

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

State Form 50546 (R2 / 5-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: City of Noblesville								Page	1 of	4		Permit Number: IN0020168												
Facility	Noblesvil	le Wastev	vater Utility									Public No	tific	lification Requirements Met? Y										
Monitor	ing Period	; Ap	ńl	2016	1000 000 000 V350 000 000		Check box if no CSO discharge occurred for the month:																	
Design	Peak Hour	ly Flow (A	(GD):	20	Design Ave	16,3 mg/cs (2000) 2000		5155178			13.0				3379									
WWT	P Influent	Data	70 000 000 001 800 000 000	Pro	ecipitation D	ata			C	SO Outfall	No.	002		153 321 353	SO Outfall	No.	MAN I							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Dally Precip. (Inches)	Peak Intensity ((nch/hr)	Measureme nt interval (hr. 30 m, 15 m)	Time Discharge Began	B N N E	Event Duration (Hours)	S E	Event Discharg e (MG)	M or E	Time Discharge Began	or E	Event Duration (Hours)	M of E	Event Discharge (MG)	M W					
1	8.190	14.07			0.00																			
2	7.070	13.74			0.00										П									
3	7.100	13.43			0.00										П				П					
4	6.680	13.33			0.00																			
5	6.670	13.73			0.00																			
6	7.050	13.73	5:45 PM	1.66	0.21	0.09	15 min						Γ											
7	8.620	13.86	3:45 AM	0.33	0.04	0,03	15 min																	
8	5,590	13.24	1:05 PM	0.58	0.08	0.03	15 min																	
9	6.800	14.41			0.00																			
10	8.500	13.77	5:15 PM	2.42	0.32	0.10	15 min																	
11	10,870	20,55	12:00 AM	7,42	1.12	0,20	15 min	7:00 AM	М	0,25	М	0,001	м											
12	9.890	14.27			0.00				Ш								Ц							
13	8.360	14.27			0.00												Ц							
14	8.140	14.20			00,0														Ш					
15	7.840	13.79			0.00										Ш									
16	8.040	18.59			0.00								Ц				Ш							
17	7.880	13.83			0.00	·																		
18	6,850	14.45			0.00				Ш				Ш						Ш					
19	8.300	13.99			0.00																			
20	6.990	13.21			0.00																			
21	8.130	14.30	2:05 AM	1.92	0,45	0,27	15 min	5:40 PM	М	0,50	М	0,016	М											
22	9.450	19.93	12:00 AM	3.00	0.68	0.31	15 min	5:30 PM	М	1.00	М	0.059	М	5:30 PM	М	1.08	м	0.189	м					
23	9.630	19.27		:	0.00																			
24	7.720	18,96			0.00								Ц						Ш					
25	7.530	14.26			0.00																			
26	7.150	13.77	8:40 PM	0.66	0.13	0.12	15 min		Ц		_		Ш		\Box									
27.	7.740	13.95	5:00 PM	1.58	0,25	0.18	15 min						Ц						Ш					
28	10.110	19.47	12:00 AM	2.33	0.81	0.42	15 min	12:10 AM	М	1.00	М	0.054	М	6:20 AM	M	0.58	М	0.011	М					
29	7.920	13.63			0.00						_		Ц		_		\perp							
30	10.460	19.43	9:25 AM	4.00	0.76	0.29	15 min	3:20 PM	М	0.92	М	0.019	М	3:25 PM	М	0.75	М	0.096	М					
31	Na Albania					NO. 10.000 20.00		1.01.00		100000000000		70,000,000	Ц			3006 s e e sa s 1	200	200.00.0	Щ					
	241.27			25.90	4.85		2000-00-00 2000-00-00 2000-00-00-00	5	Do ys	3.67		0.149		3	Da)s	2.41	8	0.296	100 100 100 100 100 100 100 100 100 100					
Typed o	r Printed N	ame and	Title of Prin		itive Officer						996			Telephone	(EAV)	gylobyyáve	() 4 <u>8</u> 2	1500 VERVES	68 B					
CERTIF	Y UNDER	PENALTY	OF LAW TH		lichael Hende			TS WERF	PRE	PARED UNI	DER	MY DIRE	ECT	ON OR SI	ER'	317-776-63 VISION IN A		ORDANCE	\dashv					
															-									

