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Typical or Printed Name and Title of Principal Executive Officer or Authorized Agent: Ray Thompson, Utility Director

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: [Signature] 24/17/18
| Day of Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Time Discharge Began | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Event Duration (Hours) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Event Discharge (MGD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time Discharge Began | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Event Duration (Hours) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Event Discharge (MGD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time Discharge Began | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Event Duration (Hours) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Event Discharge (MGD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time Discharge Began | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Event Duration (Hours) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Event Discharge (MGD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Event Duration (Hours) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Event Discharge (MGD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time Discharge Began | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Event Discharge (MGD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time Discharge Began | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Event Duration (Hours) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Event Discharge (MGD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Totals: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
### National Pollutant Discharge Elimination System (NPDES)

**CSO Monthly Report of Operation (CSO MRO)**

### City: City of Noblesville

**Facility:** Noblesville Wastewater Utility

**Monitoring Period:** March 2018

**Permit Number:** IN0029168

### Design Peak Flow (Hourly) (MGD): 20

### Design Flow (MGD): 10

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**Totals:** 0 m 0 h 0.00 m 0 h 0.00 m 0 h 0.00 m 0 h 0.00 m 0 h 0.00 m 0 h
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<th>Day of Month</th>
<th>Comments (further explanation as to why each CSO event occurred)</th>
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**Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent:**

Ray Thompson, Utility Director

**Telephone:**

317-776-6353

**Signature of Principal Executive Officer or Authorized Agent:**

[Signature]

**Date:** 04/17/14

**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.**