

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

State Form 50546 (R4 / 9-15)

City:	Noblesvil		DEPARTMENT							Page	1 of	4		F	етт	ilt Number	#IN	0020168						
Facility	Noblesvi	le Waste	water Utility							and the same		Public No	tific	cation Requirements Met? Y										
Monitor	ing Period	l: De	cember	2024		- 3		E. Vie			TIME	MANAGEMENT	" If no CSO discharge occurred for the month: X											
Design	Peak Hou	ty Flow (Acceptance of the second secon									M) gr-Estimated (E) must be specified												
YAVVTI	Influent	Data		Pr	ecipitation D	ata			C	SO Outfall	900	003		9783	004									
Day of Month	Average Dally Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (ant/pm)	Precip. Duration (Hours)	Total Daily: Precip. (Inches)	Peak Intensity (Inchin)	Measureme nt Interval (hr, 30 m, 15 m)	Time Discharge Began	M or	Event Duration (Hours)	M	Event Discharg e (MG)	Mor	Time Discharge Began	M or E	Event Duration (Hours)	M or	Event Discharge (MG)	MorE					
1	8.28	15.76		0.00	0	0.00							Г				T	0-32	100					
2	6.93	13.03		0.00	0	0.00					Г		Г		Г		Т		T					
3	7.03	14.74		0.00	0	0.00							Г						П					
4	7.21	13.37		0.00	0	0.00					Г		Г		П				Г					
5	6.95	11.84		0.00	0	0.00							П				T		Н					
6	6.89	11.37		0.00	0	0.00							П		П		T		Г					
7	7.25	15.76		0.00	0	0.00									П		T		Г					
8	9.59	15.75	10:50 PM	1.00	0.19	0.17	15 min						П		П		Т							
9	6.29	15.75	12:05 AM	2.83	0.4	0.13	15 min						П		П		T							
1.0	7.45	15.75		0.00	0	0.00							П		П		T							
11	5.98	15.94		0.00	0	0.00					Г		П		П		Т							
12	7.49	12.45		0.00	0	0.00					П		П		П		П	8						
13	7.45	12.72	10:50 AM	0.25	0.03	0.03	15 min						П		П		П							
14	8.72	14.63	6:20 PM	2.50	0.31	0.13	15 min		П		F		П		П									
15	9.82	14.70	12:00 AM	2.50	0.34	0.13	15 min						П											
16	7.96	14.23	6:40 AM	2.00	0.36	0.13	15 min				Т		П		П		П							
17	7.50	15.75		0.00	0	0.00					Г		П		П									
18	8.48	14.60	4:00 AM	0.33	0.04	0.03	15 min												П					
19	8.72	10.98		0.00	0	0.00									П									
20	9.23	10.12	4:45 AM	0.92	0.11	0.04	15 min																	
21	8.17	11.68		0.00	0	0.00							П		П									
22	8.40	11.79		0.00	0	0.00					Г				П									
23	7.37	10.03	6:55 PM	0.25	0.03	0.03	15 min																	
24	7.50	11.44		0.00	0	0.00																		
25	8.72	10.65	6:40 AM	1.25	0.15	0.03	15 min										П							
26	8.02	11.30	1:20 AM	0.25	0.03	0.02	15 min								П		П							
27	8.25	11.20	11:15 AM	1.00	0.15	0.11	15 min																	
28	9.68	10.81	12:10 AM	0.33	0.04	0.03	15 min								П									
29	13.86	13.24	1:20 AM	6.17	1.38	0.36	15 min																	
30	9.02	9.96		0.00	0	0.00											П		П					
31	11.51	10.99	2:40 AM	4.00	0.54	0.13	15 min																	
Totals:	255.72			25.58	4.10	di sa		0	Da ya	0.00		0		0	Da ys	0.00		0						
Typed o	Printed N	lame and	Title of Prin	cipal Exec	utive Office	or Author	ized Agent	505		rii a				Telephone	_		200	NEL O						
I CEDTIF	VIINDED	DENAIT	V OE LAW T	Jor	nathan Mirge	aux, Utility I	Director	NEW 141	-							317-776-6	353							
WITH A	SYSTEM (DESIGNE	Y OF LAW T	E THAT Q	UALIFIED PI	AND ALL ERSONNE	ATTACHME L PROPERL	mis WERE Y GATHER	ANI	EPAKED U D EVALUAT	NDI TE 1	HE INFO	KEC RM/	TION OR S	UPE	RVISION II	N AC	CORDANG	E					

INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONNED 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)



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Hty:	Noblesvil	le											Page 2	of	4		F	em	it Number:	INC	0020168			
acility:	colliny: Noblesville Wastewater Utility onitoring Period: December 2024													Public Notification Requirements Met?"Y										
onitor	ing Period		Decem	ber	2024						1950		Enter "x" if no CSO discharge occurred for the month; X											
esign	n Peak Flow (Hourly) (MGD): 20 Design Flow (MGD): 10									Measured/Metered (M) or Estimated (E) must be specified														
		cs	O Outfall	No.	005			CS	CSO Outfall No.		007		9.1122	O Outfall I	No.	008			CSO Outfall No.		009			
Day of	Time Discharge		Event Duration	M	Event Discharge		Discharge	M	Event Duration		Event Discharge	M or	Time Discharge	M			Event Discharge		Time Discharge	Mor			Event Discharge	
Aonth 1	Began	E	(Hours)	E	(MG)	E	Began	£	(Hours)	E	(MG)	E	Began	£	(Hours)	E	(MG)	E	Began	E	(Hours)	OF E.	(MG)	Of
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City:	Noblesvil	le											Page :	3 of	4		Р	ern	nit Number:	IN	0020168				
acility:	Noblesvil	le V	/astewa	ter I	Utility								Public Notification Requirements Met? Y												
onitor	ing Period:		Decem	ber	2024			A	115		1000				Ente	er "	x" if no C	so	discharge	9 00	curred f	or th	e month:	×	
Design	Peak Flow	(Hot	urly) (MG	D):	20		Design Fl	ow	(MGD):		10		Measured/	Met	ered (M) d	or E	stimated (E) i	must be spe	ecifi	ied			8	
		csc	Outfall	No.	010		CSO Outfall No.: 011					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	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)		Event Discharge	M	
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City: I	Noblesville					Page: 4 of 4	Permit Number: IN0020168					
Facility:	Noblesville Wa	stewater Utility			Public Notification Requirements Met? [Y							
Monitoria	ng Period:	December	2024			Enter "v" if no	CSO discharge occurred for the month: X					
						Litter X II III	o coo diacharge occurred for the month. X					
Design P	eak Hourly Flo	w (MGD):	20	Design Average Flow (MGD):	10							
Day of Month	Comments	further evolu	nation as	to why each CSO event occurred	4)							
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Typed or	Printed Name	and Title of Prir	ncipal Exe	cutive Officer or Authorized Agent			Telephone					
			Jo	nathan Mirgeaux, Utility Director			317-776-6353					
I CERTIF	Y UNDER PENA	ALTY OF LAW 1			NTS WERE PR	REPARED UNDER MY DIREC	CTION OR SUPERVISION IN ACCORDANCE					
							ATION SUBMITTED. BASED ON MY					
INQUIRY	OF THE PERS	ONS WHO MAN	AGE THE	SYSTEM OR THOSE PERSONS DIR	ECTLY RESPO	ONSIBLE FOR GATHERING	THE INFORMATION: THE INFORMATION					
SUBMITT	ED IS, TO THE	BEST OF MY K	NOWLED	GE AND BELIEF, TRUE, ACCURATE	, AND COMPL	ETE. I AM AWARE THAT	THERE ARE SIGNIFICANT PENALTIES FOR					
				THE POSSIBILITY OF FINE AND IMI	PRISONMENT	FOR KNOWING VIOLATION						
Signatur	e of Principal P	xecutive Office	r or Autho	rized Agent			Date (mm/dd/yy)					
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