

City of Nappanee, Indiana
Great Lakes Basin Combined Sewer Overflow
Annual Public Notice

In accordance with 40 CFR 122.38, the City of Nappanee is required to comply with the Great Lakes Basin Combined Sewer Overflow (CSO) public notification provisions as authorized by Section 425 of the Consolidated Appropriations Act of 2016; Public Law 114-113; and FWPCA 33 U.S.C. 1251. Through close coordination with the Indiana Department of Environmental Management (IDEM) Office of Water Quality (OWQ), the City of Nappanee has completed the following milestones and activities to ensure compliance with this rule:

July 2018	Updated the City's current CSO Public Notification Plan per 40 CFR 122.38 (c).
August 6, 2018	Submitted the Updated CSO Public Notification Plan to IDEM OWQ for review.
August 30, 2018	Received IDEM OWQ comments on CSO Public Notification Plan.
September 21, 2018	Submitted Revised CSO Public Notification Plan to IDEM OWQ.
September 24, 2018	Received IDEM OWQ Approval of Updated CSO Public Notification Plan.
November 7, 2018	Initiated implementation of the Updated CSO Public Notification Requirements that includes the following: <ul style="list-style-type: none">• Initial Notice of CSO Discharges per 40 CFR 122.38(a)(3)(i) and (ii):• Supplemental Notice of CSO Discharges per 40 CFR 122.38(a)(3)(i) and (ii); and• Outreach to Local Health Department and Other Affected Public Entities per 40 CFR 122.38(a)(2)(ii).

The above information immediately above regarding the initial and supplemental CSO notifications is available for review on the following website:

<https://www.nappanee.org/government/departments/water-and-sewer-utilities/csos-environmental-awareness/>

The City of Nappanee is also required to prepare an Annual Notice per 40 CFR 122.38(b), which is the purpose of this document and the required contents are included herein.

A. Description of locations of CSOs

The City of Nappanee maintains a total of twelve (12) CSO locations as identified in the Attachment A of National Pollution Discharge Elimination System (NPDES) Permit NPDES Permit No. IN0021466. One of the CSO Outfalls (018) provides CSO treatment through a Wet Weather Treatment Facility (WWTF) and is the only CSO subject to the Great Lakes Basin CSO public notification provisions. The remaining eleven (11) CSOs are prohibited per the Attachment A of NPDES Permit No. IN0021466 and any discharges from these outfalls are expected to occur rarely as a result of complete implementation of the City's CSO Long Term Control Plan (LTCP). NPDES Permit No. IN0021466 is included in **Appendix A** and Figure 1: System Aerial Map is included in **Appendix B** to illustrate the location of the City's collection system, CSOs and treatment facilities.

B. Receiving water

Both the City's Wastewater Treatment Plant (WWTP) and WWTF discharge to Berlin Court Ditch. Ten (10) of the City's remaining CSOs outfall to Berlin Court Ditch and one (1) CSO outfall discharges to Armev Ditch. In 2018, the City closed outfall 013 as part of the CSO LTCP improvements that will be further described in this document. This closure is reflected in **Appendix A**, an approved modification to the City's NPDES permit. All outfalls are monitored for CSO duration and volume as required by the City's NPDES Permit.

C. Any treatment provided

- a. WWTP:** The City of Nappanee currently operates a Class III, 1.9 Million Gallons per Day (MGD) activated sludge treatment facility consisting of an influent pumping station, a mechanical bar screen, an aerated grit chamber, two (2) primary clarifiers, six (6) aeration tanks, two (2) final clarifiers, six (6) aerobic digester tanks, two (2) anaerobic digester tanks, a sludge pumping station, a belt filter press, sludge drying beds, phosphorus removal, and ultraviolet disinfection. Final sludge is land applied. The WWTP has a peak design flow of 3.0 MGD and treatment is maximized during wet weather in order to minimize the discharge of untreated CSO.
- b. WWTF:** 5.0 MGD Actiflo® CSO WWTF consisting of a CSO storage basin, a screening and pumping structure, a high rate clarification facility and ultraviolet light disinfection prior to discharge at Outfall 018.

D. Date, location and approximate duration, measured estimated volume, and cause for each wet weather event that occurred in the past year.

For more information, please see attached 2018 CSO Monthly Report of Operations (MRO) (State Form 50546 R3/7-13) and Monthly Monitoring Report (MMR) for Wet Weather Treatment Facilities (State Form 56109 (8-16)) in **Appendix B**.

E. *Date, location, duration, volume and cause of each dry weather CSO discharge in past calendar year.*

No recorded dry weather CSO discharge events within the past year.

F. *Summary of monitoring data to CSO discharges.*

For more information, please see attached 2018 CSO Monthly Report of Operations (MRO) (State Form 50546 R3/7-13) and Monthly Monitoring Report (MMR) for Wet Weather Treatment Facilities (State Form 56109 (8-16)) in Appendix B.

G. *Description of any public access areas potentially impacted by CSOs.*

There are no public access locations on Berlin Court Ditch or Armev Ditch.

H. *Representative precipitation data in total inches (closest 0.1 inches) that resulted in in a CSO discharge*

For precipitation data, please see attached 2018 CSO Monthly Report of Operations (MRO) (State Form 50546 R3/7-13) and Monthly Monitoring Report (MMR) for Wet Weather Treatment Facilities (State Form 56109 (8-16)) in Appendix B.

I. *Permittee contact information, if not listed elsewhere on website.*

a. Mayor Phil Jenkins

i. Phone: 574-773-2112

ii. Address: 300 West Lincoln Street, Nappanee, IN 46550

iii. Email: pjenkins@nappanee.org

b. Water and Sewer Utilities Manager, Gale Gerber

i. Phone: 574-773-4623

ii. Address: 300 West Lincoln Street, Nappanee, IN 46550

iii. Email: ggerber@nappanee.org

c. Wastewater Foreman, Shaun Kern

i. Phone: 574-773-3033

ii. Address: 1401 Derksen Street, Nappanee, IN 46550

iii. Email: nappaneewastewater@nappanee.org

I. *Concise summary of implementation of Nine (9) minimum controls and LTCP implementation status.*

a. *9 minimum controls*

The City of Nappanee's Revised/Updated Combined Sewer Overflow Operational Plan (CSOOP) was submitted to IDEM OWQ for review on June 2, 2015. A revised CSOOP was later submitted to IDEM OWQ for review on November 17, 2015 and IDEM OWQ approved the document on February 24, 2016. Below you will find a summary of the implementation of the NMCs as outlined in the City's approved CSOOP.

- i. **Proper Operation and Maintenance Program:** There are 4 members of the wastewater staff devoted to various elements of operations and maintenance. Several categories of maintenance are conducted for lift stations; sanitary, storm and combined sewer systems; and street sweeping. Collection system point repairs are made on an as needed basis.
- ii. **Maximization of Storage in the Collection System:** The City has recently completed construction on a 48" to 66" north side interceptor and a 4.1 MG equalization tank to allow for storage of CSO. Excess flows are treated through the recently constructed 5.0 MGD Actiflo® CSO WWTF. These have been designed and constructed to reduce the frequency and volume of CSO events such that the 10 year, 1 hour storm can be contained and treated either through the WWTP or WWTF.
- iii. **Review of Pretreatment Ordinance:** Currently there is a single Categorical and Significant Industrial User (CIU) in the City of Nappanee. The City's Wastewater Ordinances and Code contains provisions to identify industrial users and prevent pass through and interference with the City's WWTP, WWTF and CSOs.
- iv. **Operation to Maximize Treatment:** Construction of CSO storage and treatment facilities as described above in I.a.ii. was completed in August 10, 2018. The following wet weather Standard Operating Procedure (SOP) has been established to maximize storage and treatment:
 1. Maximize the peak hourly 3.0 MGD capacity of the WWTP to the extent possible;
 2. Maximize the 5.0 MGD capacity of the headworks to fill the 856,000 gallon equalization basin at the WWTP to a maximum level set to minimize the risk of overflow;
 3. Maximize storage in the interceptor to the extent practicable;
 4. Convey excess peak flows to the proposed 4.1 MG equalization basin by way of the wet weather interceptor;
 5. Initiate operation of the HRC system; and
 6. Maximize the 5.0 MGD HRC treatment capacity as necessary.
- v. **Ensure the elimination of Dry Weather Flows:** The City believes implementing the operation and maintenance program outlined in

Section J.a.i. is the most effective method to reduce the risk of dry weather overflows. Additionally, the CSO structures are equipped with a monitoring equipment so that staff are made aware when operating levels are at a point in which a dry or wet weather CSO may occur. And finally, several provisions in the City's Sewer Use Ordinance (SUO) in order to protect against discharges that may have the potential to cause a dry weather overflow due to exceeding the capacity of the collection system and/or sewer clogging.

- vi. **Control of Solids and Floatables:** Maintenance practices as identified in Section J.a.i. are the most effective measure in preventing the discharge of floatables and solids. Additionally, facilities as described in J.a.i.i. and J.a.i.v. minimize the discharge of solids and floatables to a very high level of control as required by IDEM OWQ.
- vii. **Implementation of Pollution Prevention Measures:** The City of Nappanee has implemented recycling, street cleaning, solid waste/trash pickup, and branch and leaf pickup programs for residents to reduce pollution discharges to waterways. Elkhart County also has implemented a Toxic Waste Drop Off program for residents within Nappanee. The City has also implemented a Wellhead Protection Plan (WHPP) to prevent pollution and sources of contamination interfering with the City's drinking water sources. All of these programs raise awareness of pollution prevention and water quality.
- viii. **Implementation of a Public Notification Process:** The City's Public Notification Plan was amended in July of 2018 in order to comply with the Great Lakes Basin CSO public notification provisions. The revised plan was submitted to IDEM OWQ for review on August 6, 2018; approved on September 24, 2018; and implemented November 7, 2019. Signage is maintained at the City's remaining CSO outfalls and the Annual CSO Public Notice is published each March in the local newspaper. In addition, this annual public notice is posted on the City's website in accordance with 40 CFR 122.38(b).
- ix. **Monitor and Characterize CSO Impacts and Efficacy of Controls:** All CSOs are equipped with flow meters to record overflow activation, duration and volume. Treated discharges from the WWTF outfall is monitored in accordance with the City's NPDES permit. A post construction monitoring (PCM) program has been implemented to track the effectiveness of CSO controls. This program includes CSO flow monitoring; WWTP, WWTF and lift station flow monitoring; quality assurance and control of data; record keeping and reporting

in compliance with the City’s NPDES Permit; and precipitation data that also includes rainfall intensity.

b. LTCP implementation status

- i. The implementation of the City’s CSO LTCP was complete on August 10, 2018 and PCM is currently underway. Below is an outline of project milestones that have been completed over the last several years as well as the current PCM and future CSOOP review and revisions.

Description	Year	Task
48” – 66” Interceptor, 4.1 MG Storage Tank, Pumping & Screening Structures, and 5.0 MGD HRC WWTF	2011	Surveying & Flow Metering*
	2012	XPSWMM Collection System Model Update*
	2013-2014	Preliminary Design*
	2015	Design & Bidding*
	201-2018	Construction*
Post Construction Monitoring	2018-2019	Post Construction Monitoring
CSOOP Review and Revisions	2020	CSOOP Review and Revisions



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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Eric J. Holcomb
Governor

Bruno Pigott
Commissioner

July 10, 2018

VIA ELECTRONIC MAIL

The Honorable Phil Jenkins, Mayor
City of Nappanee
300 West Lincoln Street
P.O. Box 29
Nappanee, Indiana 46550

Dear Mayor Jenkins:

Re: Final Modification of NPDES Permit
No. IN0021466 for the City of Nappanee
Wastewater Treatment Plant
Elkhart County

Your request for modification of the above-referenced discharge permit has been processed in accordance with Section 402 and 405 of the Federal Water Pollution Control Act, as amended (33 U.S.C. 1251, et seq.), and IDEM's permitting authority under IC 13-15 (formerly IC 13-7).

The enclosed Pages 2 and 29 through 32c of 36 are intended to replace the corresponding pages of the existing permit. This modification, as requested in a letter submitted April 13, 2018, is to recognize and permit the newly constructed Wet Weather Treatment Facility located near the Wastewater Treatment Plant. The designation of CSO outfalls has been changed from authorized to prohibited. CSO 013 was removed from the permit due to its closure per a request in a letter dated June 6, 2018, submitted during the public comment period.

The enclosed NPDES permit amendment covers your existing NPDES Permit No. IN0021466. All discharges from the referenced facility shall be consistent with the terms and conditions of this permit, as amended.

One condition of your permit requires monthly reporting of several effluent parameters. You are required to submit both federal discharge monitoring reports (DMRs) and state Monthly Reports of Operation (MROs) on a routine basis. The MRO form is available on the internet at the following web site: <http://www.in.gov/idem/cleanwater/2396.htm>.

Once you are on this page, select the "IDEM Forms" page and locate the version of the MRO applicable to your plant under the "Wastewater Facilities" heading. We recommend selecting the "XLS" version as it will complete all of the calculations on the data entered.

All NPDES permit holders are required to submit their monitoring data to IDEM using NetDMR. Please contact Rose McDaniel at 317-233-2653 or Helen Demmings 317-232-8815 if you would like more information on NetDMR. Information is also available on our website at <http://IN.gov/idem/cleanwater/2422.htm>.

Please note that this permit modification can be appealed. An appeal must be filed under procedures outlined in IC 13-15-6, IC 4-21.5, and the enclosed public notice. The appeal must be initiated by filing a petition for administrative review with the Office of Environmental Adjudication (OEA) within fifteen (15) days of the emailing of an electronic copy of this letter or within eighteen (18) days of the mailing of this letter by filing at the following addresses:

Director
Office of Environmental Adjudication
Indiana Government Center North
Room N103
100 North Senate Avenue
Indianapolis, Indiana 46204

Commissioner
Indiana Department of Environmental Management
Indiana Government Center North
Room 1301
100 North Senate Avenue
Indianapolis, Indiana 46204

Please reference the Post Public Notice Addendum, on the final pages of the Fact Sheet, for additional changes made to the permit per a request in a letter submitted during the public notice period.

If you have any questions concerning this modification, please contact Kara Wendholt at 317-233-5961 or kwendhol@idem.IN.gov. More information on the appeal review process is available at the website for the Office of Environmental Adjudication at <http://www.in.gov/oea>.

Sincerely,

A handwritten signature in black ink, appearing to read "Jerry Dittmer". The signature is fluid and cursive, with a large initial "J" and "D".

Jerry Dittmer, Chief
Permits Branch
Office of Water Quality

Enclosures

cc: Shaun Kern, Certified Operator
Gale Gerber, Utilities Manager
Brady Dryer, Commonwealth Engineers, Inc.
U.S. EPA, Region 5

STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
AMENDED AUTHORIZATION TO DISCHARGE UNDER THE
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

In compliance with the provisions of the Federal Water Pollution Control Act, as amended, (33 U.S.C. 1251 et seq., the "Act"), Title 13 of the Indiana Code, and regulations adopted by the Water Pollution Control Board, the Indiana Department of Environmental Management (IDEM) is issuing this permit to the

CITY OF NAPPANEE

hereinafter referred to as "the permittee." The permittee owns and/or operates the **City of Nappanee Wastewater Treatment Plant**, a major municipal wastewater treatment plant located at 410 Derksen Street, Nappanee, Indiana, Elkhart County. The permittee is hereby authorized to discharge from the outfalls identified in Part I of this permit to receiving waters named Berlin Court Ditch, located within the Lake Michigan drainage basin, in accordance with the effluent limitations, monitoring requirements, and other conditions set forth in the permit. The permittee is also authorized to discharge from one (1) wet weather treatment facility outfall, listed in Attachment A of this permit, to receiving waters named Berlin Court Ditch in accordance with the effluent limitations, monitoring requirements, and other conditions set forth in this permit. Discharges from combined sewer overflow outfalls listed in Attachment A of this permit, to receiving waters named Berlin Court Ditch and Armev Ditch, are prohibited. This permit may be revoked for the nonpayment of applicable fees in accordance with IC 13-18-20.

The permit, as issued on March 5, 2015, is hereby amended as contained herein. The amended provisions shall become effective August 1, 2018. All terms and conditions of the permit not modified at this time remain in effect. Further, any existing condition or term affected by the modifications will remain in effect until the modified provisions become effective.

This permit and authorization to discharge, as amended, shall expire at midnight, February 29, 2020. In order to receive authorization to discharge beyond the date of expiration, the permittee shall submit such information and forms as are required by the Indiana Department of Environmental Management no later than 180 days prior to the date of expiration.

Issued on July 10, 2018 for the Indiana Department of Environmental Management.



Jerry Dittmer, Chief
Permits Branch
Office of Water Quality

TREATMENT FACILITY DESCRIPTION

The permittee currently operates a Class III, 1.9 MGD activated sludge treatment facility consisting of an influent pumping station, a mechanical bar screen, an aerated grit chamber, two (2) primary clarifiers, six (6) aeration tanks, two (2) final clarifiers, six (6) aerobic digester tanks, two (2) anaerobic digester tanks, a sludge pumping station, a belt filter press, sludge drying beds, phosphorus removal, and ultraviolet light disinfection. Final sludge is land applied.

The permittee also operates a 5.0 MGD Wet Weather Treatment Facility (WWTF) (Actiflo) near the Wastewater Treatment Plant that consists of a CSO storage basin, a screening and pumping structure, a high rate clarification facility, and ultraviolet light disinfection. The WWTF has been identified and permitted with provisions in Attachment A of the permit.

