26 - lb/d		=3.0	=3.0	19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**	<=6259.0 MO AVG	<=10014.0 MX WK AV	26 - lb/d		<=25.0 MO AVG	<=40.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
NODI: -		**NODI**										
81012	**Phosphorus, total percent removal**	**Smpl.**				=80.7			23 - %	0	01/30 - Monthly	CA - Calculated
K - Percent Removal												
Season: 0		**Req.**				>=75.0 MO AV MN			23 - %		01/30 - Monthly	CA - Calculated
NODI: -		**NODI**										
82220	**Flow, total**	**Smpl.**		=322.0	80 - Mgal/mo					0	01/30 - Monthly	RT - Recorder Total
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon MO TOTAL	80 - Mgal/mo						01/30 - Monthly	RT - Recorder Total
NODI: -		**NODI**										

Submission Note

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

Edit Check Errors

No errors.

Comments

Mercury sampled November 4, 2024. Reported on November 2024 MRO.

Attachments

Name	Type	Size
IN0025674_INC_RPT_2024_12_1.pdf	pdf	160106.0
IN0025674_035a_MRO_2024_12.pdf	pdf	1218298.0
IN0025674_INC_RPT_2024_12_2.pdf	pdf	124041.0
IN0025674_CSO_MRO_2024_12.pdf	pdf	1702837.0

Report Last Saved By

ELKHART WWTP

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2025-01-27 10:56 (Time Zone:-05:00)

Report Last Signed By

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2025-01-27 10:57 (Time Zone:-05:00)

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Signing Process Confirmation - CDX Activity ID: _c983eb31-e83f-40ec-b7ec-6efbfe4b2b80

Your DMRs are undergoing the Signing Process

IN0025674	ELKHART WWTP	005	005-C	CSO- ARCH/BAR, NW OF INTERSECTION	12/31/24	01/28/25
IN0025674	ELKHART WWTP	006	006-C	CSO- JACKSON, N OF BRIDGE, W OF ELKHART RIVER	12/31/24	01/28/25
IN0025674	ELKHART WWTP	007	007-C	CSO- JACKSON, N OF BRIDGE, E OF ELKHART RIVER	12/31/24	01/28/25
IN0025674	ELKHART WWTP	008	008-C	CSO- HUG/EAST BLVD	12/31/24	01/28/25
IN0025674	ELKHART WWTP	009	009-C	CSO- NIBCO PRKWY - FKA JR. ACHIEVEMENT (Y DR N)	12/31/24	01/28/25
IN0025674	ELKHART WWTP	011	011-C	CSO- ELKHART/FRANKLIN	12/31/24	01/28/25
IN0025674	ELKHART WWTP	012	012-C	CSO- CASSOPOLIS/BEARDSLEY	12/31/24	01/28/25
IN0025674	ELKHART WWTP	013	013-C	CSO- JOHNSON/BEARDSLEY	12/31/24	01/28/25
IN0025674	ELKHART WWTP	014	014-C	CSO- DAM AT CONE/ERWIN	12/31/24	01/28/25
IN0025674	ELKHART WWTP	015	015-C	CSO- MICHIGAN/FULTON	12/31/24	01/28/25
IN0025674	ELKHART WWTP	016	016-C	CSO- DAN @ GOSHEN/SUPERIOR	12/31/24	01/28/25
IN0025674	ELKHART WWTP	017	017-C	CSO- W. BOULEVARD/MCNAUGHTON	12/31/24	01/28/25
IN0025674	ELKHART WWTP	018	018-C	CSO- MCNAUGHTON PARK WEST	12/31/24	01/28/25
IN0025674	ELKHART WWTP	019	019-C	CSO-MICHIGAN @ RVR, S. OF LEX.	12/31/24	01/28/25
IN0025674	ELKHART WWTP	020	020-C	CSO- BRIDGE AND HUDSON	12/31/24	01/28/25
IN0025674	ELKHART WWTP	023	023-C	CSO- FRANKLIN/8TH	12/31/24	01/28/25
IN0025674	ELKHART WWTP	024	024-C	CSO- INDIANA/FRANKLIN	12/31/24	01/28/25
IN0025674	ELKHART WWTP	025	025-C	CSO- POTTAWATOMI/SECOND	12/31/24	01/28/25
IN0025674	ELKHART WWTP	026	026-C	CSO- MAIN/POTTAWATOMI	12/31/24	01/28/25
IN0025674	ELKHART WWTP	027	027-C	CSO- EDGEWATER/NAVAJO	12/31/24	01/28/25
IN0025674	ELKHART WWTP	028	028-C	CSO- WASHINGTON AT RIVER	12/31/24	01/28/25
IN0025674	ELKHART WWTP	029	029-C	CSO- JEFFERSON AT THE RIVER	12/31/24	01/28/25
IN0025674	ELKHART WWTP	031	031-C	CSO- ELIZABETH/LUSHER	12/31/24	01/28/25
IN0025674	ELKHART WWTP	032	032-C	CSO- EDGEWATER/OKEMA	12/31/24	01/28/25
IN0025674	ELKHART WWTP	033	033-C	CSO- EVANS/GRACE	12/31/24	01/28/25
IN0025674	ELKHART WWTP	034	034-C	CSO- LEXINGTON/6TH	12/31/24	01/28/25
IN0025674	ELKHART WWTP	035	035-A	20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER	12/31/24	01/28/25
IN0025674	ELKHART WWTP	035	035-AQ	QUARTERLY REPORTING	12/31/24	01/28/25
IN0025674	ELKHART WWTP	037	037-C	CSO- FRANKLIN/KRAU	12/31/24	01/28/25
IN0025674	ELKHART WWTP	039	039-C	CSO- WEST HIGH AT RIVER	12/31/24	01/28/25
IN0025674	ELKHART WWTP	040	040-C	CSO- MCNAUGHTON PARK SOUTH	12/31/24	01/28/25

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DMR Copy of Submission

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

Expand Notices

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

original
-035a-2024-12
NEW + resubmitted
1/27/25
to include attachments

Permit

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

Report Dates & Status

Monitoring Period:	From 12/01/24 to 12/31/24	**DMR Due Date:**	01/28/25
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	of 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		=7.8	12 - SU	0	01/01 - Daily	GR - Grab
1 - Effluent Gross												
Season: 0		**Req.**				>=6.0 DAILY MN		<=9.0 DAILY MX	12 - SU		01/01 - Daily	GR - Grab
NODI: -		**NODI**										
00530	**Solids, total suspended**	**Smpl.**	=587.0	=722.0	26 - lb/d		=7.0	=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: -		**NODI**										
00600	**Nitrogen, total [as N]**	**Smpl.**	=1825.0		26 - lb/d		=20.6		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		19 - mg/L		01/30 - Monthly	24 - 24 Hour Composite
NODI: -		**NODI**										
00610	**Nitrogen, ammonia total [as N]**	**Smpl.**	=11.6	=80.0	26 - lb/d		=0.15	=0.22	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: -		**NODI**										
00665	**Phosphorus, total [as P]**	**Smpl.**	=59.0		26 - lb/d		=0.7		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		19 - mg/L		01/01 - Daily	24 - 24 Hour Composite

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
NODI: -		**NODI**										
01079	**Silver total recoverable**	**Smpl.**	<0.015	<0.018	26 - lb/d		<0.0002	<0.0002	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**	<=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d		<=0.00038 MO AVG	<=0.00077 DAILY MX	19 - mg/L		01/07 - Weekly	24 - 24 Hour Composite
NODI: -		**NODI**										
01079	**Silver total recoverable**	**Smpl.**					<=0.0003	=0.00032	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
G - Raw Sewage Influent												
Season: 0		**Req.**					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - 24 Hour Composite
NODI: -		**NODI**										
50050	**Flow, in conduit or thru treatment plant**	**Smpl.**	=10.343		03 - MGD					0	01/01 - Daily	TM - Totalizer
1 - Effluent Gross												
Season: 0		**Req.**	Req Mon MO AVG		03 - MGD						01/01 - Daily	TM - Totalizer
NODI: -		**NODI**										
51041	**E. coli, colony forming units [CFU]**	**Smpl.**					=21.0	=70.0	3Z - CFU/100mL	0	03/07 - Three Per Week	GR - Grab
1 - Effluent Gross												
Season: 2		**Req.**					Req Mon MO GEO	Req Mon DAILY MX	3Z - CFU/100mL		03/07 - Three Per Week	GR - Grab
NODI: -		**NODI**										
71901	**Mercury, total recoverable**	**Smpl.**					=1.26	=1.07	3M - ng/L	0	01/60 - Once Every 2 Months	GR - Grab
1 - Effluent Gross												
Season: 0		**Req.**					<=1.6 ANNL AVG	Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - Grab
NODI: -		**NODI**										

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	# of Ex.	Analysis	Type
71901	**Mercury, total recoverable**	**Smpl.**						=32.6	3M - ng/L	0	01/60 - Once Every 2 Months	GR - Grab
G - Raw Sewage Influent												
Season: 0		**Req.**						Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - Grab
NODI: -		**NODI**										
80082	**BOD, carbonaceous [5 day, 20 C]**	**Smpl.**	=273.0	=291.0	26 - lb/d		=3.0	=3.0	19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**	<=6259.0 MO AVG	<=10014.0 MX WK AV	26 - lb/d		<=25.0 MO AVG	<=40.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
NODI: -		**NODI**										
81012	**Phosphorus, total percent removal**	**Smpl.**				=80.7			23 - %	0	01/30 - Monthly	CA - Calculated
K - Percent Removal												
Season: 0		**Req.**				>=75.0 MO AV MN			23 - %		01/30 - Monthly	CA - Calculated
NODI: -		**NODI**										
82220	**Flow, total**	**Smpl.**		=322.0	80 - Mgal/mo					0	01/30 - Monthly	RT - Recorder Total
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon MO TOTAL	80 - Mgal/mo						01/30 - Monthly	RT - Recorder Total
NODI: -		**NODI**										

Submission Note

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

Edit Check Errors

No errors.

Comments

Mercury sampled November 4, 2024. Reported on November 2024 MRO.

Attachments

No attachments.

Report Last Saved By

ELKHART WWTP

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2025-01-27 10:31 (Time Zone:-05:00)

Report Last Signed By

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2025-01-27 10:32 (Time Zone:-05:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

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

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 2.77			CHEMICALS USED			RAW SEWAGE								
				Precipitation - Inches	Bypass At Plant Site("X" If Occurred)	Sanitary Sewer Overflow("X" If Occurred)	Chlorine - Lbs/day	Ferrous Chloride Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l	
1	Sun							230		10.000	7.0	111	9,257	78	6,505	2.89	18.10	
2	Mon							243		10.566		119	10,486	124	10,927	3.34	21.20	
3	Tue			0.01				243		10.492	7.5	114	9,975	126	11,025	4.12	21.80	
4	Wed							221		10.658	7.3	142	12,622	196	17,422	4.24	23.50	
5	Thu							222		10.341	0.0	112	9,659	112	9,659	3.53	21.30	
6	Fri			0.10				219		10.366	7.2	116	10,028	112	9,683	3.74	21.20	
7	Sat			0.01				228		10.317	7.6	117	10,067	118	10,153	3.71	21.60	
8	Sun							232		9.742	7.3	117	9,506	84	6,825	2.80	17.10	
9	Mon			0.10				216		10.733	7.0	111	9,936	164	14,680	3.64	17.70	
10	Tue							210		10.725	7.1	129	11,539	164	14,669	4.52	19.10	
11	Wed							202		10.608	7.3	110	9,732	138	12,209	4.04	22.20	
12	Thu							202		10.625	7.4	128	11,342	156	13,824	3.93	39.40	
13	Fri							202		10.100	7.4	121	10,192	122	10,277	3.75	22.90	
14	Sat			0.16				225		9.892	7.3	118	9,735	104	8,580	3.44	22.10	
15	Sun			0.33				228		12.750	7.4	148	15,738	162	17,226	2.86	15.60	
16	Mon			0.11				259		10.858	7.0	118	10,686	130	11,772	4.12	21.00	
17	Tue					X		230		10.091	7.5	178	14,980	176	14,812	4.08	24.10	
18	Wed							231		10.175	7.7	109	9,250	134	11,371	4.00	23.00	
19	Thu							231		10.491	7.5	106	9,274	178	15,574	3.77	22.20	
20	Fri			0.08				202		10.108	7.7	107	9,020	162	13,657	4.08	22.10	
21	Sat			0.02				202		9.150	7.0	111	8,471	78	5,952	3.53	19.40	
22	Sun							53		9.258	7.6	126	9,729	108	8,339	3.23	18.40	
23	Mon			0.04				302		9.591	7.3	133	10,639	112	8,959	3.72	21.10	
24	Tue			0.01				288		9.966	7.3	110	9,143	86	7,148	3.99	22.10	
25	Wed			0.01		X		202		9.258	7.5	81	6,254	87	6,717	2.80	19.00	
26	Thu			0.03				202		10.691	7.6	111	9,897	94	8,381	3.35	20.60	
27	Fri			0.18				374		10.300	7.3	164	14,088	128	10,995	4.20	23.00	
28	Sat			0.04				230		10.358	7.5	129	11,144	92	7,947	3.60	20.00	
29	Sun			1.32				187		19.075	7.3	107	17,022	110	17,499	2.80	10.00	
30	Mon			0.02				202		10.808	7.3	106	9,555	134	12,079	3.02	19.40	
31	Tue			0.20				173		10.575	7.3	118	10,407	112	9,878	3.52	22.10	
1		Fill in January's effluent data on page 3 as needed for weekly average calculations.																
2																		
3																		
Average								222		10.602		120	10,625	125	11,121	3.62	21.04	
Maximum								374		19.075	7.7	178	17,022	196	17,499	4.52	39.40	
Minimum				0.01				53		9.150	0.0	81	6,254	78	5,952	2.80	10.00	
# of Data		0		18	0	0	0	31	0	31	30	31	31	31	31	31	31	0

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

Prepared by or under the direction of (Certified Operatc: Laura Kolo — Date (month, day, year): 1/27/25

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Laura Kolo — Date (month, day, year): 1/27/25

