Attachment D

NPDES Information for Facilities in the White River Headwaters Watershed

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PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340
FACILITY FARMLAND STP
LOCATION FARMLAND
ATTN. MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-004
Approval Expires 05-31-98

Revised ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	01	01	08	TO	01	31	08

IN0021512001A12008

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	QUANTITY OR LOADING Maximum	Units	QUALITY OR CONCENTRATION Minimum	QUALITY OR CONCENTRATION Average	QUALITY OR CONCENTRATION Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
pH	SAMPLE MEASUREMENT	******	******		8.0	******	8.7	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	61.1	197	lb/d	******	23 4	41	mg/L	1	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	6.24	16.3	lb/d	******	3.62	5.2	mg/L		1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.245	.674	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	26.3	57.6	lb/d	******	13.0	16	mg/L	1	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55 1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly ∞	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		79%	******	******	%	1	1/7	Grab
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					-Weekly	GRAB
Flow, total	SAMPLE MEASUREMENT	******	7.63	Mgal/mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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 or imprisonment for knowing violations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
B. II Necessary	Bill Necessary	765 468-6701	02	08	08
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W W T P			IN0021512
Certified Operator Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2009
Month # 1 January	Year 2008	E-mail address	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D O (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E Coli colony/100 ml	Upstream Gage Reading (in)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Tue							0 188						0 066													
2	Wed	2	6'4"					0 189	7 9	82	86		15	0 081	8 7	14	23		4 4	10 0							6'4"
3	Thu							0 149						0 103													
4	Fri							0 149						0 122													
5	Sat							0 141						0 138													
6	Sun							0 28						0 144													
7	Mon	0 1						0 227						0 129													
8	Tue	1 9						0 225						0 177													
9	Wed		6'4"					0 842	7 7	9	47		2 8	0 317	8 5	16	25		1 1	10 3							6'4"
10	Thu							1 056						0 465													
11	Fri							0 068						0 624													
12	Sat							0 245						0 584													
13	Sun							0 254						0 674													
14	Mon							0 238						0 568													
15	Tue							0 196						0 6													
16	Wed		6'4"					0 159	7 9	9	23		15	0 576	8 5	12	41		3 4	12 8							6'4"
17	Thu							0 162						0 649													
18	Fri							0 104						0 324													
19	Sat							0 134						0 068													
20	Sun							0 135						0 081													
21	Mon							0 085						0 066													
22	Tue	1						0 098						0 08													
23	Wed		6'0"					0 114	7 8	140	73		28	0 105	8 5	11	14		4	14 3							6'0"
24	Thu							0 104						0 087													
25	Fri							0 088						0 093													
26	Sat							0 11						0 109													
27	Sun							0 117						0 103													
28	Mon							0 1						0 11													
29	Tue							0 243						0 118													
30	Wed		5'8"					0 212	7 8	75	40		19	0 127	8 0	12	14		5 2	11 7							5'8"
31	Thu							0 181						0 135													
Avgerage		1 25						0 212677		63	50		16 0	0 245903		13 0	23 4		3 62	11 8							
Maximum		2						1 056	7 9	140	73		28	0 674	8 7	16	41		5 2	14 3							
Minimum								0 068	7 7	9	23		2 8	0 066	8 0	11	14		1 1	10							
Totals		5		0	0	0	0	6 593																			

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Kenny Marquis
Signature of Certified Operator — Date

Phone Number 765-468-6701

Bill Mecusay
Signature of Officer, Principal Executive or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant
(Version 12/06)

Name of Facility	Permit Number	For Month Of	Year
Farmland W W T P	IN0021512	January	2008

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2	129 33	104 10		23 66	9 46323	15 5467		2 97416
3								
4								
5								
6								
7								
8								
9	63 24	330 25		19 67	42 3258	66 1341		2 9099
10								
11								
12								
13								
14								
15								
16	11 94	30 52		19 90	57 6806	197 076		16 3428
17								
18								
19								
20								
21								
22								
23	133 19	69 45		26 64	9 63848	12 2672		3 5049
24								
25								
26								
27								
28								
29								
30	132 69	70 77		33 61	12 7178	14 8374		5 51104
31								
Avg	94 08	121 01		24 70	26 3652	61 1722		6 24857
Max	133 19	330 25		33 61	57 6806	197 076		16 3428
Min	11 94	30 52		19 67	9 46323	12 2672		2 9099

Enter Comments Below

New magnetic influent meter installed by B L Anderson to get better and more consistent influent readings Considerable amount of algae in ponds

Removal Rates:

Overall BOD removal 79%

Overall TSS removal 53%

Monthly Totals:

Influent flow (mg) 6 593

Effluent flow (mg) 7 623

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Jenny Marquis — 2 8 08

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Rick Neussary

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND

ATTN: MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-004
Approval Expires 05-31-98

IN0021512001A22008

For any questions call Dan Knowles at 317-232-0019

Revised

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	02	01	08	TO	02	29	08

*** Mark box if NO DISCHARGE ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	QUANTITY OR LOADING Maximum	Units	QUALITY OR CONCENTRATION Minimum	QUALITY OR CONCENTRATION Average	QUALITY OR CONCENTRATION Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
pH	SAMPLE MEASUREMENT	******	******		8.0	******	8.3	SU	Ø	5/7 Weekly	Grab GRAB
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX				
Solids, total suspended	SAMPLE MEASUREMENT	59.6	114.5	lb/d	******	23	29	mg/L	Ø	1/7 Weekly	Grab GRAB
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144 6 MX WK AV			70 MO AVG	105 MX WK AV				
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	13.6	26.0	lb/d	******	5.1 ~~13.6~~	5.7 ~~60~~	mg/L	Ø	1/7 Weekly	Grab GRAB
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.368	.777	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	42 2	67.6	lb/d	******	16 8	20	mg/L	3 2	1/7 Weekly	Grab GRAB
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55 1 MX WK AV			25 MO AVG	40 MX WK AV				
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		71%	******	******	%	1	1/7 Weekly	Grab GRAB
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN						
Flow, total	SAMPLE MEASUREMENT	******	10.6	Mgal/ mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Bill Necessary	Bill Necessary	765 468-6701	03	03	08
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W W T P			IN0021512
Certified Operator Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2009
Month # 2 February	Year 2008	E-mail address	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent									Controlled Discharge			
Day of the Month	Day of the Week	Precip - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D O (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E Coli colony/100 ml	Upstream Gage Reading (in)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft)
1	Fri							0 138						0 138													
2	Sat							0 192						0 173													
3	Sun	0 3						0 204						0 152													
4	Mon	0 6						0 388						0 185													
5	Tue	1 8						0 619						0 251													
6	Wed	1 5	6'6"					0 602	7 7	17	14		0 68	0 466	8 3	15	19		4 2	11 5							6'6"
7	Thu							0 89						0 644											0		
8	Fri							0 756						0 665													
9	Sat							0 395						0 624													
10	Sun							0 316						0 648													
11	Mon							0 236						0 257													
12	Tue							0 204						0 572													
13	Wed		6'6"					0 16	7 8	106	34		18	0 624	8 0	13	22		5	12 2							6'6"
14	Thu							0 169						0 777													
15	Fri							0 113						0 575													
16	Sat	0 1						0 113						0 558													
17	Sun	0 3						0 425						0 695													
18	Mon	0 4						0 42						0 507													
19	Tue							0 465						0 621													
20	Wed	3 5	6'6"					0 162	7 8	58	48		13	0 047	8 1	19	29		5 7	12 7							6'6"
21	Thu							0 176						0 08													
22	Fri	1						0 174						0 13													
23	Sat	4						0 157						0 158													
24	Sun							0 157						0 144													
25	Mon	1						0 167						0 161													
26	Tue	1						0 256						0 178													
27	Wed	1	6'6"					0 408	7 9	54	21		8	0 212	8 0	20	22		5 6	13 0							6'6"
28	Thu							0 314						0 254													
29	Fri	1						0 194						0 201													
Avgerage		1 25						0 30931		59	29		9 9	0 368862		16 8	23 0		5 125	12 4							
Maximum		4						0 89	7 9	106	48		18	0 777	8 3	20	29		5 7	13							
Minimum								0 113	7 7	17	14		0 68	0 047	8 0	13	19		4 2	11 5							
Totals		17 5		0	0	0	0	8 97																			

