

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

City:	Noblesvil	le								Page 1	of	4		P	erm	it Number	INC	020168						
Facility	cility: Noblesville Wastewater Utility Publ									Public No	Hfic	ation Requ	Irem	ents Met?	Y	l Eas	10							
	ing Period	SSYLPO	August 2023 Enter									21000	x" if no CSO discharge occurred for the month:											
-	Peak Hour											William Control	i) or Estimated (E) must be specified											
	o Influent			HIRES	ecipitation D			12.00	С	SO Outfall I		003			No.	004								
Day of	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)	MorE	Event Discharg e (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge						
1	7.66	15.34	(umping	0.00	0.00	0.00	15 111)	Dogan	-	(rious)		# (MG)	H	Degan		(nours)		(MG)	or E					
2	7.95	13.84		0.00	0.00	0.00			П						Н		H		H					
3	7.42	13.07		0.00	0.00	0.00			П				Н		Н		H		\vdash					
4	8.04	14.60		0.00	0.00	0.00							Н		H		Н		H					
5	7.01	14.04		0.00	0.00	0.00							Н		Н		Н							
6	7.45	12.41	12:50 AM	0.58	0.09	0.07	15 min						П		Н		H		H					
7	6.82	22.16	12:30 AM	1.17	0.33	0.26	15 min				Н		Н		Н		H		\vdash					
8	7.43	13.32	12.30 AW	0.00	0.00	0.00	15 11111		Н				Н		Н		Н		H					
9	9.44	25.24	4:30 PM	4.08	1.54	0.58	15 min		П				Н	5:50 PM	м	0.22	.	0.004						
10	8.56	16.38	12:30 AM	0.08	0.01	0.01	15 min		П		Н		Н	3.30 FW	IVI	0.33	M	0.004	M					
11	9.85	14.51	12.50 AW	0.00	0.00	0.00	10 111111				Н		Н		Н		Н		H					
12	9.13	15.83	6:50 AM	0.75	0.21	0.13	15 min		Н				Н		Н		H		Н					
13	9.61	15.12	3:25 AM	0.08	0.01	0.01	15 min		Н		Н		Н		Н		H		\vdash					
14	8.43	17.02	5:05 AM	2.42	0.42	0.16	15 min						Н		Н		H		\vdash					
15	8.31	13.65	0.00 AN	0.00	0.00	0.00	13 11111		П				Н		Н									
16	7.62	14.91	8:40 AM	0.08	0.01	0.01	15 min				Г		Н		Н		H							
17	8.57	23.87	2:10 PM	0.58	0.16	0.16	15 min						Н		Н		Н		\vdash					
18	7.83	13.41	2.101 W	0.00	0.00	0.00	10 11111		П				Н		П		Ħ							
19	7.55	14.30		0.00	0.00	0.00							Н		Н		Ħ		H					
20	7.77	15.23		0.00	0.00	0.00							П				Н							
21	7.11	13.24		0.00	0.00	0.00							П		Н		H		Н					
22	7.37	12.71		0.00	0.00	0.00			П				П				H							
23	7.38	12.78		0.00	0.00	0.00					Г		П		П		Н							
24	7.36	13.05		0.00	0.00	0.00									П		П							
25	8.99	13.54		0.00	0.00	0.00			П				П		П		Ħ		П					
26	7.58	14.03		0.00	0.00	0.00			П						П		Ħ		Т					
27	7.23	14.34		0.00	0.00	0.00									П		Ħ		Г					
28	6.50	13.21		0.00	0.00	0.00					Г		П		П		П							
29	7.18	13.03		0.00	0.00	0.00											H							
30	6.94	12.75		0.00	0.00	0.00									П		П							
31	6.81	12.86		0.00	0.00	0.00				0	-	V .	П											
Totals:	242.90		Marile	9.83	2.78		56%_	0	Da ys	0.00		0	Ě	1	Da ys	0.33		0.004						
		Name and	Title of Prin			r or Autho	rized Agent		7-	0.00		1 0		Telephone	_	0.55	- 1	0.004						
					nathan Mirge											317-776-6								
WITH A INQUIR' SUBMIT	SYSTEM I	DESIGNE PERSON: D THE BE	Y OF LAW T D TO ASSUR S WHO MAN ST OF MY K	RE THAT Q AGE THE : NOWLED	WALIFIED P SYSTEM OR SE AND BEL	ERSONNE THOSE PI IEF, TRUE	L PROPERL ERSONS DIF , ACCURATI	Y GATHER RECTLY RE E, AND CO	AN SPC	D EVALUAT ONSIBLE FO .ETE. AM	DR (THE INFO GATHERI VARE TH	RM/ NG	ATION SUB THE INFOR THERE ARE	MIT	TED. BASI	ED O	N MY	!					