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	December	2024

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
1	72	44	106	1,800	59	6.0	14	7.785	3,500						7.8		9.4	
2	81	71	100	1,852	54	4.4	15	7.807	3,400					28	7.0		9.2	
3	81	56	101	1,280	79	3.8	15	7.785	3,200					28	7.8		8.7	
4	98	44	108	1,828	59	3.7	15	7.785	3,700					18	7.5		8.8	
5	87	52	105	1,844	57	4.4	14	7.938	3,640						7.0		9.3	
6	86	62	108	1,932	56	5.5	14	7.785	3,800						7.6		9.5	
7	82	67	106	1,948	54	5.3	14	7.785	3,640						7.0		9.7	
8	87	51	104	2,040	51	4.5	13	7.785	3,880						7.0		9.0	
9	52	72	104	2,052	51	4.1	15	7.785	3,980					29	7.7		8.6	
10	87	68	107	1,904	56	4.1	15	7.785	3,860					20	7.6		8.9	
11	80	52	110	1,840	60	4.4	15	7.785	3,880					16	7.7		9.1	
12	99	61	113	1,968	57	3.6	14	7.785	3,900						7.7		8.9	
13	89	64	108	2,108	51	5.4	14	13.386	3,700						7.6		9.3	
14	86	60	107	4,544	24	5.6	14	7.785	4,380						7.6		9.2	
15	88	72	107	2,264	47	5.6	13	7.785	4,400						7.4		9.5	
16	76	68	107	2,084	51	4.9	14	7.785	4,360					25	7.5		9.3	
17	106	84	121	2,056	59	4.2	15	13.486	4,140					69	7.5		9.4	
18	80	56	120	2,112	57	3.9	14	13.346	4,540					70	7.5		9.2	
19	67	61	120	2,084	57	4.2	15	13.206	4,320						7.5		9.3	
20	72	78	126	5,204	24	6.3	15	12.918	4,280						7.4		9.3	
21	89	57	122	2,536	48	6.3	14	12.881	4,260						7.5		9.9	
22	82	61	118	2,668	44	6.1	14	7.785	4,520						7.6		9.6	
23	81	62	129	2,452	53	6.4	13	12.968	4,280					19	7.7		10.0	
24	80	51	122	2,188	56	5.7	14	12.886	4,160						7.6		9.5	
25	63	59	119	2,520	47	6.4	15	12.718	4,160						7.6		9.6	
26	90	90	113	2,728	41	5.4	14	13.996	4,600					19	7.5		9.8	
27	89	55	117	2,384	49	3.9	14	14.262	4,060					5	7.6		9.4	
28	86	70	121	2,340	52	5.6	14	13.558	4,420						7.5		9.1	
29	72	108	120	2,104	57	6.2	12	13.486	4,940						7.4		9.3	
30	72	60	118	2,552	46	6.2	12	13.780	5,380					3	7.6		10.2	
31	71	62	120	4,624	26	4.80	13	13.393	4920					32	7.6		9.6	
Avg.	82	64	113	2,382	51	5.1	14	10	4,135					27			9.3	
Max	106	108	129	5,204	79	6.4	15	14	5,380					70	7.8		10.2	
Min.	52	44	100	1,280	24	3.6	12	8	3,200					3	7.0		8.6	
Daily Max														70				
# of Days above 235														0				
Data	31	31	31	31	31	31	31	31	31	0	0	1	0	14	31	0	31	0

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

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	December	2024

		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
1	Sun	9.943		3		249		6		464		0.09		7.5		0.75	62
2	Mon	10.622		3		266		8		691		0.29		25.7		0.75	66
3	Tue	10.122		3		253		10		844		0.21		17.7		0.73	62
4	Wed	10.580		4		353		10		918		0.17		15.0		0.80	71
5	Thu	10.021		4		334		10		819		0.12		10.0		0.66	55
6	Fri	10.076		3		252		8		706		0.11		9.2		0.62	52
7	Sat	9.933	10.185	4	3.43	331	291	7	8.49	613	722	0.10	0.16	8.3	13.3	0.64	53
8	Sun	9.605		3		240		7		529		0.09		7.2		0.54	43
9	Mon	10.495		4		350		7		630		0.09		7.9		1.07	94
10	Tue	10.030		4		335		7		552		0.09		7.5		0.56	47
11	Wed	10.282		3		257		7		617		0.09		7.7		0.64	55
12	Thu	10.902		3		273		8		764		0.88		80.0		0.74	67
13	Fri	10.473		3		262		8		681		0.24		21.0		0.67	59
14	Sat	10.467	10.322	3	3.29	262	283	7	7.20	576	621	0.06	0.22	5.2	19.5	0.71	62
15	Sun	13.284		3		332		8		842		0.06		6.6		0.57	63
16	Mon	10.613		3		266		5		460		0.08		7.1		0.59	52
17	Tue	9.905		4		330		7		545		0.09		7.4		0.65	54
18	Wed	10.176		3		255		8		645		0.09		7.6		0.53	45
19	Thu	9.725		3		243		7		584		0.10		8.1		0.48	39
20	Fri	9.518		2		159		7		540		0.08		6.4		0.44	35
21	Sat	8.695	10.274	3	3.00	218	258	7	6.90	529	592	0.09	0.08	6.5	7.1	0.55	40
22	Sun	8.693		3		217		5		362		0.07		5.1		0.73	53
23	Mon	9.358		3		234		5		414		0.08		6.2		0.77	60
24	Tue	8.923		3		223		7		513		0.08		6.0		0.71	53
25	Wed	8.639		3		216		5		389		0.08		5.8		0.73	53
26	Thu	9.924		3		248		5		439		0.07		5.8		0.74	61
27	Fri	9.723		3		243		5		430		0.11		8.9		0.78	63
28	Sat	9.272	9.219	3	3.00	232	231	4	5.36	333	411	0.08	0.08	6.2	6.3	0.66	51
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		0.74		6.0		0.74	64
1		9.20		2				8		375.89		0.06		4.60		0.82	63
2		10.21		3				7				0.07				1.00	
3		10.03		3		250.90		8		468.35		0.06		5.02		0.82	69
Avg		10.343		3		273		7		587		0.15		11.6		0.70	59
Max		22.158	10.322	4	3	554	291	10	8	1,183	722	0.88	0.22	80.0	19.5	1.1	146
Min		8.639	9.219	2	3	159	231	4	5	333	411	0.06	0.08	4.6	6.3	0.4	35
Data		31	4	31	4	31	4	31	4	31	4	31	4	31	4	31	31

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons) 322
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment	32.09	49.0			
	NA	NA			Percent Capacity (actual flow/design) 52%
Secondary Treatment	96.2	89.2			
Overall Treatment	97.41	94.5	99.3	80.7	
Phosphorus limit would be		75 % removal.	(compliance achieved)		

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	December	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION												
			Anaerobic Only												
	Primary SludgeGal. x 100	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	17.73	233.28	7.2		94			6.29	1.91	80.06	57.34			
2	21.15	231.84	7.3		96			3.83	1.35	82.49	71.79	123.35		
3	27.66	234.72	7.2		96	14.148		3.57	1.74	80.45	57.27	122.23		
4	28.66	233.28	7.1		99			3.61	1.68	76.46	56.98	120.73		
5	31.38	227.52	7.1		98	0.000		4.56	1.70	76.33	55.08	122.52		
6	32.01	233.28	7.2		99			4.37	1.72	76.26	59.00			
7	28.21	233.28	7.2		98	35.370		3.51	1.61	77.13	60.98			
8	32.04	216.00	7.2		98			3.43	1.70	76.59	58.26			
9	26.99	260.64	7.2		99			5.17	1.71	76.91	56.80	85.02		
10	27.06	233.28	7.3		99			3.19	1.46	74.54	57.63	121.47		
11	26.37	233.28	7.2		97			4.94	1.65	72.25	59.00	78.09		
12	37.05	233.28	7.2		98	7.074		5.73	1.66	77.80	57.55	121.29		
13	31.05	233.28	7.2		97	0.000		8.01	1.79	77.35	58.27			
14	40.49	275.04	7.3		96	0.000		3.68	1.95	76.10	56.91			
15	25.48	227.52	7.3		98	0.000		3.59	1.68	78.21	58.25			
16	29.56	262.08	7.3		97			7.83	1.81	80.37	59.26	85.91		
17	30.34	233.28	7.3		99	14.148		4.80	1.84	78.23	57.50	120.99		
18	36.15	233.28	7.2		95			3.88	1.88	77.31	56.77	121.22		
19	28.05	224.64	7.2		98			5.52	1.84	74.55	58.97	113.08		
20	34.66	233.28	7.3		98			3.58	1.89	69.64	59.06			
21	38.75	233.28	7.4		97			3.78	1.86	72.15	55.36			
22	37.54	233.28	7.3		94			5.30	1.85	74.34	56.76			
23	26.70	233.28	7.3		94	17.685		4.01	1.83	78.85	57.36	120.38		
24	27.35	221.76	7.2		97	24.759		4.21	1.90	79.02	56.15			
25	21.74	208.80	7.3		97			4.49	1.86	84.04	59.18			
26	15.25	211.68	7.3		98	7.074		4.57	1.85	77.54	59.43	119.65		
27	18.05	200.16	7.2		97	3.537		4.38	1.68	75.00	61.68	119.78		
28	25.79	208.80	7.2		95	0.000		3.98	1.92	75.95	57.98			
29	21.77	208.80	7.4		99	42.444		3.37	1.83	77.99	56.60			
30	23.24	208.80	7.3		98	21.222		4.77	1.80	73.10	56.82			
31	20.51	208.80	7.3		99			3.91	1.73	77.65	58.82	103.37		
Avg.	28.03	229.15			97	12.497		4.51	1.76	76.92	58.35	112.44		
Max.	40.49	275.04	7.4		99	42.444		8.01	1.95	84.04	71.79	123.35		
Min.	15.25	200.16	7.1		94	0.000		3.19	1.35	69.64	55.08	78.09		
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 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	December	2024

Substitute for State Form 30530

	Final Effluent															
	Chloride		Total Nitrogen													
Day Of Month	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day	Ag - Influent mg/l	Ag - Effluent mg/L	Cd - Influent mg/L	Cd - Effluent mg/L	CN - Influent mg/L	CN - Effluent mg/L	Cr - Influent mg/L	Cr - Effluent mg/L	Cu - Influent mg/L	Cu - Effluent mg/L	Hg - Influent ng/L	Hg - Effluent ng/L
1																
2	158	13,997	20.60	1,825		0.0002										
3					0.0003											
4																
5																
6																
7																
8																
9																
10					0.0003	0.0002										
11																
12																
13																
14																
15																
16																
17					0.0003	0.0002										
18																
19																
20																
21																
22																
23																
24					0.0003	0.0002										
25																
26																
27																
28																
29																
30					0.0002											
31						0.0002										
1																
2																
3																
Avg.	158	13,997	21	1,825	0.0003	0.0002										
Max.					0.0003	0.0002										
Min.	158	13,997	20.60	1824.90	0.0002	0.0002										
Data	1	1	1	1	5	5	0	0	0	0	0	0	0	0	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R4 / 01-20)

Name of Facility	Permit Number	Month	Year
Elkhart	IN0025674	December	2024

Substitute for State Form 30530

Day Of Month	Ni - Influent mg/L	Ni - Effluent mg/L	Pb - Influent mg/L	Pb - Effluent mg/L	Zn - Influent mg/L	Zn - Effluent mg/L										
1																
2																
3																
4																
5																
6																
7																
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27																
28																
29																
30																
31																
1																
2																
3																
Avg.																
Max.																
Min.																
Data	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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
Elkhart Public Works	1201 S. Nappanee Street	Elkhart	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)*
	12/17/24 6:48	☐ AM ☑ PM	12/17/24 8:30	☐ AM ☑ PM	1606 Victoria Dr	41 42 20 N	85 56 28 W

(10) Amount of Flow Released *(Always provide a volume.)*	(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate
Check one: ☑ Estimated ☐ Actual 1436 Gallons	11.5 MGD	44.0 MGD

(13) Overflow Type *(Select one.)*
☐ Sanitary Sewer Overflow
☐ Treatment Bypass *(at wastewater plant)*
☑ Prohibited Combined Sewer Overflow
☐ Dry Weather Combined Sewer Overflow
☐ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
none

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

(16) System Component(s) *(Select one or more.)*
☐ Manhole
☐ House Lateral
☐ Pipe Failure
☐ Pump Station Failure
☐ Treatment Bypassed
☑ Other
☐ Influent Structure
☐ Air Relief Valve
☐ Sewer Clean Out

Describe Other: *(in the box below)*
grease

(17) Additional Description of the Bypass / Overflow Event:
crews called out at 6:48 pm. Found sewer main partially plugged with grease. Obstruction removed and flow returned to normal at 8:30 pm.

(18) Description of the Area Impacted *(Check all that apply.)*
☐ Affected Private Property
☑ Basement Backup
☐ Occurred at Treatment Plant
☐ Reached Public Land
☐ Reached Receiving Water

Name of Receiving Water Impacted:
none

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☑ Other:
n/a

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area
(Select one or more of the following, then add a written description.)
☑ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☐ Clean-Up Debris
crews sent to clear obstruction of grease

(21) Resolution: Actions Taken or Planned to Prevent Recurrence
Send information to upstream basin on proper grease disposal

(22)

CERTIFICATION AND SIGNATURE

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

SIGNATURE: Laura Kolo DATE *(month, day, year)*: 12/18/24

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura Kolo	(574) 293-2572	laura.kolo@coei.org	12/18/24 appx 1:30	☐ AM ☑ PM

Kolo, Laura

From: Kolo, Laura
Sent: Wednesday, December 18, 2024 3:51 PM
To: wwreports@idem.in.gov
Subject: Inc Rpt IN0025674_INC_RPT_2024_12_1
Attachments: IN0025674_INC_RPT_2024_12_1.pdf

Resent - 100% sure "delivery recipt" requested but never did get confirmation it was delivered.

Resending with delivery confirmation.

Laura Kolo
Director of Utilities

City of Elkhart
Public Works & Utilities

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

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

From: Kolo, Laura
Sent: Wednesday, December 18, 2024 1:26 PM
To: wwreports@idem.in.gov
Subject: Inc Rpt IN0025674_INC_RPT_2024_12_1

Sent and was 95 ish % sure was sent with "delivery receipt" requested but did not receive confirmation it was delivered like usual - typically is only 5-10 minutes. So I resent (above)

Please find Inc Rpt IN0025674_INC_RPT_2024_12_1 attached.

Laura Kolo
Director of Utilities

City of Elkhart
Public Works & Utilities

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

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

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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
Elkhart Public Works	1201 S. Nappanee Street	Elkhart	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)*
	12/25/24 1:04	☐ AM ☑ PM	12/25/24 3:33	☐ AM ☑ PM	726 Middlebury	41 40 53 N	85 57 31 W

(10) Amount of Flow Released *(Always provide a volume.)*	(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate
Check one: ☐ Estimated ☐ Actual unknown Gallons	9.8 MGD	44.0 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☑ Prohibited Combined Sewer Overflow
- ☐ Dry Weather Combined Sewer Overflow
- ☐ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
none

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

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☐ Pump Station Failure
- ☐ Treatment Bypassed
- ☑ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ Sewer Clean Out

Describe Other: *(in the box below)*
grease

(17) Additional Description of the Bypass / Overflow Event:
crews called out at 1:04 pm. Found sewer main partially plugged with grease. Obstruction removed and flow returned to normal at 3:33 pm.