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Kenny Marquis 3-3-08
Signature of Certified Operator Date

Phone Number 765-468-6701

Bill Necessary 3-3-08
Signature of Officer, Principal Executive, or Authorized Agent Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility	Permit Number	For Month Of	Year
Farmland W W T P	IN0021512	February	2008

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3								
4								
5								
6	85 40	70 33		3 42	58 3316	73 8866		16 3328
7								
8								
9								
10								
11								
12								
13	141 53	45 40		24 03	67 6946	114 56		26 0364
14								
15								
16								
17								
18								
19								
20	78 41	64 89		17 57	7 45209	11 3742		2 23563
21								
22								
23								
24								
25								
26								
27	183 86	71 50		27 24	35 3828	38 9211		9 90718
28								
29								
Avg	122 30	63 03		18 07	42 2153	59 6855		13 628
Max	183 86	71 50		27 24	67 6946	114 56		26 0364
Min	78 41	45 40		3 42	7 45209	11 3742		2 23563

Enter Comments Below

large amounts of snow allowing dilution

Removal Rates:

Overall BOD removal 71%

Overall TSS removal 21%

Monthly Totals:

Influent flow (mg) 8 97

Effluent flow (mg) 10 697

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Jenny Marquis — 3-3-08

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Brent Nowosad — 3-8-08

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND

ATTN: MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-004
Approval Expires 05-31-98

Revised ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	03/01/08			TO	03/31/08		

IN0021512001A32008

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	SAMPLE MEASUREMENT	******	******		8.3	******	8.9	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	214.6	286.8	lb/d	******	39.3	52	mg/L	5	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96 4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	21.5	25.4	lb/d	******	4.0	4.8	mg/L	Ø	1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.614	.715	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	102.5	115.8	lb/d	******	18.8	21	mg/L	5	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55 1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		36	******	******	%	1	1/7	Grab
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB
Flow, total	SAMPLE MEASUREMENT	******	19.0	Mgal/mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO	DAY	YEAR
B: Il Necessary	Bill Necessary	765 468-6701	04	01	08

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W W T P			IN0021512
Certified Operator Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2009
Month # 3 March	Year 2008	E-mail address	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent									Controlled Discharge			
Day of the Month	Day of the Week	Precip - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D O (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E Coli colony/100 ml	Upstream Gage Reading (in)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Sat							0 371						0 229													
2	Sun							0 43						0 28													
3	Mon	1						0 838						0 293													
4	Tue	1						0 731					1 4	0 581					4 8								
5	Wed		6'6"					0 837	8 2	20	24			0 839	8 4	18	29			10 2							6'6"
6	Thu							0 761						0 644													
7	Fri							0 523						0 664													
8	Sat	6						0 328						0 589													
9	Sun							0 295						0 688													
10	Mon							0 28						0 666													
11	Tue							0 537						0 609													
12	Wed		6'6"					0 663	7 7	24	13		4 8	0 668	8 5	20	32		4 2	12 0							6'6"
13	Thu	0 1						0 695						0 657													
14	Fri	0 2						0 657						0 668													
15	Sat	0 1						0 636						0 648													
16	Sun	0 1						0 428						0 68													
17	Mon							0 316						0 654													
18	Tue	0 3						0 32					4 1	0 663					4 6								
19	Wed	2	6'6"					0 784	7 6	31	28			0 65	8 3	16	44			10 8							6'6"
20	Thu	0 5						0 893						0 678													
21	Fri							0 785						0 682													
22	Sat	0 1						0 404						0 633													
23	Sun							0 321						0 67													
24	Mon							0 217					8 3	0 673					2 5								
25	Tue							0 18						0 653													
26	Wed		6'6"					0 259	7 8	43	20			0 661	8 9	21	52			13 9							6'6"
27	Thu	0 2						0 166						0 636													
28	Fri	1 5						0 524						0 656													
29	Sat	0 1						0 667						0 715													
30	Sun							0 321						0 656													
31	Mon	0 2						0 249						0 572													
Avgerage		0 8933						0 490839		30	21		4 7	0 614677		18 8	39 3		4 025	11 7							
Maximum		6						0 893	8 2	43	28		8 3	0 715	8 9	21	52		4 8	13 9							
Minimum								0 166	7 6	20	13		1 4	0 229	8 3	16	29		2 5	10 2							
Totals		13 4		0	0	0	0	15 216																			

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

Kenny Marquis 4/3/08
Signature of Certified Operator — Date

Phone Number 765-468-6701

Bill Neensary 4-7-08
Signature of Officer Principal Executive or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant
(Version 12/06)

Name of Facility	Permit Number	For Month Of	Year
Farmland W W T P	IN0021512	March	2008

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3								
4				8 54				23 2725
5	139 70	167 63			95 9842	154 641		
6								
7								
8								
9								
10								
11								
12	132 79	71 93		26 56	111 489	178 383		23 4127
13								
14								
15								
16								
17								
18				10 95				25 4506
19	202 82	183 19			86 788	238 667		
20								
21								
22								
23								
24				15 03				14 0405
25								
26	92 94	43 23			115 837	286 834		
27								
28								
29								
30								
31								
Avg	142 06	116 49		15 27	102 525	214 631		21 5441
Max	202 82	183 19		26 56	115 837	286 834		25 4506
Min	92 94	43 23		8 54	86 788	154 641		14 0405

Enter Comments Below

large amounts of snow allowing dilution

Removal Rates:

Overall BOD removal 36%

Overall TSS removal -85%

Monthly Totals:

Influent flow (mg) 15 216

Effluent flow (mg) 19 055

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

Jenny Marquis — 4-3-08

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Bill Necessary — 4-7-08

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND
ATTN: MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-004
Approval Expires 05-31-98

Revised ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04/01/08			TO	04/30/08		

IN0021512001A42008

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	QUANTITY OR LOADING Maximum	Units	QUALITY OR CONCENTRATION Minimum	QUALITY OR CONCENTRATION Average	QUALITY OR CONCENTRATION Maximum	Units	NO EX	Frequency of Analysis	Sample Type
pH	SAMPLE MEASUREMENT	******	******		8.0	******	9.0	SU	Ø	5/7 Weekly	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX				GRAB
Solids, total suspended	SAMPLE MEASUREMENT	76.3	254.7	lb/d	******	29.2	48	mg/L	1	1/7 Weekly	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144 6 MX WK AV			70 MO AVG	105 MX WK AV				GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	6.5	16.6	lb/d	******	2.11	3.3	mg/L	Ø	1/7 Weekly	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV				GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.277	.652	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
E coli, colony forming units (CFU)	SAMPLE MEASUREMENT	******	******		******	188	1050	CFU/100mL		1/7 Weekly	Grab
51041 1 0 0 Effluent Gross	PERMIT REQUIREMENT					Report MO GEO	Report DAILY MX				GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	38.7	95.5	lb/d	******	17.4	32	mg/L	1	1/7 Weekly	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55 1 MX WK AV			25 MO AVG	40 MX WK AV				GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		79%	******	******	%			
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB

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 or imprisonment for knowing violations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Bill Necessary	Bill Necessary	765 468-6701	05	06	08
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND

ATTN: MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-004
Approval Expires 05-31-98