The collection system is comprised of combined sanitary and storm sewers (85% combined) with eleven (11) Combined Sewer Overflow (CSO) locations. The CSOs are prohibited in Attachment A of the permit.

The mass limits for CBOD₅, TSS and ammonia-nitrogen have been calculated utilizing the peak design flow of 3.0 MGD. This is to facilitate the maximization of flow through the treatment facility in accordance with this Office’s CSO policy.

PART I

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

The permittee is authorized to discharge from the outfall listed below in accordance with the terms and conditions of this permit. The permittee shall take samples and measurements at a location representative of each discharge to determine whether the effluent limitations have been met. Refer to Part I.B of this permit for additional monitoring and reporting requirements.

1. Beginning on the effective date of this permit, the permittee is authorized to discharge from Outfall 001, which is located at Latitude: 41° 26' 11" N, Longitude: 85° 59' 26" W. The discharge is subject to the following requirements:

TABLE 1

<u>Parameter</u>	<u>Quantity or Loading</u>			<u>Quality or Concentration</u>			<u>Monitoring Requirements</u>	
	<u>Monthly Average</u> Report	<u>Weekly Average</u>	<u>Units</u>	<u>Monthly Average</u>	<u>Weekly Average</u>	<u>Units</u>	<u>Measurement Frequency</u>	<u>Sample Type</u>
Flow [1]		----	MGD	----	----	----	5 X Weekly	24-Hr. Total
CBOD ₅								
Summer [2]	376	576	lbs/day	15	23	mg/l	5 X Weekly	24-Hr. Composite
Winter [3]	626	1,001	lbs/day	25	40	mg/l	5 X Weekly	24-Hr. Composite
TSS								
Summer [2]	451	676	lbs/day	18	27	mg/l	5 X Weekly	24-Hr. Composite
Winter [3]	751	1,127	lbs/day	30	45	mg/l	5 X Weekly	24-Hr. Composite
Phosphorus [4]	----	----	----	1.0	----	mg/l	5 X Weekly	24-Hr. Composite

ATTACHMENT A

I. Discharge Prohibition and Reporting Requirements

Discharges from any portion of the sewer collection system, except flow from the Wastewater Treatment Plant (WWTP) via Outfall 001 and Wet Weather Treatment Facility (WWTF) via Outfall 018, are prohibited. This prohibition includes discharges from the outfall(s) identified below.

In addition to complying with the monitoring and reporting requirements in Part III of this Attachment A, the permittee is also required to report prohibited discharges in accordance with Part II.C.3 of this permit.

<u>Outfall</u>	<u>Location</u>	<u>Receiving Water</u>
002	Mariam Street 41° 26' 45.58" N 85° 59' 11.83" W	Berlin Court Ditch
004	Morningside Drive 41° 26' 50.17" N 85° 59' 24.70" W	Berlin Court Ditch
005	Woodland Drive 41° 26' 52.87" N 85° 59' 31.99" W	Berlin Court Ditch
006	Jackson Street 41° 26' 54.06" N 85° 59' 38.80" W	Berlin Court Ditch
008	Hartman Street 41° 26' 57.44" N 85° 59' 50.61" W	Berlin Court Ditch
009	Madison Street 41° 26' 57.59" N 85° 59' 55.18" W	Berlin Court Ditch
010	Elm Street 41° 26' 57.61" N 85° 59' 59.92" W	Berlin Court Ditch
012	Clark Street 41° 26' 58.22" N 86° 00' 09.75" W	Berlin Court Ditch

014	Nappanee Street 41° 24' 59.44" N 86° 00' 18.71" W	Berlin Court Ditch
016	EQ Basin at WWTP 41° 26' 44.62" N 85° 59' 02.24" W	Berlin Court Ditch
017	Pipe at Arme y Ditch 41° 25' 83" N 86° 00' 17" W	Arme y Ditch

Monitoring for the purpose of reporting on the CSO Monthly Report of Operation (State Form 50546 (R4/9-15)) shall be conducted at a location representative of untreated CSO discharges. Monitoring from a CSO regulator structure contributing flow to the CSO outfall is acceptable provided flows at this location are representative and comprised of untreated CSO flows ultimately discharged through the CSO outfall. Monitoring at the CSO outfall is considered representative except in those instances where non-CSO flows (treated effluents, separate stormwater, etc.) are also discharged through a common outfall. All non-CSO flows shall be excluded from reporting on the CSO Monthly Report of Operation.

II. Wet Weather Treatment Facility Effluent Limitations and Monitoring Requirements

A. The permittee is authorized to discharge treated combined sewage from Outfall 018 when influent flows exceed the Wastewater Treatment Plant (WWTP) peak hourly design rate. Outfall 018 is located at Latitude: 41° 26' 44.81" N, Longitude: 85° 59' 5.00" W and discharges to Berlin Court Ditch. Any discharge from Outfall 018 is subject to the requirements and provisions of this permit including the following requirements:

TABLE 1

<u>Parameter [5]</u>	<u>Quantity or Loading</u>			<u>Quality or Concentration</u>			<u>Monitoring Requirements</u>	
	<u>Daily Maximum</u>	<u>Monthly Average</u>	<u>Units</u>	<u>Daily Maximum</u>	<u>Monthly Average</u>	<u>Unit</u>	<u>Measurement Frequency</u>	<u>Sample Type</u>
Flow [1]	Report	Report	MGD	----	----	----	Daily	24-Hr. Total
CBOD ₅	----	----	----	Report	Report	mg/l	Daily	Composite [4]
TSS	----	----	----	Report	Report	mg/l	Daily	Composite [4]

TABLE 2

<u>Parameter</u> [5]	<u>Quality or Concentration</u>				<u>Monitoring Requirements</u>	
	<u>Daily Minimum</u>	<u>Monthly Average</u>	<u>Daily Maximum</u>	<u>Units</u>	<u>Measurement Frequency</u>	<u>Sample Type</u>
pH [6]	Report	----	Report	s.u.	Daily	Grab
<i>E. coli</i> [2] [3]	----	125	235	cfu /100 ml	Daily	Grab

- [1] Effluent flow measurement is required per 327 IAC 5-2-13. The flow meter(s) shall be calibrated at least once annually.
- [2] The effluent shall be disinfected on a continuous basis such that violations of the applicable bacteriological limitations (fecal coliform or *E. coli*) do not occur from April 1 through October 31, annually.

The *E. coli* limitations and monitoring requirements apply from April 1 through October 31 annually. The monthly average *E. coli* value shall be calculated as a geometric mean. IDEM has specified the following methods as allowable for the detection and enumeration of *Escherichia coli* (*E. coli*):

1. Coliscan MF® Method
2. EPA Method 1603 Modified m-TEC agar
3. mColi Blue-24®
4. Colilert® MPN Method or Colilert-18® MPN Method

- [3] For *E. coli*, the daily maximum shall be the geometric mean of all grab samples on any discharge day, provided that 3 or more grab samples are collected. If less than 3 grab samples are taken then the arithmetic mean shall be reported. The *E. coli* monthly average shall be the geometric mean of all grab samples collected during the month, provided that 5 or more grab samples are collected. The goal of the effluent monitoring program is to collect at least 3 grab samples during each discharge event, and the samples shall be collected at shorter intervals at the onset of the event, if the permittee estimates that the event duration may be less than 6 hours.

If there are discharges on four (4) or more days, then the monthly average shall be reported on the Discharge Monitoring Report (DMR). For discharges of four (4) or more days during a calendar month, then the monthly average *E. coli* value shall be calculated as a geometric mean of all grab samples collected and reported on the DMR.

- [4] Effluent composite sampling, either by automatic sampler collecting samples at set intervals or by grab samples collected during discharges from the wet weather treatment component, shall be representative of the discharge and of sufficient quantity to ensure that the parameters of Table 1 of Attachment A can be measured; shall be initiated within 30 minutes from the beginning of a discharge event; and shall continue at intervals determined by the permittee, but no less than every 2 hours during the duration of the event. If an event lasts for more than 24 hours a new sampling period shall be initiated. Analysis for the parameters identified in Table 1 of Attachment A shall be from the composite sample collected as described above.
 - [5] For purposes of reporting on a discharge event which lasts less than 24 hours, but occurs during two calendar days, the pollutant concentrations for the event shall be reported as daily values on the day when the majority of the discharge occurred.
 - [6] If the permittee collects more than one grab sample on a given day for pH, the values shall not be averaged for reporting daily maximums or daily minimums. The permittee must report the minimum or maximum pH value of any individual sample during the month on the Discharge Monitoring Report forms.
- B. At all times the discharge from any and all CSO outfalls herein shall not cause receiving waters:
- 1. including the mixing zone, to contain substances, materials, floating debris, oil, scum, or other pollutants:
 - a. that will settle to form putrescent or otherwise objectionable deposits;
 - b. that are in amounts sufficient to be unsightly or deleterious;
 - c. that produce color, visible oil sheen, odor, or other conditions in such a degree as to create a nuisance;
 - d. which are in amounts sufficient to be acutely toxic to, or otherwise severely injure or kill aquatic life, other animals, plants, or humans;
 - e. which are in concentrations or combinations that will cause or contribute to the growth of aquatic plants or algae to such a degree as to create a nuisance, be unsightly, or otherwise impair the designated uses.
 - 2. outside the mixing zone, to contain substances in concentrations which on the basis of available scientific data are believed to be sufficient to injure, be chronically toxic to, or be carcinogenic, mutagenic, or teratogenic to humans, animals, aquatic life, or plants.
- C. Dry weather discharges from any portion of the sewer collection system, except WWTP outfall No. 001, are prohibited. If such a prohibited discharge should occur,

the permittee is required to report the discharge in accordance with the provisions in Part II.C.3 of this permit.

III. Monitoring and Reporting Requirements

The permittee shall complete and submit accurate monitoring reports to the Indiana Department of Environmental Management. The permittee shall submit data specified on the CSO Monthly Report of Operation (MRO) for untreated CSO events (State Form 50546 (R4/9-15)), including but not limited to, WWTP data, precipitation data, and performance data for all discharges from untreated CSO Outfalls identified in Part I of this Attachment A. Submitted CSO MROs shall contain results obtained during each month (a monitoring period) and shall be submitted no later than 28 days following each completed monitoring period. All NPDES permit holders are now required to submit their monitoring data to IDEM using NetDMR.

The permittee shall monitor discharges from Outfall 018 in accordance with both Discharge Monitoring Report (DMR) forms and Monthly Monitoring Report (MMR) for WWTF forms provided by IDEM (State Form 56109). Submitted DMRs and MMRs shall contain results obtained during each month (a monitoring period) and shall be submitted no later than 28 days following each completed monitoring period. Discharge data from Outfall 018 shall not be included on the CSO MRO form for untreated CSO events (State Form 50546 (R4/9-15)).

IV. CSO Operational Plan

- A. The permittee shall comply with the following minimum technology-based controls, in accordance with EPA's National CSO Control Policy:
1. The permittee shall implement proper operation and regular maintenance programs for the sewer system and the CSOs. The purpose of the operation and maintenance programs is to reduce the magnitude, frequency and duration of CSOs. The programs shall consider regular sewer inspections; sewer, catch basin, and regulator cleaning; equipment and sewer collection system repair or replacement, where necessary; and disconnection of illegal connections.
 2. The permittee shall implement procedures that will maximize the use of collection system for wastewater storage that can be accommodated by the storage capacity of the collection system in order to reduce the magnitude, frequency and duration of CSOs.
 3. The permittee shall review and modify, as appropriate, its existing pretreatment program to minimize CSO impacts from non-domestic users. The permittee shall identify all industrial users that discharge to the collection system upstream of any CSO outfalls; this identification shall also include the pollutants in the industrial user's wastewater and the specific CSO outfall(s) that are likely to discharge the wastewater.
 4. The permittee shall operate the POTW at the maximum treatable flow during all

wet weather flow conditions to reduce the magnitude, frequency and duration of CSOs. The permittee shall deliver all flows to the treatment plant within the constraints of the treatment capacity of the POTW.

5. Dry weather overflows from CSO outfalls are prohibited. Each dry weather overflow must be reported to IDEM as soon as the permittee becomes aware of the overflow. When the permittee detects a dry weather overflow, it shall begin corrective action immediately. The permittee shall inspect the dry weather overflow each subsequent day until the overflow has been eliminated.
 6. The permittee shall implement measures to control solid and floatable materials in CSO discharges.
 7. The permittee shall implement a pollution prevention program focused on reducing the impact of CSOs on receiving waters.
 8. The permittee shall implement a public notification process to inform citizens of when and where CSO discharges occur and their impacts. This notification must also be done in accordance with 327 IAC 5-2.1.
 9. The permittee shall monitor to effectively characterize CSO impacts and the efficacy of CSO controls.
- B. The permittee's implementation of each of the minimum controls in Part III.A of this Attachment A shall be documented in its approved CSO Operational Plan (CSOOP). The permittee shall update the CSOOP, as necessary, to reflect changes in its operation or maintenance practices; changes to measures taken to implement the above minimum requirements; and changes to the treatment plant or collection system, including changes in collection system flow characteristics, collection system or WWTP capacity or discharge characteristics (including volume, duration, frequency and pollutant concentration). All updates to the CSOOP must be submitted to IDEM, Office of Water Quality, Municipal NPDES Permits Section for approval.

The CSOOP update(s) shall include a summary of the proposed revisions to the CSOOP as well as a reference to the page(s) that have been modified. Any CSOOP updates shall not result in:

1. a lower amount of flow being sent to and through the plant for treatment, or
2. more discharges (measured either by volume, duration, frequency, or pollutant concentration) occurring from the CSO outfalls.

The permittee shall maintain a current CSO Operational Plan, including all approved updates, on file at the POTW.

V. Sewer Use Ordinance Review/Revision and Enforcement

The permittee's Sewer Use Ordinance must contain provisions which: (1) prohibit introduction of inflow sources to any sanitary sewer; (2) prohibit construction of new combined sewers outside of the existing combined sewer service area; and (3) provide that for any new building the inflow/clear water connection to a combined sewer shall be

made separate and distinct from sanitary waste connection to facilitate disconnection of the former if a separate storm sewer subsequently becomes available. The permittee shall continuously enforce these provisions.

VI. Reopening Clauses

- A. This permit may be reopened to address changes in the EPA National CSO Policy or state or federal law.
- B. The permit may be reopened, after public notice and opportunity for hearing, to incorporate applicable provisions of IC 13-18.

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Fact Sheet
April 24, 2018

City of Nappanee Wastewater Treatment Plant
located at 410 Derksen Street, Nappanee, Indiana, Elkhart County

<u>Treatment Plant Outfall Location</u>	Latitude:	41° 26' 11" N
	Longitude:	85° 59' 26" W

NPDES Permit No. IN0021466

Background

This is the modification of the NPDES permit for the City of Nappanee Wastewater Treatment Plant. The facility's current permit was effective on March 1, 2015, and has an expiration date of February 29, 2020. A request for permit modification was received from the permittee on April 13, 2018. The permittee requests a permit modification to recognize the newly constructed Wet Weather Treatment Facility (Acitflo), located near the Wastewater Treatment Plant, and its corresponding new outfall. The permit modification includes effluent limitations and monitoring requirements for the Wet Weather Treatment Facility. The permit modification also changes the designation of untreated Combined Sewer Overflow (CSO) discharges from authorized to prohibited. During the public comment period, a letter was submitted to request the removal of CSO 013 due to its closure.

Modification

The following changes have been made for the modification of the NPDES permit:

Page 1 of 36 This page has been modified to reflect the modification effective date for the permit.

Page 2 of 36 This page has been modified to recognize, in the Treatment Facility Description section, the newly constructed Wet Weather Treatment Facility (Actiflo) located near the Wastewater Treatment Plant that discharges via a new outfall designated Outfall 018. The number of CSO locations in the collection system was changed due to the closure of CSO 013. This section also notes that untreated CSO discharges are prohibited.

Pages 29-32c of 36 These pages have been modified to reflect the change in designation of untreated CSO discharges from authorized to prohibited now that Nappanee has fully implemented their Long Term Control Plan (LTCP) and to include effluent limitations and monitoring requirements for the newly constructed Wet Weather Treatment Facility Outfall 018. CSO 013 was removed from the Attachment A due to its closure. The modification also includes updated permit language within Attachment A of the NPDES permit.

Expiration Date

The expiration date of the permit has not changed. The permit, as modified, will expire at midnight on February 29, 2020.

Drafted by: Kara Wendholt
April 24, 2018

Updated by: Kara Wendholt
June 13, 2018

POST PUBLIC NOTICE ADDENDUM: June 2018

The draft NPDES permit modification for the City of Nappanee Wastewater Treatment Plant was made available for public comment from May 9, 2018 through June 8, 2018 as part of Public Notice No. 2008-5-RD. During this comment period, a letter dated June 6, 2018, from Brady Dryer with Commonwealth Engineers, Inc. was received. Although the letter did not contain comments regarding the portion of the permit that was modified, it did contain a request to remove CSO 013 from Attachment A of the permit due to its closure. Documentation was included that illustrates the closure of CSO 013.

Kara Wendholt
June 13, 2018

STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
PUBLIC NOTICE NO: 2018 – 7B – F
DATE OF NOTICE: JULY 10, 2018

The Office of Water Quality issues the following NPDES FINAL PERMIT.