(18) Description of the Area Impacted *(Check all that apply.)*
- ☐ Affected Private Property
- ☑ Basement Backup
- ☐ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☐ Reached Receiving Water

Name of Receiving Water Impacted:
none

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☑ Other:
n/a

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area
(Select one or more of the following, then add a written description.)
☑ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☐ Clean-Up Debris
crews sent to clear obstruction of grease

(21) Resolution: Actions Taken or Planned to Prevent Recurrence
Send information to upstream basin on proper grease disposal

(22)

CERTIFICATION AND SIGNATURE

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

SIGNATURE: Laura Kolo DATE *(month, day, year)*: 12/2624

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura Kolo	(574) 293-2572	laura.kolo@coei.org	12/26/24 appx 8:05	☑ AM ☐ PM

Kolo, Laura

From: Kolo, Laura
Sent: Thursday, December 26, 2024 8:06 AM
To: 'wwreports@idem.in.gov'
Subject: IN0025674_INC_RPT_2024_12_2
Attachments: IN0025674_INC_RPT_2024_12_2.pdf

Please see attached incident report IN0025674_INC_RPT_2024_12_2.

Laura Kolo
Director of Utilities

City of Elkhart
Public Works & 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 to Aspire Elkhart.

View Certification | Download COR

DMR Copy of Submission

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

Expand Notices

Showing COR 1 of 31 **1** 2 3 4

Permit

Permit ID:	IN0025674	**Major:**	
Permittee:	ELKHART WWTP	**Permittee Address:**	229 SOUTH 2ND ST ELKHART , IN46516
Facility:	ELKHART WWTP	**Facility Location:**	1201 S NAPPANEE ST ELKHART , IN46516
Permitted Feature:	035 - External Outfall	**Discharge:**	035-AQ - QUARTERLY REPORTING

Report Dates & Status

Monitoring Period:	From 10/01/24 to 12/31/24	**DMR Due Date:**	01/28/25
Status:	**NetDMR Validated**		

Considerations for Form Completion

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

Principal Executive Officer

First Name:	Laura	**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]**	**Smpl.**		<0.2364	26 - lb/d			<0.002	19 - mg/L	0	01/90 - Quarterly	GR - Grab
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	GR - Grab
NODI: -		**NODI**										
00717	**Cyanide, free [as free]**	**Smpl.**						<0.002	19 - mg/L	0	01/90 - Quarterly	GR - Grab
G - Raw Sewage Influent												
Season: 0		**Req.**						Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	GR - Grab
NODI: -		**NODI**										
01074	**Nickel, total recoverable**	**Smpl.**		=0.0658	26 - lb/d			=0.0079	19 - mg/L	0	01/90 - Quarterly	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - 24 Hour Composite
NODI: -		**NODI**										
01074	**Nickel, total recoverable**	**Smpl.**						=0.0245	19 - mg/L	0	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**										
01094	**Zinc, total recoverable**	**Smpl.**		=1.258	26 - lb/d			=0.0151	19 - mg/L	0	01/90 - Quarterly	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - 24 Hour Composite
NODI: -		**NODI**										
01094	**Zinc, total recoverable**	**Smpl.**						=0.0802	19 - mg/L	0	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**										
01113	**Cadmium, total recoverable**	**Smpl.**		<0.016	26 - lb/d			<0.0002	19 - mg/L	0	01/90 - Quarterly	24 - 24 Hour Composite
1 - Effluent Gross												

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - 24 Hour Composite
NODI: -		**NODI**										
01113	**Cadmium, total recoverable**	**Smpl.**						=0.0051	19 - mg/L	0	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**										
01114	**Lead, total recoverable**	**Smpl.**		<0.083	26 - lb/d			<0.001	19 - mg/L	0	01/90 - Quarterly	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - 24 Hour Composite
NODI: -		**NODI**										
01114	**Lead, total recoverable**	**Smpl.**						=0.0015	19 - mg/L	0	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**										
01118	**Chromium, total recoverable**	**Smpl.**		=0.167	26 - lb/d			=0.002	19 - mg/L	0	01/90 - Quarterly	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - 24 Hour Composite
NODI: -		**NODI**										
01118	**Chromium, total recoverable**	**Smpl.**						=0.0051	19 - mg/L	0	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**										
01119	**Copper, total recoverable**	**Smpl.**		=1.2495	26 - lb/d			=0.015	19 - mg/L	0	01/90 - Quarterly	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	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**	**Smpl.**						=0.07	19 - mg/L	0	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:	2025-01-27 10:17 (Time Zone:-05:00)

Report Last Signed By

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2025-01-27 10:32 (Time Zone:-05:00)

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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Elkhart								Page 1 of 9						Permit Number:	IN0025574		
Facility:	Elkhart Public Works & Utilities								Public Notification Requirements Met?	Y								
Monitoring Period:	December	2024							Enter "x" if no CSO discharge occurred for the month:	X								
Design Peak Hourly Flow (MGD):	44	Design Average Flow (MGD):	20						Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data						CSO Outfall No. 005						CSO Outfall No. 006			
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (inch/hr)	Measurement Interval (hr, 30 m, 15 m)		Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1	10.00	11.30					15 min													
2	10.57	14.90					15 min													
3	10.49	11.90	10:31 AM	0.08	0.01	0.04	15 min													
4	10.66	12.80					15 min													
5	10.34	12.80					15 min													
6	10.37	12.00	10:29 AM	9.20	0.10	0.08	15 min													
7	10.32	12.10	1:56 PM	0.47	0.01	0.04	15 min													
8	9.74	11.40					15 min													
9	10.73	12.20	1:06 AM	5.25	0.10	0.16	15 min													
10	10.73	12.10					15 min													
11	10.61	11.80					15 min													
12	10.63	11.80					15 min													
13	10.10	11.80					15 min													
14	9.89	12.20	8:14 PM	3.83	0.16	0.08	15 min													
15	12.75	22.00	12:01 AM	17.08	0.33	0.16	15 min													
16	10.86	12.00	6:16 AM	5.67	0.11	0.20	15 min													
17	10.09	11.50					15 min													
18	10.18	12.70					15 min													
19	10.49	22.00					15 min													
20	10.11	11.80	11:29 AM	4.03	0.08	0.04	15 min													
21	9.15	10.90	11:49 AM	2.20	0.02	0.04	15 min													
22	9.26	10.70					15 min													
23	9.59	11.40	2:56 PM	8.83	0.04	0.04	15 min													
24	9.97	11.20	8:56 AM	0.08	0.01	0.04	15 min													
25	9.26	10.80	8:46 PM	0.08	0.01	0.04	15 min													
26	10.69	11.50	12:56 AM	13.47	0.03	0.04	15 min													
27	10.30	12.50	1:06 PM	10.92	0.18	0.08	15 min													
28	10.36	13.90	12:01 AM	2.67	0.04	0.08	15 min													
29	19.08	30.00	2:26 AM	21.33	1.32	0.20	15 min													
30	10.81	12.00	12:11 AM	1.92	0.02	0.04	15 min													
31	10.58	14.00	9:06 AM	13.97	0.20	0.08	15 min													
Totals:	328.67			121.08	2.77				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 Kolo	01/27/25

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:	December	2024							Enter "x" if no CSO discharge occurred for the month:	X		
Design Peak Flow (Hourly) (MGD):	44		Design Flow (MGD):	20					Measured/Metered (M) or Estimated (E) must be specified			

	CSO Outfall No. 007						CSO Outfall No. 008						CSO Outfall No. 009						CSO Outfall No. 011					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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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 2024		Enter "x" if no CSO discharge occurred for the month: X	
Design Peak Flow (Hourly) (MGD): 44	Design Flow (MGD): 20	Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No. 012						CSO Outfall No. 013						CSO Outfall No. 14B						CSO Outfall No. 015					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

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	2024											Enter "x" if no CSO discharge occurred for the month:											
Design Peak Flow (Hourly) (MGD):	44		Design Flow (MGD):	20									Measured/Metered (M) or Estimated (E) must be specified											

	CSO Outfall No. 016						CSO Outfall No. 017						CSO Outfall No. 018						CSO Outfall No. 019					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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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	2024										Enter "x" if no CSO discharge occurred for the month:	X		
Design Peak Flow (Hourly) (MGD):	44		Design Flow (MGD):	20								Measured/Metered (M) or Estimated (E) must be specified			

	CSO Outfall No. 020						CSO Outfall No. 023						CSO Outfall No. 024						CSO Outfall No. 025					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Elkhart								Page 6 of 9		Permit Number:	IN0025574
Facility:	Elkhart Public Works & Utilities								Public Notification Requirements Met?	Y		
Monitoring Period:	December	2024							Enter "x" If no CSO discharge occurred for the month:	X		
Design Peak Flow (Hourly) (MGD):	44		Design Flow (MGD):	20					Measured/Metered (M) or Estimated (E) must be specified			

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

	CSO Outfall No. 031						CSO Outfall No. 032						CSO Outfall No. 033						CSO Outfall No. 034					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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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 2024		Enter "x" if no CSO discharge occurred for the month:	
Design Peak Flow (Hourly) (MGD): 44	Design Flow (MGD): 20	Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No. 037						CSO Outfall No. 039						CSO Outfall No. 040						CSO Outfall No.					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																								
2																								
3																								
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28																								
29	6:37 PM	M	1.17	M	0.0291	M							5:36 AM	M	3.50	M	0.0511	M						
30																								
31																								
Totals:	1	Days	1.17		0.0291		0	Days	0.00		0.0000		1	Days	3.50		0.0511		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:	December	2024		Enter "x" if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):	44	Design Average Flow (MGD):	20		

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

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

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

Signature of Principal Executive Officer or Authorized Agent	Date (mm/dd/yy)
Laura Kolo	01/27/25

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

Signing Process Confirmation - CDX Activity ID: _9c2119dd-5d63-41dd-8572-26555f8f2175

Your DMRs are undergoing the Signing Process

Permit ID	Facility	Permitted Feature	Discharge #	Discharge Description	Monitoring Period End Date	DMR Due Date
IN0025674	ELKHART WWTP	035	035-TX	SEMIANNUAL BIOMONITORING	02/28/25	03/28/25
IN0025674	ELKHART WWTP	035	035-TS	SEMIANNUAL BIOMONITORING	01/31/25	02/28/25

View Certification | Download COR

DMR Copy of Submission

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

Expand Notices

Showing COR 1 of 2 **1** 2

Permit

Permit ID:	IN0025674	**Major:**	
Permittee:	ELKHART WWTP	**Permittee Address:**	229 SOUTH 2ND ST ELKHART , IN46516
Facility:	ELKHART WWTP	**Facility Location:**	1201 S NAPPANEE ST ELKHART , IN46516
Permitted Feature:	035 - External Outfall	**Discharge:**	035-TS - SEMIANNUAL BIOMONITORING

Report Dates & Status

Monitoring Period:	From 08/01/24 to 01/31/25	**DMR Due Date:**	02/28/25
Status:	**NetDMR Validated**		

Considerations for Form Completion

SEMIANNUAL BIOMONITORING DATA: REPORT RE-TAKE INFORMATION ON THE 035-TX NETDMR. EMAIL THE FULL WETT REPORT TO wwreports@idem.in.gov. 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	# of Ex.	Analysis	Type
61425	**Toxicity [acute], Ceriodaphnia dubia**	**Smpl.**						<1.0	2F - tox acute	0	02/YR - Twice Per Year	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**						<=1.0 MAXIMUM	2F - tox acute		02/YR - Twice Per Year	24 - 24 Hour Composite
NODI: -		**NODI**										
61426	**Toxicity [chronic], Ceriodaphnia dubia**	**Smpl.**						=1.0	2G - tox chronic	0	02/YR - Twice Per Year	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**						<=8.0 MAXIMUM	2G - tox chronic		02/YR - Twice Per Year	24 - 24 Hour Composite
NODI: -		**NODI**										
61427	**Toxicity [acute], Pimephales promelas [Fathead Minnow]**	**Smpl.**						=1.0	2F - tox acute	0	02/YR - Twice Per Year	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**						<=1.0 MAXIMUM	2F - tox acute		02/YR - Twice Per Year	24 - 24 Hour Composite
NODI: -		**NODI**										
61428	**Toxicity [chronic], Pimephales promelas [Fathead Minnow]**	**Smpl.**						=1.0	2G - tox chronic	0	02/YR - Twice Per Year	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**						<=8.0 MAXIMUM	2G - tox chronic		02/YR - Twice Per Year	24 - 24 Hour Composite
NODI: -		**NODI**										

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:** January 2025	
WETT Reporting Frequency or Type: **(mark one)**	Monthly	Quarterly	Semi-annual	Annual	TRE	Post TRE **X**	First (per Reporting Frequency)

Test Organism	Test	Endpoint [1]	Units	Result	Compliance Value in TUs	Pass/Fail	Reporting
Ceriodaphnia dubia	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 and NetDMR (Parameter Code 61425)
		Toxicity (chronic)	TU_c	1	8.0	**Pass**	Laboratory Report and NetDMR (Parameter Code 61426)
Pimephales promelas	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	1 %	>100			
			TU_a	<1			
		Toxicity (acute)	TU_a	1	1.0	**Pass**	Laboratory Report and NetDMR (Parameter Code 61427)
		Toxicity (chronic)	TU_c	1	8.0	**Pass**	Laboratory Report and NetDMR (Parameter Code 61428)

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_035TS_2025_01.pdf	pdf	53266.0

Report Last Saved By

ELKHART WWTP

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2025-01-27 11:43 (Time Zone:-05:00)

Report Last Signed By

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2025-01-27 11:45 (Time Zone:-05:00)

View Certification | Download COR

DMR Copy of Submission

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

Expand Notices

Showing COR 2 of 2 1 **2**

Permit

Permit ID:	IN0025674	**Major:**	
Permittee:	ELKHART WWTP	**Permittee Address:**	229 SOUTH 2ND ST ELKHART , IN46516
Facility:	ELKHART WWTP	**Facility Location:**	1201 S NAPPANEE ST ELKHART , IN46516
Permitted Feature:	035 - External Outfall	**Discharge:**	035-TX - SEMIANNUAL BIOMONITORING

Report Dates & Status

Monitoring Period:	From 09/01/24 to 02/28/25	**DMR Due Date:**	03/28/25
Status:	**NetDMR Validated**		

Considerations for Form Completion

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

Principal Executive Officer

First Name:	Laura	**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	of Ex.	Analysis	Type
61425	**Toxicity [acute], Ceriodaphnia dubia**	**Smpl.**										
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**	**Smpl.**										
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]**	**Smpl.**										
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				
61428	**Toxicity [chronic], Pimephales promelas [Fathead Minnow]**	**Smpl.**										
1 - Effluent Gross												
Season: 0		**Req.**						<=8.0 MAXIMUM	2G - tox chronic		02/YR - Twice Per Year	24 - 24 Hour Composite

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
NODI: -		**NODI**						9 - Conditional Monitoring - Not Required This Period				

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:	2025-01-27 11:44 (Time Zone:-05:00)

Report Last Signed By

User:	Payton88
Name:	Laura Kolo
E-Mail:	laura.kolo@coei.org
Date/Time:	2025-01-27 11:45 (Time Zone:-05:00)

Outlook

WETT Report Elkhart IN0025674 #1 for 2025

From Kolo, Laura <Laura.Kolo@coei.org>
Date Mon 1/27/2025 11:58 AM
To 'wwreports@idem.IN.gov' <wwreports@idem.in.gov>
Cc Kolo, Laura <Laura.Kolo@coei.org>

1 attachment (3 MB)
IN0025674_035TS_2025_01.pdf;

Please find Elkhart IN0026574_035TS_2025_01 report.

