

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

Monitoring Property of Peak WWTP Infle Day of Fice Month (MC  1 8.0 2 7.7 3 8.6 4 6.4	Hourly Flow ( Juent Data  Peak Hourly Flow (MGD)  02 13.83  74 14.16  60 14.54  42 13.85  45 23.61	March	2024 20 Precip. Puration (Hours) 0.08	Design Ave			10		Measured/	E	nter "x" if	no	cso disch	arg	e occurred	for 1		x
Design Peak  WWTP Infil  Day of Month  1 8.0 2 7.1 3 8.6 4 6.4 5 6.6 6 7.3 7 8.4 8 7.7 9 8.7 10 9.2 11 6.7 12 8.6	Hourly Flow ( Juent Data  Peak Hourly Flow (MGD)  02 13.83  74 14.16  60 14.54  42 13.85  45 23.61	Time Precip. Began (am/pm) 8:45 PM	Precip. Duration (Hours)	Total Daily Precip.	ata		10				-3.00	7						x
Day of Month 1 8.0 2 7 3 8.6 4 6.4 5 6.4 6 7.3 7 8.4 8 7 9 8.7 10 9.2 11 6.7 12 8.6	Peak   Hourty	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip.	ata		10			Met	ered (M) d	or E	stimated /E	) m	ust he sner	ifie		
Day of Month (MC MC M	Peak Hourly Flow (MGD) 02 13.83 74 14.16 60 14.54 42 13.85 45 23.61	Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip.	FILE			C							nor ne aher			
Day of Month 1 8.0 2 7.1 3 8.6 4 6.4 5 6.6 6 7.3 7 8.4 8 7.1 9 8.1 10 9.2 11 6.1	Hourly   Hourly   Flow   (MGD)	Precip. Began (am/pm)	Duration (Hours)	Precip.	Peak				SO Outfall	No.	003			С	SO Outfall	No.	004	
2 7.3 3 8.6 4 6.4 5 6.4 6 7.3 7 8.4 8 7.7 10 9.2 11 6.7	74 14.16 60 14.54 42 13.85 45 23.61		0.08	(mones)	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)	MorE
3 8.6 4 6.4 5 6.4 6 7.3 7 8.4 8 7.7 9 8.7 10 9.2 11 6.7 12 8.6	60 14.54 42 13.85 45 23.61	3:00 AM		0.01	0.01	15 min		П										
3 8.6 4 6.4 5 6.6 7 8.4 8 7.7 9 8.7 10 9.2 11 6.7 12 8.6	60 14.54 42 13.85 45 23.61		0.08	0.01	0.01	15 min		П				П		П		П		Г
4 6.4 5 6.4 6 7.3 7 8.4 8 7.7 10 9.2 11 6.7 12 8.6	42 13.85 45 23.61		0.00	0.00	0.00			П		П						П		
5 6.4 6 7.3 7 8.4 8 7.7 9 8.7 10 9.2 11 6.7 12 8.6	45 23.61		0.00	0.00	0.00			П		П		П				П		
6 7.3 7 8.4 8 7.7 9 8.7 10 9.2 11 6.7 12 8.6		11:55 AM	1.67	0.47	0.33	15 min		П		П		П				Н		
7 8.4 8 7.7 9 8.7 10 9.2 11 6.7 12 8.6			0.00	0.00	0.00	1												
8 7.7 9 8.7 10 9.2 11 6.7 12 8.6			0.00	0.00	0.00			П		П		П				H		Г
9 8.7 10 9.2 11 6.7 12 8.6		6:30 AM	3.67	0.44	0.10	15 min		П		П		П				H		П
10 9.2 11 6.7 12 8.6		12:00 AM	0.33	0.04	0.06	15 min		П		П		П						Г
11 6.7 12 8.6			0.00	0.00	0.00			П		П		П						Г
12 8.6			0.00	0.00	0.00			П		П		П				Н		
42			0.00	0.00	0.00			П		П		П				H		
			0.00	0.00	0.00			П		П								
14 10	.53 23.59	12:15 PM	1.67	0.96	0.58	15 min		П		П		П				Н		Г
15 11.		12.10	0.00	0.00	0.00	10 111111		П		П		П						
16 7.7		7:00 AM	0.17	0.02	0.01	15 min		П		П		П				Ħ		
17 8.0			0.00	0.00	0.00					П		П		П				
18 7.8			0.00	0.00	0.00			П		П		П				Ħ		Г
19 8.0			0.00	0.00	0.00			П		П				П		$\forall$		Г
20 8.4			0.00	0.00	0.00			П								Ħ		
21 9.2			0.00	0.00	0.00			П		П								
22 8.9			0.00	0.00	0.00			П								$\Box$		
23 9.3			0.00	0.00	0.00			П										
24 10.			0.00	0.00	0.00													
25 6.9			0.00	0.00	0.00			П		П		П						
26 7.4		12:05 AM	2.58	0.42	0.19	15 min												
27 7.7			0.00	0.00	0.00											T		
28 8.0			0.00	0.00	0.00			П		П		П				$\forall$		
29 7.6			0.00	0.00	0.00													
30 7.6		6:20 AM	0.42	0.05	0.03	15 min		П				П				T		
31 7.3			0.00	0.00	0.00													
Totals: 253			10.67	2.42			0	Da ys	0.00		0		0	Da ys	0.00		0	
	nted Name and	Title of Prin			or Author	dward Asiana		, <u>,,,</u>	0.00	ш	U		Telephone	70	0.00		U	