MAJOR - MODIFICATION

NAPPANEE (city) WWTP, Permit No. IN0021466, ELKHART COUNTY, 1401 Derksen St, Nappanee, IN. This major municipal modification recognizes the newly constructed wet weather treatment facility and changes the designation of untreated CSO's from authorized to prohibited. Permit Manager: Kara Wendholt, kwendhol@idem.in.gov, 317/233-5961.

Notice of Right to Administrative Review [Permits]

If you wish to challenge this Permit, you must file a Petition for Administrative Review with the Office of Environmental Adjudication (OEA), and serve a copy of the Petition upon IDEM. The requirements for filing a Petition for Administrative Review are found in IC 4-21.5-3-7, IC 13-15-6-1 and 315 IAC 1-3-2. A summary of the requirements of these laws is provided below.

A Petition for Administrative Review must be filed with the Office of Environmental Adjudication (OEA) within fifteen (15) days of the issuance of this notice (eighteen (18) days if you received this notice by U.S. Mail), and a copy must be served upon IDEM. Addresses are:

Director
Office of Environmental Adjudication
Indiana Government Center North
100 North Senate Avenue - Room N103
Indianapolis, Indiana 46204

Commissioner
Indiana Department of Environmental Management
Indiana Government Center North
100 North Senate Avenue - Room 1301
Indianapolis, Indiana 46204

The Petition must contain the following information:

1. The name, address and telephone number of each petitioner.
2. A description of each petitioner's interest in the Permit.
3. A statement of facts demonstrating that each petitioner is:
 - a. a person to whom the order is directed;
 - b. aggrieved or adversely affected by the Permit;
 - c. entitled to administrative review under any law.
4. The reasons for the request for administrative review.
5. The particular legal issues proposed for review.
6. The alleged environmental concerns or technical deficiencies of the Permit.
7. The Permit terms and conditions that the petitioner believes would be appropriate and would comply with the law.
8. The identity of any persons represented by the petitioner.
9. The identity of the person against whom administrative review is sought.
10. A copy of the Permit that is the basis of the petition.
11. A statement identifying petitioner's attorney or other representative, if any.

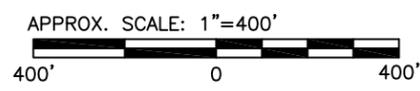
Failure to meet the requirements of the law with respect to a Petition for Administrative Review may result in a waiver of your right to seek administrative review of the Permit. Examples are:

1. Failure to file a Petition by the applicable deadline;
2. Failure to serve a copy of the Petition upon IDEM when it is filed; or
3. Failure to include the information required by law.

If you seek to have a Permit stayed during the Administrative Review, you may need to file a Petition for a Stay of Effectiveness. The specific requirements for such a Petition can be found in 315 IAC 1-3-2 and 315 IAC 1-3-2.1.

Pursuant to IC 4-21.5-3-17, OEA will provide all parties with Notice of any pre-hearing conferences, preliminary hearings, hearings, stays, or orders disposing of the review of this action. If you are entitled to Notice under IC 4-21.5-3-5(b) and would like to obtain notices of any pre-hearing conferences, preliminary hearings, hearings, stays, or orders disposing of the review of this action without intervening in the proceeding you must submit a written request to OEA at the address above.

"More information on the appeal review process is available on the website for the Office of Environmental Adjudication at <http://www.in.gov/oea>."



CITY OF NAPPANEE, INDIANA
 WET WEATHER ALTERNATIVES
 COMBINED SEWER OVERFLOW OPERATIONAL PLAN
 INTERCEPTOR, STORAGE, AND WET WEATHER
 TREATMENT FACILITIES LAYOUT - FIGURE A



**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee					Page 1 of 5					Permit Number: IN 0021466										
Facility: Wastewater Treatment Plant					Public Notification Requirements Met? Y															
Monitoring Period: January 2018					Check box if no CSO discharge occurred for the month: <input type="checkbox"/>															
Design Peak Hourly Flow (MGD): 3					Design Average Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified										
WWTP Influent Data			Precipitation Data					CSO Outfall No. 2					CSO Outfall No. 4							
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	0.73	0.95																		
2	0.78	0.99																		
3	0.86	1.76																		
4	0.78	0.96	1:29 AM	1.13	0.06	0.08	15 min													
5	0.75	0.93	8:20 AM	0.25	0.01	0.04	15 min													
6	0.76	1.00																		
7	0.78	0.98	11:52 PM	0.10	0.01	0.01	15 min													
8	0.95	1.52	12:10 AM	2.38	0.11	0.08	15 min													
9	0.90	2.03																		
10	1.51	2.20	11:21 AM	0.25	0.01	0.04	15 min													
11	2.20	2.20	5:45 AM	2.68	0.17	0.12	15 min	12:00AM	E	24.00	E	0.284	E							
12	2.20	2.20	1:45 AM	5.58	0.34	0.16	15 min	12:00AM	E	8.00	E	0.092	E							
13	2.11	2.20																		
14	1.39	1.57																		
15	1.30	1.45	12:31 AM	1.00	0.04	0.04	15 min													
16	1.17	1.33																		
17	1.11	1.27																		
18	1.15	2.06																		
19	1.07	1.40																		
20	1.22	2.14																		
21	1.54	2.20																		
22	2.12	2.20	2:19 AM	4.85	0.48	0.28	15 min	9:00AM	E	15.00	E	0.176	E							
23	2.20	2.20	5:46 AM	1.75	0.07	0.04	15 min	12:00AM	E	24.00	E	0.284	E							
24	2.20	2.20	10:41 AM	0.50	0.02	0.04	15 min	12:00AM	E	14.00	E	0.164	E							
25	2.07	2.20																		
26	1.61	2.17																		
27	1.47	1.72																		
28	1.38	1.60																		
29	1.30	1.48	10:00 AM	0.25	0.01	0.04	15 min													
30	1.23	1.40																		
31	1.23	1.37																		
Totals:	42.04			20.73	1.33			5	Days	85.00		1			Days					
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent													Telephone							
Shaun Kern, Operator													(574) 773-2112							
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)							
Shaun Kern, Operator													02/07/18							



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 4 of 5					Permit Number: IN 0021466									
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y														
Monitoring Period: January 2018										Check box if no CSO discharge occurred for the month: <input checked="" type="checkbox"/>														
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 16					CSO Outfall No. 17					CSO Outfall No. [#]					CSO Outfall No. [#]									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee		Page: 5 of 5	Permit Number: IN 0021466
Facility: Wastewater Treatment Plant		Public Notification Requirements Met? Y	
Monitoring Period: January Year: 2018		Check box if no CSO discharge occurred for the month: <input type="checkbox"/>	
Design Peak Hourly Flow (MGD): 3	Design Average Flow (MGD): 1.9		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	The Rain and Snow melt was intense enough to cause overflow .
12	The Rain and Snow melt was intense enough to cause overflow .
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	The Rain and Snow melt was intense enough to cause overflow .
23	The Rain and Snow melt was intense enough to cause overflow .
24	The Rain and Snow melt was intense enough to cause overflow .
25	
26	
27	
28	
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Telephone
Shaun Kern , Operator		(574) 773-2112
<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.</p>		
Signature of Principal Executive Officer or Authorized Agent		Date (mm/dd/yy)
Shaun Kern , Operator		02/07/18



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

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 1 of 5					Permit Number: IN 0021466					
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y										
Monitoring Period: February 2018										Check box if no CSO discharge occurred for the month: <input type="checkbox"/>										
Design Peak Hourly Flow (MGD): 3					Design Average Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified										
WWTP Influent Data			Precipitation Data					CSO Outfall No. 2					CSO Outfall No. 4							
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	1.24	1.79																		
2	1.10	1.85	4:48 AM	0.25	0.01	0.04	15 min													
3	1.04	1.30																		
4	1.03	1.30	4:49 AM	2.75	0.12	0.08	15 min													
5	0.98	1.19	8:11 PM	2.83	0.13	0.04	15 min													
6	0.95	1.12	12:16 AM	1.15	0.05	0.08	15 min													
7	0.95	1.21	12:50 AM	2.13	0.09	0.08	15 min													
8	0.90	1.07																		
9	0.88	1.05	12:30 AM	11.22	0.56	0.12	15 min													
10	0.89	1.11	6:28 AM	0.50	0.02	0.04	15 min													
11	0.91	1.10	12:45 AM	3.83	0.25	0.12	15 min													
12	0.92	1.25																		
13	0.89	1.12																		
14	1.19	1.85																		
15	2.18	2.20	1:03 PM	5.33	0.49	0.44	15 min	8:00 AM	E	16.00	E	0.188	E							
16	2.20	2.20						12:00AM	E	24.00	E	0.284	E							
17	2.20	2.20	7:01 PM	1.70	0.08	0.08	30 min	12:00AM	E	24.00	E	0.284	E							
18	2.20	2.20						12:00AM	E	24.00	E	0.284	E							
19	2.20	2.20	4:02 AM	11.00	2.11	0.60	15 min	12:00AM	E	24.00	E	0.284	E	11:00AM	E	13.00	E	0.065	E	
20	2.29	2.50		17.35	2.62	0.52	15 min	12:00AM	E	24.00	E	0.284	E	12:00AM	E	24.00	E	0.12	E	
21	2.48	2.50	12:02 AM	7.62	0.83	0.28	15 min	12:00AM	E	24.00	E	0.284	E	12:00AM	E	20.00	E	0.1	E	
22	2.36	2.50						12:00AM	E	24.00	E	0.284	E							
23	2.50	2.50	8:09 AM	1.25	0.11	0.12	15 min	12:00AM	E	24.00	E	0.284	E							
24	2.45	2.50	8:41 PM	0.90	0.06	0.12	15 min	12:00AM	E	12.00	E	0.14	E							
25	2.49	2.50	3:31 AM	0.25	0.01	0.04	15 min													
26	2.43	2.50																		
27	2.19	2.50																		
28	2.08	2.20	9:44 AM	1.02	0.06	0.04	15 min													
29																				
Totals:	46.13			71.08	7.60			10	Days	220.00		2.6		3	Days	57.00		0.285		
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent										Telephone										
Shaun Kern , Operator										(574) 773-2112										
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)										
Shaun Kern , Operator										03/06/18										



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 2 of 5					Permit Number: IN 0021466									
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y														
Monitoring Period: February 2018										Check box if no CSO discharge occurred for the month: <input type="checkbox"/>														
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 5					CSO Outfall No. 6					CSO Outfall No. 8					CSO Outfall No. 9									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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2																								
3																								
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18																								
19	11:00AM	E	13.00	E	0.045	E	8:00 AM	E	16.00	E	0.24	E	11:00AM	E	13.00	E	0.325	E	8:00 AM	E	16.00	E	0.08	E
20	12:00 AM	E	24.00	E	0.078	E	12:00AM	E	24.00	E	0.36	E	12:00AM	E	24.00	E	0.60	E	12:00AM	E	24.00	E	0.12	E
21	12:00 AM	E	12.00	E	0.042	E	12:00AM	E	20.00	E	0.30	E	12:00AM	E	12.00	E	0.30	E	12:00AM	E	24.00	E	0.12	E
22																			12:00AM	E	24.00	E	0.12	E
23							8:00 AM	E	16.00	E	0.24	E							12:00AM	E	15.00	E	0.075	E
24							12:00AM	E	4.00	E	0.06	E												
25																								
26																								
27																								
28																								
29																								
30																								
31																								
Totals:	3	Da ys	49.00		0.165		5	Da ys	80.00		1.2		3	Da ys	49		1.225		5	Da ys	103.00		0.515	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 3 of 5					Permit Number: IN 0021466											
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y																
Monitoring Period: February 2018										Check box if no CSO discharge occurred for the month: <input type="checkbox"/>																
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified																
CSO Outfall No. 10					CSO Outfall No. 12					CSO Outfall No. 13					CSO Outfall No. 14											
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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15	8:00 AM	E	16.00	E	0.10	E														8:00 AM	E	16.00	E	0.224	E	
16	12:00AM	E	24.00	E	0.148	E														12:00AM	E	24.00	E	0.336	E	
17	12:00AM	E	24.00	E	0.148	E														12:00AM	E	6.00	E	0.084	E	
18	12:00AM	E	24.00	E	0.148	E																				
19	12:00AM	E	24.00	E	0.148	E	11:00AM	E	13.00	E	0.065	E								8:00 AM	E	16.00	E	0.224	E	
20	12:00AM	E	24.00	E	0.148	E	12:00AM	E	24.00	E	0.12	E								12:00AM	E	24.00	E	0.336	E	
21	12:00AM	E	24.00	E	0.148	E	12:00AM	E	24.00	E	0.12	E								12:00AM	E	24.00	E	0.336	E	
22	12:00AM	E	24.00	E	0.148	E	12:00AM	E	24.00	E	0.12	E								12:00AM	E	24.00	E	0.336	E	
23	12:00AM	E	24.00	E	0.148	E	12:00AM	E	16.00	E	0.08	E								12:00AM	E	20.00	E	0.28	E	
24	12:00AM	E	6.00	E	0.04	E																				
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Totals:	10	Days	214.00		1.324		5	Days	101.00		0.505			Days					8	Days	154.00		2.156			



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R3 / 7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 4 of 5					Permit Number: IN 0021466										
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y															
Monitoring Period: February 2018										Check box if no CSO discharge occurred for the month: <input checked="" type="checkbox"/>															
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 16						CSO Outfall No. 17						CSO Outfall No. [#]						CSO Outfall No. [#]							
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee	Page: 5 of 5	Permit Number: IN 0021466
Facility: Wastewater Treatment Plant	Public Notification Requirements Met? Y	
Monitoring Period: February 2018	Check box if no CSO discharge occurred for the month: <input type="checkbox"/>	
Design Peak Hourly Flow (MGD): 3	Design Average Flow (MGD): 1.9	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	
5	
6	
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9	
10	
11	
12	
13	
14	
15	The Rain and Snow melt was intense enough to cause overflow .
16	The Rain and Snow melt was intense enough to cause overflow .
17	The Rain and Snow melt was intense enough to cause overflow .
18	The Rain and Snow melt was intense enough to cause overflow .
19	The Rain and Snow melt was intense enough to cause overflow .
20	The Rain and Snow melt was intense enough to cause overflow .
21	The Rain and Snow melt was intense enough to cause overflow .
22	The Rain and Snow melt was intense enough to cause overflow .
23	The Rain and Snow melt was intense enough to cause overflow .
24	The Rain and Snow melt was intense enough to cause overflow .
25	
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Shaun Kern , Operator	Telephone (574) 773-2112
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 Shaun Kern , Operator	Date (mm/dd/yy) 03/06/18



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

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 1 of 5					Permit Number: IN 0021466				
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y									
Monitoring Period: March 2018										Check box if no CSO discharge occurred for the month: <input type="checkbox"/>									
Design Peak Hourly Flow (MGD): 3					Design Average Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data					CSO Outfall No. 2					CSO Outfall No. 4						
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	2.30	2.50	12:04 AM	7.03	0.81	0.32	15 min	11:00 AM	E	13.00	E	0.152	E	11:00 AM	E	11.00	E	0.055	E
2	2.28	2.51						12:00AM	E	24.00	E	0.284	E						
3	2.49	2.51						12:00AM	E	12.00	E	0.14	E						
4	2.20	2.42																	
5	2.02	2.44	11:06 PM	0.78	0.04	0.04	15 min												
6	1.97	2.21	4:25 AM	1.62	0.08	0.12	15 min												
7	1.86	2.16	3:44 AM	0.75	0.03	0.04	15 min												
8	1.63	1.77	8:23 AM	0.25	0.01	0.04	15 min												
9	1.53	1.68																	
10	1.36	1.57																	
11																			
12	1.36	1.87	1:12 PM	0.25	0.01	0.04	15 min												
13	1.29	1.54	6:00 AM	0.75	0.03	0.04	15 min												
14	1.25	1.42																	
15	1.23	1.55																	
16	1.10	1.28																	
17	1.16	2.19	8:29 AM	0.25	0.01	0.04	15 min												
18	1.07	1.31																	
19	1.07	1.22																	
20	1.04	1.25																	
21	1.02	1.20																	
22	0.98	1.16																	
23	0.93	1.09																	
24	0.97	1.95																	
25	0.89	1.11																	
26	0.94	1.37	8:56 PM	1.10	0.05	0.04	15 min												
27	1.97	2.21	2:37 AM	7.93	0.53	0.12	15 min	8:00 AM	E	14.50	E	0.168	E						
28	1.08	1.20	11:58 PM	0.02	0.01	0.01	15 min												
29	1.82	2.20	1:30 AM	5.55	0.24	0.08	15 min												
30	1.12	1.31																	
31	1.13	1.58	11:24 AM	1.07	0.06	0.08	15 min												
Totals:	43.08			27.35	1.91			4	Days	63.50		0.744		1	Days	11.00		0.055	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent										Telephone									
Shaun Kern , Operator										(574) 773-2112									
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)									
Shaun Kern , Operator										04/17/18									