Please contact me with any questions.

Laura Kolo
laura.kolo@coei.org
(574) 293-2572

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

Whole Effluent Toxicity Test

ELKHART
WASTEWATER TREATMENT PLANT

IN0025674

Elkhart, Indiana

January 2025

GLP (Good Laboratory Practices)
COMPLIANCE STATEMENT

Project Name: Elkhart Wastewater Treatment Plant

Project Date: January 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: 1/20/25

Michael Britton

Project Director
Date: 1/20/25

Other Participating Personnel:

Mukang'andu Ng'andwe
Arizona Fox

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

Section 1
Executive Summary

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

Three samples were collected January 5-9, 2025. The water flea, *Ceriodaphnia dubia*, and Fathead minnow, *Pimephales promelas,* were used as the test organisms.

A total of six 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}	>	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 LC_{50} to be greater than 100% effluent (a TU_a not to exceed 1.0). The effluent samples passed the acute toxicity limits during this testing period for *Ceriodaphnia dubia* but not *Pimephales promelas*.

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

Section 2
Introductory Information

Table I
General

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

Table II
Plant Operations

Type of discharger:	Publicly owned treatment works Wastewater consists of treated sanitary and industrial wastes		
Type of waste treatment:	Class IV. Activated sludge		
Design flow:	20 – MGD		
Volume of wastewater flow during the sampling period:		January 5, 2025	-MGD
		January 7, 2025	-MGD
		January 9, 2025	-MGD

Table III
Source of effluent and dilution water

I. Effluent samples

Sampling point:	Outfall 035	
Collection dates and times:	January 5, 2025	11:00 p.m.
	January 7, 2025	11:00 p.m.
	January 9, 2025	11:00 p.m.
Sample collection:	24-hour composite samples	
Physical and chemical data:	See Tables 9 and 15	

II. Dilution water samples

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

Section 3
Test Methods and Results

CERIODAPHNIA SURVIVAL AND REPRODUCTION TEST

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

Toxicity test method used:	*Ceriodaphnia* 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:	January 7, 2025	10:35 a.m.
Date and time test terminated	January 15, 2025	2:35 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**

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

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

Raw Data:	See Table 8
LC_{50} or NOEL obtained:	48-hr LC_{50} = greater than 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.
Methods used to calculate endpoints:	Fisher's Exact Test for the survival endpoint. Dunnett's Test for the reproduction endpoint. No calculations necessary for the acute endpoint.

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

Reference Toxicant used and source:	Copper chloride, reagent grade, from Carolina Biological
Date and time of most recent test:	January 14-21, 2025
Dilution water used in test:	Moderately hard synthetic water
Results:	48-hr LC_{50} = 105 µg/L as Cu NOEL (reproduction) = 40 µg/L as Cu LOEL (reproduction) = 80 µg/L as Cu
Comparison to recommended range:	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	16.1	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	0	2	2	2	2	5	2	2	0		10
	4	4	2	4	4	3	4	4	4	4	3		10
	5	6	2	0	0	0	0	0	0	0	4		10
	6	8	0	3	4	0	4	2	4	4	0		10
	7	0	5	6	6	4	5	7	0	5	4		10
	8	7	7	0	0	0	0	0	3	0	8		10
6.25%	1	0	0	0	0	0	0	0	0	0	0	20.4	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	0	2	2	2	2	2	3	0	2		10
	4	4	4	6	6	5	4	6	4	2	7		10
	5	6	6	5	0	0	0	0	0	4	5		10
	6	8	0	0	6	5	5	3	5	0	0		10
	7	0	6	8	8	6	6	8	7	8	5		10
	8	9	0	0	0	0	0	0	0	0	12		10
12.5%	1	0	0	0	0	0	0	0	0	0	0	18.6	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	4	0	2	2	2	4	4	0	0		10
	4	4	2	5	5	4	4	3	4	2	2		10
	5	3	9	5	0	0	0	0	0	4	4		10
	6	0	0	0	5	2	3	5	7	0	0		10
	7	6	8	9	8	6	4	6	8	6	6		10
	8	8	0	0	0	0	0	0	0	0	11		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	20.0	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	2	3	2	2	2	3	4	0	0		10
	4	4	4	4	5	4	2	0	5	3	3		10
	5	5	4	6	0	0	0	5	0	4	4		10
	6	0	0	0	6	5	3	0	6	0	0		10
	7	7	8	10	8	9	7	10	8	4	8		10
	8	12	0	0	0	0	0	0	0	0	9		10
50%	1	0	0	0	0	0	0	0	0	0	0	21.0	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	2	2	2	0	2	4	2	0	0		10
	4	4	4	5	5	4	3	6	4	2	2		10
	5	7	2	0	0	0	0	0	0	6	8		10
	6	0	0	2	6	7	4	5	5	0	0		10
	7	11	9	6	9	8	6	12	5	7	7		10
	8	10	0	0	0	0	0	0	0	0	15		10
100%	1	0	0	0	0	0	0	0	0	0	0	24.9	10
	2	0	0	0	0	0	0	0	0	0	0		10
	3	0	0	2	2	0	0	0	3	0	0		10
	4	4	3	6	9	6	5	6	6	2	0		10
	5	6	0	4	10	7	0	8	0	5	6		10
	6	0	0	0	0	0	6	10	10	0	8		10
	7	10	6	9	10	12	8	0	0	11	10		10
	8	12	11	0	0	0	0	14	0	0	2		10

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

Effluent Concentration	D.O. Range mg/L	Temp. Range °C	pH Range S.U.	Alk. Range $CaCO_3$	Hardness Range $CaCO_3$	Cond. Range µS
CONTROL	7.6 – 8.5	25	7.7 – 8.1	40-	90-100	310-380
6.25%	7.6 – 8.5	25	7.7 – 8.1			320-380
25%	7.6 – 8.6	25	7.8 – 8.1			380-420
100%	7.5 – 9.7	25	7.7 – 8.2	90-	200-275	690-790

FATHEAD MINNOW LARVAL SURVIVAL AND GROWTH TEST

Table X
METHODOLOGY
Fathead Minnow Larval Survival and Growth Test

Toxicity test method used:	7-day fathead minnow larval survival and growth test	
Endpoints of test:	96-hr LC_{50} and no observable effect level (NOEL) for survival and growth. TU_c for survival and growth.	
Reference method:	EPA-821-R-02-013	
Deviations from method:	No Deviations	
Date and time test initiated:	January 7, 2025	10:45 a.m.
Date and time test terminated	January 14, 2025	10:45 a.m.
Type of test chambers:	Polyethylene	300 ml
Volume of solution used per chamber:	250 ml	
Number of organisms per chamber:	ten	
Number of replicate chambers per treatment:	four	
Test temperature range:	25°C (no deviations)	

Table XI
ORGANISMS USED
Fathead Minnow Survival and Growth Test

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

Table XII
RESULTS
Fathead Minnow Larval Survival and Growth Test

Raw Data:	See Table 14
LC_{50} or NOEL obtained:	96-hr LC_{50} = >100% effluent NOEL for survival = 100% effluent (There was a statistically significant difference between the 50% concentration and the control. This was likely due to chance because no other concentration was affected.) NOEL for growth = 100% effluent Control survival and growth fell within the acceptable range
Methods used to calculate endpoints:	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 XIII
QUALITY ASSURANCE
Fathead Minnow Larval Survival and Growth Test

Reference Toxicant used and source:	Potassium chloride, reagent grade, from Sigma-Aldrich
Date and time of most recent test:	January 14-21, 2025
Dilution water used in test:	Moderately Hard Synthetic Water
Results:	96-hr LC_{50} = 1110 mg /L as KCl
	NOEL (growth) = 1000 mg/L as KCl
	LOEL (growth) = 2000 mg/L as KCl
Comparison to recommended range:	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	270	360	290	370
6.25%	100	100	100	90	280	340	300	320
12.5%	100	70	80	100	260	280	260	370
25%	100	100	80	90	380	370	310	320
50%	80	80	50	60	220	320	200	320
100%	100	90	100	30	340	320	450	150

Table XV
WATER CHEMISTRY
Fathead Minnow Larval Survival and Growth Test

Effluent Concentration	D.O. Range mg/L	Temp. Range °C	pH Range S.U.	Alk. Range $CaCO_3$	Hardness Range $CaCO_3$	Cond. Range µS
CONTROL	6.6 – 8.8	25	7.4 – 8.0	40-	90-100	310-320
6.25%	6.6 – 8.8	25	7.5 – 8.0			330-
25%	6.6 – 8.9	25	7.4 – 7.9			400-430
100%	6.4 – 10.3	25	7.4 – 7.8	90-	200-275	760-810

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SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity

SAMPLE IDENTIFICATION: Elkhart - 1 Monday Jan. 2025

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 1-5-25 Start Time 12:00 Midnight

End Date 1-5-25 End Time 11pm

NAME OF PERSON COLLECTING SAMPLE: Secondary

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: [signature]

Date: 01.06.2025 Time: 01:10 pm

Received by: [signature]

Date: 1-6-2025 Time: 1:10 p

Relinquished by: _____

Date: _____ Time: _____

Received by: _____

Date: _____ Time: _____

TEMP: 4 °C

COMMENTS:

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SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity

SAMPLE IDENTIFICATION: Elkhart - 2. ~~Monday~~ Wed. Jan. 2025

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 1-7-25 Start Time Midnight

End Date 1-7-25 End Time 11 pm

NAME OF PERSON COLLECTING SAMPLE: Secondary

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: [signature]

Date: 1.8.2025 Time: 1:04 pm

Received by: [signature]

Date: 1-8-25 Time: 1:04 p

Relinquished by: _____

Date: _____ Time: _____

Received by: _____

Date: _____ Time: _____

TEMP: 4 °C

COMMENTS:

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SAMPLE SUMMARY AND CHAIN OF CUSTODY

CLIENT NAME: Elkhart WWTP

PURPOSE OF SAMPLE: Whole Effluent Toxicity

SAMPLE IDENTIFICATION: Elkhart - 3 Friday Jan. 2025

DESCRIPTION: Outfall

DATE SAMPLE COLLECTED: Start Date 1·9·2025 Start Time 12:00 am (midnight)

End Date 1·9·2025 End Time 11:00 pm

NAME OF PERSON COLLECTING SAMPLE: Secondary

SAMPLE VOLUME: 8 Liters

NUMBER OF CONTAINERS: Two, HDPE

SAMPLE STORAGE: Refrigerated/iced

PRESERVATIVES: none

Relinquished by: Barry Abell

Date: 1-10-25 Time: 1:05 pm

Received by:

Date: 1-10-25 Time: 1:05p

Relinquished by: _____

Date: _____ Time: _____

Received by: _____

Date: _____ Time: _____

TEMP: _____ °C

COMMENTS:

Ceriodaphnia dubia

Reference Toxicant - Copper sulfate/chloride as Cu

Dilution Water - Moderately Hard Reconstituted Water

Date	LC_{50}	NOEL	LOEL	IC_{25}
mm/yy	48-hr µg/L	µg/L (repro.)	µg/L (repro.)	µg/L (repro.)
08/21	87	40	80	23
09/21	92	40	80	49
10/21	73	40	80	52
11/21	113	40	160	59
12/21	75	40	80	48
2/22	105	40	80	54
3/22	75	40	80	51
4/22	113	40	80	57
5/22	95	40	80	30
6/22	113	40	80	41
7/22	75	40	80	33
8/22	86	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	40	160	59
07/23	75	40	80	55
09/23	80	40	80	15
10/23	113	40	80	58
11/23	86	40	80	50
01/24	99	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
Average	89	Mode 40	80	44
St. Dev.	14			13
Upper Limit	116	80	160	69
Lower Limit	61	20	40	18

Pimephales promelas

Reference Toxicant - Potassium chloride

Dilution Water - Moderately Hard Reconstituted Water

Date	LC_{50}	NOEL	LOEL	IC_{25}
mm/yy	96-hr mg/L	mg/L (grwth)	mg/L (grwth)	mg/L (grwth)
11/21	1129	1000	2000	939
12/21	1129	500	1000	810
02/22	812	500	1000	612
03/22	946	500	1000	707
04/22	917	500	1000	703
05/22	1110	1000	2000	1223
06/22	856	500	1000	710
07/22	1130	500	1000	736
08/22	1093	500	1000	925
09/22	1278	1000	2000	950
11/22	1035	500	1000	684
12/22	1053	1000	2000	805
01/23	795	500	1000	664
02/23	1091	500	1000	741
04/23	1231	1000	2000	1121
05/23	1189	1000	2000	1110
06/23	951	500	1000	669
07/23	1091	500	1000	1091
09/23	1000	500	1000	702
10/23	1124	500	1000	768
11/23	1253	500	1000	849
01/24	1128	500	1000	699
02/24	952	1000	2000	798
03/24	1189	500	1000	908
04/24	1189	1000	2000	1037
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
Average	1076	Mode 500	1000	851
St. Dev.	125			166
Upper Limit	1326	1000	2000	1183
Lower Limit	827	250	500	519

Client: **Elkhart WWTP**

Project #

Analysts: **MMB, MN, AF**

Test Dates

Start Date: 1/7/2025

Start Time: 1035

End Date: 1/15/2025

End Time: 1435

Template # **B**

Comments:

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

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

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

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

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

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

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

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

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

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

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	4	4	4	4	4	4
	5	6	6	5	6	3	7
	6	8	8	0	0	0	0
	7	0	0	7	10	6	11
		7	9	12	12	8	10

Discharger:	Eklhart WWTP	**Analyst:**	MMB, MN, AF
Location:	Elkhart, IN	**Test Start- Date/Time:**	1/7/25 / 1035
Date Sample Collected:	1//5,7,9/25	**Test Stop- Date/Time:**	1/15/25 / 1435

Conc.	Day	Replicate 1	2	3	4	5	6	7	8	9	10	No. of Young	No. of Adults	Young per Adult
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	2	2	2	2	5	2	2	0	17	10	1.7
	4	4	2	4	4	3	4	4	4	4	3	36	10	3.6
	5	6	2	0	0	0	0	0	0	0	4	12	10	1.2
	6	8	0	3	4	0	4	2	4	4	0	29	10	2.9
	7	0	5	6	6	4	5	7	0	5	4	42	10	4.2
	8	7	7	0	0	0	0	0	3	0	8	25	10	2.5
	Total	25	16	15	16	9	15	18	13	15	19	161	10	16.1

Conc.	Day	Replicate 1	2	3	4	5	6	7	8	9	10	No. of Young	No. of Adults	Young per Adult
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	2	2	2	2	2	3	0	2	15	10	1.5
	4	4	4	6	6	5	4	6	4	2	7	48	10	4.8
	5	6	6	5	0	0	0	0	0	4	5	26	10	2.6
	6	8	0	0	6	5	5	3	5	0	0	32	10	3.2
	7	0	6	8	8	6	6	8	7	8	5	62	10	6.2
	8	9	0	0	0	0	0	0	0	0	12	21	10	2.1
	Total	27	16	21	22	18	17	19	19	14	31	204	10	20.4