Date (mm/dd/yy) Signature of Principal Executive Officer or Authorized Agent



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City:	Noblesvil	lle											Page 2	of.	4			Perm	nit Number:	IN	0020168			
acility	Noblesvil	lle V	Vastewa	iter l	Jtility								Public Notification Requirements Met? Y											
lonito	ring Period:		Au	gust	2023				UBY.	1		30			Ent	ter	"x" if no (cso	discharge	9 00	curred f	or th	e month:	
Design Peak Flow (Hourly) (MGD): 20 Design Flow (MGD): 10												Measured/Metered (M) or Estimated (E) must be specified												
		cs	O Outfal	No.	005			cs	O Outfall	No.	007			cs	O Outfall	No.	008			CS	D-MISSING B D		009	
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)		Event Discharge (MG)	M or E	Time Discharge Began	Mor	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)		Event Discharge (MG)	M
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City:	Noblesvil	le											Page :	3 of	4		P	ern	nit Number:	įΝ	0020168				
acility	Noblesvil	le V	Vastewa	ter	Utility									P	ublic Noti	fica	ation Requi	irer	nents Met?	Y	Bank.	193	13.		
Monito	ring Period:	10	Aug	gust	2023						North St			Fil	Ente	er "	'x" if no C	sc	discharg	e o	ccurred f	or th	e month:	Ţ	
Design Peak Flow (Hourly) (MGD): 20 Design Flow (MGD): 10										Measured/Metered (M) or Estimated (E) must be specified															
		csc	Outfall	No.	010	18					011	100		CS	O Outfall	No.	Į.			С	SO Outfal	60 Outfall No.			
Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	Mor	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		M or E	Event Duration (Hours)	M or E	Event Discharge	M or E	Discharge	M	Duration		Event Discharge		
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City:	Noblesville					Page: 4 of 4	Permit Number: N0020168
Facility	Noblesville Wast	ewater Utility			Public Notif	fication Requirements Met? Y	
Monito	ring Period:	August	2023			Enter "x" if	no CSO discharge occurred for the month:
1/200	STEP STORY			Secretary Control of			The state of the s
Design	Peak Hourly Flow	(MGD):	20	Design Average Flow (MGD):	10		MITERIAL DESCRIPTION DE LA CONTRACTOR DE
Day of			57.E			RATE TO THE PARTY	
Month 1	Comments (f	urther expla	nation as	to why each CSO event occurred)		
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7							
8			60.0001				
9	Localized rain ev	vent intensity	of 0.32" ir	1 15 min caused this line to exceed	capacity. We		post construction monitoring phase to
11							increase the level of service.
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	or Printed Name a	nd Title of Pri	ncinal Exe	cutive Officer or Authorized Agent	75 10 10 10		Telephone
7.6							
			Jo	onathan Mirgeaux, Utility Director			317-776-6353
WITH A INQUIR' SUBMIT	SYSTEM DESIGN Y OF THE PERSO TED IS, TO THE E	IED TO ASSUI NS WHO MAN BEST OF MY 1	RE THAT (IAGE THE (NOWLED	QUALIFIED PERSONNEL PROPERLY SYSTEM OR THOSE PERSONS DIRI	GATHER AN ECTLY RESP , AND COMPI	ID EVALUATE THE INFOR ONSIBLE FOR GATHERIN LETE. I AM AWARE THAT	ECTION OR SUPERVISION IN ACCORDANCE MATION SUBMITTED. BASED ON MY G THE INFORMATION; THE INFORMATION I THERE ARE SIGNIFICANT PENALTIES FOR INS.
Signatu	re of Principal Ex	ecutive Office	or Autho	rized Agent			Date (mm/dd/yy)
			onath	m Mugen			09/18/23
		/					