

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

City:	Noblesvil	le								Page	1 of	4		P	em	it Number	:INC	020168		
Facility:	Noblesvil	le Wastev	vater Utility								F	Public No	tific	ation Requ	Iren	nents Met?	Υ			
Monitor	ing Period	:	August	2024			1.7			Enter "x" if no CSO discharge occurred for the month										
Design	Peak Hour	ly Flow (MGD):	20	Design Average Flow (MGD): 10					Measured	Met	ered (M) d	or E	stimated (E) m	ust be spe	cified	1		
wwT	Influent	Data		Pro	ecipitation D	ata				SO Outfall		003			. 004					
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)	Measureme nt interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharg e (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	12.62	21.87	4:30 PM	1.33	1.53	1.24	15 min						П	5:40 PM	м	0.66	м	0.013	м	
2	8.13	21.74	3:25 AM	0.50	0.42	0.42	15 min		П				П	51.10 1 M	Ï	0.00	Ü	0.010	—	
3	8.14	12.66		0.00	0.00	0.00			П		П				П		П		T	
4	8.97	11.56		0.00	0.00	0.00					Т						H		T	
5	7.67	11.74		0.00	0.00	0.00			П		П		П				П		Т	
6	7.97	11.46		0.00	0.00	0.00											П			
7	8.01	12.08	8:50 AM	0.08	0.01	0.01	15 min		П		П		П				П		\vdash	
8	8.36	12.08		0.00	0.00	0.00			П								Н		Т	
9	7.05	12.60		0.00	0.00	0.00			П				П				П		Т	
10	7.95	11.51		0.00	0.00	0.00			П		П		П				Н		Т	
11	8.67	13.20		0.00	0.00	0.00			П				П				Н		H	
12	7.73	12.81		0.00	0.00	0.00			Ħ				Н				Н		\vdash	
13	8.95	13.04		0.00	0.00	0.00			H				П				Н		Н	
14	7.33	13.85		0.00	0.00	0.00			П				П		Н		Н			
15	7.69	21.71	6:20 PM	1.17	0.36	0.34	15 min		Ħ				Н				Н		\vdash	
16	7.78	13.59	4:40 AM	1.17	0.37	0.20	15 min		П		П		H				Н		H	
17	7.99	12.39	2:10 AM	0.75	0.20	0.08	15 min		Ħ		П		Н			- 1	Н		\vdash	
18	8.89	11.53	12:20 PM	0.17	0.04	0.03	15 min		Ħ		П						H			
19	7.76	12.03	12.20 1 111	0.00	0.00	0.00	10111111		П				H				H			
20	6.95	11.73		0.00	0.00	0.00			Ħ		П		П				H		H	
21	7.33	11.36		0.00	0.00	0.00			Ħ				T				H			
22	7.55	11.90		0.00	0.00	0.00			Ħ				Н			-	Н		\vdash	
23	6.13	11.79	8:55 AM	0.08	0.01	0.01	15 min		Ħ								H			
24	7.56	11.91	5.557,	0.00	0.00	0.00			Ħ				H				H			
25	8.25	11.49		0.00	0.00	0.00			\Box								H			
26	6.65	11.83		0.00	0.00	0.00			Ħ								H			
27	7.86	12.15		0.00	0.00	0.00			Ħ		П		T				H			
28	7.32	21.61	1:40 AM	0.50	0.22	0.22	15 min		П								H			
29	7.56	11.64		0.00	0.00	0.00			Н		П		T				H		Т	
30	7.62	21.24	8:45 PM	0.58	0.35	0.26	15 min		\forall								H			
31	7.37	12.05	2:10 AM	0.58	0.07	0.03	15 min				1				H		H			
Totals:	245.81	F 1-8		6.92	3.58	18.		0	Da	0.00		^		7	Da	0.00		0.040		
		lame and	Title of Prin		utive Office	r or Author	ized Agent	0	уз	0.00	ш	0		1 Telephone	ys	0.66	بـــا	0.013	_	
				lor	nathan Mirge	Our 1 1600 1	N									317-776-6				