Revised. ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04/01/08			TO	04/30/08		

IN0021512001A42008

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	8.61	Mgal/ mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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 or imprisonment for knowing violations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Bill Necessary	Bill Necessary	765 468-6701	05	06	08
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W W T P			IN0021512
Certified Operator Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2009
Month # 4 April	Year 2008	E-mail address	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D O (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E Coli colony/100 ml	Upstream Gage Reading (in)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Tue	0 8						0 424					2 8	0 644					3 1				1050				
2	Wed		6 6					0 475	7 8	30	19			0 636	9 0	18	48			10 7							6 6
3	Thu							0 304						0 652													
4	Fri	1 1						0 316						0 107													
5	Sat	0 2						0 658						0 19													
6	Sun							0 386						0 244													
7	Mon							0 293						0 269													
8	Tue							0 218						0 271													
9	Wed	0 1	6 6					0 179	7 8	75	46		18	0 258	8 7	9	5		3 1	6 0			590				6 6
10	Thu							0 16						0 262													
11	Fri	2 1						0 33						0 272													
12	Sat	0 1						0 612						0 35													
13	Sun							0 342						0 317													
14	Mon							0 258						0 316													
15	Tue							0 208						0 31													
16	Wed		6 6					0 175	7 9	85	53		18	0 295	8 0	8	8		3 3	7 7			190				6 6
17	Thu							0 153						0 282													
18	Fri							0 136						0 266													
19	Sat							0 119						0 244													
20	Sun	0 2						0 132						0 237													
21	Mon	0 1						0 132						0 207													
22	Tue							0 116						0 185													
23	Wed		6					0 109	7 9	126	64		25	0 139	9 0	32	45		0 51	10 9			20				6
24	Thu							0 108						0 161													
25	Fri	0 2						0 106						0 18													
26	Sat							0 102						0 191													
27	Sun							0 109						0 151													
28	Mon							0 098						0 13													
29	Tue	0 5						0 129						0 141													
30	Wed		6					0 106	7 9	93	72		33	0 133	9 0	20	40		0 56	7 4			100				6
		0 2						0 249						0 572													
Avgerage		0 5091	6 36					0 233613		82	51		19 4	0 277808		17 4	29 2		2 114	8 5			188				6 36
Maximum		2 1	6 6					0 658	7 9	126	72		33	0 652	9 0	32	48		3 3	10 9			1050				6 6
Minimum			6					0 098	7 8	30	19		2 8	0 107	8 0	8	5		0 51	6			20				6
Totals		5 6		0	0	0	0	7 242																			

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

Kenny Marquis
Signature of Certified Operator — Date

Phone Number 765-468-6701

Bill Necessary
Signature of Officer, Principal Executive, or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility	Permit Number	For Month Of	Year
Farmland W W T P	IN0021512	April	2008

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1				9 91				16 66
2	118 92	75 31			95 5336	254 756		
3								
4								
5								
6								
7								
8								
9	112 03	68 71		26 89	19 3771	10 7651		6 67433
10								
11								
12								
13								
14								
15								
16	124 13	77 40		26 29	19 6942	19 6942		8 12386
17								
18								
19								
20								
21								
22								
23	114 61	58 21		22 74	37 1186	52 198		0 59158
24								
25								
26								
27								
28								
29								
30	82 27	63 69		29 19	22 1977	44 3954		0 62154
Avg	110 39	68 67		23 00	38 7842	76 3618		6 53425
Max	124 13	77 40		29 19	95 5336	254 756		16 66
Min	82 27	58 21		9 91	19 3771	10 7651		0 59158

Enter Comments Below

spring turnover in both lagoons, heavy debris on surface from turnover

Removal Rates:

Overall BOD removal 79%

Overall TSS removal 43%

Monthly Totals:

Influent flow (mg) 7 242

Effluent flow (mg) 8 612

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Kenny Mangum — (SIGNATURE OF CERTIFIED OPERATOR) — 5-13-08 (DATE)

Bill Maccasey — (SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) — 5-13-08 (DATE)

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND
ATTN MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040 004
Approval Expires 05 31 98

Revised ☐

IN0021512 | 001 A
PERMIT NUMBER | PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR
FROM	05	01	08
TO	05	31	08

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	QUANTITY OR LOADING Maximum	Units	QUALITY OR CONCENTRATION Minimum	QUALITY OR CONCENTRATION Average	QUALITY OR CONCENTRATION Maximum	Units	NO EX	Frequency of Analysis	Sample Type
pH	SAMPLE MEASUREMENT	******	******		8.9	******	9.0	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	150.5	267.9	lb/d	******	67.5	84	mg/L	2	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	964 MO AVG	1446 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.61	1.7	lb/d	******	.228	.47	mg/L	Ø	1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.247	.493	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
E coli, colony forming units (CFU)	SAMPLE MEASUREMENT	******	******		******	133	1260	CFU/100mL	Ø	1/7	Grab
51041 1 0 0 Effluent Gross	PERMIT REQUIREMENT					Report MO GEO	Report DAILY MX			Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	46.6	85.6	lb/d	******	21.5	23	mg/L	2	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34 4 MO AVG	55 1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		79%	******	******	%			
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB

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NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
Bill Necessary	Bill Necessary	765 468 6701	06 04 08
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND
ATTN MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-004
Approval Expires 05-31-98

Revised ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	05/01/08			TO	05/31/08		

*** Mark box if NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

For any questions call Dan Knowles at 317-232-0019

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	7.67	Mgal/ mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
B. II Necessary	Bill Necessary	765 468-6701	06	04	08
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W W T P			IN0021512
Certified Operator Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2009
Month # 5 May	Year 2008	E-mail address	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("X" if occurred)	Collection System ("X" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D O (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E Coli colony/100 ml	Upstream Gage Reading (in)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Thu							0 107						0 135													
2	Fri							0 094						0 128													
3	Sat	1 1						0 227						0 198													
4	Sun							0 072						0 089													
5	Mon							0 13						0 137													
6	Tue							0 108						0 132													
7	Wed		6'0					0 102	7 8	137	81		23	0 127	9 0	23	60		0 18	9 0			40				6'0
8	Thu	2 7						0 365						0 157													
9	Fri	1 5						0 585						0 209													
10	Sat							0 54						0 282													
11	Sun	0 8						0 339						0 302													
12	Mon	0 6						0 706						0 428													
13	Tue							0 38						0 467													
14	Wed	1 1	6'6					0 254	7 9	68	70		7 1	0 446	9 0	23	72		0 47	10 3			1260				6'6
15	Thu							0 527						0 407													
16	Fri							0 32						0 493													
17	Sat							0 228						0 376													
18	Sun	0 4						0 204						0 335													
19	Mon							0 201						0 325													
20	Tue	0 1						0 18						0 309													
21	Wed		6'6					0 141	8 0	110	59		22	0 274	8 9	22	84		0 15	11 1			30				6'6
22	Thu							0 127						0 259													
23	Fri							0 117						0 239													
24	Sat							0 115						0 226													
25	Sun							0 114						0 196													
26	Mon							0 098						0 189													
27	Tue							0 119						0 151													
28	Wed	0 2	6'0					0 101	8 1	104	57		28	0 174	9 0	18	54		0 11	6 3			210				6
29	Thu							0 099						0 169													
30	Fri							0 094						0 157													
31	Sat	0 2						0 087						0 155													
Avgerage		0 87						0 220613		105	67		20 0	0 247452		21 5	67 5		0 228	9 2			133				6
Maximum		2 7						0 706	8 1	137	81		28	0 493	9 0	23	84		0 47	11 1			1260				6
Minimum								0 072	7 8	68	57		7 1	0 089	8 9	18	54		0 11	6 3			30				6
Totals		8 7		0	0	0	0	6 839																			

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.