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		THE GREEK COURT WORKS WITH STORY AND A STORY OF THE STORY
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City:	City of No						IRONMENTA						Page :	2 of	4			Perr	nit Number:	İN	0020168			
Facility.	Noblesvi	le V	Vastewa	ter	Utility								Public Notiπcation Requirements Met? Υ											
Моліtor	ing Period:		April		2016			695 695							Che	ck L	ox if no C	so	discharge	9 00	curred f	or th	e month:	
Design Peak Flow (Hourly) (MGD): 20 Design Flow (MGD): 10																								
		cs	O Outfall	No.	004			CS	O Outfall	No.	005		420045055	CS	O Outfall	No.	007	#100 #100 #100		C	SO Outfal	No.	800	
		20 V.C.	33 ANVIS APRIL 18	101 (21)		0,000						335 335 335		報報		100 X						13.5		32 A2
Day of Month	Time Discharge Began	S E	Event Duration (Hours)	or E	Event Discharge (MG)	or E	Discharge	or E	Duration		Event Discharge (MG)	or H		or E	Event Duration (Hours)	M or E	Discharge	or E	Time Discharge Began	M Of E	Duration	M or E	Event Discharge (MG)	M or E
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29	12.03 AM	٣	1.00	m/l	0.014	W						_		H						Н				
10/10/00/00	3:15 PM		0.65	L.	0.017	М						\dashv						\dashv						
31	3:15 PM	M	0.83	M	0.077	ľV)		\dashv				\dashv						\dashv		Н		\vdash	:	\square
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Facility:	Noblesvi	lle V	Vastewa	ter	Utility									P	ublic Noti	fica	ition Requi	irer	nents Met?	Υ				
Monitor	ing Period:		April		2016										Chect	k b	ox if no C	50	discharge	00	curred f	or th	e month;	, v
Design Peak Flow (Hourly) (MGD): 20 Design Flow (MGD): 10								Check box if no CSO discharge occurred for the month; 🗹																
		CSC	Outfall	No.	009	\$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100		cs	O Outfall	Νo.	010			CS	O Outfall	No.	3 2 4			c	SO Outfal	l No.		
Day of Month	Time Discharge	N N	Event Duration	الا الا	Event Discharge	M or L	Time Discharge Began	or N	Event Duration	or N	Event Discharge	M or E	Time Discharge	M or E	Event Duration	N N	Event Discharge	M or E	Time Discharge Began	M M	Event Duration (Hours)	M CF	Event Discharge (MG)	or Fi
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City;	City of Noblesville		Page: 4 of 4	Permit Number: IN0020168
Facility:	Noblesville Wastewater Utility		Public Not	ification Regulrements Met? Y
Monitori	ng Period: April 2016		Chackhoy	no CSO discharge occurred for the month:
TOTAL STATE	Peak Hourly Flow (MGD): 20		10.0	ny oso disensige occurrency ne norms
Day of				
Month	Comments (further explanation	as to why each CSO event occurred)		
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11	Rain event occurred that caused som	ne combined sewer overflow lines to exce	ed capacity.	
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14 15				
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20 21	Pain event occurred that caused com	ne combined sewer overflow lines to exce	nd consoite	•
		ne combined sewer overflow lines to excee		
23				
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26 27				
	Rain event occurred that caused som	ne combined sewer overflow lines to excee	ed canacity	
29				
30	Rain event occurred that caused som	ne combined sewer overflow lines to excee	ed capacity.	
31				
Typed or	Printed Name and Title of Principal Ex	cecutive Officer or Authorized Agent		Telephone
		Michael Hendricks, Controller		317-776-6353
MITH A S OF THE I S, TO TH	SYSTEM DESIGNED TO ASSURE THAT PERSONS WHO MANAGE THE SYSTEN TE BEST OF MY KNOWLEDGE AND BE	M OR THOSE PERSONS DIRECTLY RESPON	HER AND EVALUATE THE INFORM ISIBLE FOR GATHERING THE INF I AM AWARE THAT THERE ARE	CTION OR SUPERVISION IN ACCORDANCE IATION SUBMITTED. BASED ON MY INQUIRY ORMATION; THE INFORMATION SUBMITTED SIGNIFICANT PENALTIES FOR SUBMITTING
	e of Principal Executive Officer or Auth			Date (mm/dd/yy)
	Marked & 70	alute		05/17/16
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