

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: Noblesville										Page	1 of	9		Permit Number: IN0020168							
Facility:	Noblesvil	le Wastev	vater Utility								F	Public No	lific	ation Requ	irem	ents Met?	Y				
Monitor	ing Period	:	July	2022			TW.				E	nter "x" i	no	o CSO discharge occurred for the month:							
Design	Peak Hour	ly Flow (I	MGD):	20	Design Average Flow (MGD): 10					Measured/	Met	ered (M)	or E	stimated (E) mi	ust be spec	Hie	1			
wwTi	Influent	Data	Manual Property of the Party of	Precipitation Data						SO Outfall	No.	002		CSO Outfall No.: 003							
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 Event or Dischar E e (MG)		More	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M		
1	7.52	10.29		0.00	0.00	0.00							Ī		Ħ	(1102.0)	Ħ	(
2	6.93	10.99		0.00	0.00	0.00			П		T		П		Н				Н		
3	6.91	11.23		0.00	0.00	0.00			Н		H		П		Н		Н		\vdash		
4	7.04	10.56		0.00	0.00	0.00			Н				П		H		Н		H		
5	6.60	10.39		0.00	0.00	0.00			Н				П		H		Н				
6	7.36	11.11	10:45 AM	0.17	0.02	0.02	15 min		H		Ħ		П		Н		Н				
7	7.31	10.12	10.707111	0.00	0.00	0.00	10 11111		H		Н		Н		H		Н	-	Н		
8	6.57	18.86	1:30 AM	1.83	0.34	0.21	15 min		Н		Ħ				Н		Н				
9	7.06	10.74	1.007441	0.00	0.00	0.00	10 (11111)		П		Ħ		П		H				Н		
10	7.54	9.93		0.00	0.00	0.00			П		П		П		H		Н				
11	6.29	10.15		0.00	0.00	0.00			H		П		П		Н				Н		
12	7.15	10.46	1	0.00	0.00	0.00			П		П				Н		Н		Н		
13	6.88	10.03		0.00	0.00	0.00			H		Ħ				П		Н		Н		
14	6.62	10.23		0.00	0.00	0.00			П		П				П		Н		Н		
15	6.81	9.80	3:55 PM	0.92	0.11	0.05	15 min				П				П		Н				
16	7.72	10.67	4:50 AM	0.08	0.01	0.01	15 min						П		П		Н		П		
17	10.66	22.04	1:25 AM	5.58	2.56	0.99	15 min		П		П				П		П		П		
18	7.01	12.51		0.00	0.00	0.00	1		П		П		П		П		П		П		
19	7.85	10.02		0.00	0.00	0.00			П		П				П		П				
20	7.21	9.91		0.00	0.00	0.00			П								П				
21	7.75	10.38		0.00	0.00	0.00			П		П						П				
22	7.70	18.50		0.00	0.00	0.00									П		П				
23	6.58	15.94		0.00	0.00	0.00			П				П		П		П		П		
24	8.00	21.66	3:40 PM	1.42	0.47	0.38	15 min		П								П				
25	5.87	11.59		0.00	0.00	0.00			П						П		П				
26	6.87	9.94	12:15 PM	0.17	0.02	0.02	15 min														
27	9.18	19.45	6:45 AM	1.25	1.11	0.95	15 min		П						П		П				
28	6.96	18.57		0.00	0.00	0.00									П		П		П		
29	7.88	11.41		0.00	0.00	0.00			П								П				
30	7.10	10.55		0.00	0.00	0.00			П										П		
31	7.81	10.53		0.00	0.00	0.00										i i			П		
Totals:	226.74	lama as	Title of D	11.42	4.64			0	Da ya	0.00		0		0	Da ys	0.00		0			
			Title of Prin	Jar	nathan Mirge	aux, Utility	Director	NTS WERE	PR	EPARED U	INDE	ER MY DII	REC	Telephone		317-776-6	353 N AC	CORDAN	e e		

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 INQUIRTY 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 IMPRISTMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Auth	orized Ageoft	11	Date (mm/dd/yy)
	enall ton	Urgear	08/16/2022



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City:	Noblesvil	lle											Page 2 of 9 Permit Number: IN0020168											
acility	acility: Noblesville Wastewater Utility											Public Notification Requirements Met? Y												
fonitoring Period: July 2022											Enter "x" if no CSO discharge occurred for the month:													
Design	gn Peak Flow (Hourly) (MGD): 20 Design Flow (MGD): 10									Measured/Metered (M) or Estimated (E) must be specified														
	CSO Outfall No. 004						CSO Outfall No. 005							cs	O Outfall	No.	007			C	O Outfall	No.	008	
Day of Month	Time Discharge Began		Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M	Time Discharge Began	M or E		M or E		M
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Monitoring Period: July 2022											Enter "x" if no CSO discharge occurred for the month:													
Design Peak Flow (Hourly) (MGD): 20 Design Flow (MGD): 10								Measured/Metered (M) or Estimated (E) must be specified																
	L.	csc	Outfall	No.	009	'n	CSO Outfall No. 010						Outfall I		63.14	140	SO Outfall	No.						
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M	Discharge	M	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M	Time Discharge Began	M or E	Event Duration (Hours)	M	Event Discharge (MG)	
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Facility:	Noblesville Wastewater Utility			Public Noti	fication Requirements Met? Y
Monitori	ng Period: July	2022		Enter "x" If	no CSO discharge occurred for the month:
Design F	eak Hourly Flow (MGD):	20	Design Average Flow (MGD): 10		
Day of Month	Comments (further avalance	Al	to why each CSO event occurred)		
1	Comments (turnier explana	LIUII as	to why each CSO event occurred)		
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	Rain event occurred that cause	1 000 00	mbined sewer overflow line to exceed capacit	t. Ma and investigation into	to in that are a
18	Name event occurred that caused	OHE CO	inbined sewer overnow line to exceed capaci	ty. We are investigating inte	as in that area.
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Typed or	Printed Name and Title of Princ	ipal Exe	cutive Officer or Authorized Agent		Telephone
		Jo	nathan Mirgeaux, Utility Director		317-776-6353
CERTIF	Y UNDER PENALTY OF LAW TH	AT THIS	DOCUMENT AND ALL ATTACHMENTS WERE QUALIFIED PERSONNEL PROPERLY GATHER	PREPARED UNDER MY DIR	ECTION OR SUPERVISION IN ACCORDANCE
INQUIRY	OF THE PERSONS WHO MANA	GE THE	SYSTEM OR THOSE PERSONS DIRECTLY RES	SPONSIBLE FOR GATHFRIN	G THE INFORMATION: THE INFORMATION
SUBMITT	ED IS, TO THE BEST OF MY KN	OWLED	GE AND BELIEF, TRUE, ACCURATE, AND COM	IPLETE. I AM AWARE THA	T THERE ARE SIGNIFICANT PENALTIES FOR
SUBMITT	TING FALSE INFORMATION, INC	LUDING	THE POSSIBILITY OF FINE AND IMPRISONME	NT FOR KNOWING VIOLATIO	ONS.
Signatur	e of Principal Executive Office	r Autho	rized Agent		Date (mm/dd/yy)
	//_	X	ras Mirgens		08/16/22
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