Kenny Marquis 6-10-08
Signature of Certified Operator — Date

Phone Number 765-468-6701

Bill Necessary 6-16-08
Signature of Officer Principal Executive or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility	Permit Number	For Month Of	Year
Farmland W W T P	IN0021512	May	2008

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3								
4								
5								
6								
7	116 61	68 95		19 58	24 3757	63 5889		0 19077
8								
9								
10								
11								
12								
13								
14	144 13	148 37		15 05	85 603	267 975		1 74928
15								
16								
17								
18								
19								
20								
21	129 43	69 42		25 89	50 3037	192 069		0 34298
22								
23								
24								
25								
26								
27								
28	87 66	48 04		23 60	26 1365	78 4098		0 15972
29								
30								
31								
Avg	119 46	83 70		21 03	46 6047	150 51		0 61069
Max	144 13	148 37		25 89	85 603	267 975		1 74928
Min	87 66	48 04		15 05	24 3757	63 5889		0 15972

Enter Comments Below

algae bloom in both lagoons, heavy debris on surface from turnover

Removal Rates:

Overall BOD removal 79%

Overall TSS removal -1%

Monthly Totals:

Influent flow (mg) 6 839

Effluent flow (mg) 7 671

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

Jim Maguire — 6-10-08

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Bill Necessary — 6-16-08

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND
ATTN: MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	06	01	08	TO	06	30	08

Form Approved
OMB No 2040-004
Approval Expires 05-31-98

IN0021512001A62008

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	QUANTITY OR LOADING Maximum	Units	QUALITY OR CONCENTRATION Minimum	QUALITY OR CONCENTRATION Average	QUALITY OR CONCENTRATION Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
pH	SAMPLE MEASUREMENT	******	******		8.8	******	9.0	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	123	221	lb/d	******	55.5	71	mg/L	2	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96 4 MO AVG	144 6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	1.3	2.5	lb/d	******	.638	1.3	mg/L	Ø	1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.253	.574	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
E coli, colony forming units (CFU)	SAMPLE MEASUREMENT	******	******		******	177	1350	CFU/100mL	Ø	1/7	Grab
51041 1 0 0 Effluent Gross	PERMIT REQUIREMENT					Report MO GEO	Report DAILY MX			Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	56.3	78.3	lb/d	******	28.8	53	mg/L	4	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55 1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		61%	******	******	%			
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB

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 or imprisonment for knowing violations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Bill Necessary	Bill Necessary	765 468-6701	07	02	08
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND

ATTN: MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-004
Approval Expires 05-31-98

Revised. ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	06/01/08			TO	06/30/08		

*** Mark box if NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

For any questions call Dan Knowles at 317-232-0019

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	7.85	Mgal/ mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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 or imprisonment for knowing violations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Bill Necessary	Bill Necessary	7654687601	07	02	08
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W W T P			IN0021512
Certified Operator Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2009
Month # 6 June	Year 2008	E-mail address	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D O (mg/l)	Residual Chlorine (mg/l) (Cont Tank)	Residual Chlorine (mg/l) (Final)	E Coli colony/100 ml	Upstream Gage Reading (in)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft)
1	Sun							0 103						0 157													
2	Mon							0 111						0 14													
3	Tue							0 095						0 132													
4	Wed	6	6'6"					0 259	7 9	78	90		2 6	0 169	9 0	53	53		0 34	4 1			1350				6'6"
5	Thu	0 3						0 834						0 318													
6	Fri							0 362						0 341													
7	Sat	0 2						0 178						0 321													
8	Sun	0 8						0 244						0 342													
9	Mon							0 19						0 366													
10	Tue	3						0 444						0 388													
11	Wed		6'6"					0 684	7 6	25	110		6 2	0 552	8 9	17	48		0 55	5 4			800				6'6"
12	Thu							0 303						0 574													
13	Fri							0 127						0 529													
14	Sat	0 4						0 218						0 272													
15	Sun							0 174						0 288													
16	Mon	0 5						0 151						0 268													
17	Tue							0 134					19	0 25					0 36				20				
18	Wed		6'0"					0 118	7 9	51	52			0 235	9 0	17	50			5 0							6'0"
19	Thu							0 107						0 218													
20	Fri							0 098						0 198													
21	Sat							0 1						0 184													
22	Sun	1						0 119						0 156													
23	Mon	1						0 173						0 166													
24	Tue							0 112						0 164													
25	Wed		6'0"					0 1	7 7	140	59		35	0 167	8 8	28	71		1 3	2 8			60				6'0"
26	Thu	0 3						0 101						0 165													
27	Fri	0 5						0 116						0 163													
28	Sat	0 4						0 113						0 166													
29	Sun	2 5						0 233						0 154													
30	Mon							0 282						0 177													
								0 181						0 135													
Avgerage		1 3						0 211742		74	78		15 7	0 253387		28 8	55 5		0 638	4 3			177				
Maximum		6						0 834	7 9	140	110		35	0 574	9 0	53	71		1 3	5 4			1350				
Minimum								0 095	7 6	25	52		2 6	0 132	8 8	17	48		0 34	2 8			20				
Totals		16 9		0	0	0	0	6 564																			

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

Kenny Marquis 7/2/08
Signature of Certified Operator — Date

Phone Number 765-468-6701

Bill Nesseary 7-7-08
Signature of Officer, Principal Executive or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility	Permit Number	For Month Of	Year
Farmland W W T P	IN0021512	June	2008

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3								
4	168 59	194 52		5 62	74 7462	74 7462		0 4795
5								
6								
7								
8								
9								
10								
11	142 70	627 88		35 39	78 3095	221 109		2 53354
12								
13								
14								
15								
16								
17				21 25				0 75105
18	50 22	51 20			33 3383	98 0538		
19								
20								
21								
22								
23								
24								
25	116 83	49 24		29 21	39 0212	98 9467		1 8117
26								
27								
28								
29								
30								
Avg	119 58	230 71		22 87	56 3538	123 214		1 39395
Max	168 59	627 88		35 39	78 3095	221 109		2 53354
Min	50 22	49 24		5 62	33 3383	74 7462		0 4795

Enter Comments Below

high ph, large amounts of algae, consistant rainfall

Removal Rates:

Overall BOD removal 61%

Overall TSS removal 29%

Monthly Totals:

Influent flow (mg) 6 564

Effluent flow (mg) 7 855

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Kenny Marquis — 7-2-08

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Bill Necessary — 7-7-08

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-004
Approval Expires 05-31-98

IN0021512001A72008

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

Revised: ☐

PERMIT NUMBER	PERMITTED FEATURE
IN0021512	001 A

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	07/01/08			TO	07/31/08		

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	SAMPLE MEASUREMENT	******	******		8.8	******	9.0	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	82.8	113.9	lb/d	******	59.4	73	mg/L	Ø	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96 4 MO AVG	144 6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	10.2	45.3	lb/d	******	8.18	36	mg/L	Ø	1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.159	.233	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
E coli, colony forming units (CFU)	SAMPLE MEASUREMENT	******	******		******	37	850	CFU/100mL	Ø	1/7	Grab
51041 1 0 0 Effluent Gross	PERMIT REQUIREMENT					Report MO GEO	Report DAILY MX			Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	30.8	37.1	lb/d	******	22.2	26	mg/L	Ø	5/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		82%	******	******	%	1		
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB

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 or imprisonment for knowing violations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Bill Necessary	Bill Necessary	765 468-6701	08	11	08
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN. MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-004
Approval Expires 05-31-98

IN0021512001A72008

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

Revised: ☐

PERMIT NUMBER	PERMITTED FEATURE
IN0021512	001 A

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	07/01/08			TO	07/31/08		

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	4.95	Mgal/ mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report							Monthly	RCOTOT
			MO TOTAL								