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 2 of 5					Permit Number: IN 0021466									
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y														
Monitoring Period: March 2018										Check box if no CSO discharge occurred for the month: <input type="checkbox"/>														
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 5					CSO Outfall No. 6					CSO Outfall No. 8					CSO Outfall No. 9									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1							11:00 AM	E	9.00	E	0.135	E	11:00 AM	E	5.00	E	0.125	E	11:00 AM	E	12.00	E	0.06	E
2																								
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4																								
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Totals:		Da ys					1	Da ys	9.00		0.135		1	Da ys	5		0.125		1	Da ys	12.00		0.06	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 3 of 5					Permit Number: IN 0021466									
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y														
Monitoring Period: March 2018										Check box if no CSO discharge occurred for the month: <input type="checkbox"/>														
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 10					CSO Outfall No. 12					CSO Outfall No. 13					CSO Outfall No. 14									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1	11:00 AM	E	13.00	E	0.082	E	11:00 AM	E	5.00	E	0.25	E							11:00 AM	E	13.00	E	0.182	E
2	12:00AM	E	24.00	E	0.148	E													12:00AM	E	24.00	E	0.336	E
3	12:00AM	E	12.00	E	0.076	E													12:00AM	E	10.00	E	0.14	E
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26																								
27	8:00 AM	E	14.00	E	0.088	E													8:00 AM	E	14.00	E	0.196	E
28																								
29																								
30																								
Totals:	4	Days	63.00		0.394		1	Days	5.00		0.25		Days						4	Days	61.00		0.854	



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R3 / 7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 4 of 5					Permit Number: IN 0021466										
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y															
Monitoring Period: March 2018										Check box if no CSO discharge occurred for the month: <input checked="" type="checkbox"/>															
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 16					CSO Outfall No. 17					CSO Outfall No. [#]					CSO Outfall No. [#]										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee	Page: 5 OF 5	Permit Number: IN 0021466
Facility: Wastewater Treatment Plant	Public Notification Requirements Met? Y	
Monitoring Period: March 2018	Check box if no CSO discharge occurred for the month: <input type="checkbox"/>	
Design Peak Hourly Flow (MGD): 3	Design Average Flow (MGD): 1.9	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	The Rain was intense enough to cause overflow .
2	The Rain was intense enough to cause overflow .
3	The Rain was intense enough to cause overflow .
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26	
27	The Rain was intense enough to cause overflow .
28	
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Shaun Kern , Operator	Telephone (574) 773-2112
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 Shaun Kern , Operator	Date (mm/dd/yy) 04/17/18



**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 1 of 5					Permit Number: IN 0021466											
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y																
Monitoring Period: April 2018										Check box if no CSO discharge occurred for the month: <input type="checkbox"/>																
Design Peak Hourly Flow (MGD): 3					Design Average Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified																
WWTP Influent Data			Precipitation Data					CSO Outfall No. 2					CSO Outfall No. 4													
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	1.13	1.58																								
2	1.01	1.22																								
3	1.12	1.47	4:28 AM	5.07	1.00	0.96	15 min	8:00 PM	E	4.00	E	0.044	E	8:00 PM	E	4.00	E	0.02	E							
4	1.57	2.20	4:51 AM	0.75	0.03	0.04	15 min	12:00AM	E	12.00	E	0.14	E	12:00AM	E	9.00	E	0.045	E							
5	2.17	2.20	10:12 PM	0.75	0.03	0.04	15 min																			
6	1.88	2.20	1:01 AM	0.75	0.03	0.04	15 min																			
7	1.73	2.19																								
8	1.45	1.71																								
9	1.37	1.56																								
10	1.32	2.20																								
11	1.44	1.88	2:53 AM	4.00	0.11	0.07	15 min																			
12	1.25	2.37																								
13	1.41	1.50																								
14	2.22	2.40	1:53 AM	9.00	0.72	0.31	15 min	5:00 AM	E	19.00	E	0.224	E	5:00 AM	E	19.00	E	0.095	E							
15	2.26	2.26	12:53 AM	12.00	0.15	0.17	15 min	12:00AM	E	24.00	E	0.284	E	12:00AM	E	15.00	E	0.075	E							
16	2.17	2.25	11:50 AM	6.00	0.64	0.70	15 min	12:00AM	E	24.00	E	0.284	E													
17	2.22	2.27					15 min	12:00AM	E	24.00	E	0.284	E													
18	2.22	2.27						12:00AM	E	24.00	E	0.284	E													
19	2.21	2.28	12:26 AM	3.00	0.21	0.05	15 min	12:00AM	E	12.00	E	0.14	E													
20	2.28	2.28																								
21	1.68	2.27																								
22	1.56	2.32																								
23	1.62	2.39																								
24	1.50	2.30																								
25	1.34	2.27																								
26	1.28	1.87																								
27	1.39	2.34																								
28	1.16	2.16	12:44 AM	1.00	0.12	0.12	15 min																			
29	1.12	1.42																								
30	1.10	1.77																								
Totals:	48.18				42.32		3.04				8		Days		143.00		1.684		4		Days		47.00		0.235	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent															Telephone											
Shaun Kern, Operator															(574) 773-2112											
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)											
Shaun Kern, Operator															05/21/18											



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R3 / 7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee												Page 2 of 5				Permit Number: IN 0021466									
Facility: Wastewater Treatment Plant												Public Notification Requirements Met? Y													
Monitoring Period: April 2018						Check box if no CSO discharge occurred for the month: <input type="checkbox"/>																			
Design Peak Flow (Hourly) (MGD): 3						Design Flow (MGD): 1.9						Measured/Metered (M) or Estimated (E) must be specified													
CSO Outfall No. 5						CSO Outfall No. 6						CSO Outfall No. 8						CSO Outfall No. 9							
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	8:00 PM	E	4.00	E	0.02	E	8:00 PM	E	4.00	E	0.06	E	8:00PM	E	4.00	E	0.10	E	8:00 PM	E	4.00	E	0.02	E	
4	12:00AM	E	9.00	E	0.033	E	12:00AM	E	10.00	E	0.015	E	12:00AM	E	8.00	E	0.20	E	12:00AM	E	9.00	E	0.045	E	
5																									
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12																									
13																									
14	5:00 AM	E	19.00	E	0.063	E	5:00 AM	E	19.00	E	0.285	E	5:00 AM	E	19.0	E	0.475	E	5:00 AM	E	19.00	E	0.095	E	
15	12:00AM	E	5.00	E	0.21	E	12:00AM	E	24.00	E	0.36	E	12:00AM	E	4.00	E	0.10	E	12:00AM	E	15.00	E	0.075	E	
16							12:00AM	E	5.00	E	0.075	E													
17																									
18																									
19																									
20																									
21																									
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24																									
25																									
26																									
27																									
28																									
29																									
30																									
31																									
Totals:	4	Da	37.00		0.326		5	Da	62.00		0.795		4	Da	35		0.875		4	Da	47.00		0.235		



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R3 / 7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 3 of 5					Permit Number: IN 0021466									
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y														
Monitoring Period: April 2018										Check box if no CSO discharge occurred for the month: <input type="checkbox"/>														
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 10					CSO Outfall No. 12					CSO Outfall No. 13					CSO Outfall No. 14									
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	8:00 PM	E	4.00	E	0.028	E	8:00 PM	E	4.00	E	0.02	E							8:00 PM	E	4.00	E	0.056	E
4	12:00AM	E	12.00	E	0.76	E	12:00AM	E	10.00	E	0.05	E							12:00AM	E	11.00	E	0.154	E
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14	5:00 AM	E	19.00	E	0.118	E	5:00 AM	E	19.00	E	0.095	E							5:00 AM	E	19.00	E	0.266	E
15	12:00AM	E	24.00	E	0.148	E	12:00AM	E	24.00	E	0.012	E							12:00AM	E	24.00	E	0.366	E
16	12:00AM	E	24.00	E	0.148	E	12:00AM	E	4.00	E	0.02	E							12:00AM	E	24.00	E	0.366	E
17	12:00AM	E	5.00	E	0.34	E													12:00AM	E	5.00	E	0.07	E
18																								
19	8:00 AM	E	4.00	E	0.028	E																		
20																								
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22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30																								
Totals:	7	Days	92.00		1.57		5	Days	61.00		0.197			Days				6	Days	87.00		1.278		



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R3 / 7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 4 of 5					Permit Number: IN 0021466										
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y															
Monitoring Period: April 2018										Check box if no CSO discharge occurred for the month: <input checked="" type="checkbox"/>															
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 16					CSO Outfall No. 17					CSO Outfall No. [#]					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																									
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31		Days						Days						Days							Days				



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

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee		Page: 5 OF 5	Permit Number: IN 0021466
Facility: Wastewater Treatment Plant		Public Notification Requirements Met? Y	
Monitoring Period: April 2018	Check box if no CSO discharge occurred for the month: <input type="checkbox"/>		
Design Peak Hourly Flow (MGD): 3	Design Average Flow (MGD): 1.9		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	The Rain and Snow melt was intense enough to cause overflow .
4	The Rain and Snow melt was intense enough to cause overflow .
5	
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11	
12	
13	
14	The Rain and Snow melt was intense enough to cause overflow .
15	The Rain and Snow melt was intense enough to cause overflow .
16	The Rain and Snow melt was intense enough to cause overflow .
17	The Rain and Snow melt was intense enough to cause overflow .
18	The Rain and Snow melt was intense enough to cause overflow .
19	The Rain and Snow melt was intense enough to cause overflow .
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31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Telephone
Shaun Kern , Operator		(574) 773-2112
<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.</p>		
Signature of Principal Executive Officer or Authorized Agent		Date (mm/dd/yy)
Shaun Kern , Operator		05/21/18



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

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 1 of 5					Permit Number: IN 0021466				
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y									
Monitoring Period: May 2018										Check box if no CSO discharge occurred for the month: <input type="checkbox"/>									
Design Peak Hourly Flow (MGD): 3					Design Average Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data					CSO Outfall No. 2					CSO Outfall No. 4						
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	1.16	1.75																	
2	1.76	2.93	8:48 PM	3.00	0.95	0.68	15 min	11:30 PM	M	0.50	M	0.001	M	11:30 PM	M	0.50	M	0.001	M
3	2.20	2.73						12:00AM	M	11.00		0.32	M	12:00AM	M	1.00	M	0.017	M
4	1.55	2.41																	
5	1.36	1.68																	
6	1.25	1.60																	
7	1.20	2.18																	
8	1.26	1.82																	
9	1.56	2.57	1:30 PM	3.00	0.29	0.23	15 min	5:00 PM	M	6.00	M	0.184	M						
10	1.28	2.56						12:00AM	M	0.50	M	0.002	M						
11	1.58	2.53	7:26 AM	1.00	0.18	0.10	15 min	8:00 AM	M	2.50	M	0.116	M						
12	1.97	2.75	9:00 AM	1.00	0.40	0.19	15 min	9:30 AM	M	6.00	M	0.376	M						
13	1.47	2.41	3:45 AM	1.00	0.10	0.01	15 min												
14	2.37	2.73	9:30 AM	1.00	0.90	0.24	15 min	9:30 AM	M	8.50	M	1.073	M	9:30 AM	M	2.00	M	0.107	M
15	2.45	2.86	2:00 AM	2.00	0.76	0.37	15 min	12:00AM	M	24.00	M	2.298	M						
16	2.42	2.56						12:00AM	M	23.75	M	0.469	M						
17	2.26	2.48																	
18	2.20	2.69	3:30 PM	1.50	0.36	0.10	15 min	5:00 PM	M	7.00	M	0.35	M	5:00 PM	M	1.00	M	0.013	M
19	2.05	2.52	12:30 PM	1.00	0.03	0.01	15 min	12:00AM	M	4.50	M	0.84	M						
20	1.70	2.12																	
21	1.89	2.50	8:00 AM	1.00	0.10	0.05	15 min												
22	1.60	2.14																	
23	1.42	2.20																	
24	1.47	2.25																	
25	1.34	2.14																	
26	1.20	1.76																	
27	1.11	1.35																	
28	1.04	1.42																	
29	1.22	1.90																	
30	2.04	2.78	4:30 PM	4.00	1.09	0.24	15 min	7:00 PM	M	5.00	M	0.998	M	7:15 PM	M	2.00	M	0.124	M
31	2.05	2.72	7:00 PM	1.00	0.09	0.05	15 min	12:00AM	M	4.00	M	0.109	M						
Totals:	51.43			20.50	5.25			13	Days	103.25		7.136		5	Days	6.50		0.262	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent										Telephone									
Shaun Kern, Operator										(574) 773-2112									
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)									
Shaun Kern, Operator										06/12/18									



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R3 / 7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 2 of 5					Permit Number: IN 0021466									
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y														
Monitoring Period: May 2018										Check box if no CSO discharge occurred for the month: <input type="checkbox"/>														
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 5					CSO Outfall No. 6					CSO Outfall No. 8					CSO Outfall No. 9									
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	11:30 PM	M	0.50	M	0.001	M	11:30 PM	M	0.50	M	0.001	M	11:30 PM	M	0.5	M	0.001	M	11:30 PM	M	0.50	M	0.001	M
3	12:00AM	M	1.50	M	0.085	M	12:00AM	M	3.00	M	0.279	M	12:00AM	M	3.5	M	0.877	M						
4																								
5																								
6																								
7																								
8																								
9	5:00 PM	M	1.00	M	0.028	M																		
10							9:30 AM	M	0.50	M	0.041	M	11:30AM	M	1	M	0.076	M						
11							8:15 AM	M	0.50	M	0.004	M												
12							9:45 AM	M	1.25	M	0.62	M	9:30 AM	M	1	M	0.209	M	10:00AM		0.50	M	0.002	M
13																								
14	9:30 AM	M	1.00	M	0.017	M	9:30 AM	M	2.50	M	0.218	M	9:30 AM	M	2.25	M	0.66	M	9:30 AM		1.25	M	0.005	M
15	3:30 AM	M	1.00	M	0.33	M	3:30 AM	M	2.50	M	0.225	M	3:30 AM	M	2	M	0.598	M	3:15 AM		3.50	M	0.019	M
16																								
17																								
18							5:00 PM	M	1.00	M	0.038	M	5:15 PM	M	0.5	M	0.015	M	5:30 PM		0.75	M	0.003	M
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								
27																								
28																								
29																								
30							7:00 PM	M	3.50	M	0.264	M	7:15 PM	M	2	M	0.737	M	7:15 PM	M	2.75	M	0.015	M
31																								
Totals:	5	Da ys	5.00		0.461		9	Da ys	15.25		1.69		8	Da ys	12.75		3.173		6	Da ys	9.25		0.045	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 3 of 5					Permit Number: IN 0021466									
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y														
Monitoring Period: May 2018										Check box if no CSO discharge occurred for the month: <input type="checkbox"/>														
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 10					CSO Outfall No. 12					CSO Outfall No. 13					CSO Outfall No. 14									
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	11:30 PM	M	0.50	M	0.009	M	11:30 PM	M	0.50	M	0.001	M							11:30 PM	M	0.50	M	0.001	M
3	12:00AM	M	9.00	M	0.293	M	12:00AM	M	2.00	M	0.06	M							12:00AM	M	4.00	M	0.187	M
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11	8:15 AM	M	2.25	M	0.034	M																		
12	9:30 AM	M	3.25	M	0.059	M													9:30 AM	M	2.50	M	0.105	M
13																								
14	9:45 AM	M	7.50	M	0.173	M	10:00AM	M	5.00	M	0.155	M						9:30 AM	M	8.00	M	0.618	M	
15	12:00AM	M	24.00	M	0.388	M													12:00AM	M	24.00	M	1.543	M
16	12:00AM	M	7.50	M	0.175	M													12:00AM	M	1.50	M	0.088	M
17																								
18	5:00 PM	M	4.50	M	0.066	M	5:00 PM	M	1.00	M	0.03	M						5:00 PM	M	5.00	M	0.477	M	
19																								
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29																								
30	7:00 PM	M	5.00	M	0.173	M	7:24 PM	M	4.00	M	0.119	M						7:00 PM	M	4.00	M	0.385	M	
31	12:00AM	M	3.50	M	0.026	M																		
Totals:	10	Days	67.00		1.396		5	Days	12.50		0.365		Days					8	Days	49.50		3.404		



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 4 of 5					Permit Number: IN 0021466										
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y															
Monitoring Period: May 2018										Check box if no CSO discharge occurred for the month: <input checked="" type="checkbox"/>															
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 16					CSO Outfall No. 17					CSO Outfall No. [#]					CSO Outfall No. [#]										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee		Page: 5 of 5	Permit Number: IN 0021466
Facility: Wastewater Treatment Plant		Public Notification Requirements Met? Y	
Monitoring Period: May 2018	Check box if no CSO discharge occurred for the month: <input type="checkbox"/>		
Design Peak Hourly Flow (MGD): 3	Design Average Flow (MGD): 1.9		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	The Rain was intense enough to cause overflow .
3	The Rain was intense enough to cause overflow .
4	
5	
6	
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9	The Rain was intense enough to cause overflow .
10	The Rain was intense enough to cause overflow .
11	The Rain was intense enough to cause overflow .
12	The Rain was intense enough to cause overflow .
13	
14	The Rain was intense enough to cause overflow .
15	The Rain was intense enough to cause overflow .
16	The Rain was intense enough to cause overflow .
17	
18	The Rain was intense enough to cause overflow .
19	The Rain was intense enough to cause overflow .
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29	
30	The Rain was intense enough to cause overflow .
31	The Rain was intense enough to cause overflow .