Conc.	Day	Replicate 1	2	3	4	5	6	7	8	9	10	No. of Young	No. of Adults	Young per Adult
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	4	0	2	2	2	4	4	0	0	18	10	1.8
	4	4	2	5	5	4	4	3	4	2	2	35	10	3.5
	5	3	9	5	0	0	0	0	0	4	4	25	10	2.5
	6	0	0	0	5	2	3	5	7	0	0	22	10	2.2
	7	6	8	9	8	6	4	6	8	6	6	67	10	6.7
	8	8	0	0	0	0	0	0	0	0	11	19	10	1.9
	Total	21	23	19	20	14	13	18	23	12	23	186	10	18.6

Conc.	Day	Replicate 1	2	3	4	5	6	7	8	9	10	No. of Young	No. of Adults	Young per Adult
25%	1	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	0	2	3	2	2	2	3	4	0	0	18	10	1.8
	4	4	4	4	5	4	2	0	5	3	3	34	10	3.4
	5	5	4	6	0	0	0	5	0	4	4	28	10	2.8
	6	0	0	0	6	5	3	0	6	0	0	20	10	2.0
	7	7	8	10	8	9	7	10	8	4	8	79	10	7.9
	8	12	0	0	0	0	0	0	0	0	9	21	10	2.1
	Total	28	18	23	21	20	14	18	23	11	24	200	10	20.0

Conc.	Day	Replicate 1	2	3	4	5	6	7	8	9	10	No. of Young	No. of Adults	Young per Adult
50%	1	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	0	2	2	2	0	2	4	2	0	0	14	10	1.4
	4	4	4	5	5	4	3	6	4	2	2	39	10	3.9
	5	7	2	0	0	0	0	0	0	6	8	23	10	2.3
	6	0	0	2	6	7	4	5	5	0	0	29	10	2.9
	7	11	9	6	9	8	6	12	5	7	7	80	10	8.0
	8	10	0	0	0	0	0	0	0	0	15	25	10	2.5
	Total	32	17	15	22	19	15	27	16	15	32	210	10	21.0

Conc.	Day	Replicate 1	2	3	4	5	6	7	8	9	10	No. of Young	No. of Adults	Young per Adult
100%	1	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	2	0	0	0	0	0	0	0	0	0	0	0	10	0.0
	3	0	0	2	2	0	0	0	3	0	0	7	10	0.7
	4	4	3	6	9	6	5	6	6	2	0	47	10	4.7
	5	6	0	4	10	7	0	8	0	5	6	46	10	4.6
	6	0	0	0	0	0	6	10	10	0	8	34	10	3.4
	7	10	6	9	10	12	8	0	0	11	10	76	10	7.6
	8	12	11	0	0	0	0	14	0	0	2	39	10	3.9
	Total	32	20	21	31	25	19	38	19	18	26	249	10	24.9

Elkhart 1.25
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	17	22	12	6

Calculated Chi-Square goodness of fit test statistic = 2.1319
Table Chi-Square value (alpha = 0.01) = 13.277

Data PASS normality test. Continue analysis.

Elkhart 1.25
File: ceriorep Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance

Calculated H statistic (max Var/min Var) = 2.79
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 1.25
File: ceriorep Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	control	10	9.000	25.000	16.100
2	6.25%	10	14.000	31.000	20.400
3	12.5%	10	12.000	23.000	18.600
4	25%	10	11.000	28.000	20.000
5	50%	10	15.000	32.000	21.000
6	100%	10	18.000	38.000	24.900

Elkhart 1.25
File: ceriorep Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	17.211	4.149	1.312
2	6.25%	26.711	5.168	1.634
3	12.5%	18.044	4.248	1.343
4	25%	24.889	4.989	1.578
5	50%	48.000	6.928	2.191
6	100%	46.322	6.806	2.152

Elkhart 1.25
File: ceriorep Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	421.733	84.347	2.793
Within (Error)	54	1630.600	30.196	
Total	59	2052.333		

Critical F value = 2.45 (0.05,5,40)
Since F > Critical F REJECT Ho:All groups equal

Elkhart 1.25
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	16.100	16.100		
2	6.25%	20.400	20.400	-1.750	
3	12.5%	18.600	18.600	-1.017	
4	25%	20.000	20.000	-1.587	
5	50%	21.000	21.000	-1.994	
6	100%	24.900	24.900	-3.581	

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

Elkhart 1.25
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	5.677	35.3	-4.300
3	12.5%	10	5.677	35.3	-2.500
4	25%	10	5.677	35.3	-3.900
5	50%	10	5.677	35.3	-4.900
6	100%	10	5.677	35.3	-8.800

Discharger:	Elkhart WWTP	**Test Dates:**	01/7/25 - 01/15/25
Location:	Elkhart, IN	**Analysts:**	MMB, MN, AF

		Day							
Conc: Control		**1**	**2**	**3**	**4**	**5**	**6**	**7**	**Remarks**
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	7.9	8.2	8.1	8.0	8.5	8.5	8.4	Template B
	Final	7.8	8.3	7.6	8.4	8.3	8.4	7.8	
pH	Initial	7.9	7.9	7.9	8.0	7.9	8.0	8.1	
	Final	7.8	7.8	7.7	8.0	8.0	8.1	7.8	
Alkalinity		40		40		40			
Hardness		90		100		90			
Conductivity		380		310		310			
Chlorine									

		Day							
Conc: 6.25%		**1**	**2**	**3**	**4**	**5**	**6**	**7**	**Remarks**
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.0	8.2	8.2	8.1	8.5	8.5	8.4	
	Final	7.8	8.3	7.6	8.4	8.3	8.4	7.7	
pH	Initial	7.9	7.9	7.9	7.9	7.9	8.0	8.1	
	Final	7.9	7.8	7.7	8.0	8.0	8.1	7.9	
Alkalinity									
Hardness									
Conductivity		380		320		330			
Chlorine									

		Day							
Conc: 12.5%		**1**	**2**	**3**	**4**	**5**	**6**	**7**	**Remarks**
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.0	8.2	8.4	8.2	8.5	8.5	8.4	
	Final	7.8	8.3	7.7	8.4	8.3	8.4	7.7	
pH	Initial	7.9	7.9	7.9	7.9	7.9	7.9	8.1	
	Final	7.9	7.8	7.8	8.0	8.0	8.1	7.9	
Alkalinity									
Hardness									
Conductivity		380		360		360			
Chlorine									

Discharger:	Elkhart WWTP	**Test Dates:**	01/7/25 - 01/16/25
Location:	Elkhart, IN	**Analysts:**	MMB, MN, AF

		Day							
Conc: 25%		1	2	3	4	5	6	7	**Remarks**
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.1	8.2	8.6	8.3	8.6	8.5	8.5	
	Final	7.6	8.2	7.7	8.4	8.2	8.3	7.7	
pH	Initial	7.9	7.8	7.8	7.9	7.9	7.9	8.1	
	Final	7.9	7.9	7.9	8.0	8.0	8.1	7.9	
Alkalinity									
Hardness									
Conductivity		380		410		420			
Chlorine									

		Day							
Conc: 50%		1	2	3	4	5	6	7	**Remarks**
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.3	8.4	8.8	8.4	8.8	8.7	8.9	
	Final	7.6	8.2	7.7	8.3	8.2	8.2	7.7	
pH	Initial	7.8	7.8	7.8	7.8	7.8	7.8	8.1	
	Final	8.0	8.0	7.9	8.0	8.0	8.1	7.9	
Alkalinity									
Hardness									
Conductivity		470		530		560			
Chlorine									

		Day							
Conc: 100%		1	2	3	4	5	6	7	**Remarks**
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.7	9.1	9.5	8.7	9.4	9.6	9.7	
	Final	7.5	8.2	7.7	8.3	8.2	8.2	7.6	
pH	Initial	7.8	7.7	7.7	7.8	7.7	7.7	8.0	
	Final	8.1	8.1	8.1	8.1	8.1	8.2	7.8	
Alkalinity		90		90		90			
Hardness		200		275		200			
Conductivity		690		770		790			
Chlorine		N.D.		ND		N.D.			
Ammonia		N.D.		ND		N.D.			

Discharger: Elkhart WWTP **Test Dates** 1/7/25-7/14/25

Location: Elkhart, IN **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	10	10	10	10	10	
	C	10	10	10	10	10	10	10	
	D	10	10	9	9	9	9	9	
12.5%	A	10	10	10	10	10	10	10	
	B	10	10	10	10	8	8	7	
	C	10	10	10	8	8	8	8	
	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	8	8	8	
	D	10	10	10	10	10	10	9	
50%	A	10	10	10	10	10	9	8	
	B	10	10	10	10	10	9	8	
	C	10	10	10	6	6	5	5	
	D	10	10	10	10	7	7	6	
100%	A	10	10	10	10	10	10	10	
	B	10	9	9	9	9	9	9	
	C	10	10	10	10	10	10	10	
	D	10	10	9	5	4	4	3	

Comments: Start Time: 1045

FHM Source: Biomonitor Lab Cultures

Elkhart 1.25
File: fhmsurv Transform: ARC SINE(SQUARE ROOT(Y))

Shapiro Wilks test for normality

D = 0.774

W = 0.904

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 1.25
File: fhmsurv Transform: ARC SINE(SQUARE ROOT(Y))

Hartley test for homogeneity of variance
Bartletts test for homogeneity of variance

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

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

Elkhart 1.25
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%	1.231	14.00	10.00	4.00	
4	25%	1.295	14.00	10.00	4.00	
5	50%	0.971	10.00	10.00	4.00	*
6	100%	1.163	14.00	10.00	4.00	

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

Discharge:	Elkhart WWTP	Test Date(s) :	1/7-14/25	Drying Temp (°C):	100	
Location:	Elkhart, IN	Weighing Date:	1/15/25	Drying Time (h):	6	
Analyst:	MMB, MN, AF					

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	0.91900	0.92170	2.70	10	0.270	
	B	0.91800	0.92160	3.60	10	0.360	
	C	0.90800	0.91090	2.90	10	0.290	
	D	0.91230	0.91600	3.70	10	0.370	
Conc : 6.25%	A	0.91580	0.91860	2.80	10	0.280	
	B	0.90480	0.90820	3.40	10	0.340	
	C	0.90960	0.91260	3.00	10	0.300	
	D	0.90600	0.90920	3.20	9	0.320	
Conc : 12.5%	A	0.90740	0.91000	2.60	10	0.260	
	B	0.90910	0.91190	2.80	7	0.280	
	C	0.91160	0.91420	2.60	8	0.260	
	D	0.90920	0.91290	3.70	10	0.370	
Conc : 25%	A	0.92610	0.92990	3.80	10	0.380	
	B	0.91970	0.92340	3.70	10	0.370	
	C	0.91150	0.91460	3.10	8	0.310	
	D	0.91300	0.91620	3.20	9	0.320	
Conc : 50%	A	0.93200	0.93420	2.20	8	0.220	
	B	0.92180	0.92500	3.20	8	0.320	
	C	0.91490	0.91690	2.00	5	0.200	
	D	0.90440	0.90760	3.20	6	0.320	
Conc : 100%	A	0.92100	0.92440	3.40	10	0.340	
	B	0.92730	0.93050	3.20	9	0.320	
	C	0.91540	0.91990	4.50	10	0.450	
	D	0.90950	0.91100	1.50	3	0.150	

Elkhart 1.25
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	10	5	9	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 1.25
File: fhm_grow Transform: NO TRANSFORMATION

Hartley test for homogeneity of variance

Calculated H statistic (max Var/min Var) = 23.05
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 1.25
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	0.370	0.323
2	6.25%	4	0.280	0.340	0.310
3	12.5%	4	0.260	0.370	0.293
4	25%	4	0.310	0.380	0.345
5	50%	4	0.200	0.320	0.265
6	100%	4	0.150	0.450	0.315

Elkhart 1.25
File: fhm_grow Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM
1	control	0.002	0.050	0.025
2	6.25%	0.001	0.026	0.013
3	12.5%	0.003	0.053	0.026
4	25%	0.001	0.035	0.018
5	50%	0.004	0.064	0.032
6	100%	0.015	0.124	0.062

Elkhart 1.25
File: fhm_grow Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	0.015	0.003	0.750
Within (Error)	18	0.080	0.004	
Total	23	0.095		

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

Elkhart 1.25
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	0.323	0.323		
2	6.25%	0.310	0.310	0.280	
3	12.5%	0.293	0.293	0.671	
4	25%	0.345	0.345	-0.503	
5	50%	0.265	0.265	1.286	
6	100%	0.315	0.315	0.168	

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

Elkhart 1.25
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	0.108	33.4	0.012
3	12.5%	4	0.108	33.4	0.030
4	25%	4	0.108	33.4	-0.022
5	50%	4	0.108	33.4	0.058
6	100%	4	0.108	33.4	0.008

Discharger:	Elkhart WWTP	**Test Dates:**	01/7/25 -01/14/25
Location:	Elkhart, IN	**Analysts:**	MMB, MN, AF

		Day							
Conc: Control		1	2	3	4	5	6	7	**Remarks**
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.1	8.3	8.1	8.1	8.8	8.8	7.9	
	Final	6.9	6.6	7.1	7.8	7.4	7.0	7.9	
pH	Initial	7.7	7.7	7.8	7.9	8.0	8.0	7.7	
	Final	7.4	7.6	7.8	8.0	8.0	7.7	7.7	
Alkalinity		40		40		40			
Hardness		90		100		90			
Conductivity		320		320		310			
Chlorine									

		Day							
Conc: 6.25%		1	2	3	4	5	6	7	**Remarks**
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.1	8.2	8.2	8.2	8.8	8.8	8.0	
	Final	6.8	6.6	7.0	7.7	7.3	7.0	7.9	
pH	Initial	7.7	7.7	7.8	7.8	8.0	8.0	7.7	
	Final	7.5	7.6	7.8	8.0	8.0	7.7	7.7	
Alkalinity									
Hardness									
Conductivity		330		330		330			
Chlorine									

		Day							
Conc: 12.5%		1	2	3	4	5	6	7	**Remarks**
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.1	8.1	8.3	8.2	8.8	8.8	8.1	
	Final	6.8	6.6	6.9	7.4	7.3	6.9	7.8	
pH	Initial	7.7	7.7	7.7	7.8	7.9	8.0	7.6	
	Final	7.5	7.6	7.8	8.0	8.0	7.7	7.7	
Alkalinity									
Hardness									
Conductivity		350		360		370			
Chlorine									

Discharger:	Elkhart WWTP	**Test Dates:**	01/7/25 -01/14/25
Location:	Elkhart, IN	**Analysts:**	MMB, MN, AF

		Day							
Conc: 25%		**1**	**2**	**3**	**4**	**5**	**6**	**7**	**Remarks**
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.2	8.1	8.4	8.5	8.9	8.9	8.2	
	Final	6.7	6.6	6.7	7.1	6.8	6.9	7.6	
pH	Initial	7.7	7.7	7.7	7.8	7.9	7.9	7.6	
	Final	7.4	7.6	7.8	7.9	7.9	7.7	7.6	
Alkalinity									
Hardness									
Conductivity		400		430		420			
Chlorine									

		Day							
Conc: 50%		**1**	**2**	**3**	**4**	**5**	**6**	**7**	**Remarks**
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	8.4	8.2	8.7	8.8	9.1	9.0	8.4	
	Final	6.7	6.6	6.6	7.0	6.8	6.8	7.6	
pH	Initial	7.6	7.7	7.6	7.7	7.8	7.9	7.6	
	Final	7.4	7.5	7.8	7.9	7.9	7.6	7.6	
Alkalinity									
Hardness									
Conductivity		520		550		570			
Chlorine									

		Day							
Conc: 100%		**1**	**2**	**3**	**4**	**5**	**6**	**7**	**Remarks**
Temp.		25	25	25	25	25	25	25	
D.O.	Initial	9.4	8.9	9.3	9.2	10.3	9.9	9.2	
	Final	6.7	6.6	6.4	6.9	6.8	6.6	7.6	
pH	Initial	7.5	7.5	7.5	7.6	7.7	7.7	7.5	
	Final	7.4	7.4	7.8	7.8	7.9	7.5	7.5	
Alkalinity		90		90		90			
Hardness		200		275		200			
Conductivity		760		810		800			
Chlorine		N.D.		ND		N.D.			
Ammonia		N.D.		ND		N.D.			