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NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Bill Necessary	Bill Necessary	765 468-6701	08	11	08
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/08)

Name of Facility		Permit Number
Farmland W W T P		IN0021512
Certified Operator Name	Class / Certificate Number / Expiration Date	
Kenny Marquis	1-sp / 12585 / 6/30/2009	
Month # 7 July	Year 2008	E-mail address

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("X" if occurred)	Collection System ("X" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D O (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E Coli colony/100 ml	Upstream Gage Reading (in)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Tue							0 168						0 167													
2	Wed		6'0					0 123	7 9	99	34		25	0 167	8 8	26	60		1	3 2			850				6'0
3	Thu	0 6						0 118						0 165													
4	Fri	2						0 429						0 162													
5	Sat							0 23						0 191													
6	Sun							0 141						0 151													
7	Mon							0 131						0 156													
8	Tue							0 127						0 169													
9	Wed	0 2	6'0					0 113	7 8	116	47		25	0 187	8 9	23	73		0 07	2 9			10				6'0
10	Thu							0 109						0 194													
11	Fri							0 105						0 179													
12	Sat	0 1						0 098						0 165													
13	Sun	3						0 376						0 217													
14	Mon							0 212						0 233													
15	Tue							0 138						0 216													
16	Wed		6'0					0 116	7 8	92	22		29	0 212	9 0	21	63		0 76	2 9			80				6'0
17	Thu							0 098						0 178													
18	Fri							0 1						0 169													
19	Sat							0 084						0 139													
20	Sun	0 9						0 129						0 175													
21	Mon	0 1						0 09						0 141													
22	Tue	0 7						0 113						0 152													
23	Wed		6'0					0 098	7 8	127	57		29	0 151	8 8	20	30		36	2 6			10				6
24	Thu							0 092						0 136													
25	Fri							0 083						0 11													
26	Sat							0 079						0 102													
27	Sun							0 107						0 111													
28	Mon							0 085						0 082													
29	Tue							0 089						0 127													
30	Wed		6'0					0 082	7 8	195	133		33	0 114	8 9	21	71		3 1	3 5			10				6'0
31	Thu							0 181						0 135													
Avgerage		0 95						0 136839		126	59		28 2	0 159774		22 2	59 4		8 186	3 0			37				6
Maximum		3						0 429	7 9	195	133		33	0 233	9 0	26	73		36	3 5			850				6
Minimum								0 079	7 8	92	22		25	0 082	8 8	20	30		0 07	2 6			10				6
Totals		7 6		0	0	0	0	4 242																			

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

Kenny Marquis 8/11/08
Signature of Certified Operator — Date

Phone Number 765-468-6701

Bill Ramsay 8-12-08
Signature of Officer Principal Executive or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility	Permit Number	For Month Of	Year
Farmland W W T P	IN0021512	July	2008

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2	101 62	34 90		25 66	36 234	83 6169		1 39362
3								
4								
5								
6								
7								
8								
9	109 39	44 32		23 57	35 8918	113 918		0 10924
10								
11								
12								
13								
14								
15								
16	89 06	21 30		28 07	37 1519	111 456		1 34455
17								
18								
19								
20								
21								
22								
23	103 86	46 62		23 72	25 2019	37 8029		45 3634
24								
25								
26								
27								
28								
29								
30	133 44	91 01		22 58	19 9779	67 5444		2 94912
31								
Avg	107 47	47 63		24 72	30 8915	82 8675		10 232
Max	133 44	91 01		28 07	37 1519	113 918		45 3634
Min	89 06	21 30		22 58	19 9779	37 8029		0 10924

Enter Comments Below

high algae content

Removal Rates:

Overall BOD removal 82%

Overall TSS removal -1%

Monthly Totals:

Influent flow (mg) 4 242

Effluent flow (mg) 4 953

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

Jenny Mangus — 8-11-08

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Bill Neussary — 8-12-08

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340
FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-004
Approval Expires 05-31-98

Revised. ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	08/01/08			TO	08/31/08		

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	QUANTITY OR LOADING Maximum	Units	QUALITY OR CONCENTRATION Minimum	QUALITY OR CONCENTRATION Average	QUALITY OR CONCENTRATION Maximum	Units	NO EX	Frequency of Analysis	Sample Type
pH	SAMPLE MEASUREMENT	******	******		8.7	******	9.0	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	58.0	89.9	lb/d	******	72 3	84	mg/L	1	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96 4 MO AVG	144 6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.35	1.0	lb/d	******	.56	1.1	mg/L	Ø	1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.093	.191	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
E coli, colony forming units (CFU)	SAMPLE MEASUREMENT	******	******		******	76	570	CFU/100mL	Ø	1/7	Grab
51041 1 0 0 Effluent Gross	PERMIT REQUIREMENT					Report MO GEO	Report DAILY MX			Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	18.6	29.9	lb/d	******	22.8	25	mg/L	Ø	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		84%	******	******	%			
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB

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 or imprisonment for knowing violations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
B: Il Necessary	Bill Necessary	765 68-6701	09	04	08
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND IN

ATTN: MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-004
Approval Expires 05-31-98

* I N 0 0 2 1 5 1 2 0 0 1 A 8 2 0 0 8 *

For any questions call Dan Knowles at 317-232-0019

Revised: ☐

PERMIT NUMBER	PERMITTED FEATURE
IN0021512	001 A

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	08/01/08			TO	08/31/08		

*** Mark box if NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	2.89	Mgal/ mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report							Monthly	RCOTOT
			MO TOTAL								

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 or imprisonment for knowing violations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Bill Necessary	Bill Necessary	765 468-6701	09	04	08
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W W T P			IN0021512
Certified Operator Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2009
Month # 8 August	Year 2008	E-mail address	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D O (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E Coli colony/100 ml	Upstream Gage Reading (in)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft)
1	Fri							0 079						0 097													
2	Sat	1 3"						0 115						0 112													
3	Sun							0 097						0 111													
4	Mon							0 089						0 088													
5	Tue	3 0"						0 198					3 9	0 109					1 1				570				
6	Wed	8"	6'0"					0 386	7 6	47	16			0 189	8 7	19	57			4 1							6'0"
7	Thu							0 136						0 191													
8	Fri							0 11						0 175													
9	Sat							0 096						0 153													
10	Sun							0 096						0 146													
11	Mon							0 1						0 135													
12	Tue							0 098						0 127													
13	Wed		6'0"					0 079	7 8	164	28		37	0 113	8 9	25	78		0 02	4 6			150				6'0"
14	Thu							0 086						0 11													
15	Fri							0 081						0 091													
16	Sat							0 078						0 082													
17	Sun							0 08						0 078													
18	Mon							0 087						0 072													
19	Tue							0 086						0 076													
20	Wed		6'0"					0 073	7 9	180	77		42	0 067	9 0	22	70		0 03	3 8			20				6'0"
21	Thu							0 081						0 069													
22	Fri							0 085						0 068													
23	Sat							0 076						0 064													
24	Sun							0 087						0 071													
25	Mon							0 08						0 055													
26	Tue							0 077						0 045													
27	Wed		6'0"					0 083	7 8	173	7		41	0 042	8 8	25	84		1 1	3 6			20				6'0"
28	Thu							0 079						0 044													
29	Fri							0 077						0 045													
30	Sat							0 069						0 04													
31	Sun							0 074						0 033													
Avgerage								0 100581		141	32		31 0	0 093484		22 8	72 3		0 563	4 0			76				
Maximum								0 386	7 9	180	77		42	0 191	9 0	25	84		1 1	4 6			570				
Minimum								0 069	7 6	47	7		3 9	0 033	8 7	19	57		0 02	3 6			20				
Totals		0		0	0	0	0	3 118																			