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Shaun Kern , Operator	Telephone (574) 773-2112
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 Shaun Kern , Operator	Date (mm/dd/yy) 06/12/18



**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 1 of 5					Permit Number: IN 0021466				
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y									
Monitoring Period: June 2018										Check box if no CSO discharge occurred for the month: <input type="checkbox"/>									
Design Peak Hourly Flow (MGD): 3					Design Average Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified									
WWTP Influent Data			Precipitation Data					CSO Outfall No. 2					CSO Outfall No. 4						
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	1.72	2.30	2:00 PM	1.00	0.15	0.11	15 min	3:00 PM	M	2.50	M	0.076	M						
2	1.21	1.98																	
3	1.45	2.40	4:00 AM	0.50	0.19	0.17	15 min	4:30 AM	M	2.00	M	0.09	M						
4	1.65	2.36																	
5	1.29	2.35	11:00AM	0.50	0.08	0.03	15 min												
6	1.10	2.18																	
7	1.07	2.23																	
8	1.34	2.34	12:00PM	1.50	0.19	0.08	15 min	12:30PM	M	2.50	M	0.108	M						
9	1.35	2.39	7:15 AM	0.50	0.10	0.05	15 min	8:30 AM	M	1.50	M	0.034	M						
10	1.81	2.32	8:00 AM	6.00	0.89	0.15	15 min	5:00 PM	M	7.00	M	0.85	M	5:00 PM	M	1.50	M	0.065	M
11	1.81	2.26	12:00AM	0.50	0.02	0.01	15 min	12:00AM	M	4.50	M	0.177	M						
12	1.42	2.30																	
13	1.22	2.42																	
14	1.16	2.14																	
15	1.15	2.26																	
16	1.02	1.77																	
17	0.96	1.85																	
18	1.27	2.23	3:30 PM	1.00	0.19	0.13	15 min	10:00PM	M	0.75	M	0.17	M						
19	1.85	2.26	3:00 PM	1.75	1.00	0.41	15 min							3:30 PM	M	1.00	M	0.36	M
20	1.43	2.29																	
21	1.69	2.34	1:00 PM	6.00	0.81	0.12	15 min	6:00 PM	M	6.00	M	1.342	M	5:00 PM	M	1.50	M	0.009	M
22	2.25	2.29	1:30 AM	2.00	0.24	0.09	15 min	12:00AM	M	9.50	M	1.112	M						
23	1.94	2.23																	
24	2.20	2.31																	
25	2.04	2.37																	
26	1.35	2.29																	
27	1.56	2.20																	
28	1.87	2.24																	
29	1.96	2.14																	
30	1.28	2.20																	
Totals:	45.42			21.25	3.86			9	Days	36.25		3.959		3	Days	4.00		0.434	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent										Telephone									
Shaun Kern, Operator										(574) 773-2112									
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)									
Shaun Kern, Operator										07/16/18									



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R3 / 7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 3 of 5					Permit Number: IN 0021466									
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y														
Monitoring Period: June 2018										Check box if no CSO discharge occurred for the month: <input type="checkbox"/>														
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 10					CSO Outfall No. 12					CSO Outfall No. 13					CSO Outfall No. 14									
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	3:30 PM	M	1.00	M	0.013	M																		
2																								
3	5:00 AM	M	1.50	M	0.016	M	6:00 AM	M	1.50	M	0.005	M												
4																								
5																								
6																								
7																								
8	1:00 PM	M	1.50	M	0.008	M																		
9	8:30 AM	M	0.50	M	0.002	M																		
10	5:00 PM	M	7.00	M	0.141	M	5:00 PM	M	4.00	M	0.056	M							5:00 PM	M	5.00	M	0.278	M
11	12:00AM	M	2.50	M	0.27	M	12:00AM	M	0.75	M	0.004	M							12:00AM	M	1.50	M	0.26	M
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19	9:30 PM	M	1.00	M	0.006	M	3:30 PM	M	3.00	M	0.114	M												
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30																								
Totals:	7	Days	15.00		0.456		4	Days	9.25		0.179		Days						2	Days	6.50		0.538	



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 4 of 5					Permit Number: IN 0021466									
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y														
Monitoring Period: June 2018										Check box if no CSO discharge occurred for the month: <input checked="" type="checkbox"/>														
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 16					CSO Outfall No. 17					CSO Outfall No. [#]					CSO Outfall No. [#]									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee		Page: 5 of 5	Permit Number: IN 0021466
Facility: Wastewater Treatment Plant		Public Notification Requirements Met? Y	
Monitoring Period: June 2018	Check box if no CSO discharge occurred for the month: <input type="checkbox"/>		
Design Peak Hourly Flow (MGD): 3	Design Average Flow (MGD): 1.9		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	The Rain was intense enough to cause overflow .
2	
3	The Rain was intense enough to cause overflow .
4	
5	
6	
7	
8	The Rain was intense enough to cause overflow .
9	The Rain was intense enough to cause overflow .
10	The Rain was intense enough to cause overflow .
11	The Rain was intense enough to cause overflow .
12	
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18	The Rain was intense enough to cause overflow .
19	The Rain was intense enough to cause overflow .
20	The Rain was intense enough to cause overflow .
21	The Rain was intense enough to cause overflow .
22	The Rain was intense enough to cause overflow .
23	
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31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Shaun Kern , Operator		Telephone (574) 773-2112
<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.</p>		
Signature of Principal Executive Officer or Authorized Agent Shaun Kern , Operator		Date (mm/dd/yy) 07/16/18



**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 1 of 5					Permit Number: IN 0021466					
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y										
Monitoring Period: July 2018										Check box if no CSO discharge occurred for the month: <input type="checkbox"/>										
Design Peak Hourly Flow (MGD): 3					Design Average Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified										
WWTP Influent Data			Precipitation Data					CSO Outfall No. 2					CSO Outfall No. 4							
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	0.92	1.80																		
2	1.71	2.40																		
3	1.12	2.30																		
4	0.86	1.39																		
5	1.08	2.32																		
6	0.90	2.13																		
7	0.82	1.27																		
8	0.85	1.50																		
9	1.00	2.31																		
10	0.99	2.35																		
11	1.02	2.30																		
12	1.02	2.35																		
13	0.82	2.21																		
14	0.78	1.39																		
15	0.85	1.27	7:30 AM	0.50	0.02	0.01	15 min													
16	0.94	2.33	8:00 AM	0.75	0.04	0.02	15 min													
17	0.90	2.29																		
18	0.79	2.16																		
19	0.76	1.82																		
20	1.84	2.34	8:30 AM	4.75	1.50	0.34	15 min	3:00 PM	M	9.00	M	1.102	M	9:00 AM	M	0.50	M	0.006	M	
21	2.22	2.32	12:00AM	9.75	1.21	0.14	15 min	12:00AM	M	24.00	M	2.981	M							
22	1.94	2.27	12:00AM	2.00	0.13	0.04	15 min	12:00AM	M	18.00	M	0.698	M							
23	1.96	2.34																		
24	1.94	2.34																		
25	2.09	2.21																		
26	1.55	2.23																		
27	1.86	2.39																		
28	0.85	2.42																		
29	0.84	1.40																		
30	1.10	2.40																		
31	1.43	2.38	3:30 PM	3.00	0.18	0.02	15 min													
Totals:	37.75			20.75	3.08			3	Day s	51.00		4.781		1	Day s	0.50		0.006		
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent										Telephone										
Shaun Kern, Operator										(574) 773-2112										
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)										
Shaun Kern, Operator										08/08/18										



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R3 / 7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 2 of 5					Permit Number: IN 0021466										
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y															
Monitoring Period: July 2018										Check box if no CSO discharge occurred for the month: <input type="checkbox"/>															
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 5					CSO Outfall No. 6					CSO Outfall No. 8					CSO Outfall No. 9										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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19																									
20							9:00 AM	M	0.50	M	0.006	M	2:30 PM	M	0.5	M	0.137	M							
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Totals:							1	Da ys	0.50		0.006		1	Da ys	0.5		0.137								



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R3 / 7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 3 of 5					Permit Number: IN 0021466									
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y														
Monitoring Period: July 2018										Check box if no CSO discharge occurred for the month: <input type="checkbox"/>														
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 10					CSO Outfall No. 12					CSO Outfall No. 13					CSO Outfall No. 14									
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 (R3 / 7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 4 of 5					Permit Number: IN 0021466									
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y														
Monitoring Period: July 2018										Check box if no CSO discharge occurred for the month: <input checked="" type="checkbox"/>														
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 16					CSO Outfall No. 17					CSO Outfall No. [#]					CSO Outfall No. [#]									
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
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**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee		Page: 5 of 5	Permit Number: IN 0021466
Facility: Wastewater Treatment Plant		Public Notification Requirements Met? Y	
Monitoring Period: July 2018	Check box if no CSO discharge occurred for the month: <input type="checkbox"/>		
Design Peak Hourly Flow (MGD): 3	Design Average Flow (MGD): 1.9		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
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20	The Rain was intense enough to cause overflow .
21	The Rain was intense enough to cause overflow .
22	The Rain was intense enough to cause overflow .
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Shaun Kern , Operator		Telephone (574) 773-2112
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 Shaun Kern , Operator		Date (mm/dd/yy) 08/08/18



**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee		Page 1 of 5		Permit Number: IN 0021466																
Facility: Wastewater Treatment Plant				Public Notification Requirements Met? Y																
Monitoring Period: August 2018		Check box if no CSO discharge occurred for the month: <input type="checkbox"/>																		
Design Peak Hourly Flow (MGD): 3		Design Average Flow (MGD): 1.9		Measured/Metered (M) or Estimated (E) must be specified																
WWTP Influent Data			Precipitation Data					CSO Outfall No. 2					CSO Outfall No. 4							
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	0.96	2.36																		
2	0.98	2.24	7:30 PM	0.15	0.04	0.04	15 min													
3	0.92	2.32																		
4	0.80	1.05																		
5	0.79	1.40																		
6	1.28	2.49	8:00 PM	0.50	0.29	0.29	15 min													
7	1.90	2.42	10:00 PM	0.15	0.21	0.21	15 min													
8	1.11	2.51																		
9	1.64	2.48	9:00 PM	1.00	0.63	0.63	15 min	11:00 PM	M	1.00	M	0.15	M							
10	1.58	2.30	1:30 PM	1.00	0.11	0.11	15 min	12:00AM	M	0.50	M	0.058	M							
11	0.90	1.60																		
12	0.96	1.56																		
13	1.81	2.34																		
14	1.59	2.32																		
15	1.04	2.28																		
16	0.96	2.29	8:00 AM	0.50	0.04	0.04	15 min													
17	1.31	2.43	5:30 AM	1.15	0.35	0.35	15 min													
18	0.85	1.74																		
19	0.79	1.62																		
20	1.45	2.51	3:30 PM	0.75	0.20	0.20	15 min													
21	2.24	2.57	3:00 AM	2.50	1.38	0.60	15 min													
22	2.18	2.28																		
23	2.18	2.40																		
24	1.80	2.36																		
25	2.09	2.52	5:30 AM	1.15	0.64	0.36	15 min													
26	1.89	2.38	1:00 AM	0.50	0.03	0.02	15 min													
27	1.41	2.42																		
28	1.11	2.36																		
29	1.07	2.34																		
30	0.98	2.30																		
31	1.02	2.34																		
Totals:		41.59		9.35	3.92			2	Days	1.50		0.208			Days					
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent													Telephone							
Shaun Kern , Operator													(574) 773-2112							
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)							
Shaun Kern , Operator													09/11/18							



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R3 / 7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 3 of 5					Permit Number: IN 0021466									
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y														
Monitoring Period: August 2018										Check box if no CSO discharge occurred for the month: <input checked="" type="checkbox"/>														
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified														
CSO Outfall No. 10					CSO Outfall No. 12					CSO Outfall No. 13					CSO Outfall No. 14									
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:		Days					Days						Days						Days					



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R3 / 7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 4 of 5					Permit Number: IN 0021466										
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y															
Monitoring Period: August 2018										Check box if no CSO discharge occurred for the month: <input checked="" type="checkbox"/>															
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 16					CSO Outfall No. 17					CSO Outfall No. [#]					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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2																									
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**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee		Page: 5 of 5	Permit Number: IN 0021466
Facility: Wastewater Treatment Plant		Public Notification Requirements Met? Y	
Monitoring Period: August 2018	Check box if no CSO discharge occurred for the month: <input type="checkbox"/>		
Design Peak Hourly Flow (MGD): 3	Design Average Flow (MGD): 1.9		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	
5	
6	
7	
8	
9	Construction related , Elevation difference with blueprints resulted in brief overflow .
10	Construction related , Elevation difference with blueprints resulted in brief overflow .
11	
12	
13	
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Shaun Kern , Operator		Telephone (574) 773-2112
<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.</p>		
Signature of Principal Executive Officer or Authorized Agent Shaun Kern , Operator		Date (mm/dd/yy) 09/11/18



MONTHLY MONITORING REPORT (MMR) FOR WET WEATHER TREATMENT FACILITIES

State Form 56109 (8-16)

FACILITY NAME AND ADDRESS:

City of Nappanee
300 W Lincoln st
Nappanee, IN, 46550

Please complete one copy per month, per outfall.

When complete, save as a pdf document with the following format for the MMR name:
INxxxxxx_00#X_MMR_YYYY_MM.pdf
(i.e., IN0012345_002CP_MMR_2016_10.pdf)
before attaching to the corresponding netDMR.

E-mail address: nappaneewastewater@nappanee.org

1	N	0	0	2	1	4	6	6
PERMIT NUMBER								

0	1	8	CP
OUTFALL NUMBER			

0	8	1	8
MONTH		YEAR	

UV Disinfection:

Chlorine disinfection - Year-round:

E. coli monitoring - Year-round:

No Discharge

This is a revised submittal

EFFLUENT PARAMETER	FLOW	CBOD5	TSS	pH	E. coli			
LOADING OR CONCENTRATION	Loading	Conc	Conc	Conc	Conc			
MONITORING SAMPLE TYPE	24 Hr total	Composite	Composite	Grab	Grab			
Parameter Code	50050	80082	00530	00400	51041			
MONITORING FREQUENCY	Daily	Daily	Daily	Daily	Daily			
EFFLUENT LIMITATIONS	Daily Minimum	----	----	Report	----			
	Monthly Average	Report	Report	Report	----			
	Daily Maximum	Report	Report	Report	235			
	Monitoring Loc Code	1	1	1	1			
Season	0	0	0	0				
UNITS	MGD	MG/L	MG/L	HI	LOW	<	<	C / 100 ML
Wed 1								
Thu 2								
Fri 3								
Sat 4								
Sun 5								
Mon 6								
Tue 7								
Wed 8								
Thu 9								
Fri 10								
Sat 11								
Sun 12								
Mon 13								
Tue 14								
Wed 15								
Thu 16								
Fri 17								
Sat 18								
Sun 19								
Mon 20								
Tue 21								
Wed 22	1.520	1.5	21	6.9	7.1			6
Thu 23								
Fri 24								
Sat 25	0.917	5.2	23	7.0	7.1			1
Sun 26								
Mon 27								
Tue 28								
Wed 29								
Thu 30								
Fri 31								
MONTHLY AVERAGE (Geomean Ecoli)	1.219	3.4	22.0					4
HIGHEST VALUE	1.520	5.2	23.0	7.10				6
LOWEST VALUE	0.917	1.5	21.0	6.90				1
TOTAL FLOW	2.437							

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 and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator):		Date (month, day, year)
Shaun J Kern		9/10/2018
Preparer's telephone number	Operator's certification number	
(574) 773-2112	WW019925	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)
Shaun J Kern		9/10/2018



MONTHLY MONITORING REPORT (MMR) FOR WET WEATHER TREATMENT FACILITIES

State Form 56109 (8-16)

FACILITY NAME AND ADDRESS:
City of Nappanee
 300 W Lincoln st
 Nappanee, IN, 46550

Please complete one copy per month, per outfall.
 When complete, save as a pdf document with the following format for the MMR name:
 INxxxxxx_00#X_MMR_YYYY_MM.pdf
 (i.e., IN0012345_002CP_MMR_2016_10.pdf)
 before attaching to the corresponding netDMR.

E-mail address: nappaneewastewater@nappanee.org

I	N	0	0	2	1	4	6	6	0	1	8	CP	0	8	1	8
PERMIT NUMBER								OUTFALL NUMBER				MONTH		YEAR		
No Discharge															No	
This is a revised submittal															No	

EFFLUENT PARAMETER	FLOW				
LOADING OR CONCENTRATION	Loading				
MONITORING SAMPLE TYPE	Daily				
Parameter Code	50050				
MONITORING FREQUENCY	Daily				
EFFLUENT LIMITATIONS	Daily Minimum	----			
	Monthly Average	Report			
	Daily Maximum	Report			
	Monitoring Loc Code				
Season	0				
	UNITS	MGD			
	Wed	1			
	Thu	2			
	Fri	3			
	Sat	4			
	Sun	5			
	Mon	6			
	Tue	7			
	Wed	8			
	Thu	9			
	Fri	10			
	Sat	11			
	Sun	12			
	Mon	13			
	Tue	14			
	Wed	15			
	Thu	16			
	Fri	17			
	Sat	18			
	Sun	19			
	Mon	20			
	Tue	21			
	Wed	22	1.520		
	Thu	23			
	Fri	24			
	Sat	25	0.917		
	Sun	26			
	Mon	27			
	Tue	28			
	Wed	29			
	Thu	30			
	Fri	31			
MONTHLY AVERAGE		1.219			
HIGHEST VALUE		1.520			
LOWEST VALUE		0.917			
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED					
TOTAL FLOW		2.437			

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 and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Prepared by or under the direction of (Certified Operator):	Date (month, day, year)
	Shaun J Kern	9/10/2018
	Preparer's telephone number	Operator's certification number
(574) 773-2112	WW019925	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)	Date (month, day, year)	
Shaun J Kern	9/10/2018	



MONTHLY MONITORING REPORT (MMR) FOR WET WEATHER TREATMENT FACILITIES

State Form 56109 (8-16)

FACILITY NAME AND ADDRESS:
City of Nappanee
 300 W Lincoln st
 Nappanee , IN , 46550

Please complete one copy per month, per outfall.
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 INxxxxxx_00#X_MMR_YYYY_MM.pdf
 (i.e., IN0012345_002CP_MMR_2016_10.pdf)
 before attaching to the corresponding netDMR.