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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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DMR Copy of Submission

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

Expand Notices

Permit

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

Report Dates & Status

Monitoring Period:	From 01/01/25 to 01/31/25	**DMR Due Date:**	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	# of 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			19 - mg/L		01/01 - Daily	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	26 - lb/d		=6.0	=14.0	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.**	=1855.0		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		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.**	=9.7	=83.1	26 - lb/d		=0.1	=0.68	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: -		**NODI**										
00665	**Phosphorus, total [as P]**	**Smpl.**	=61.0		26 - lb/d		=0.66		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		19 - mg/L		01/01 - Daily	24 - 24 Hour Composite

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
NODI: -		**NODI**										
01079	**Silver total recoverable**	**Smpl.**	<0.019	<0.019	26 - lb/d		<0.0002	<0.0002	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**	<=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d		<=0.00038 MO AVG	<=0.00077 DAILY MX	19 - mg/L		01/07 - Weekly	24 - 24 Hour Composite
NODI: -		**NODI**										
01079	**Silver total recoverable**	**Smpl.**					<0.0003	=0.00037	19 - mg/L	0	02/30 - Twice Per Month	24 - 24 Hour Composite
G - Raw Sewage Influent												
Season: 0		**Req.**					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - 24 Hour Composite
NODI: -		**NODI**										
50050	**Flow, in conduit or thru treatment plant**	**Smpl.**	=11.095		03 - MGD					0	01/01 - Daily	TM - Totalizer
1 - Effluent Gross												
Season: 0		**Req.**	Req Mon MO AVG		03 - MGD						01/01 - Daily	TM - Totalizer
NODI: -		**NODI**										
51041	**E. coli, colony forming units [CFU]**	**Smpl.**					=80.0	=183.0	3Z - CFU/100mL	0	03/07 - Three Per Week	GR - Grab
1 - Effluent Gross												
Season: 2		**Req.**					Req Mon MO GEO	Req Mon DAILY MX	3Z - CFU/100mL		03/07 - Three Per Week	GR - Grab
NODI: -		**NODI**										
80082	**BOD, carbonaceous [5 day, 20 C]**	**Smpl.**	=312.0	=1187.0	26 - lb/d		=3.0	=8.0	19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**	<=6259.0 MO AVG	<=10014.0 MX WK AV	26 - lb/d		<=25.0 MO AVG	<=40.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
NODI: -		**NODI**										

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	# of Ex.	Analysis	Type
81012	**Phosphorus, total percent removal**	**Smpl.**				=82.8			23 - %	0	01/30 - Monthly	CA - Calculated
K - Percent Removal												
Season: 0		**Req.**				>=75.0 MO AV MN			23 - %		01/30 - Monthly	CA - Calculated
NODI: -		**NODI**										
82220	**Flow, total**	**Smpl.**		=344.0	80 - Mgal/mo					0	01/30 - Monthly	RT - Recorder Total
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon MO TOTAL	80 - Mgal/mo						01/30 - Monthly	RT - Recorder Total
NODI: -		**NODI**										

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0025674_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	Permit Number	Outfall	
Elkhart	IN0025674	035	A

Month	Year	Plant Design Flow	Telephone Number
January	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)	Precipitation - Inches (Total= 1.20)	Bypass At Plant Site ("X" If Occurred)	Sanitary Sewer Overflow ("X" If Occurred)	CHEMICALS USED: Chlorine - Lbs/day	CHEMICALS USED: Lbs/Day or Gal./Day	CHEMICALS USED: Lbs/Day or Gal./Day	RAW SEWAGE: 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	Fill in December's effluent data on page 3 as necessary for correct weekly average calculations.								19.075								
30	Mon									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): laura kolo — Date (month, day, year): 2/26/25

Signature of principal executive officer or authorized agent: laura kolo — 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	Permit Number	For Month Of:	Year
Elkhart	IN0025674	January	2025

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
			MIXED LIQUOR					RETURN SLUDGE											
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l		Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
1	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	Permit Number	For Month Of:	Year
Elkhart	IN0025674	January	2025

		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			Percent Capacity
Tertiary Treatment	96.3	90.5			(actual flow/design) 0.55
Overall Treatment	97.47	95.2	99.5	82.8	(lk 7/24/25) 55%

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

	SLUDGE TO DIGESTER		DIGESTER OPERATION												
			Anaerobic Only												
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	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	Permit Number	For Month Of:	Year
Elkhart	IN0025674	January	2025

Substitute for State Form 30530

Day Of Month	Final Effluent															
	Chloride		Total Nitrogen													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day	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)
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	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)										
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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										
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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

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	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	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			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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Totals:	1	Days	0.67		0.0979		0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000	

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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Elkhart	Page 3 of 9	Permit Number: IN0025574
Facility:	Elkhart Public Works & Utilities	Public Notification Requirements Met?	Y
Monitoring Period:	January 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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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 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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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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)

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 5 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities			Public Notification Requirements Met? Y
Monitoring Period: January 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	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 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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31							11:16 AM	M	0.08	M	0.0001	M												
Totals:	0	Days	0.00		0.0000		1	Days	0.08		0.0001		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:	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
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Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000	

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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 8 of 9	Permit Number: IN0025574
Facility: Elkhart Public Works & Utilities			Public Notification Requirements Met? Y
Monitoring Period: 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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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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	Days	0.33		0.0015		0	Days	0.00		0.0000		2	Days	3.55		0.0886		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: 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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10	
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12	
13	
14	precipitation
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25	
26	
27	
28	
29	
30	precipitation
31	precipitation

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	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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
Elkhart Public Works	1201 S. Nappanee Street	Elkhart	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)*
007	1/14/2025 10:27	☐ AM ☑ PM	1/14/2025 11:07	☐ AM ☑ PM	CSO 007	41° 41' 17" N	85° 58' 19" W

(10) Amount of Flow Released *(Always provide a volume.)*
Check one: ☑ Estimated ☐ 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.)*
- ☐ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☐ Dry Weather Combined Sewer Overflow
- ☑ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:

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

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☑ Pump Station Failure
- ☐ Treatment Bypassed
- ☐ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ 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.)*
- ☐ Affected Private Property
- ☐ Basement Backup
- ☐ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☑ Reached Receiving Water

Name of Receiving Water Impacted: Elkhart River

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☑ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☐ Other:

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area *(Select one or more of the following, then add a written description.)*
☐ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☑ Other ☐ Lime ☐ Clean-Up Debris
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)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Bryan Cress	(574) 293-2572	bryan.cress@coei.org	1/15/2025 10:20	☑ AM ☐ PM

Outlook

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

City of Elkhart ASPIRE

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.

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

Laura Kolo
Utility Services Manager
Elkhart Public Works

o:\operation and maintenance\wastewater\violations\starks - in my absence.doc

City of Elkhart
Public Works and Utilities

Date Mar 28, 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 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 Overlfow Volume (MG)
0	0

NetDMR
Network Discharge Monitoring Report

Indiana DEM

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:** IN0025674
- ( ) **Facility:** All

Permitted Feature: All

Discharge: All

(•) **Monitoring Period End Date (MPED) Range:** 02/01/2025 - 02/28/2025 (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.

View Certification | Download COR

DMR Copy of Submission

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

Expand Notices

Permit

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

Report Dates & Status

Monitoring Period:	From 02/01/25 to 02/28/25	**DMR Due Date:**	03/28/25
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	# of 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: -		**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: -		**NODI**										
00530	**Solids, total suspended**	**Smpl.**	=656.0	=771.0	26 - lb/d		=8.0	=9.7	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.**	=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		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.**	=32.4	=295.2	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: -		**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		26 - lb/d		<=1.0 MO AVG		19 - mg/L		01/01 - Daily	24 - 24 Hour Composite

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	# of Ex.	Analysis	Type
NODI: -		**NODI**										
01079	**Silver total recoverable**	**Smpl.**	<0.016	<0.019	26 - lb/d		<0.0002	<0.0002	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**	<=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d		<=0.00038 MO AVG	<=0.00077 DAILY MX	19 - mg/L		01/07 - Weekly	24 - 24 Hour Composite
NODI: -		**NODI**										
01079	**Silver total recoverable**	**Smpl.**					=0.0005	=0.00068	19 - mg/L	0	02/30 - Twice Per Month	24 - 24 Hour Composite
G - Raw Sewage Influent												
Season: 0		**Req.**					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - 24 Hour Composite
NODI: -		**NODI**										
50050	**Flow, in conduit or thru treatment plant**	**Smpl.**	=9.415		03 - MGD					0	01/01 - Daily	TM - Totalizer
1 - Effluent Gross												
Season: 0		**Req.**	Req Mon MO AVG		03 - MGD						01/01 - Daily	TM - Totalizer
NODI: -		**NODI**										
51041	**E. coli, colony forming units [CFU]**	**Smpl.**					=186.0	=24196.0	3Z - CFU/100mL	0	03/07 - Three Per Week	GR - Grab
1 - Effluent Gross												
Season: 2		**Req.**					Req Mon MO GEO	Req Mon DAILY MX	3Z - CFU/100mL		03/07 - Three Per Week	GR - Grab
NODI: -		**NODI**										
71901	**Mercury, total recoverable**	**Smpl.**					=0.97	=0.931	3M - ng/L	0	01/60 - Once Every 2 Months	GR - Grab
1 - Effluent Gross												
Season: 0		**Req.**					<=1.6 ANNL AVG	Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - Grab
NODI: -		**NODI**										

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	# of Ex.	Analysis	Type
71901	**Mercury, total recoverable**	**Smpl.**						=7.52	3M - ng/L	0	01/60 - Once Every 2 Months	GR - Grab
G - Raw Sewage Influent												
Season: 0		**Req.**						Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - Grab
NODI: -		**NODI**										
80082	**BOD, carbonaceous [5 day, 20 C]**	**Smpl.**	=458.0	=675.0	26 - lb/d		=6.0	=8.7	19 - mg/L	1	01/01 - Daily	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**	<=6259.0 MO AVG	<=10014.0 MX WK AV	26 - lb/d		<=25.0 MO AVG	<=40.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
NODI: -		**NODI**										
81012	**Phosphorus, total percent removal**	**Smpl.**				=83.8			23 - %	0	01/30 - Monthly	CA - Calculated
K - Percent Removal												
Season: 0		**Req.**				>=75.0 MO AV MN			23 - %		01/30 - Monthly	CA - Calculated
NODI: -		**NODI**										
82220	**Flow, total**	**Smpl.**		=264.0	80 - Mgal/mo					0	01/30 - Monthly	RT - Recorder Total
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon MO TOTAL	80 - Mgal/mo						01/30 - Monthly	RT - Recorder Total
NODI: -		**NODI**										

Submission Note

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

Edit Check Errors

No errors.

Comments

Mercury result is from January sampling event per NPDES Permit

Attachments

Name	Type	Size
IN0025674_CSO_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 Chlorine - Lbs/day	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	RAW SEWAGE 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	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): Laura Kolo — Date (month, day, year): 3/28/25

Signature of principal executive officer or authorized agent: Laura Kolo — Date (month, day, year): 3/28/25

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

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
			MIXED LIQUOR					RETURN SLUDGE											
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l		Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
1	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	Permit Number	For Month Of:	Year
Elkhart	IN0025674	February	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	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	
Tertiary Treatment	94.5	88.8			(actual flow/design)	47.07
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

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	27.50	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	Permit Number	For Month Of:	Year
Elkhart	IN0025674	February	2025

Substitute for State Form 30530

Day Of Month	Final Effluent																	
	Chloride		Total Nitrogen															
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day	Ag - Raw Influent (mg/L)	Ag - Final Effluent (mg/L)												
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		

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																
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31																
Avg																
Max																
Min																
Data	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	County	NPDES Permit Number
Elkhart Wastewater Treatment Plant	Elkhart	IN0025674
Individual Reporting	**Telephone Number**	**Reporting Date *(month, day, year)***
Bryan Cress	574-293-2572	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: Bryan Cress DATE *(month, day, year)*: 2/13/2025

Outlook

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

City of Elkhart

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

ASPIRE

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

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
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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	

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
1																								
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Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000	

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

State Form 50546 (R4 / 9-15)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 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
1																								
2																								
3																								
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5																								
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Totals:	0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000		0	Days	0.00		0.0000	

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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Elkhart		Page 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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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: 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	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	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

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

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

Permit

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

Report Dates & Status

Monitoring Period:	From 03/01/25 to 03/31/25	**DMR Due Date:**	04/28/25
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	# of Ex.	Analysis	Type
00300	**Oxygen, dissolved [DO]**	**Smpl.**				=8.9			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.**				=6.1		=7.8	12 - SU	0	01/01 - Daily	GR - Grab
1 - Effluent Gross												
Season: 0		**Req.**				>=6.0 DAILY MN		<=9.0 DAILY MX	12 - SU		01/01 - Daily	GR - Grab
NODI: -		**NODI**										
00530	**Solids, total suspended**	**Smpl.**	=474.0	=594.0	26 - lb/d		=5.0	=7.0	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.**	=1545.0		26 - lb/d		=21.0		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		19 - mg/L		01/30 - Monthly	24 - 24 Hour Composite
NODI: -		**NODI**										
00610	**Nitrogen, ammonia total [as N]**	**Smpl.**	=30.1	=130.5	26 - lb/d		=0.31	=1.55	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: -		**NODI**										
00665	**Phosphorus, total [as P]**	**Smpl.**	=52.0		26 - lb/d		=0.56		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		19 - mg/L		01/01 - Daily	24 - 24 Hour Composite

