



**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: Noblesville Wastewater Utility	Public Notification Requirements Met? Y	
Monitoring Period: March 2023	Enter "x" if no CSO discharge occurred for the month: X	
Design Peak Hourly Flow (MGD): 20	Design Average Flow (MGD): 10	Measured/Metered (M) or Estimated (E) must be specified

WWTP Influent Data			Precipitation Data					CSO 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)	Measurement Interval (hr, 30 m, 15 m)	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 or E	
1	7.09	11.84		0.00	0.00	0.00														
2	7.69	16.62		0.00	0.00	0.00														
3	15.46	21.41	6:55 AM	9.67	1.87	0.30	15 min													
4	9.84	16.96		0.00	0.00	0.00														
5	10.73	15.81		0.00	0.00	0.00														
6	7.63	14.48		0.00	0.00	0.00														
7	7.98	13.44		0.00	0.00	0.00														
8	8.47	13.72		0.00	0.00	0.00														
9	9.16	16.84	8:55 PM	0.67	0.08	0.06	15 min													
10	8.49	13.53	12:25 AM	0.58	0.07	0.03	15 min													
11	7.12	15.76	11:30 PM	0.17	0.02	0.02	15 min													
12	9.75	16.29	12:00 AM	2.08	0.25	0.08	15 min													
13	7.04	14.24	12:15 AM	0.25	0.03	0.02	15 min													
14	8.33	17.34		0.00	0.00	0.00														
15	8.61	13.83		0.00	0.00	0.00														
16	7.23	14.90	3:20 PM	1.58	0.21	0.09	15 min													
17	8.33	13.22	2:35 AM	0.92	0.11	0.04	15 min													
18	7.57	13.54		0.00	0.00	0.00														
19	8.07	13.56		0.00	0.00	0.00														
20	7.09	14.83		0.00	0.00	0.00														
21	7.93	14.25	9:20 PM	0.42	0.05	0.03	15 min													
22	7.59	13.35	12:45 AM	0.33	0.04	0.02	15 min													
23	8.48	14.57	2:50 AM	2.33	0.44	0.13	15 min													
24	10.73	17.10	12:00 AM	5.58	0.79	0.18	15 min													
25	10.54	16.82	12:00 AM	2.67	0.40	0.18	15 min													
26	10.67	14.71	9:55 PM	0.50	0.07	0.04	15 min													
27	8.34	16.22	12:00 AM	2.33	0.42	0.12	15 min													
28	9.17	14.34		0.00	0.00	0.00														
29	8.41	14.24		0.00	0.00	0.00														
30	7.87	14.94		0.00	0.00	0.00														
31	10.80	15.94	2:05 AM	2.92	0.68	0.32	15 min													
Totals:	272.21			33.00	5.53			0	Da ys	0.00		0		0	Da ys	0.00		0		

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Jonathan Mirgeaux, Utility Director	Telephone 317-776-6353
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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 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 <i>Jonathan Mirgeaux</i>	Date (mm/dd/yy) 04/18/23
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CSO Outfall No. 004							CSO Outfall No. 005							CSO Outfall No. 007							CSO Outfall No. 008						
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 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 or E			
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Totals:	0	Da ys	0.00		0		0	Da ys	0.00		0		0	Da ys	0		0		0	Da ys	0.00		0				



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CSO Outfall No. 009					CSO Outfall No. 010					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 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 or E
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Totals:	0	Days	0.00		0		0	Days	0.00		0		0	Days	0.00		0		0	Days	0.00		0	



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Day of Month	Comments (further explanation as to why each CSO event occurred)
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Signature of Principal Executive Officer or Authorized Agent 	Date (mm/dd/yy) 04/18/23