E-mail address: **nappaneewastewater@nappanee.org**

PERMIT NUMBER: 1 N 0 0 2 1 4 6 6

OUTFALL NUMBER: 0 1 8 CP

MONTH: 0 8 YEAR: 1 8

No Discharge No
 This is a revised submittal No

WASTEWATER TREATMENT PLANT INFLUENT FLOW AND PRECIPITATION DATA

Design Average Flow	1.9	MGD
Design Peak Hourly Flow	3.0	MGD

UNITS	WWTP Influent Data		Precipitation Data				
	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 (1hr, 30 m, 15 m)
Wed 1	0.960	2.360					
Thu 2	0.980	2.240	7:30 PM	0.15	0.04	0.04	15 min
Fri 3	0.920	2.320					
Sat 4	0.800	1.050					
Sun 5	0.790	1.400					
Mon 6	1.280	2.490	8:00 PM	0.5	0.29	0.29	15 min
Tue 7	1.900	2.420	10:00 PM	0.15	0.21	0.21	15 min
Wed 8	1.110	2.510					
Thu 9	1.640	2.480	9:00 PM	1	0.63	0.63	15 min
Fri 10	1.580	2.300	1:30 AM	1	0.11	0.11	15 min
Sat 11	0.900	1.600					
Sun 12	0.960	1.560					
Mon 13	1.810	2.340					
Tue 14	1.590	2.320					
Wed 15	1.040	2.280					
Thu 16	0.960	2.290	8:00 AM	0.5	0.04	0.04	15 min
Fri 17	1.310	2.430	5:30 AM	1.15	0.35	0.35	15 min
Sat 18	0.850	1.740					
Sun 19	0.790	1.620					
Mon 20	1.450	2.510	3:30 PM	0.75	0.2	0.2	15 min
Tue 21	2.240	2.570	3:00 AM	2.5	1.38	0.6	15 min
Wed 22	2.180	2.280					
Thu 23	2.180	2.400					
Fri 24	1.800	2.360					
Sat 25	2.090	2.520	5:30 AM	1.15	0.64	0.36	15 min
Sun 26	1.890	2.380	1:00 AM	0.5	0.03	0.02	15 min
Mon 27	1.410	2.420					
Tue 28	1.110	2.360					
Wed 29	1.070	2.340					
Thu 30	0.980	2.300					
Fri 31	1.020	2.340					
Totals	41.590			9.35	3.92		

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 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): Shaun J Kern		Date (month, day, year) 9/10/2018
Preparer's telephone number (574) 773-2112	Operator's certification number WW019925	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Shaun J Kern		Date (month, day, year) 9/10/2018



MONTHLY MONITORING REPORT (MMR) FOR WET WEATHER TREATMENT FACILITIES

State Form 56109 (8-16)

FACILITY NAME AND ADDRESS:
City of Nappanee
 300 W Lincoln st
 Nappanee, IN, 46550

Please complete one copy per month, per outfall.
 When complete, save as a pdf document with the following format for the MMR name:
 INxxxxxxx_00#X_MMR_YYYY_MM.pdf
 (i.e., IN0012345_002CP_MMR_2016_10.pdf)
 before attaching to the corresponding netDMR.

E-mail address: nappaneewastewater@nappanee.org

I	N	0	0	2	1	4	6	6
PERMIT NUMBER								

0	1	8	CP
OUTFALL NUMBER			

0	8	1	8
MONTH		YEAR	

No Discharge No
 This is a revised submittal No

COMMENTS ON WHY WET WEATHER TREATMENT FACILITY DISCHARGE OCCURRED		
Wed	1	
Thu	2	
Fri	3	
Sat	4	
Sun	5	
Mon	6	
Tue	7	
Wed	8	
Thu	9	
Fri	10	
Sat	11	
Sun	12	
Mon	13	
Tue	14	
Wed	15	
Thu	16	
Fri	17	
Sat	18	
Sun	19	
Mon	20	
Tue	21	
Wed	22	The amount of precipitation was more than the WWTP could process .
Thu	23	
Fri	24	
Sat	25	The amount of precipitation was more than the WWTP could process .
Sun	26	
Mon	27	
Tue	28	
Wed	29	
Thu	30	
Fri	31	

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 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): Shaun J Kern	Date (month, day, year) 9/10/2018
	Preparer's telephone number (574) 773-2112	Operator's certification number WW019925
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Shaun J Kern	Date (month, day, year) 9/10/2018



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

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Napanee	Page 1 of 5	Permit Number: IN 0021466
Facility: Wastewater Treatment Plant	Public Notification Requirements Met? Y	
Monitoring Period: September 2018	Check box if no CSO discharge occurred for the month: <input checked="" type="checkbox"/>	
Design Peak Hourly Flow (MGD): 3	Design Average Flow (MGD): 1.9	Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data					CSO Outfall No. 2					CSO Outfall No. 4							
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	0.84	1.71																		
2	0.78	1.50																		
3	1.62	2.54	5:00 PM	5.50	1.60	0.52	15 min													
4	2.05	2.28																		
5	2.19	2.34																		
6	1.88	2.28	1:30AM	0.75	0.07	0.03	15 min													
7	1.02	2.33																		
8	1.22	2.38	4:30 PM	4.00	0.14	0.07	15 min													
9	1.41	2.33	5:30AM	3.00	0.21	0.04	15 min													
10	1.25	2.38																		
11	1.05	1.83																		
12	1.05	1.95																		
13	1.05	2.34																		
14	0.95	2.37																		
15	0.82	1.59																		
16	0.90	1.61																		
17	1.04	2.31																		
18	0.92	1.67																		
19	0.97	2.26																		
20	0.87	2.30																		
21	0.93	2.34	8:00AM	0.50	0.04	0.02	15 min													
22	0.83	1.27																		
23	0.87	1.36																		
24	0.93	2.32																		
25	1.52	2.45	5:30AM	5.00	0.14	0.02	15 min													
26	1.32	2.28																		
27	1.03	2.31																		
28	0.82	2.34																		
29	0.75	1.31																		
30	0.75	1.97																		
Totals:	33.63			18.75	2.20				Days						Days					

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Shaun Kern , Operator	Telephone (574) 773-2112
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 Shaun Kern , Operator	Date (mm/dd/yy) 10/15/18



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R3 / 7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 2 of 5					Permit Number: IN 0021466										
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y															
Monitoring Period: September 2018										Check box if no CSO discharge occurred for the month: <input checked="" type="checkbox"/>															
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 5					CSO Outfall No. 6					CSO Outfall No. 8					CSO Outfall No. 9										
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:		Da						Da						Da							Da				



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R3 / 7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 3 of 5					Permit Number: IN 0021466										
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y															
Monitoring Period: September 2018										Check box if no CSO discharge occurred for the month: <input checked="" type="checkbox"/>															
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 10					CSO Outfall No. 12					CSO Outfall No. 13					CSO Outfall No. 14										
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:		Days					Days						Days						Days						



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R3 / 7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 4 of 5					Permit Number: IN 0021466										
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y															
Monitoring Period: September 2018										Check box if no CSO discharge occurred for the month: <input checked="" type="checkbox"/>															
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 16					CSO Outfall No. 17					CSO Outfall No. [#]					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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31		Days						Days						Days							Days				



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

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee	Page: 5 of 5	Permit Number: IN 0021466
Facility: Wastewater Treatment Plant	Public Notification Requirements Met? Y	
Monitoring Period: September 2018	Check box if no CSO discharge occurred for the month: <input checked="" type="checkbox"/>	
Design Peak Hourly Flow (MGD): 3	Design Average Flow (MGD): 1.9	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Shaun Kern , Operator	Telephone (574) 773-2112
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 Shaun Kern , Operator	Date (mm/dd/yy) 10/15/18



MONTHLY MONITORING REPORT (MMR) FOR WET WEATHER TREATMENT FACILITIES

State Form 56109 (8-16)

FACILITY NAME AND ADDRESS:
 Nappanee WWTP
 1401 Derksen
 Nappanee, IN, 46550

Please complete one copy per month, per outfall.
 When complete, save as a pdf document with
 the following format for the MMR name:
 INxxxxxx_00#X_MMR_YYYY_MM.pdf
 (i.e., IN0012345_002CP_MMR_2016_10.pdf)
 before attaching to the corresponding netDMR.

E-mail address: nappaneewastewater@nappanee.org

I	N	0	0	2	1	4	6	6
PERMIT NUMBER								

0	1	8	CP
OUTFALL NUMBER			

0	9	1	8
MONTH		YEAR	

UV Disinfection:

Chlorine disinfection - Year-round:

E. coli monitoring - Year-round:

No Discharge

This is a revised submittal

EFFLUENT PARAMETER	FLOW	CBOD5	TSS	pH	E. coli				
LOADING OR CONCENTRATION	Loading	Conc	Conc	Conc	Conc				
MONITORING SAMPLE TYPE	24 Hr total	Composite	Composite	Grab	Grab				
Parameter Code	50050	80082	00530	00400	51041				
MONITORING FREQUENCY	Daily	Daily	Daily	Daily	Daily				
EFFLUENT LIMITATIONS	Daily Minimum	----	----	Report	----				
	Monthly Average	Report	Report	Report	125				
	Daily Maximum	Report	Report	Report	235				
	Monitoring Loc Code	1	1	1	1				
Season	0	0	0	0					
	UNITS	MGD	MG/L	MG/L	HI	LOW	<	<	C / 100 ML
Sat	1								
Sun	2								
Mon	3								
Tue	4	4.104	4.7	25	7.1	6.8			1
Wed	5	1.014	11.1	21	7.1	7.0			1
Thu	6								
Fri	7								
Sat	8								
Sun	9								
Mon	10								
Tue	11								
Wed	12								
Thu	13								
Fri	14								
Sat	15								
Sun	16								
Mon	17								
Tue	18								
Wed	19								
Thu	20								
Fri	21								
Sat	22								
Sun	23								
Mon	24								
Tue	25								
Wed	26								
Thu	27								
Fri	28								
Sat	29								
Sun	30								
Mon	31								
MONTHLY AVERAGE (Geomean Ecol)		2.559	7.9	23.0					1
HIGHEST VALUE		4.104	11.1	25.0	7.10				1
LOWEST VALUE		1.014	4.7	21.0	6.80				1
TOTAL FLOW		5.118							

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 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): Shaun J Kern		Date (month, day, year) 10/15/2018
Prepare's telephone number (574) 773-2112	Operator's certification number WW019925	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Shaun J Kern		Date (month, day, year) 10/15/2018



MONTHLY MONITORING REPORT (MMR) FOR WET WEATHER TREATMENT FACILITIES

State Form 56109 (8-16)

FACILITY NAME AND ADDRESS:
Nappanee WWTP
 1401 Derksen
 Nappanee, IN, 46550

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 (i.e., IN0012345_002CP_MMR_2016_10.pdf)
 before attaching to the corresponding netDMR.

E-mail address: nappaneewastewater@nappanee.org

I	N	0	0	2	1	4	6	6
PERMIT NUMBER								

0	1	8	CP
OUTFALL NUMBER			

0	9	1	8
MONTH		YEAR	

No Discharge No
 This is a revised submittal No

EFFLUENT PARAMETER	FLOW				
LOADING OR CONCENTRATION	Loading				
MONITORING SAMPLE TYPE	Daily				
Parameter Code	50050				
MONITORING FREQUENCY	Daily				
EFFLUENT LIMITATIONS	Daily Minimum	----			
	Monthly Average	Report			
	Daily Maximum	Report			
	Monitoring Loc Code				
	Season	0			
	UNITS	MGD			
	Sat	1			
	Sun	2			
	Mon	3			
	Tue	4	4.104		
	Wed	5	1.014		
	Thu	6			
	Fri	7			
	Sat	8			
	Sun	9			
	Mon	10			
	Tue	11			
	Wed	12			
	Thu	13			
	Fri	14			
	Sat	15			
	Sun	16			
	Mon	17			
	Tue	18			
	Wed	19			
	Thu	20			
	Fri	21			
	Sat	22			
	Sun	23			
	Mon	24			
	Tue	25			
	Wed	26			
	Thu	27			
	Fri	28			
	Sat	29			
	Sun	30			
MONTHLY AVERAGE		2.559			
HIGHEST VALUE		4.104			
LOWEST VALUE		1.014			
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED					
TOTAL FLOW		5.118			

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Prepared by or under the direction of (Certified Operator): Shaun J Kern		Date (month, day, year) 10/15/2018
Preparer's telephone number (574) 773-2112	Operator's certification number WW019925	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)



MONTHLY MONITORING REPORT (MMR) FOR WET WEATHER TREATMENT FACILITIES

State Form 56109 (8-16)

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E-mail address: **nappaneewastewater@nappanee.org**

I N 0 0 2 1 4 6 6
 PERMIT NUMBER

0 1 8 CP
 OUTFALL NUMBER

0 9 1 8
 MONTH YEAR

No Discharge No
 This is a revised submittal No

WASTEWATER TREATMENT PLANT INFLUENT FLOW AND PRECIPITATION DATA

Design Average Flow	1.9	MGD
Design Peak Hourly Flow	3.0	MGD

UNITS	WWTP Influent Data		Precipitation Data				
	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 (1hr, 30 m, 15 m)
Sat 1							
Sun 2							
Mon 3	1.620	2.540	5:00 PM	5.5	1.6	0.52	15 min
Tue 4							
Wed 5							
Thu 6	1.880	2.280	1:30 AM	0.75	0.07	0.03	15 min
Fri 7							
Sat 8	1.220	2.380	4:30 PM	4	0.14	0.07	15 min
Sun 9	1.410	2.330	5:30 AM	3	0.21	0.04	15 min
Mon 10							
Tue 11							
Wed 12							
Thu 13							
Fri 14							
Sat 15							
Sun 16							
Mon 17							
Tue 18							
Wed 19							
Thu 20							
Fri 21	0.930	2.340	8:00 AM	0.5	0.04	0.02	15 min
Sat 22							
Sun 23							
Mon 24							
Tue 25	1.520	2.450	5:30 AM	5	0.14	0.02	15 min
Wed 26							
Thu 27							
Fri 28							
Sat 29							
Sun 30							
Totals	8.580			18.75	2.2		

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 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): Shaun J Kern	Date (month, day, year) 10/15/2018
Preparer's telephone number (574) 773-2112	Operator's certification number WW019925
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Shaun J Kern	Date (month, day, year) 10/15/2018



MONTHLY MONITORING REPORT (MMR) FOR WET WEATHER TREATMENT FACILITIES

State Form 56109 (8-16)

FACILITY NAME AND ADDRESS:

Nappanee WWTP
 1401 Derksen
 Nappanee, IN, 46550

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E-mail address: nappaneewastewater@nappanee.org

I	N	0	0	2	1	4	6	6
PERMIT NUMBER								

0	1	8	CP
OUTFALL NUMBER			

0	9	1	8
MONTH		YEAR	

No Discharge No
 This is a revised submittal No

COMMENTS ON WHY WET WEATHER TREATMENT FACILITY DISCHARGE OCCURRED

Sat	1	
Sun	2	
Mon	3	
Tue	4	The amount of precipitation was more than the wastewater treatment plant could process .
Wed	5	The amount of precipitation was more than the wastewater treatment plant could process .
Thu	6	
Fri	7	
Sat	8	
Sun	9	
Mon	10	
Tue	11	
Wed	12	
Thu	13	
Fri	14	
Sat	15	
Sun	16	
Mon	17	
Tue	18	
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Thu	20	
Fri	21	
Sat	22	
Sun	23	
Mon	24	
Tue	25	
Wed	26	
Thu	27	
Fri	28	
Sat	29	
Sun	30	

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 and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Prepared by or under the direction of (Certified Operator):	Date (month, day, year)
	Shaun J Kern	10/15/2018
	Preparer's telephone number	Operator's certification number
(574) 773-2112	WW019925	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)	Date (month, day, year)	
Shaun J Kern	10/15/2018	



