

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

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Monito	ring Period	1; Oc	lober	2016	V-171 (487) (92)	Karak Hali					CI	ieck box	if n	o CSO discl	harq	e occurred	for	the month	□	
Design	Peak Hou	rly Flow (A	(GD):	20	Design Ave	erage Flow	(MGD):	10.0		13 m m 15 m 13 h 13 m m 15 m 15 h 15 m 15 m 15 m 15 h		(5) (1) (1) (1) (1) (1) (1)	9934				gues Guesa		1300	
WWT	P Influen	t Data	ja (40.00).	Pro	cipitation E	ata	SO Outfall	No.	002	微	1.00.22.3	C	SO Outfall	003						
Day of	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Dally Precip. (Inches)	Peak Intensity (Inch/hr)	Measureme nt Interval (hr., 30 m, 15 m)	Time Discharge Began	₩ 9.	Event Duration (Hours)	M or E	Event Discharg e (MG)	M of E	Time Discharge Began	M Of E	Event Duration (Hours)	# 2 H	Event Discharge (MG)	M Or E	
3	7.82	13.21	5:55 PM	0.33	0.06	0.06	15 min		Ħ										T	
2	6.45		12:40 AM	0.17	0.02	0.01	15 min				ļ									
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WITH A S OF THE I IS, TO TH FALSE IN	Michael Hendricks, Controller 317-776-6353 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 S, 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											RY D								
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City:	City of No	oble	sville										Page 2	2 of	4		5000 (50)	Perr	nit Number:	IN	0020168			
Facility: Noblesville Wastewater Utility												Public Notification Requirements Met? Y												
Monitoring Period: October 2016											Check box if no CSO discharge occurred for the month:													
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