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

Kenny Marquis 9/8/08
Signature of Certified Operator — Date

Phone Number 765-468-6701

Bill Nelson 9-10-08
Signature of Officer Principal Executive or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility	Permit Number	For Month Of	Year
Farmland W W T P	IN0021512	August	2008

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3								
4								
5				6 44				1 00057
6	151 39	51 54			29 9669	89 9007		
7								
8								
9								
10								
11								
12								
13	108 12	18 46		24 39	23 5746	73 5528		0 01886
14								
15								
16								
17								
18								
19								
20	109 65	46 91		25 59	12 3005	39 1381		0 01677
21								
22								
23								
24								
25								
26								
27	119 83	4 85		28 40	8 76225	29 4412		0 38554
28								
29								
30								
31								
Avg	122 25	30 44		21 21	18 6511	58 0082		0 35543
Max	151 39	51 54		28 40	29 9669	89 9007		1 00057
Min	108 12	4 85		6 44	8 76225	29 4412		0 01677

Enter Comments Below

high algae content

Removal Rates:

Overall BOD removal 84%

Overall TSS removal -126%

Monthly Totals:

Influent flow (mg) 3 118

Effluent flow (mg) 2 898

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

Tommy Mangum — 9-8-08

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Bill Meissany — 9-10-08

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

MO	DAY	YEAR		MO	DAY	YEAR
FROM 09	01	08	TO	09	30	08

Form Approved
OMB No 2040-004
Approval Expires 05-31-98

IN0021512001A92008

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	QUANTITY OR LOADING Maximum	Units	QUALITY OR CONCENTRATION Minimum	QUALITY OR CONCENTRATION Average	QUALITY OR CONCENTRATION Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
pH	SAMPLE MEASUREMENT	******	******		8.4	******	8.8	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	13.8	21.1	lb/d	******	39	65	mg/L	Ø	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96 4 MO AVG	144 6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	1.05	1.77	lb/d	******	2.65	4.1	mg/L	Ø	1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.053	.135	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per aWeek	TOTALZ
E coli, colony forming units (CFU)	SAMPLE MEASUREMENT	******	******		******	32	200	CFU/100mL	Ø	1/7	Grab
51041 1 0 0 Effluent Gross	PERMIT REQUIREMENT					Report MO GEO	Report DAILY MX			Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	5.6	7.8	lb/d	******	15	18	mg/L	Ø	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		91%	******	******	%	Ø		
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB

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 or imprisonment for knowing violations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Bill Necessary	Bill Necessary	765 468 6101	10	03	08
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND IN

ATTN MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

MO	DAY	YEAR		MO	DAY	YEAR
FROM	09	01/08	TO	09	30	08

** I N 0 0 2 1 5 1 2 0 0 1 A 9 2 0 0 8 **

For any questions call Dan Knowles at 317-232-0019

**** Mark box if NO DISCHARGE* ☐ *****

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	1.64	Mgal/ mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report							Monthly	RCOTOT
			MO TOTAL								

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NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
B: Il Necessary	Bill Necessary	765 468 6701	10	03	08
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W W T P			IN0021512
Certified Operator Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2009
Month # 9 September	Year 2008	E-mail address	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("X" if occurred)	Collection System ("X" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D O (mg/l)	Residual Chlorine (mg/l) (Cont Tank)	Residual Chlorine (mg/l) (Final)	E Coli colony/100 ml	Upstream Gage Reading (in)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Mon							0 073						0 032													
2	Tue							0 083						0 041													
3	Wed		6'0					0 075	7 7	218	96		38	0 039	8 8	15	65		0 8	2 9			50				6'0
4	Thu							0 081						0 044													
5	Fri	0 1						0 071						0 042													
6	Sat							0 09						0 048													
7	Sun							0 062						0 027													
8	Mon							0 09						0 031													
9	Tue	0 5						0 107						0 031													
10	Wed		6'0					0 081	8 0	182	70		38	0 038	8 8	17	50		3 1	5 2			10				6'0
11	Thu							0 087						0 03													
12	Fri	0 2						0 104						0 062													
13	Sat	0 2						0 09						0 059													
14	Sun							0 087						0 063													
15	Mon	0 2						0 094						0 054													
16	Tue							0 09					43	0 054					2 8				10				
17	Wed		6'0					0 078	8 0	146	65			0 056	8 4	10	18			4 0							6'0
18	Thu							0 082						0 059													
19	Fri							0 094						0 058													
20	Sat	0 1						0 076						0 057													
21	Sun							0 081						0 051													
22	Mon							0 099						0 061													
23	Tue							0 084						0 055													
24	Wed		6'0					0 075	8 1	144	16		40	0 052	8 6	18	23		4 1	4 3			200				6'0
25	Thu							0 084						0 057													
26	Fri							0 078						0 061													
27	Sat							0 077						0 066													
28	Sun							0 085						0 063													
29	Mon							0 088						0 057													
30	Tue	0 1						0 085						0 064													
								0 181						0 135													
Avgerage		0 2						0 086839		173	62		39 8	0 053065		15 0	39 0		2 65	4 1			32				
Maximum		0 5						0 181	8 1	218	96		43	0 135	8 8	18	65		4 1	5 2			200				
Minimum								0 062	7 7	144	16		38	0 027	8 4	10	18		0 6	2 9			10				
Totals		1 4		0	0	0	0	2 692																			

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

Kenny Marquis 10-3-08
Signature of Certified Operator — Date

Phone Number 765-468-6701

Bill Necessary 10-6-08
Signature of Officer Principal Executive, or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility	Permit Number	For Month Of	Year
Farmland W W T P	IN0021512	September	2008

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3	136 44	60 08		23 78	4 88183	21 1548		0 19527
4								
5								
6								
7								
8								
9								
10	123 02	47 32		25 69	5 39087	15 8555		0 98304
11								
12								
13								
14								
15								
16				32 30				1 26176
17	95 03	42 31			4 6732	8 41176		
18								
19								
20								
21								
22								
23								
24	90 13	10 01		25 04	7 81092	9 98062		1 77915
25								
26								
27								
28								
29								
30								
Avg	111 16	39 93		26 70	5 6892	13 8508		1 05481
Max	136 44	60 08		32 30	7 81092	21 1546		1 77915
Min	90 13	10 01		23 78	4 6732	8 41176		0 19527

Enter Comments Below

enter Comments Below high algae content, extremely dry conditions

Removal Rates:

Overall BOD removal 91%

Overall TSS removal 37%

Monthly Totals:

Influent flow (mg) 2 692

Effluent flow (mg) 1 645

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Kenny Marquis 10-3-08

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Bill Meenan 10-6-08

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340
FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10/01/08			TO	10/31/08		

I N 0 0 2 1 5 1 2 0 0 1 A 1 0 2 0 0 8

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	SAMPLE MEASUREMENT	******	******		8.8	******	9.0	SU	Ø	5/7	Grab
00400 1 0 0	PERMIT REQUIREMENT				6		9			Weekly	GRAB
Effluent Gross					DAILY MN		DAILY MX				
Solids, total suspended	SAMPLE MEASUREMENT	27.6	40.2	lb/d	******	55	68	mg/L	Ø	1/7	Grab
00530 1 0 0	PERMIT REQUIREMENT	96.4	144 6			70	105			Weekly	GRAB
Effluent Gross		MO AVG	MX WK AV			MO AVG	MX WK AV				
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.76	1.88	lb/d	******	1.60	3.9	mg/L	Ø	1/7	Grab
00610 1 0 0	PERMIT REQUIREMENT	Report	Report			Report	Report			Weekly	GRAB
Effluent Gross		MO AVG	MX WK AV			MO AVG	MX WK AV				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.058	.084	Mgal/d	******	******	******				
50050 1 0 0	PERMIT REQUIREMENT	Report	Report							Five Per Week	TOTALZ
Effluent Gross		MO AVG	MX WK AV								
E coli, colony forming units (CFU)	SAMPLE MEASUREMENT	******	******		******	176	930	CFU/100mL	Ø	1/7	Grab
51041 1 0 0	PERMIT REQUIREMENT					Report	Report			Weekly	GRAB
Effluent Gross						MO GEO	DAILY MX				
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	9.2	12.4	lb/d	******	18.4	21	mg/L	Ø	1/7	Grab
80082 1 0 0	PERMIT REQUIREMENT	34.4	55.1			25	40			Weekly	GRAB
Effluent Gross		MO AVG	MX WK AV			MO AVG	MX WK AV				
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		90%	******	******	%	Ø		
80091 K 0 0	PERMIT REQUIREMENT				85					Weekly	GRAB
Percent Removal					MO AV MN						