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

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee		Page 1 of 5		Permit Number: IN 0021466																
Facility: Wastewater Treatment Plant		Public Notification Requirements Met? Y																		
Monitoring Period: October 2018		Check box if no CSO discharge occurred for the month:																		
Design Peak Hourly Flow (MGD): 3		Design Average Flow (MGD): 1.9		Measured/Metered (M) or Estimated (E) must be specified																
WWTP Influent Data			Precipitation Data					CSO Outfall No. 2					CSO Outfall No. 4							
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	0.95	2.36																		
2	0.88	2.50																		
3	0.85	2.33																		
4	0.87	1.68	12:30AM	1.25	0.02	0.04	15 min													
5	1.67	2.49	8:30 AM	6.67	0.50	0.40	15 min													
6	2.19	2.49	12:00AM	13.83	2.81	2.60	15 min	4:30PM	M	6.00	M	1.518	M	4:30PM	M	1.50	M	0.082	M	
7	2.22	2.29	12:00AM	12.29	0.42	1.56	15 min													
8	2.20	2.29																		
9	2.18	2.32																		
10	2.19	2.35	1:00 PM	15.88	0.94	0.40	15 min													
11	2.19	2.32	12:00AM	15.88	0.09	0.40	15 min													
12	2.19	2.32	4:30 PM	7.62	0.14	0.08	15 min													
13	2.08	2.54																		
14	1.42	2.54																		
15	1.50	2.50	1:30 AM	3.67	0.06	0.08	15 min													
16	1.34	2.48																		
17	1.14	2.24																		
18	1.17	2.54																		
19	1.25	2.40	3:30 PM	3.46	0.06	0.08	15 min													
20	1.13	2.34	3:45 PM	4.54	0.10	0.12	15 min													
21	1.02	2.51																		
22	1.12	2.38																		
23	1.11	2.45																		
24	1.00	2.43																		
25	1.05	2.51																		
26	0.94	1.88																		
27	0.87	2.39	7:00 AM	0.63	0.03	0.04	15 min													
28	1.67	2.40	7:30 AM	14.08	0.44	0.20	15 min													
29	1.51	2.44																		
30	0.96	2.45																		
31	2.06	2.45	2:30 AM	13.13	0.84	0.60	15 min													
Totals:	44.92			112.92	6.45			1	Da ys	6.00		1.518		1	Da ys	1.50		0.082		
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent												Telephone								
Shaun Kern , Operator												(574) 773-2112								
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)								
Shaun Kern , Operator												11/16/18								



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee												Page 2 of 5				Permit Number: IN 0021466									
Facility: Wastewater Treatment Plant												Public Notification Requirements Met? Y													
Monitoring Period: October 2018												Check box if no CSO discharge occurred for the month: x													
Design Peak Flow (Hourly) (MGD): 3						Design Flow (MGD): 1.9						Measured/Metered (M) or Estimated (E) must be specified													
CSO Outfall No. 5						CSO Outfall No. 6						CSO Outfall No. 8				CSO Outfall No. 9									
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:		Da ys						Da ys						Da ys							Da ys				



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 4 of 5					Permit Number: IN 0021466										
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y															
Monitoring Period: October 2018										Check box if no CSO discharge occurred for the month: x															
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 16					CSO Outfall No. 17					CSO Outfall No. [#]					CSO Outfall No. [#]										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee	Page: 5 of 5	Permit Number: IN 0021466
Facility: Wastewater Treatment Plant	Public Notification Requirements Met? Y	
Monitoring Period: October 2018	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 3	Design Average Flow (MGD): 1.9	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	
5	
6	More precipitation than our sewer infrastructure could process.
7	
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31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Shaun Kern , Operator	Telephone (574) 773-2112
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 Shaun Kern , Operator	Date (mm/dd/yy) 11/16/18



MONTHLY MONITORING REPORT (MMR) FOR WET WEATHER TREATMENT FACILITIES

State Form 56109 (8-16)

FACILITY NAME AND ADDRESS:
 Nappanee WWTP
 1401 Derksen
 Nappanee, IN, 46550

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 When complete, save as a pdf document with
 the following format for the MMR name:
 INxxxxxx_00#X_MMR_YYYY_MM.pdf
 (i.e., IN0012345_002CP_MMR_2016_10.pdf)
 before attaching to the corresponding netDMR.

E-mail address: nappaneewastewater@nappanee.org

I N O O 2 1 4 6 6
 PERMIT NUMBER

0 1 8 CP
 OUTFALL NUMBER

1 0 1 8
 MONTH YEAR

UV Disinfection: Chlorine disinfection - Year-round: No Discharge
 E. coli monitoring - Year-round: This is a revised submittal

EFFLUENT PARAMETER	FLOW	CBOD5	TSS	pH	TRC	E. coli	
LOADING OR CONCENTRATION	Loading	Conc	Conc	Conc	Conc	Conc	
MONITORING SAMPLE TYPE	24 Hr total	Composite	Composite	Grab	Grab	Grab	
MONITORING FREQUENCY	Daily	Daily	Daily	Daily	Daily	Daily	
EFFLUENT LIMITATIONS	Daily Minimum	-----	-----	Report	-----	-----	
	Monthly Average	Report	Report	-----	Report	125	
	Daily Maximum	Report	Report	Report	Report	235	
	Monitoring Loc Code	1	1	1	1	1	
	Season	0	0	0	0	0	
	UNITS	MGD	MG/L	MG/L	HI	LOW	< MG/L < C / 100 ML
Mon 1							
Tue 2							
Wed 3							
Thu 4							
Fri 5							
Sat 6	12.620	4	8	7.0	6.9		6
Sun 7							
Mon 8							
Tue 9							
Wed 10							
Thu 11	4.410	6.4	9	7.2	7.4		2
Fri 12							
Sat 13							
Sun 14							
Mon 15							
Tue 16							
Wed 17							
Thu 18							
Fri 19							
Sat 20							
Sun 21							
Mon 22							
Tue 23							
Wed 24							
Thu 25							
Fri 26							
Sat 27							
Sun 28							
Mon 29							
Tue 30							
Wed 31	3.074	11.5	23	7.3	6.9		7
MONTHLY AVERAGE (Geomean Ecoli)	6.701	7.3	13.3				4
HIGHEST VALUE	12.620	11.5	23.0	7.40			7
LOWEST VALUE	3.074	4.0	8.0	6.90			2
TOTAL FLOW	20.104						

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 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): Shaun J Kern	Date (month, day, year) 11/16/2018
Preparer's telephone number (574) 773-2112	Operator's certification number WW019925
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Shaun J Kern	Date (month, day, year) 11/16/2018



MONTHLY MONITORING REPORT (MMR) FOR WET WEATHER TREATMENT FACILITIES

State Form 56109 (8-16)

FACILITY NAME AND ADDRESS:
Nappanee WWTP
 1401 Derksen
 Nappanee, IN, 46550

Please complete one copy per month, per outfall.
 When complete, save as a pdf document with
 the following format for the MMR name:
 INxxxxxx_00#X_MMR_YYYY_MM.pdf
 (i.e., IN0012345_002CP_MMR_2016_10.pdf)
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E-mail address: nappaneewastewater@nappanee.org

I	N	0	0	2	1	4	6	6
PERMIT NUMBER								

0	1	8	CP
OUTFALL NUMBER			

1	0	1	8
MONTH		YEAR	

No Discharge No
 This is a revised submittal No

EFFLUENT PARAMETER	FLOW				
LOADING OR CONCENTRATION	Loading				
MONITORING SAMPLE TYPE	Daily				
Parameter Code	50050				
MONITORING FREQUENCY	Daily				
EFFLUENT LIMITATIONS	Daily Minimum	----			
	Monthly Average	Report			
	Daily Maximum	Report			
	Monitoring Loc Code				
Season	0				
	UNITS	MGD			
	Mon	1			
	Tue	2			
	Wed	3			
	Thu	4			
	Fri	5			
	Sat	6	12.620		
	Sun	7			
	Mon	8			
	Tue	9			
	Wed	10			
	Thu	11	4.410		
	Fri	12			
	Sat	13			
	Sun	14			
	Mon	15			
	Tue	16			
	Wed	17			
	Thu	18			
	Fri	19			
	Sat	20			
	Sun	21			
	Mon	22			
	Tue	23			
	Wed	24			
	Thu	25			
	Fri	26			
	Sat	27			
	Sun	28			
	Mon	29			
	Tue	30			
	Wed	31	3.074		
MONTHLY AVERAGE		6.701			
HIGHEST VALUE		12.620			
LOWEST VALUE		3.074			
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED					
TOTAL FLOW		20.104			

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MONTHLY MONITORING REPORT (MMR) FOR WET WEATHER TREATMENT FACILITIES

State Form 56109 (8-16)

FACILITY NAME AND ADDRESS:

Nappanee WWTP
1401 Derksen
Nappanee, IN, 46550

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E-mail address: nappaneewastewater@nappanee.org

I N O O 2 1 4 6 6
PERMIT NUMBER

0 1 8 CP
OUTFALL NUMBER

1 0 1 8
MONTH YEAR

No Discharge No
This is a revised submittal No

WASTEWATER TREATMENT PLANT INFLUENT FLOW AND PRECIPITATION DATA

Design Average Flow 1.9 MGD
Design Peak Hourly Flow 3.0 MGD

UNITS	WWTP Influent Data		Precipitation Data				
	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 (1hr, 30 m, 15 m)
Mon 1	0.950	2.360					
Tue 2	0.880	2.500					
Wed 3	0.850	2.330					
Thu 4	0.870	1.680	12:30AM	1.25	0.02	0.04	15 min
Fri 5	1.670	2.490	8:30AM	6.67	0.5	0.4	15 min
Sat 6	2.190	2.490	12:00AM	13.83	2.81	2.6	15 min
Sun 7	2.220	2.290	12:00AM	12.29	0.42	1.56	15 min
Mon 8	2.200	2.290					
Tue 9	2.180	2.320					
Wed 10	2.190	2.350	1:00PM	15.88	0.94	0.4	15 min
Thu 11	2.190	2.320	12:00AM	15.88	0.09	0.4	15 min
Fri 12	2.190	2.320	4:30PM	7.62	0.14	0.08	15 min
Sat 13	2.080	2.540					
Sun 14	1.420	2.540					
Mon 15	1.500	2.500	1:30AM	3.67	0.06	0.08	15 min
Tue 16	1.340	2.480					
Wed 17	1.140	2.240					
Thu 18	1.170	2.540					
Fri 19	1.250	2.400	3:30PM	3.46	0.06	0.08	15 min
Sat 20	1.130	2.340	3:45PM	4.54	0.1	0.12	15 min
Sun 21	1.020	2.510					
Mon 22	1.120	2.380					
Tue 23	1.110	2.450					
Wed 24	1.000	2.430					
Thu 25	1.050	2.510					
Fri 26	0.940	1.880					
Sat 27	0.870	2.390	7:00AM	0.63	0.03	0.04	15 min
Sun 28	1.670	2.400	7:30AM	14.08	0.44	0.2	15 min
Mon 29	1.510	2.440					
Tue 30	0.960	2.450					
Wed 31	2.060	2.450	2:30AM	13.13	0.84	0.6	15 min
Totals	44.920			112.93	6.45		

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Prepared by or under the direction of (Certified Operator):
Shaun J Kern
Date (month, day, year)
11/16/2018

Preparer's telephone number
(574) 773-2112
Operator's certification number
WW019925

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)
Shaun J Kern
Date (month, day, year)
11/16/2018



MONTHLY MONITORING REPORT (MMR) FOR WET WEATHER TREATMENT FACILITIES

State Form 56109 (8-16)

FACILITY NAME AND ADDRESS:
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 1401 Derksen
 Nappanee, IN, 46550

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 before attaching to the corresponding netDMR.

E-mail address: nappaneewastewater@nappanee.org

I	N	0	0	2	1	4	6	6
PERMIT NUMBER								

0	1	8	CP
OUTFALL NUMBER			

1	0	1	8
MONTH		YEAR	

No Discharge	No
This is a revised submittal	No

COMMENTS ON WHY WET WEATHER TREATMENT FACILITY DISCHARGE OCCURRED		
Mon	1	
Tue	2	
Wed	3	
Thu	4	
Fri	5	
Sat	6	More precipitation than our sewage infastucture could process
Sun	7	
Mon	8	
Tue	9	
Wed	10	
Thu	11	More precipitation than our sewage infastucture could process
Fri	12	
Sat	13	
Sun	14	
Mon	15	
Tue	16	
Wed	17	
Thu	18	
Fri	19	
Sat	20	
Sun	21	
Mon	22	
Tue	23	
Wed	24	
Thu	25	
Fri	26	
Sat	27	
Sun	28	
Mon	29	
Tue	30	
Wed	31	More precipitation than our sewage infastucture could process

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	Preparer's telephone number (574) 773-2112	Operator's certification number WW019925
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Shaun J Kern	Date (month, day, year) 11/16/2018



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

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee				Page 1 of 5				Permit Number: IN 0021466												
Facility: Wastewater Treatment Plant				Public Notification Requirements Met? Y																
Monitoring Period: November 2018				Check box if no CSO discharge occurred for the month: x																
Design Peak Hourly Flow (MGD): 3		Design Average Flow (MGD): 1.9		Measured/Metered (M) or Estimated (E) must be specified																
WWTP Influent Data			Precipitation Data					CSO Outfall No. 2				CSO Outfall No. 4								
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	2.20	2.32	5:30 AM	16.00	0.87	0.04	15 min													
2	2.20	2.36	12:00AM	1.00	0.07	0.04	15 min													
3	2.21	2.35																		
4	2.18	2.35																		
5	1.89	2.52																		
6	1.87	2.46	12:00AM	5.29	0.10	0.04	15 min													
7	1.50	2.44																		
8	1.43	2.38																		
9	1.41	2.30	4:30 AM	4.58	0.08	0.04	15 min													
10	1.24	2.41																		
11	1.17	2.42																		
12	1.13	2.34																		
13	1.13	2.37																		
14	1.08	2.28																		
15	1.33	2.43	6:00 AM	9.37	0.25	0.12	15 min													
16	1.31	2.46																		
17	1.29	2.48																		
18	1.93	2.58	1:00 AM	6.37	0.14	0.04	15 min													
19	1.52	2.49																		
20	1.50	2.52																		
21	1.29	2.42																		
22	1.11	1.94																		
23	1.29	2.40	9:00 PM	2.17	0.06	0.08	15 min													
24	2.16	2.32	1:00 AM	8.50	0.29	0.02	15 min													
25	1.89	2.50	9:00 AM	8.79	0.54	0.06	15 min													
26	2.21	2.34	12:00AM	22.17	0.41	0.05	15 min													
27	2.21	2.37																		
28	2.05	2.70																		
29	2.20	2.31																		
30	2.19	2.25																		
Totals:	50.13			84.25	2.81				Da						Da					
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent										Telephone										
Shaun Kern, Operator										(574) 773-2112										
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)										
Shaun Kern, Operator										12/12/18										



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 2 of 5					Permit Number: IN 0021466										
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y															
Monitoring Period: November 2018										Check box if no CSO discharge occurred for the month: x															
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 5					CSO Outfall No. 6					CSO Outfall No. 8					CSO Outfall No. 9										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1																									
2																									
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31																									
Totals:			Da					Da						Da						Da					



National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 4 of 5					Permit Number: IN 0021466										
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y															
Monitoring Period: November 2018										Check box if no CSO discharge occurred for the month: x															
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 16					CSO Outfall No. 17					CSO Outfall No. [#]					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																									
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**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee	Page: 5 of 5	Permit Number: IN 0021466
Facility: Wastewater Treatment Plant	Public Notification Requirements Met? Y	
Monitoring Period: November 2018	Check box if no CSO discharge occurred for the month: <input checked="" type="checkbox"/> x	
Design Peak Hourly Flow (MGD): 3	Design Average Flow (MGD): 1.9	

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	
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23	
24	
25	
26	
27	
28	
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Shaun Kern , Operator	(574) 773-2112
<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.</p>	
Signature of Principal Executive Officer or Authorized Agent	Date (mm/dd/yy)
Shaun Kern , Operator	12/12/18



MONTHLY MONITORING REPORT (MMR) FOR WET WEATHER TREATMENT FACILITIES

State Form 56109 (8-16)

FACILITY NAME AND ADDRESS:

Nappanee WWTP
1401 Derksen
Nappanee, IN, 46550

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before attaching to the corresponding netDMR.

E-mail address: nappaneewastewater@nappanee.org

1	N	0	0	2	1	4	6	6
PERMIT NUMBER								

0	1	8	CP
OUTFALL NUMBER			

1	1	1	8
MONTH		YEAR	

UV Disinfection:

Chlorine disinfection - Year-round:

E. coli monitoring - Year-round:

No Discharge

This is a revised submittal

EFFLUENT PARAMETER	FLOW	CBOD5	TSS	pH					
LOADING OR CONCENTRATION	Loading	Conc	Conc	Conc					
MONITORING SAMPLE TYPE	24 Hr total	Composite	Composite	Grab					
Parameter Code	50050	80082	00530	00400					
MONITORING FREQUENCY	Daily	Daily	Daily	Daily					
EFFLUENT LIMITATIONS	Daily Minimum	----	----	Report					
	Monthly Average	Report	Report	Report					
	Daily Maximum	Report	Report	Report					
	Monitoring Loc Code	1	1	1					
Season	0	0	0						
	UNITS	MGD	MG/L	MG/L	HI	LOW	<	<	
Thu 1									
Fri 2	5.472		9.4	22	7.0	6.8			
Sat 3									
Sun 4									
Mon 5									
Tue 6									
Wed 7									
Thu 8									
Fri 9									
Sat 10									
Sun 11									
Mon 12									
Tue 13									
Wed 14									
Thu 15									
Fri 16									
Sat 17									
Sun 18									
Mon 19									
Tue 20									
Wed 21									
Thu 22									
Fri 23									
Sat 24									
Sun 25									
Mon 26	4.717		8.2	21	7.0	7.1			
Tue 27	2.595		9.6	12	7.0	6.9			
Wed 28									
Thu 29									
Fri 30									
Sat 31									
MONTHLY AVERAGE (Geomean Ecoli)	4.261		9.1	18.3					
HIGHEST VALUE	5.472		9.6	22.0	7.10				
LOWEST VALUE	2.595		8.2	12.0	6.80				
TOTAL FLOW	12.784								

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Prepared by or under the direction of (Certified Operator):		Date (month, day, year)	
Shaun J Kern		12/13/2018	
Preparer's telephone number		Operator's certification number	
(574) 773-2112		WW019925	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)		Date (month, day, year)	
Shaun J Kern		12/13/2018	



MONTHLY MONITORING REPORT (MMR) FOR WET WEATHER TREATMENT FACILITIES

State Form 56109 (8-16)

FACILITY NAME AND ADDRESS:

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1401 Derksen
Nappanee, IN, 46550

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before attaching to the corresponding netDMR.