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)
bornter Mingegia	09/16/24



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City:	Noblesvil	le											Page 2	2 of	4			em	nit Number	: IN	0020168			
acility	Noblesvil	le V	Vastewa	ter (Jtility								MALES	F	ublic No	tific	ation Requ	irer	ments Met?	Υ				
Aonitor	ring Period		Aug	ust	2024										En	ter	"x" if no (csc	discharge	e o	curred f	or th	e month:	
Design	Peak Flow	(Ho	urly) (MG	D):	20		Design F	low	(MGD):		10		Measured/	Met	100000				ust be spe			H.		
		CSO Outfall No.		No.	005			cs	CSO Outfall No.		007		100	CSO Outfall N					PARTIE	30	SO Outfal	No.	009	
Day of Month	Time Discharge	M	Event Duration		Event Discharge			M	Event Duration		Event Discharge	M		M	Event Duration	M	Event Discharge			M	Event Duration	м	Event Discharge	
1	Began	E	(Hours)	E	(MG)	E	Began	E	(Hours)	E	(MG)	E	Began	E	(Hours)	E	(MG)	E	Began	E	(Hours)	or E	(MG)	or
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City:	Noblesvil	le											Page 3	of	4		P	em	nit Number:	IN	0020168				
acility	: Noblesvil	le V	Vastewa	ter	Utility								Public Notification Requirements Met? Y												
	ring Period:	_	Aug	100				6		1		H			Ente	er "	x" if no C	SC	discharge	9 00	curred f	or th	e month:	Τ	
Design	Peak Flow	(Hou	urly) (MG	D):	20		Design F	low	(MGD):		10	Т	Measured/	Met				_							
			Outfall I		010		CSO Outfall No. 011							Outfall I				CSO Outfall No.							
Day of	Time Discharge	M					Discharge		Event Duration	M	Event Discharge	M	Time Discharge	M	Event Duration	M	Event Discharge	M	Time Discharge	M	Event Duration	м	Event Discharge	N	
Month	Began	E	(Hours)	E	(MG)	E	Began	E	(Hours)	E	(MG)	E	Began	E	(Hours)	Ε	(MG)	E	Began	E	(Hours)	or E	(MG)	E	
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City:	Noblesville				Page::4 of 4	Permit Number: IN0020168				
Facility	Noblesville Wastewater Utility			Public Notification Requirements Met? Y						
Monitor	ing Period: August	2024			Enter "x" if no	CSO discharge occurred for the month:				
						ooo aloura ge occurred for the month.				
Design	Peak Hourly Flow (MGD):	20	Design Average Flow (MGD):	10						
Day of Month	Comments (further explain	nation as	to why each CSO event occurred)							
1	Localized rain event of high in	itensity ca	used this line to exceed capacity. We a	re curren	tly in the LTCP post constr	uction monitoring phase to increase				
2						the level of service.				
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Typed o	r Printed Name and Title of Prin	ıcıpal Exe	cutive Officer or Authorized Agent			Telephone				
		Jo	onathan Mirgeaux, Utility Director			317-776-6353				
CERTII	FY UNDER PENALTY OF LAW T	HAT THIS	DOCUMENT AND ALL ATTACHMENTS I	WERE PR	EPARED UNDER MY DIRECT	TION OR SUPERVISION IN ACCORDANCE				
INQUIRY	OF THE PERSONS WHO MAN	AGE THE	SYSTEM OR THOSE PERSONS DIRECTL	LY RESPO	INSIBLE FOR GATHERING	THE INFORMATION: THE INFORMATION				
SUBMIT	TED IS, TO THE BEST OF MY K	NOWLED	GE AND BELIEF. TRUE. ACCURATE. AN		ETE. I AM AWARE THAT T	HERE ARE SIGNIFICANT DENALTIES FOR				
SUBMIT	TING FALSE INFORMATION, IN-	CLUDING	THE POSSIBILITY OF FINE AND IMPRISA	ONMENT	FOR KNOWING VIOLATION	S.				
Signatu	re of Principal Executive Officer	or Autho	rized Agent			Date (mm/dd/yy)				
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