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
NODI: -		**NODI**										
01079	**Silver total recoverable**	**Smpl.**	<0.018	<0.02	26 - lb/d		<0.0002	<0.0002	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**	<=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d		<=0.00038 MO AVG	<=0.00077 DAILY MX	19 - mg/L		01/07 - Weekly	24 - 24 Hour Composite
NODI: -		**NODI**										
01079	**Silver total recoverable**	**Smpl.**					<=0.0002	=0.00024	19 - mg/L	0	04/30 - Four Per Month	24 - 24 Hour Composite
G - Raw Sewage Influent												
Season: 0		**Req.**					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - 24 Hour Composite
NODI: -		**NODI**										
50050	**Flow, in conduit or thru treatment plant**	**Smpl.**	=11.538		03 - MGD					0	01/01 - Daily	TM - Totalizer
1 - Effluent Gross												
Season: 0		**Req.**	Req Mon MO AVG		03 - MGD						01/01 - Daily	TM - Totalizer
NODI: -		**NODI**										
51041	**E. coli, colony forming units [CFU]**	**Smpl.**					=35.0	=102.0	3Z - CFU/100mL	0	03/07 - Three Per Week	GR - Grab
1 - Effluent Gross												
Season: 2		**Req.**					Req Mon MO GEO	Req Mon DAILY MX	3Z - CFU/100mL		03/07 - Three Per Week	GR - Grab
NODI: -		**NODI**										
80082	**BOD, carbonaceous [5 day, 20 C]**	**Smpl.**	=318.0	=809.0	26 - lb/d		=3.0	=5.0	19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**	<=6259.0 MO AVG	<=10014.0 MX WK AV	26 - lb/d		<=25.0 MO AVG	<=40.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
NODI: -		**NODI**										

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
81012	**Phosphorus, total percent removal**	**Smpl.**				=85.7			23 - %	0	01/30 - Monthly	CA - Calculated
K - Percent Removal												
Season: 0		**Req.**				>=75.0 MO AV MN			23 - %		01/30 - Monthly	CA - Calculated
NODI: -		**NODI**										
82220	**Flow, total**	**Smpl.**		=358.0	80 - Mgal/mo					0	01/30 - Monthly	RT - Recorder Total
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon MO TOTAL	80 - Mgal/mo						01/30 - Monthly	RT - Recorder Total
NODI: -		**NODI**										

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0025674_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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Form Approved OMB No. 2040-0004 expires on 07/31/2026

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Showing COR 1 of 31 **1** 2 3 4

Permit

Permit ID:	IN0025674	**Major:**	
Permittee:	ELKHART WWTP	**Permittee Address:**	229 SOUTH 2ND ST ELKHART , IN46516
Facility:	ELKHART WWTP	**Facility Location:**	1201 S NAPPANEE ST ELKHART , IN46516
Permitted Feature:	035 - External Outfall	**Discharge:**	035-AQ - QUARTERLY REPORTING

Report Dates & Status

Monitoring Period:	From 01/01/25 to 03/31/25	**DMR Due Date:**	04/28/25
Status:	**NetDMR Validated**		

Considerations for Form Completion

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

Principal Executive Officer

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

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - 24 Hour Composite
NODI: -		**NODI**										
01113	**Cadmium, total recoverable**	**Smpl.**						=0.0087	19 - mg/L	0	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**										
01114	**Lead, total recoverable**	**Smpl.**		<0.09	26 - lb/d			<0.001	19 - mg/L	0	01/90 - Quarterly	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - 24 Hour Composite
NODI: -		**NODI**										
01114	**Lead, total recoverable**	**Smpl.**						=0.0012	19 - mg/L	0	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**										
01118	**Chromium, total recoverable**	**Smpl.**		<0.181	26 - lb/d			<0.002	19 - mg/L	0	01/90 - Quarterly	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	24 - 24 Hour Composite
NODI: -		**NODI**										
01118	**Chromium, total recoverable**	**Smpl.**						=0.0087	19 - mg/L	0	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**										
01119	**Copper, total recoverable**	**Smpl.**		=0.8673	26 - lb/d			=0.0096	19 - mg/L	0	01/90 - Quarterly	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon DAILY MX	26 - lb/d			Req Mon DAILY MX	19 - mg/L		01/90 - Quarterly	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**	**Smpl.**						=0.0549	19 - mg/L	0	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:	2025-04-14 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	Permit Number	Outfall	
Elkhart	IN0025674	035	A

Month	Year	Plant Design Flow		Telephone Number
March	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

				Total= 5.77			CHEMICALS USED			RAW SEWAGE								
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)	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	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): Laura Kolo — Date (month, day, year): 4/14/25

Signature of principal executive officer or authorized agent: Laura Kolo — Date (month, day, year): 4/14/25

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

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
			MIXED LIQUOR					RETURN SLUDGE											
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l		Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
1	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	Permit Number	For Month Of:	Year
Elkhart	IN0025674	March	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	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											
			Anaerobic Only											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	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	Permit Number	For Month Of:	Year
Elkhart	IN0025674	March	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			21.00	1,545	0.0002	0.0002									160.000	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	Permit Number	For Month Of:	Year
Elkhart	IN0025674	March	2025

Substitute for State Form 30530

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

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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
Elkhart Public Works	1201 S. Nappanee Street	Elkhart	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)*
035	3/8/25 11:45	☑ AM ☐ PM	3/8/25 11:59	☑ AM ☐ PM	1201 S. Nappanee St - WWTP	41 40 44N	86 00 9W

(10) Amount of Flow Released *(Always provide a volume.)*	(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate
Check one: ☑ Estimated ☐ Actual 200 Gallons	10.2 MGD	44 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☐ Dry Weather Combined Sewer Overflow
- ☑ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
none

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

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☐ Pump Station Failure
- ☐ Treatment Bypassed
- ☑ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ 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.)*
- ☐ Affected Private Property
- ☐ Basement Backup
- ☑ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☐ Reached Receiving Water

Name of Receiving Water Impacted:
None

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☑ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☑ Other:

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area
(Select one or more of the following, then add a written description.)
☐ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☑ Other ☐ Lime ☐ Clean-Up Debris
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: Laura Kolo DATE *(month, day, year)*: 3/10/25

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura Kolo	(574) 293-2572	laura.kolo@coei.org	3/10/25 appx 12:15	☐ AM ☑ PM

Outlook

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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
Elkhart Public Works	1201 S. Nappanee Street	Elkhart	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)*
	3/17/25 4:17 ☐ AM ☑ PM	3/17/25 6:05 ☐ AM ☑ PM	244 Superior Blvd	41 41 23N	85 55 47W

(10) Amount of Flow Released *(Always provide a volume.)*
Check one: ☑ Estimated ☐ Actual 87 Gallons

(11) WWTP Flow During Release: 12.1 MGD

(12) WWTP Peak Design Flow Rate: 44 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☐ Dry Weather Combined Sewer Overflow
- ☑ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
none

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

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☐ Pump Station Failure
- ☐ Treatment Bypassed
- ☑ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ 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.)*
- ☐ Affected Private Property
- ☑ Basement Backup
- ☐ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☐ Reached Receiving Water

Name of Receiving Water Impacted:
None

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☐ Other:
n/a

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area
(Select one or more of the following, then add a written description.)
☑ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☐ Clean-Up Debris
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: Laura Kolo DATE *(month, day, year)*: 3/18/25

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura Kolo	(574) 293-2572	laura.kolo@coei.org	3/18/25 appx 12:15	☐ AM ☑ PM

Outlook

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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
Elkhart Public Works	1201 S. Nappanee Street	Elkhart	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)*
	3/18/25 unknown	☑ AM ☐ PM	3/18/25 7:00	☑ AM ☐ PM	3400 Middlebury St	41 40 57N	85 54 38W

(10) Amount of Flow Released *(Always provide a volume.)*	(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate
Check one: ☑ Estimated ☐ Actual 11,912 Gallons	7.4 MGD	44 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☑ Dry Weather Combined Sewer Overflow
- ☐ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
none

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

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☑ Pump Station Failure
- ☐ Treatment Bypassed
- ☐ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ 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.)*
- ☑ Affected Private Property
- ☐ Basement Backup
- ☐ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☐ Reached Receiving Water

Name of Receiving Water Impacted:
None

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☑ Other:
n/a

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area
(Select one or more of the following, then add a written description.)
☐ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☑ Other ☐ Lime ☑ Clean-Up Debris
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: Laura Kolo DATE *(month, day, year)*: 3/18/25

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura Kolo	(574) 293-2572	laura.kolo@coei.org	3/18/25 appx 11:30	☑ AM ☐ PM

Outlook

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;

IDEM 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

Outlook

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)

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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
Elkhart Public Works	1201 S. Nappanee Street	Elkhart	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	☑ AM ☐ PM	3/19/25 11:00	☑ AM ☐ PM	720 W. Bristol	41 42 15N	85 59 10W

(10) Amount of Flow Released *(Always provide a volume.)*	(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate
Check one: ☑ Estimated ☐ Actual 180 Gallons	12.0 MGD	44 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☐ Dry Weather Combined Sewer Overflow
- ☑ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
none

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

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☐ Pump Station Failure
- ☐ Treatment Bypassed
- ☑ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ 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.)*
- ☐ Affected Private Property
- ☑ Basement Backup
- ☐ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☐ Reached Receiving Water

Name of Receiving Water Impacted:
None

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☐ Other:
n/a

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area
(Select one or more of the following, then add a written description.)
☑ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☐ Clean-Up Debris
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: Laura Kolo DATE *(month, day, year)*: 3/19/25

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura Kolo	(574) 293-2572	laura.kolo@coei.org	3/19/25 appx 3:00	☐ AM ☑ PM

Outlook

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																								
6																								
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23																								
24																								
25																								
26																								
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	Days	3.75		0.6075		0	Days	0.00		0.0000		2	Days	2.41		0.0916		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:	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. 012						CSO Outfall No. 013						CSO Outfall No. 14B						CSO Outfall No. 015					
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																								
2																								
3																								
4	9:47 AM	M	1.25	M	0.0038	M													9:28 AM	M	2.67	M	0.1406	M
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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	Days	2.25		0.0237		2	Days	0.83		0.0560		0	Days	0.00		0.0000		3	Days	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																								
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27																								
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	Days	3.83		0.1334		3	Days	2.33		0.1281		2	Days	1.67		0.1097		1	Days	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 5 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																								
2																								
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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19																			9:26 PM	M	0.17	M	0.0008	M
20																								
21																								
22																								
23																								
24																								
25																								
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	Days	0.84		0.0547		3	Days	1.66		0.0236		3	Days	6.25		0.4866		5	Days	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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27																								
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							5:07 PM	M	0.17	M	0.0034	M
31																								
Totals:	1	Days	0.17		0.0004		3	Days	2.40		0.0747		0	Days	0.00		0.0000		1	Days	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	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1																								
2																								
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												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	9:17 AM	M	4.67	M	2.6497	M							9:27 AM	M	5.90	M	0.2250	M						
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11																								
12																								
13																								
14																								
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																								
21																								
22																								
23																								
24																								
25																								
26																								
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	Days	7.67		3.6982		0	Days	0.00		0.0000		5	Days	15.33		0.6653		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: 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
20	
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	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	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	**Major:**	
Permittee:	ELKHART WWTP	**Permittee Address:**	229 SOUTH 2ND ST ELKHART , IN46516
Facility:	ELKHART WWTP	**Facility Location:**	1201 S NAPPANEE ST ELKHART , IN46516
Permitted Feature:	035 - External Outfall	**Discharge:**	035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER

Report Dates & Status

Monitoring Period:	From 04/01/25 to 04/30/25	**DMR Due Date:**	05/28/25
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	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: -		**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 MN		<=9.0 DAILY MX	12 - SU		01/01 - Daily	GR - Grab
NODI: -		**NODI**										
00530	**Solids, total suspended**	**Smpl.**	=784.0	=885.0	26 - lb/d		=5.0	=6.0	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.**	=2568.0		26 - lb/d		=23.7		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		19 - mg/L		01/30 - Monthly	24 - 24 Hour Composite
NODI: -		**NODI**										
00610	**Nitrogen, ammonia total [as N]**	**Smpl.**	=22.8	=184.7	26 - lb/d		=0.15	=1.07	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: -		**NODI**										
00665	**Phosphorus, total [as P]**	**Smpl.**	=56.0		26 - lb/d		=0.4		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		19 - mg/L		01/01 - Daily	24 - 24 Hour Composite

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
NODI: -		**NODI**										
01079	**Silver total recoverable**	**Smpl.**	<0.028	<0.032	26 - lb/d		<0.0002	<0.0002	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**	<=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d		<=0.00038 MO AVG	<=0.00077 DAILY MX	19 - mg/L		01/07 - Weekly	24 - 24 Hour Composite
NODI: -		**NODI**										
01079	**Silver total recoverable**	**Smpl.**					<=0.0003	=0.00032	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
G - Raw Sewage Influent												
Season: 0		**Req.**					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - 24 Hour Composite
NODI: -		**NODI**										
50050	**Flow, in conduit or thru treatment plant**	**Smpl.**	=16.851		03 - MGD					0	01/01 - Daily	TM - Totalizer
1 - Effluent Gross												
Season: 0		**Req.**	Req Mon MO AVG		03 - MGD						01/01 - Daily	TM - Totalizer
NODI: -		**NODI**										
51041	**E. coli, colony forming units [CFU]**	**Smpl.**					=14.0	=68.0	3Z - CFU/100mL	0	01/01 - Daily	GR - Grab
1 - Effluent Gross												
Season: 1		**Req.**					<=125.0 MO GEO	<=235.0 DAILY MX	3Z - CFU/100mL		01/01 - Daily	GR - Grab
NODI: -		**NODI**										
71901	**Mercury, total recoverable**	**Smpl.**					=0.89	=0.55	3M - ng/L	0	01/60 - Once Every 2 Months	GR - Grab
1 - Effluent Gross												
Season: 0		**Req.**					<=1.6 ANNL AVG	Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - Grab
NODI: -		**NODI**										

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	# of Ex.	Analysis	Type
71901	**Mercury, total recoverable**	**Smpl.**						=0.55	3M - ng/L	0	01/60 - Once Every 2 Months	GR - Grab
G - Raw Sewage Influent												
Season: 0		**Req.**						Req Mon DAILY MX	3M - ng/L		01/60 - Once Every 2 Months	GR - Grab
NODI: -		**NODI**										
80082	**BOD, carbonaceous [5 day, 20 C]**	**Smpl.**	=450.0	=511.0	26 - lb/d		=3.0	=3.0	19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**	<=6259.0 MO AVG	<=10014.0 MX WK AV	26 - lb/d		<=25.0 MO AVG	<=40.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
NODI: -		**NODI**										
81012	**Phosphorus, total percent removal**	**Smpl.**				=84.3			23 - %	0	01/30 - Monthly	CA - Calculated
K - Percent Removal												
Season: 0		**Req.**				>=75.0 MO AV MN			23 - %		01/30 - Monthly	CA - Calculated
NODI: -		**NODI**										
82220	**Flow, total**	**Smpl.**		=506.0	80 - Mgal/mo					0	01/30 - Monthly	RT - Recorder Total
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon MO TOTAL	80 - Mgal/mo						01/30 - Monthly	RT - Recorder Total
NODI: -		**NODI**										