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 or imprisonment for knowing violations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
HAZEL LEWIS	Hazel Lewis VP	765 468-6701	11	07	08
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340
FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-004
Approval Expires 05-31-98

Revised: ☐

PERMIT NUMBER	PERMITTED FEATURE
IN0021512	001 A

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10/01/08			TO	10/31/08		

IN0021512001A102008

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	1.80	Mgal/ mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report							Monthly	RCOTOT
			MO TOTAL								

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NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
HAZEL LEWIS	Hazel Lewis VP	765 468-6701	11	07	08
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W W T P			IN0021512
Certified Operator Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2009
Month # 10 October	Year 2008	E-mail address	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D O (mg/l)	Residual Chlorine (mg/l) (Cont Tank)	Residual Chlorine (mg/l) (Final)	E Coli colony/100 ml	Upstream Gage Reading (in)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Wed		6'0					0 075	8 0	164	51		42	0 058	8 8	13	42		3 9	6 5			210				6'0
2	Thu							0 08						0 058													
3	Fri							0 085						0 05													
4	Sat							0 068						0 04													
5	Sun							0 085						0 017													
6	Mon							0 074						0 046													
7	Tue							0 084						0 076													
8	Wed	0 4	6'0					0 08	8 1	183	87		30	0 062	8 9	21	48		0 47	5 7			430				6'0
9	Thu	0 1						0 087						0 047													
10	Fri							0 073						0 047													
11	Sat							0 072						0 05													
12	Sun							0 076						0 049													
13	Mon							0 083						0 05													
14	Tue							0 086					50	0 058					2 6				40				
15	Wed	0 1	6'0					0 089	8 1	186	98			0 055	9 0	18	54			5 6							6'0
16	Thu	0 5						0 112						0 068													
17	Fri							0 081						0 069													
18	Sat							0 071						0 059													
19	Sun							0 08						0 058													
20	Mon							0 087						0 065													
21	Tue							0 072						0 067													
22	Wed		6'0					0 074	8 1	178	74		49	0 052	8 9	19	65		0 93	8 6			50				6'0
23	Thu							0 071						0 081													
24	Fri	0 2						0 069						0 06													
25	Sat	0 7						0 153						0 084													
26	Sun							0 095						0 071													
27	Mon							0 087						0 075													
28	Tue		6'0					0 078	8 0	191	83		38	0 071	9 0	21	68		0 12	10 4			930				6'0
29	Wed							0 069						0 06													
30	Thu							0 079						0 062													
31	Fri							0 078						0 061													
Avgerage		0 3333						0 08171		180	79		41 8	0 058129		18 4	55 4		1 604	7 4			176				
Maximum		0 7						0 153	8 1	191	98		50	0 084	9 0	21	68		3 9	10 4			930				
Minimum								0 066	8 0	164	51		30	0 017	8 8	13	42		0 12	5 6			40				
Totals		2		0	0	0	0	2 533																			

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

Kenny Marquis — 11-07-08
Signature of Certified Operator — Date

Phone Number 765-468-6701

Daniel Lewis, VP — 11-13-08
Signature of Officer Principal Executive, or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility	Permit Number	For Month Of	Year
Farmland W W T P	IN0021512	October	2008

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1	102 64	31 92		26 29	6 29213	20 3284		1 88764
2								
3								
4								
5								
6								
7								
8	122 17	58 08		20 03	10 8652	24 8347		0 24317
9								
10								
11								
12								
13								
14				27 54				1 21503
15	138 14	72 79			8 26155	24 7847		
16								
17								
18								
19								
20								
21								
22	109 92	45 70		30 26	8 24486	28 2061		0 40356
23								
24								
25								
26								
27								
28	124 32	54 03		24 73	12 4424	40 2897		0 0711
29								
30								
31								
Avg	119 44	52 50		25 77	9 22123	27 6887		0 7641
Max	138 14	72 79		30 26	12 4424	40 2897		1 88764
Min	102 64	31 92		20 03	6 29213	20 3284		0 0711

Enter Comments Below

enter Comments Below high algae content, extremely dry conditions

Removal Rates:

Overall BOD removal 90%

Overall TSS removal 30%

Monthly Totals:

Influent flow (mg) 2 533

Effluent flow (mg) 1 802

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

Kenny Marquis 11-07-08

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Hazel Lewis VP 11-13-08

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Phone. 765-468-6701
FAX: 765-468-7067

TOWN OF FARMLAND

104 E. Henry Street
P.O. Box 336
Farmland, IN 47340

Indiana Dept. Of Environmental Mgmt.
Office Of Water Quality

To Whom It May Concern,

Along with this notice is our monthly report of operation. Due to a death of our Town Council President, Bill Necessary I am having our vice-president sign the appropriate reports. Ms. Hazel Lewis is the vice-president and will be moving to the presidents position upon the appointment of a new town board member. This process may take 30 days or possibly longer based on the political process. Thank you for your understanding during this unusual situation.

Kenny E. Marquis
Utilities Supt./Town Of Farmland

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11	01	08	TO	11	30	08

IN0021512001A112008

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	SAMPLE MEASUREMENT	******	******		8.9	******	9.0	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	32.5	47.7	lb/d	******	50	67	mg/L	Ø	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144 6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.463	.832	lb/d	******	.568	1.0	mg/L	Ø	1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.109	.63	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	13.9	24.4	lb/d	******	19.8	23	mg/L	Ø	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34 4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		90%	******	******	%	Ø	1/7	Grab
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB
Flow, total	SAMPLE MEASUREMENT	******	3.37	Mgal/mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	12	09	08
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND IN

ATTN: MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-004
Approval Expires 05-31-98

IN0021512001A11200 8

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

Revised: ☐

PERMIT NUMBER	PERMITTED FEATURE
IN0021512	001 A

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11/01/08			TO	11/30/08		

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			

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 or imprisonment for knowing violations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	12	09	08
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W W T P			IN0021512
Certified Operator Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2009
Month # 11 November	Year 2008	E-mail address	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent									Controlled Discharge			
Day of the Month	Day of the Week	Precip - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("X" if occurred)	Collection System ("X" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D O (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E Coli colony/100 ml	Upstream Gage Reading (in)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Sat							0 66						0 63													
2	Sun							0 08						0 068													
3	Mon							0 093						0 067													
4	Tue							0 081						0 067													
5	Wed		6'0					0 088	7 9	234	91		42	0 054	9 0	23	67		0 23	8 5							6'0
6	Thu							0 053						0 062													
7	Fri							0 076						0 063													
8	Sat							0 089						0 061													
9	Sun							0 078						0 051													
10	Mon							0 091						0 051													
11	Tue							0 082						0 052													
12	Wed		6'0					0 077	7 9	202	100		45	0 059	8 9	19	62		0 29	10 8							6'0
13	Thu	0 6						0 144						0 079													
14	Fri							0 1						0 097													
15	Sat	0 8						0 162						0 102													
16	Sun	0 3						0 283						0 155													
17	Mon							0 139						0 143													
18	Tue							0 092						0 142													
19	Wed		6'0					0 086	7 9	206	98		39	0 133	8 9	22	43		0 75	12 6							6'0
20	Thu							0 087						0 133													
21	Fri							0 078						0 12													
22	Sat							0 073						0 106													
23	Sun							0 088						0 1													
24	Mon	0 2						0 093						0 087													
25	Tue							0 097						0 102													
26	Wed		6'0					0 077	7 9	187	61		41	0 093	8 9	15	28		1	14 3							6'0
27	Thu							0 092						0 099													
28	Fri							0 08						0 094													
29	Sat							0 092						0 096													
30	Sun							0 071						0 078													
								0 181						0 135													
Avgerage		0 475						0 117516		207	88		41 8	0 109		19 8	50 0		0 568	11 6						
Maximum		0 8						0 66	7 9	234	100		45	0 63	9 0	23	67		1	14 3							
Minimum								0 053	7 9	187	61		39	0 051	8 9	15	28		0 23	8 5							
Totals		1 9		0	0	0	0	3 643																			

