

National Poliutant Discharge Elimination System (NPDES) CSO Monthly Report of Operation (CSO MRO) State Form 50546 (R2 / 5-13)

City:	City of N		DEPARTMEN	OF ENVIRO	MMENTAL N	WAYAGEMEN	¥1			Page	1 01	4		(0.00) (0.00)	'em	nit Number	i IN	0020168					
Facility: Noblesville Wastewater Utility												Public Notification Requirements Met? Y											
Monitoring Period: September 2016											Check box if no CSO discharge occurred for the month:												
Design	Peak Hou	rly Flow (i	MGD):	20	(MGD):	10.0		1500000000 (20000000						est delega est est del	\$\$4.5 \$\$41,	yr Handana Aleksana	seiteri Ar 200						
wwt	P Influen	t Data		Pro	ecipitation f	ecipitation Data						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)	Measureme nt Interval (hr, 30 m, 15 m)	Time Discharge Began	m Q 🗷	Event Duration (Hours)	M of E		M of E	Time Discharge Began	M of E	Event Duration (Hours)	₩ ₩ ₩	Event Discharge (MG)	M e or E				
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3	6.350	13.08			0.00						T		T		П				1				
4	5.600	11.58			0.00		1		1										1				
5	6,680	14.11			0.00				П								Ħ		+				
6	5.570	12.90			0.00				П				<u> </u>				h		1				
7	6.170	13.70			0,00										П				1				
8	6,160	17.97	2:10 PM	0.92	0.37	0.28	15 min	2:30 PM	AA	0.66	М	0.016	M						+				
9	8.090	12.76	5:20 AM	0.42	0.13	0.12	15 min	2.001111	111	0.00	[8]	0.010	261			•••							
10	9.910	18.37	12:00 AM	2,42	1.61	0.93	15 min	12:20 AM	3.0	3.58	м	0.357	М						+-				
11	6.290	13.28	12.007411	2,72	0.00	0.00	13 111111	12.20 AN	100	5.56	181	0.557	M				H		╁				
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15	6.250	12.85			0.00				H						H		H						
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17		13.88	4:25 PM	0.92	0.27	0.25	15 min	4:35 PM	П	1.33	M	0.019	М		\dashv		Н		+				
18	11.560	19.06	12:55 AM	4.17	1.69	0.75	15 min	2:50 AM	M	4.33	М	0.29	М				Н		+				
19	7.850	13.25	0.00 444		0.00	0.04	45		H		Н		\dashv	i			H		\vdash				
20	6.270	13,50	9:30 AM	0.08	0.01	0.01	15 min		H		Н		\dashv				\vdash		+				
21	6.490	17.00			0.00				\vdash		Н		\dashv		-		Н		+				
22	6,610	13.07	1:30 PM	0.08	0.01	0.01	15 min		Н		Н	:	\dashv				\vdash		H				
23	6.470	13.21			0.00				H				-		\dashv		H		+				
24	7.520	13.56			0,00				Н		H				-				\vdash				
25	6.490	13.13			0.00			 -	H		H		_		\dashv		\vdash		H				
26	7.530	12.80	4.40	0.55	0.00	0.15		A. ## 151			H				\dashv		\vdash		+				
27	6.420	18.61	4:10 AM	0.92	0.32	0.16	15 min	6:50 AM	M	1.00	М	0.009	M		\dashv		\dashv		H				
28	5,660	12.72			0.00		<u> </u>								+				+				
29	7.640	18.19	6:20 AM	2.50	0.59	0.30	15 min	3:30 PM	M	0.58	М	0.018	М		\dashv		\dashv		+				
30	6.270	12.75	2:35 AM	0.17	0.02	0.01	15 min				\sqcup		\dashv			·-	$\vdash \vdash$		$\vdash \vdash$				
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	207.97 Printed N	ame and	Title of Princ	14.26	5.32	or Authoria	red Agent	7	ys	12.31	76	0.723		0 Telephone	ys	0.00		0					
yped or Printed Name and Title of Principal Executive Officer or Authorized Agent Michael Hendricks, Controller												relepitorie		317-776-6	152	19.15/11/25/11/11/11	27556						
CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTI WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATI OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORM S, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.									ION SUBMIT MATION; TH	ERV TTE	/ISION IN / D. BASED IFORMATI	ON S	MY INQUII SUBMITTE	RY ED									
ignatur	ignature of Principal Executive Officer or Authorized Agent											Date (mm/d			5,879	28 - 28 2 Cap - 15	overen Soger						
Milael S. Sendruss									10/17/16														



National Pollutant Discharge Elimination System (NPDES) CSO Monthly Report of Operation (CSO MRO) State Form 50548 (R2 / 5-13) INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City	INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT City: City of Noblesville												Page 2 of 4 Permit Number: IN0020168											
Facility: Noblesville Wastewater Utility											m királak és ajak tinduja pina unag ripalnajagát és malyaba hatát unaga papaja k 📗 Malyaba Királak 🕏 Királak 🗀 Királak 🖂													
Monitoring Period: September 2016												Public Notification Requirements Met? Y												
Design Peak Flow (Hourly) (MGD): 20 Design Flow (MGD): 10												Check box If no CSO discharge occurred for the month:												
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Day of Month	Time Discharge Began	M & E	Event Duration (Hours)	M or E	Event Discharge (MG)	or E	Discharge	M or E	Duration	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M Of E	Event Discharge (MG)	M of E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	Al or E
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Facility: Noblesville Wastewater Utility												Public Notification Requirements Met? Y												
Monitoring Period: September 2016 Design Peak Flow (Hourly) (MGD): 20 Design Flow (MGD): 10												Check box If no CSO discharge occurred for the month:												
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City:	City of Noblesville			Page: 4 of 4	Permit Number: IN0020168					
Facility:	Noblesville Wastewater Utility		Public Notification Requirements Met? Y							
Monitor	ing Period: Séptember 2016		Check box if no CSO discharge occurred for the month:							
System Systems	Peak Hourly Flow (MGD): 20	Design Average Flow (MGD):	10,0		3					
Day of Month	Comments (further explanation a	s to why each CSO event occurred)								
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9	Train Grent Goodined that Gadood Scine	s combined series eventer lines to ex-	occu capac	nty.						
10	Rain event occurred that caused some	combined sewer overflow lines to exc	ceed capac	ity.						
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16	Rain event occurred that caused some	combined sewer overflow lines to exc	ceed capac	ity.						
17	Rain event occurred that caused some	combined sewer overflow lines to exc	eed capac	ity.						
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26	Rain event occurred that caused some	combined sewer overflow lines to exc	eed capac	itv.						
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vped o	Printed Name and Title of Principal Exe	cutive Officer or Authorized Agent	ANGENAGRAGIAN		Telephone					
		Michael Hendricks, Controller			317-776-6353					
					CTION OR SUPERVISION IN ACCORDANCE					
					ATION SUBMITTED. BASED ON MY INQUIRY DRMATION: THE INFORMATION SUBMITTED					
S, TO T		IEF, TRUE, ACCURATE, AND COMPLET	E. IAM AV	VARE THAT THERE ARE	SIGNIFICANT PENALTIES FOR SUBMITTING					
	e of Principal Executive Officer or Autho				Date (mm/dd/yy)					
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