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0025674_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	Permit Number	Outfall
Elkhart	IN0025674	035 A

Month	Year	Plant Design Flow	Telephone Number
April	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= 4.22 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Sanitary Sewer Overflow ("X" If Occurred)	CHEMICALS USED Chlorine - Lbs/day	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	RAW SEWAGE 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	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): Laura Kolo — Date (month, day, year): 5/27/25

Signature of principal executive officer or authorized agent: Laura Kolo — 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	Permit Number	For Month Of:	Year
Elkhart	IN0025674	April	2025

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
			MIXED LIQUOR					RETURN SLUDGE											
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l		Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
1	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

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	Permit Number	For Month Of:	Year
Elkhart	IN0025674	April	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	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											
			Anaerobic Only											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	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	Permit Number	For Month Of:	Year
Elkhart	IN0025674	April	2025

Substitute for State Form 30530

Day Of Month	Ni - Influent mg/L	Ni - Effluent mg/L	Pb - Influent mg/L	Pb - Effluent mg/L	Zn - Influent mg/L	Zn - Effluent mg/L										
1																
2																
3																
4																
5																
6																
7	0.0118	0.0048	0.0016	0.0010	0.0552	0.0140										
8																
9																
10																
11																
12																
13																
14																
15																
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20																
21																
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

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	Days	14.00		0.4139		1	Days	0.08		0.0005		

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

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

Signature of Principal Executive Officer or Authorized Agent	Date (mm/dd/yy)
Laura Kolo	5/27/25

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																								
8																								
9																								
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17																								
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19																								
20																								
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	Days	8.09		1.3660		1	Days	0.25		0.0305		1	Days	1.75		0.0759		1	Days	0.42		0.0353	

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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Elkhart												Page 3 of 9						Permit Number:	IN0025574				
Facility:	Elkhart Public Works & Utilities												Public Notification Requirements Met?	Y										
Monitoring Period:			April	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																								
6																								
7																								
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9																								
10																								
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16																								
17																								
18																								
19																								
20																								
21																								
22																								
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	Days	3.58		0.1346		2	Days	3.25		0.2944		0	Days	0.00		0.0000		2	Days	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												
	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	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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9																												
10																												
11																												
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17																												
18																												
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 5 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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16																								
17																								
18																								
19																								
20																								
21																								
22																								
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																								
8																								
9																								
10																								
11																								
12																								
13																								
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	Days	4.50		0.3318		2	Days	1.75		0.0710		0	Days	0.00		0.0000		2	Days	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																								
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22																								
23																								
24																								
25							1:27 PM	M	1.75	M	0.0307	M												
26																								
27																								
28																								
29																								
30																								
Totals:	1	Days	0.50		0.0358		2	Days	3.42		0.0911		2	Days	15.75		10.3148		1	Days	0.25		0.0124	

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 60546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Elkhart												Page 8 of 9						Permit Number:	IN0025574				
Facility:	Elkhart Public Works & Utilities												Public Notification Requirements Met?	Y										
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																								
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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	Days	6.41		3.1316		0	Days	0.00		0.0000		2	Days	11.71		0.7587		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:	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	Telephone
Laura E. Kolo, Utilities Services Manager	574-293-2572

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

Signature of Principal Executive Officer or Authorized Agent	Date (mm/dd/yy)
Laura Kolo	5/27/25

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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
Elkhart Public Works	1201 S. Nappanee Street	Elkhart	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)*
	4/12/25 9:04	☐ AM ☑ PM	4/12/25 11:00	☐ AM ☑ PM	1308 Locust	41 42 01N	85 59 02W

(10) Amount of Flow Released *(Always provide a volume.)*
Check one: ☑ Estimated ☐ 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.)*
☐ Sanitary Sewer Overflow
☐ Treatment Bypass *(at wastewater plant)*
☐ Prohibited Combined Sewer Overflow
☐ Dry Weather Combined Sewer Overflow
☑ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
none

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

Roots

(16) System Component(s) *(Select one or more.)*
☐ Manhole
☐ House Lateral
☐ Pipe Failure
☐ Pump Station Failure
☐ Treatment Bypassed
☑ Other
☐ Influent Structure
☐ Air Relief Valve
☐ 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.)*
☐ Affected Private Property
☑ Basement Backup
☐ Occurred at Treatment Plant
☐ Reached Public Land
☐ Reached Receiving Water

Name of Receiving Water Impacted:
None

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☐ Other:

n/a

(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area
(Select one or more of the following, then add a written description.)
☑ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☐ Clean-Up Debris
Removed roots

(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: Laura Kolo DATE *(month, day, year)*: 04/12/25

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura Kolo	(574) 293-2572	laura.kolo@coei.org	04/12/25 appx 11:25	☑ AM ☐ PM

Outlook

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)*	(2) Mailing Address *(reporting organization)*	(3) County	(4) NPDES Permit
Elkhart Public Works	1201 S. Nappanee Street	Elkhart	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)*
	4/25/25 6:19	☐ AM ☑ PM	4/25/25 7:00	☐ AM ☑ PM	522 Laurel	41 41 26N	85 58 59W

(10) Amount of Flow Released *(Always provide a volume.)*
Check one: ☑ Estimated ☐ Actual 1342 Gallons

(11) WWTP Flow During Release: 30.4 MGD

(12) WWTP Peak Design Flow Rate: 44 MGD

(13) Overflow Type *(Select one.)*
- ☐ Sanitary Sewer Overflow
- ☐ Treatment Bypass *(at wastewater plant)*
- ☐ Prohibited Combined Sewer Overflow
- ☐ Dry Weather Combined Sewer Overflow
- ☑ Combined Sewer System Release

(14) Describe any damage to aquatic life or receiving stream:
none

(15) Reason for Bypass / Overflow *(Select one or more.)*
☐ Construction Related ☐ Power Failure ☐ Equipment Failure ☐ Unknown ☐ Exceeded Max Capacity ☑ Precipitation 0.25/5 min Inches

(16) System Component(s) *(Select one or more.)*
- ☐ Manhole
- ☐ House Lateral
- ☐ Pipe Failure
- ☐ Pump Station Failure
- ☐ Treatment Bypassed
- ☑ Other
- ☐ Influent Structure
- ☐ Air Relief Valve
- ☐ 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.)*
- ☐ Affected Private Property
- ☑ Basement Backup
- ☐ Occurred at Treatment Plant
- ☐ Reached Public Land
- ☐ Reached Receiving Water

Name of Receiving Water Impacted:
None

(19) Additional organizations notified by facility, if necessary *(Select one or more.)*
☐ IDEM Emergency Response ☐ Health Dept. ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☐ Other:

n/a

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

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

(22)

CERTIFICATION AND SIGNATURE

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

SIGNATURE: Laura Kolo DATE *(month, day, year)*: 05/05/25

Individual Making Report *(printed)*	Telephone Number	Contact Email	Date *(month, day, year)* / Time IDEM Notified	
Laura Kolo	(574) 293-2572	laura.kolo@coei.org	05/05/25 appx ~~9:00~~ 9:30	☑ AM ☐ PM

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

City of Elkhart
Public Works & 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 to Aspire Elkhart.

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:

___ABB	___BADGER	___CHESSELL	___ENDRESS HAUSER	___FOXBORO
___GREYLINE	___HACH/SIGMA	___HONEYWELL	___KROHNE	___MARSH MCBIRNEY
___McCROMETER	___MISSION	___PRECISION DIG	___RED LION	___ROSEMOUNT
___SCADA/PLC	___SIEMENS	___SPARLING	___VEGA	___YOKOGAWA

X Pulsar

MODEL NO: Ultra-Twin S/N: 192111Ø200X4-XØP 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	X ULTRASONIC	___PALMER-BOWLUS	___V-TRAPEZOIDAL FLUME
___OTHER	___OTHER	___H FLUME	___OTHER

(3) CALIBRATION NOTES:

TRANSMITTER Accurate at 8.9" of head & 9.5" of head

SCALE Ø-30 MGD CAL FACTOR — EXCITATION —

RECEIVING DEVICE

___RECORDER ___INDICATOR X TOTALIZER ___DATALOGGER ___SCADA/PLC ___OTHER

Totalizer: 339.12 US MG

(4) METHOD OF CALIBRATION:

✓ STAFF GAUGE/FLOW-CURVE TABLE	___DRAWDOWN TEST	✓ NO ADJUSTMENTS NEEDED
___PORTABLE METER/TEST SET	✓ ELECTRONICS ADJUSTMENT/PROGRAMMING	

___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:

___ABB	___BADGER	___CHESSELL	___ENDRESS HAUSER	___FOXBORO
___GREYLINE	___HACH/SIGMA	___HONEYWELL	___KROHNE	___MARSH MCBIRNEY
___McCROMETER	___MISSION	___PRECISION DIG	___RED LION	_X_ROSEMOUNT
___SCADA/PLC	___SIEMENS	___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	_X_W/END CONTRACTIONS
___DIFF PRESSURE	_X_ULTRASONIC	___PALMER-BOWLUS	___V-TRAPEZOIDAL FLUME
___OTHER	___OTHER	___H FLUME	___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 _X_TOTALIZER ___DATALOGGER ___SCADA/PLC ___OTHER

Totalizer: 57787148×10^3 MGD

(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

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 PRKWY - 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	Value 2	Units	Value 1	Value 2	Value 3	Units	of 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	=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	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.**	=2217.0		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		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	=0.5	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.**	=54.0		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		26 - lb/d		<=1.0 MO AVG		19 - mg/L		01/01 - Daily	24 - 24 Hour Composite

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	of Ex.	Analysis	Type
NODI: -		**NODI**										
01079	**Silver total recoverable**	**Smpl.**	<0.022	<0.025	26 - lb/d		<0.0002	<0.0002	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**	<=0.063 MO AVG	<=0.13 DAILY MX	26 - lb/d		<=0.00038 MO AVG	<=0.00077 DAILY MX	19 - mg/L		01/07 - Weekly	24 - 24 Hour Composite
NODI: -		**NODI**										
01079	**Silver total recoverable**	**Smpl.**					<=0.0002	=0.00028	19 - mg/L	0	01/07 - Weekly	24 - 24 Hour Composite
G - Raw Sewage Influent												
Season: 0		**Req.**					Req Mon MO AVG	Req Mon DAILY MX	19 - mg/L		02/30 - Twice Per Month	24 - 24 Hour Composite
NODI: -		**NODI**										
50050	**Flow, in conduit or thru treatment plant**	**Smpl.**	=13.733		03 - MGD					0	01/01 - Daily	TM - Totalizer
1 - Effluent Gross												
Season: 0		**Req.**	Req Mon MO AVG		03 - MGD						01/01 - Daily	TM - Totalizer
NODI: -		**NODI**										
51041	**E. coli, colony forming units [CFU]**	**Smpl.**					=5.0	=16.0	3Z - CFU/100mL	0	01/01 - Daily	GR - Grab
1 - Effluent Gross												
Season: 1		**Req.**					<=125.0 MO GEO	<=235.0 DAILY MX	3Z - CFU/100mL		01/01 - Daily	GR - Grab
NODI: -		**NODI**										
80082	**BOD, carbonaceous [5 day, 20 C]**	**Smpl.**	=303.0	=346.0	26 - lb/d		=3.0	=3.0	19 - mg/L	0	01/01 - Daily	24 - 24 Hour Composite
1 - Effluent Gross												
Season: 0		**Req.**	<=6259.0 MO AVG	<=10014.0 MX WK AV	26 - lb/d		<=25.0 MO AVG	<=40.0 MX WK AV	19 - mg/L		01/01 - Daily	24 - 24 Hour Composite
NODI: -		**NODI**										

Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	# of Ex.	Analysis	Type
81012	**Phosphorus, total percent removal**	**Smpl.**				=85.2			23 - %	0	01/30 - Monthly	CA - Calculated
K - Percent Removal												
Season: 0		**Req.**				>=75.0 MO AV MN			23 - %		01/30 - Monthly	CA - Calculated
NODI: -		**NODI**										
82220	**Flow, total**	**Smpl.**		=426.0	80 - Mgal/mo					0	01/30 - Monthly	RT - Recorder Total
1 - Effluent Gross												
Season: 0		**Req.**		Req Mon MO TOTAL	80 - Mgal/mo						01/30 - Monthly	RT - Recorder Total
NODI: -		**NODI**										

Submission Note

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

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0025674_CSO_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:**	
Permittee:	ELKHART WWTP	**Permittee Address:**	229 SOUTH 2ND ST ELKHART , IN46516
Facility:	ELKHART WWTP	**Facility Location:**	1201 S NAPPANEE ST ELKHART , IN46516
Permitted Feature:	035 - External Outfall	**Discharge:**	035-A - 20 MGD CLASS IV ACTIVATED SLUDGE - TO ST JOSEPH RIVER

Report Dates & Status

Monitoring Period:	From 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	Permit Number	Outfall
Elkhart	IN0025674	035 A

Month	Year	Plant Design Flow	Telephone Number
May	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)	Precipitation - Inches (Total= 2.70)	Bypass At Plant Site ("X" If Occurred)	Sanitary Sewer Overflow ("X" If Occurred)	CHEMICALS USED: Chlorine - Lbs/day	CHEMICALS USED: Ferric Chloride Lbs/Day or Gal./Day	CHEMICALS USED: Lbs/Day or Gal./Day	RAW SEWAGE: Influent Flow Rate (if metered) MGD	RAW SEWAGE: pH	RAW SEWAGE: CBOD5 - mg/l	RAW SEWAGE: CBOD5 - lbs/day	RAW SEWAGE: Susp. Solids - mg/l	RAW SEWAGE: Susp. Solids - lbs/day	RAW SEWAGE: Phosphorus - mg/l	RAW SEWAGE: 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

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): Laura Kolo

Date (month, day, year): 6/27/25

Signature of principal executive officer or authorized agent: Laura Kolo

Date (month, day, year): 6/27/25

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

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
			MIXED LIQUOR					RETURN SLUDGE											
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l		Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
1	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

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	Permit Number	For Month Of:	Year
Elkhart	IN0025674	May	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	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

	SLUDGE TO DIGESTER		DIGESTER OPERATION												
			Anaerobic Only												
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	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															
	Chloride		Total													
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day	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
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																
5																
6																
7																
8																
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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

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

State Form 50546 (R4 / 9-15)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Elkhart							Page 1 of 9						Permit Number:	IN0025574				
Facility:	Elkhart Public Works & Utilities							Public Notification Requirements Met?	Y										
Monitoring Period:	May	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																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
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23																								
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	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																								
5																								
6																								
7																								
8																								
9																								
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																								
23																								
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																								
22																								
23																								
24																								
25																								
26																								
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																								
7																								
8																								
9																								
10																								
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22																								
23																								
24																								
25																								
26																								
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	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	6/25/25