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)
Monatha Magea	04/16/24



## 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:	Noblesvi	lle											Page :	2 of	4		F	erm	it Number:	.IN	0020168			
acility: Noblesville Wastewater Utility											Public Notification Requirements Met? Y													
Monitoring Period: March 2024												En	ter	"x" if no C	so	discharge	9 00	curred f	or th	e month:	X			
Design	esign Peak Flow (Hourly) (MGD): 20 Design Flow (MGD); 10							Measured/Metered (M) or Estimated (E) must be specified																
		CS	O Outfall	No.	005			cs	O Outfall	No.	007			cs	O Outfall	No.	800			C	O Outfall	No.	009	
Day of	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		M or E		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	MorE	Event Duration (Hours)			M
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City:	Noblesvil	le				_							Page :	3 of	4		P	em	nit Number:	IN	0020168			
acllity	Noblesvil	le V	Vastewa	ter	Utility									Pı	ıblic Noti	fica	ation Requ	iren	nents Met?	Y			Marie C	
Aonito	ring Period:		Ma	arch	2024										Ente	er '	"x" if no C	sc	discharge	e 0	curred t	or th	e month:	X
Design Peak Flow (Hourly) (MGD): 20 Design Flow (MGD): 10									Enter "x" if no CSO discharge occurred for the month:  Measured/Metered (M) or Estimated (E) must be specified															
		CSC	Outfall i	No.	010		CSO Outfall No. 011						CS	Outfall	No.				C	SO Outfal	l No.			
Day of Month	Time Discharge Began	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)	M or E		M or E	Event Duration (Hours)	M or	Discharge	M or E	Discharge	M	Event Duration (Hours)		Event Discharge (MG)	M
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City:	Noblesville			Page: 4 of 4	Permit Number: IN0020168					
Facility:	Noblesville Wastewater Utility			Public Notification Requirements Met? Y						
Monitori	ng Period: March	2024		Enter "x" if	no CSO discharge occurred for the month: X					
Design P	eak Hourly Flow (MGD):	20	Design Average Flow (MGD): 10							
Day of Month	Comments (further expla	nation as	to why each CSO event occurred)							
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Typed or	Printed Name and Title of Pri	ncipal Exe	cutive Officer or Authorized Agent		Telephone					
		Jo	onathan Mirgeaux, Utility Director		317-776-6353					
WITH A S INQUIRY SUBMITT	SYSTEM DESIGNED TO ASSU OF THE PERSONS WHO MAN ED IS, TO THE BEST OF MY I	RE THAT ( IAGE THE (NOWLED	DOCUMENT AND ALL ATTACHMENTS WERE QUALIFIED PERSONNEL PROPERLY GATHER SYSTEM OR THOSE PERSONS DIRECTLY RE GE AND BELIEF, TRUE, ACCURATE, AND COI THE POSSIBILITY OF FINE AND IMPRISONME	AND EVALUATE THE INFOI SPONSIBLE FOR GATHERII MPLETE. I AM AWARE THA	RECTION OR SUPERVISION IN ACCORDANCE RMATION SUBMITTED. BASED ON MY NG THE INFORMATION; THE INFORMATION AT THERE ARE SIGNIFICANT PENALTIES FOR					
	e of Principal Executive Office			Torrandino violati	Date (mm/dd/yy)					
9.10.01	//	1	THE DAY		04/16/24					
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