E-mail address: nappaneewastewater@nappanee.org

1 N 0 0 2 1 4 6 6
PERMIT NUMBER

0 1 8 CP
OUTFALL NUMBER

1 1 1 8
MONTH YEAR

No Discharge No
This is a revised submittal No

WASTEWATER TREATMENT PLANT INFLUENT FLOW AND PRECIPITATION DATA

Design Average Flow 1.9 MGD
Design Peak Hourly Flow 3.0 MGD

WWTP Influent Data			Precipitation Data				
UNITS	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 (1hr, 30 m, 15 m)
Thu 1	2.200	2.320	5:30 AM	16	0.87	0.04	15 min
Fri 2	2.200	2.360	12:00AM	1	0.07	0.04	15 min
Sat 3	2.210	2.350					
Sun 4	2.180	2.350					
Mon 5	1.890	2.520					
Tue 6	1.870	2.460	12:00AM	5.29	0.1	0.04	15 min
Wed 7	1.500	2.440					
Thu 8	1.430	2.380					
Fri 9	1.410	2.300	4:30 AM	4.58	0.08	0.04	15 min
Sat 10	1.240	2.410					
Sun 11	1.170	2.420					
Mon 12	1.130	2.340					
Tue 13	1.130	2.370					
Wed 14	1.080	2.280					
Thu 15	1.330	2.430	6:00 AM	9.37	0.25	0.12	15 min
Fri 16	1.310	2.460					
Sat 17	1.290	2.480					
Sun 18	1.930	2.580	1:00 AM	6.37	0.14	0.04	15 min
Mon 19	1.520	2.490					
Tue 20	1.500	2.520					
Wed 21	1.290	2.420					
Thu 22	1.110	1.940					
Fri 23	1.290	2.400	9:00 PM	2.17	0.06	0.08	15 min
Sat 24	2.160	2.320	1:00 AM	8.5	0.29	0.02	15 min
Sun 25	1.890	2.500	9:00 AM	8.79	0.54	0.06	15 min
Mon 26	2.210	2.340	12:00AM	22.17	0.41	0.05	15 min
Tue 27	2.210	2.370					
Wed 28	2.050	2.700					
Thu 29	2.200	2.310					
Fri 30	2.190	2.250					
Totals	50.120			84.24	2.81		

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 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): Shaun J Kern		Date (month, day, year) 12/13/2018
Preparer's telephone number (574) 773-2112		Operator's certification number WW019925
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Shaun J Kern		Date (month, day, year) 12/13/2018



MONTHLY MONITORING REPORT (MMR) FOR WET WEATHER TREATMENT FACILITIES

State Form 56109 (8-16)

FACILITY NAME AND ADDRESS:

Nappanee WWTP
 1401 Derksen
 Nappanee, IN, 46550

Please complete one copy per month, per outfall.
 When complete, save as a pdf document with
 the following format for the MMR name:
 INxxxxxx_00#X_MMR_YYYY_MM.pdf
 (i.e., IN0012345_002CP_MMR_2016_10.pdf)
 before attaching to the corresponding netDMR.

E-mail address: nappaneewastewater@nappanee.org

1	N	0	0	2	1	4	6	6
PERMIT NUMBER								

0	1	8	CP
OUTFALL NUMBER			

1	1	1	8
MONTH		YEAR	

No Discharge No
 This is a revised submittal No

COMMENTS ON WHY WET WEATHER TREATMENT FACILITY DISCHARGE OCCURRED		
Thu	1	
Fri	2	More precipitation than our Treatment Plant could process
Sat	3	
Sun	4	
Mon	5	
Tue	6	
Wed	7	
Thu	8	
Fri	9	
Sat	10	
Sun	11	
Mon	12	
Tue	13	
Wed	14	
Thu	15	
Fri	16	
Sat	17	
Sun	18	
Mon	19	
Tue	20	
Wed	21	
Thu	22	
Fri	23	
Sat	24	
Sun	25	
Mon	26	More precipitation than our Treatment Plant could process
Tue	27	More precipitation than our Treatment Plant could process
Wed	28	
Thu	29	
Fri	30	

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 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): Shaun J Kern		Date (month, day, year) 12/13/2018
Preparer's telephone number (574) 773-2112	Operator's certification number WW019925	
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Shaun J Kern		Date (month, day, year) 11/16/2018



**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee	Page 1 of 5	Permit Number: IN 0021466
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Facility: Wastewater Treatment Plant	Public Notification Requirements Met? Y
---	--

Monitoring Period: December 2018	Check box if no CSO discharge occurred for the month: x
---	--

Design Peak Hourly Flow (MGD): 3	Design Average Flow (MGD): 1.9	Measured/Metered (M) or Estimated (E) must be specified
---	---------------------------------------	---

WWTP Influent Data			Precipitation Data					CSO Outfall No. 2					CSO Outfall No. 4							
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	2.15	2.52	9:30 AM	4.50	0.51	0.28	15 min													
2	2.27	2.38	12:00AM	2.50	0.17	0.28	15 min													
3	2.21	2.29																		
4	2.13	2.32																		
5	2.18	2.50																		
6	2.19	2.28																		
7	1.91	2.39																		
8	1.52	2.43																		
9	1.47	2.38																		
10	1.41	2.39																		
11	1.35	2.35																		
12	1.33	2.30																		
13	1.38	2.39	8:15 PM	4.42	0.20	0.08	15 min													
14	2.19	2.41	12:00AM	5.50	0.42	0.08	15 min													
15	1.44	2.44																		
16	1.39	2.35																		
17	1.38	2.46																		
18	1.44	2.42																		
19	1.45	2.45																		
20	1.26	2.28																		
21	1.36	2.40	4:00 AM	5.25	0.08	0.04	15 min													
22	1.16	2.31																		
23	1.15	2.34																		
24	1.07	2.21																		
25	0.99	2.24																		
26	1.02	2.23																		
27	1.59	2.35	10:30 AM	7.46	0.40	0.20	15 min													
28	1.70	2.35																		
29	1.14	2.33																		
30	1.18	2.39																		
31	1.79	2.39	6:30 AM	13.00	1.25	0.36	15 min													
Totals:	48.20			42.63	3.03															

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Shaun Kern, Operator	Telephone (574) 773-2112
---	------------------------------------

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 Shaun Kern, Operator	Date (mm/dd/yy) 01/10/19
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**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 2 of 5					Permit Number: IN 0021466										
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y															
Monitoring Period: December 2018										Check box if no CSO discharge occurred for the month: x															
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 5					CSO Outfall No. 6					CSO Outfall No. 8					CSO Outfall No. 9										
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 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 3 of 5					Permit Number: IN 0021466										
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y															
Monitoring Period: December 2018										Check box if no CSO discharge occurred for the month: <input checked="" type="checkbox"/> X															
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 10					CSO Outfall No. 12					CSO Outfall No. 14					CSO Outfall No. 16										
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 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee										Page 4 of 5					Permit Number: IN 0021466										
Facility: Wastewater Treatment Plant										Public Notification Requirements Met? Y															
Monitoring Period: December 2018										Check box if no CSO discharge occurred for the month: x															
Design Peak Flow (Hourly) (MGD): 3					Design Flow (MGD): 1.9					Measured/Metered (M) or Estimated (E) must be specified															
CSO Outfall No. 17					CSO Outfall No.					CSO Outfall No. [#]					CSO Outfall No. [#]										
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
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**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Nappanee	Page: 5 of 5	Permit Number: IN 0021466
Facility: Wastewater Treatment Plant	Public Notification Requirements Met? Y	
Monitoring Period: December 2018	Check box if no CSO discharge occurred for the month: <input checked="" type="checkbox"/> x	
Design Peak Hourly Flow (MGD): 3	Design Average Flow (MGD): 1.9	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
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3	
4	
5	
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Shaun Kern , Operator	(574) 773-2112
<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.</p>	
Signature of Principal Executive Officer or Authorized Agent	Date (mm/dd/yy)
Shaun Kern , Operator	01/10/19



MONTHLY MONITORING REPORT (MMR) FOR WET WEATHER TREATMENT FACILITIES

State Form 56109 (8-16)

FACILITY NAME AND ADDRESS:
 Nappanee WWTP
 1401 Derksen
 Nappanee, IN, 46550

Please complete one copy per month, per outfall.
 When complete, save as a pdf document with
 the following format for the MMR name:
 INxxxxxx_00#X_MMR_YYYY_MM.pdf
 (i.e., IN0012345_002CP_MMR_2016_10.pdf)
 before attaching to the corresponding netDMR.

E-mail address: nappaneewastewater@nappanee.org

1	N	0	0	2	1	4	6	6
PERMIT NUMBER								

0	1	8	CP
OUTFALL NUMBER			

1	2	1	8
MONTH		YEAR	

UV Disinfection: Chlorine disinfection - Year-round: No Discharge
 E. coli monitoring - Year-round: This is a revised submittal

EFFLUENT PARAMETER	FLOW	CBOD5	TSS	pH					
LOADING OR CONCENTRATION	Loading	Conc	Conc	Conc					
MONITORING SAMPLE TYPE	24 Hr total	Composite	Composite	Grab					
Parameter Code	50050	80082	00530	00400					
MONITORING FREQUENCY	Daily	Daily	Daily	Daily					
EFFLUENT LIMITATIONS	Daily Minimum	-----	-----	-----	Report				
	Monthly Average	Report	Report	Report	-----				
	Daily Maximum	Report	Report	Report	Report				
	Monitoring Loc Code	1	1	1	1				
Season	0	0	0	0					
	UNITS	MGD	MG/L	MG/L	HI	LOW	<	<	
Sat 1	1								
Sun 2	3.389	11.7	9	7.4	7.2				
Mon 3									
Tue 4									
Wed 5									
Thu 6									
Fri 7									
Sat 8									
Sun 9									
Mon 10									
Tue 11									
Wed 12									
Thu 13									
Fri 14									
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Thu 20									
Fri 21									
Sat 22									
Sun 23									
Mon 24									
Tue 25									
Wed 26									
Thu 27									
Fri 28									
Sat 29									
Sun 30									
Mon 31									
MONTHLY AVERAGE (Geomean Ecoli)	3.389	11.7	9.0						
HIGHEST VALUE	3.389	11.7	9.0	7.40					
LOWEST VALUE	3.389	11.7	9.0	7.20					
TOTAL FLOW	3.389								

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 and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Prepared by or under the direction of (Certified Operator):	Date (month, day, year)
	Shaun J Kern	1/14/2019
	Preparer's telephone number	Operator's certification number
	(574) 773-2112	WW019925
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)	Date (month, day, year)	
Shaun J Kern	1/14/2019	



MONTHLY MONITORING REPORT (MMR) FOR WET WEATHER TREATMENT FACILITIES

State Form 56109 (8-16)

FACILITY NAME AND ADDRESS:
Nappanee WWTP
 1401 Derksen
 Nappanee, IN, 46550

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 before attaching to the corresponding netDMR.

E-mail address: nappaneewastewater@nappanee.org

I	N	0	0	2	1	4	6	6
PERMIT NUMBER								

0	1	8	CP
OUTFALL NUMBER			

1	2	1	8
MONTH		YEAR	

No Discharge No
 This is a revised submittal No

EFFLUENT PARAMETER	FLOW				
LOADING OR CONCENTRATION	Loading				
MONITORING SAMPLE TYPE	Daily				
Parameter Code	50050				
MONITORING FREQUENCY	Daily				
EFFLUENT LIMITATIONS	Daily Minimum	----			
	Monthly Average	Report			
	Daily Maximum	Report			
	Monitoring Loc Code				
	Season	0			
	UNITS	MGD			
	Sat 1				
	Sun 2	3.389			
	Mon 3				
	Tue 4				
	Wed 5				
	Thu 6				
	Fri 7				
	Sat 8				
	Sun 9				
	Mon 10				
	Tue 11				
	Wed 12				
	Thu 13				
	Fri 14				
	Sat 15				
	Sun 16				
	Mon 17				
	Tue 18				
	Wed 19				
	Thu 20				
	Fri 21				
	Sat 22				
	Sun 23				
	Mon 24				
	Tue 25				
	Wed 26				
	Thu 27				
	Fri 28				
	Sat 29				
	Sun 30				
	Mon 31				
MONTHLY AVERAGE		3.389			
HIGHEST VALUE		3.389			
LOWEST VALUE		3.389			
NO. OF TIMES WEEKLY, DAILY, MONTHLY EFFL. LIMITATIONS EXCEEDED					
TOTAL FLOW		3.389			

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 and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Prepared by or under the direction of (Certified Operator):	Date (month, day, year)
	Shaun J Kern	1/14/2019
	Preparer's telephone number	Operator's certification number
	(574) 773-2112	WW019925
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)	Date (month, day, year)	
Shaun J Kern	1/14/2019	



MONTHLY MONITORING REPORT (MMR) FOR WET WEATHER TREATMENT FACILITIES

State Form 56109 (8-16)

FACILITY NAME AND ADDRESS:
Nappanee WWTP
 1401 Derksen
 Nappanee, IN, 46550

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 INxxxxxxx_00#X_MMR_YYYY_MM.pdf
 (i.e., IN0012345_002CP_MMR_2016_10.pdf)
 before attaching to the corresponding netDMR.

E-mail address: nappaneewastewater@nappanee.org

I N 0 0 2 1 4 6 6
 PERMIT NUMBER

0 1 8 CP
 OUTFALL NUMBER

1 2 1 8
 MONTH YEAR

No Discharge No
 This is a revised submittal No

WASTEWATER TREATMENT PLANT INFLUENT FLOW AND PRECIPITATION DATA								
Design Average Flow		1.9 MGD						
Design Peak Hourly Flow		3.0 MGD						
WWTP Influent Data			Precipitation Data					
UNITS	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Begin (AM / PM)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/Hr)	Measurement Interval (1hr, 30 m, 15 m)	
Sat 1	2.150	2.520	9:30 AM	4.5	0.51	0.28	15 min	
Sun 2	2.270	2.380	12:00AM	2.5	0.17	0.28	15 min	
Mon 3	2.210	2.290						
Tue 4	2.130	2.320						
Wed 5	2.180	2.500						
Thu 6	2.190	2.280						
Fri 7	1.910	2.390						
Sat 8	1.520	2.430						
Sun 9	1.470	2.380						
Mon 10	1.410	2.390						
Tue 11	1.350	2.350						
Wed 12	1.330	2.300						
Thu 13	1.380	2.390	8:15 PM	4.42	0.2	0.08	15 min	
Fri 14	2.190	2.410	12:00AM	5.5	0.42	0.08	15 min	
Sat 15	1.440	2.440						
Sun 16	1.390	2.350						
Mon 17	1.380	2.460						
Tue 18	1.440	2.420						
Wed 19	1.450	2.450						
Thu 20	1.260	2.280						
Fri 21	1.360	2.400	4:00 AM	5.25	0.08	0.04	15 min	
Sat 22	1.160	2.310						
Sun 23	1.150	2.340						
Mon 24	1.070	2.210						
Tue 25	0.990	2.240						
Wed 26	1.020	2.230						
Thu 27	0.159	2.350	10:30 AM	7.46	0.4	0.2	15 min	
Fri 28	1.700	2.350						
Sat 29	1.140	2.330						
Sun 30	0.118	2.390						
Mon 31	0.179	2.390	6:30 AM	13	1.25	0.36	15 min	
Totals	44.096			42.63	3.03			

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 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): Shaun J Kern	Date (month, day, year) 1/14/2019
Preparer's telephone number (574) 773-2112	Operator's certification number WW019925
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Shaun J Kern	Date (month, day, year) 1/14/2019



MONTHLY MONITORING REPORT (MMR) FOR WET WEATHER TREATMENT FACILITIES

State Form 56109 (8-16)

FACILITY NAME AND ADDRESS:
Nappanee WWTP
 1401 Derksen
 Nappanee, IN, 46550

Please complete one copy per month, per outfall.
 When complete, save as a pdf document with the following format for the MMR name:
 INxxxxxx_00#X_MMR_YYYY_MM.pdf
 (i.e., IN0012345_002CP_MMR_2016_10.pdf)
 before attaching to the corresponding netDMR.

E-mail address: nappaneewastewater@nappanee.org

I	N	0	0	2	1	4	6	6
PERMIT NUMBER								

0	1	8	CP
OUTFALL NUMBER			

1	2	1	8
MONTH		YEAR	

No Discharge No
 This is a revised submittal No

COMMENTS ON WHY WET WEATHER TREATMENT FACILITY DISCHARGE OCCURRED	
Sat	1
Sun	2
Mon	3
Tue	4
Wed	5
Thu	6
Fri	7
Sat	8
Sun	9
Mon	10
Tue	11
Wed	12
Thu	13
Fri	14
Sat	15
Sun	16
Mon	17
Tue	18
Wed	19
Thu	20
Fri	21
Sat	22
Sun	23
Mon	24
Tue	25
Wed	26
Thu	27
Fri	28
Sat	29
Sun	30
Mon	31

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 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): Shaun J Kern	Date (month, day, year) 1/14/2019
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