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

Kenny Marquis 12/9/08
Signature of Certified Operator — Date

Phone Number 765-468-6701

Wayne Reeves 12-12-08
Signature of Officer, Principal Executive or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant
(Version 12/06)

Name of Facility	Permit Number	For Month Of	Year
Farmland W W T P	IN0021512	November	2008

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3								
4								
5	132 79	51 64		23 83	10 3645	30 1922		0 10364
6								
7								
8								
9								
10								
11								
12	129 80	64 26		28 92	9 35475	30 526		0 14278
13								
14								
15								
16								
17								
18								
19	147 84	70 33		27 99	24 4175	47 7251		0 83241
20								
21								
22								
23								
24								
25								
26	120 16	39 20		26 35	11 6413	21 7304		0 77609
27								
28								
29								
30								
Avg	132 65	56 36		26 77	13 9445	32 5434		0 46373
Max	147 84	70 33		28 92	24 4175	47 7251		0 83241
Min	120 16	39 20		23 83	9 35475	21 7304		0 10364

Enter Comments Below

enter Comments Below high algae content, extremely dry conditions

Removal Rates:

Overall BOD removal 90%

Overall TSS removal 43%

Monthly Totals:

Influent flow (mg) 3 643

Effluent flow (mg) 3 379

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Jenny Marquis — 12-9-08

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Hazel Lewis — 12-12-08

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-004
Approval Expires 05-31-98

* I N 0 0 2 1 5 1 2 0 0 1 A 1 2 2 0 0 8 *

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

Revised: ☐

PERMIT NUMBER	PERMITTED FEATURE
IN0021512	001 A

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	01	08	TO	12	31	08

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	SAMPLE MEASUREMENT	******	******		8.2	******	8.8	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	35.3	81.9	lb/d	******	16.6	25	mg/L	Ø	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144 6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	10.0	25.7	lb/d	******	3.68	5.5	mg/L	Ø	1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.249	.595	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	27.2	60.7	lb/d	******	12.6	15	mg/L	1	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		85%	******	******	%	Ø	1/7	Grab
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB
Flow, total	SAMPLE MEASUREMENT	******	7.73	Mgal/mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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 or imprisonment for knowing violations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765	01	06	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND IN

ATTN: MR DUANE L COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No 2040-004
Approval Expires 05-31-98

Revised: ☐

PERMIT NUMBER	PERMITTED FEATURE
IN0021512	001 A

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12/01/08			TO	12/31/08		

IN0021512001A12200 8

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			

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NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6791	01	06	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W W T P			IN0021512
Certified Operator Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2009
Month # 12 December	Year 2008	E-mail address	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent									Controlled Discharge			
Day of the Month	Day of the Week	Precip - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("X" if occurred)	Collection System ("X" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D O (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E Coli colony/100 ml	Upstream Gage Reading (in)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Mon							0 129					-	0 084													
2	Tue							0 106						0 089													
3	Wed		6'0					0 091	7 8	210	90		21	0 084	8 8	15	20		1 7	11 6							6'0
4	Thu							0 099						0 091													
5	Fri							0 096						0 081													
6	Sat	1						0 091						0 071													
7	Sun							0 103						0 092													
8	Mon							0 086						0 073													
9	Tue	0 1						0 084						0 089													
10	Wed	1	6'0					0 445	8 0	61	35		8 8	0 129	8 6	12	13		2 5	15 1							6'0
11	Thu							0 232						0 158													
12	Fri							0 138						0 159													
13	Sat	1						0 106						0 15													
14	Sun	0 3						0 131						0 178													
15	Mon	0 3						0 163						0 163													
16	Tue							0 115						0 14													
17	Wed		6'0					0 121	8 0	91	45		21	0 158	8 4	12	15		4	10 6							6'0
18	Thu							0 112						0 162													
19	Fri	1 5						0 237						0 183													
20	Sat							0 79						0 379													
21	Sun							0 371						0 339													
22	Mon							0 21					-	0 22													
23	Tue							0 171						0 24													
24	Wed	1 5	6'0					0 399	7 7	15	10		17	0 393	8 2	11	25		4 7	11 1							6'0
25	Thu							0 712						0 52													
26	Fri							0 341						0 499													
27	Sat							0 73						0 521													
28	Sun	0 6						0 753						0 565													
29	Mon							0 504						0 595													
30	Tue		6'0					0 301	7 9	37	13		6 2	0 56	8 2	13	10		5 5	10 3							6'0
31	Wed							0 243						0 567													
Avgerage		0 8111						0 264839		83	39		14 8	0 249419		12 6	16 6		3 68	11 7							
Maximum		1 5						0 79	8 0	210	90		21	0 595	8 8	15	25		5 5	15 1							
Minimum								0 084	7 7	15	10		6 2	0 071	8 2	11	10		1 7	10 3							
Totals		7 3		0	0	0	0	8 21																			

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

Kenny Marquis 1-6-09

Signature of Certified Operator — Date

Phone Number 765-468-6701

Signature of Officer, Principal Executive or Authorized Agent — Date 1-5-09

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility	Permit Number	For Month Of	Year
Farmland W W T P	IN0021512	December	2008

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3	159 47	68 35		15 95	10 5147	14 0196		1 19167
4								
5								
6								
7								
8								
9								
10	226 53	129 97		32 68	12 9181	13 9946		2 69126
11								
12								
13								
14								
15								
16								
17	91 89	45 44		21 20	15 8221	19 7777		5 27404
18								
19								
20								
21								
22								
23								
24	49 94	33 30		56 60	36 0754	81 9896		15 414
25								
26								
27								
28								
29								
30	92 94	32 65		15 57	60 7516	46 732		25 7026
31								
Avg	124 15	61 94		28 40	27 2164	35 3027		10 0547
Max	226 53	129 97		56 60	60 7516	81 9896		25 7026
Min	49 94	32 65		15 57	10 5147	13 9946		1 19167

Enter Comments Below

enter Comments Below

Removal Rates:

Overall BOD removal 85%

Overall TSS removal 57%

Monthly Totals:

Influent flow (mg) 8 21

Effluent flow (mg) 7 732

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Jenny Marquam — 1-6-09

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Daniel Lewis — 1-5-09

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND IN

ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0021512001A12009

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	01	01	09	TO	01	31	09

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	SAMPLE MEASUREMENT	******	******		8.0	******	8.2	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	27.5	53.0	lb/d	******	23	30	mg/L	Ø	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	10.4	19.4	lb/d	******	7.0	8.6	mg/L	Ø	1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.234	.602	Mgal/d	******	******	******		Ø		
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	24.1	50.4	lb/d	******	19.3	24	mg/L	Ø	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		85%	******	******	%	Ø	1/7	Grab
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB
Flow, total	SAMPLE MEASUREMENT	******	7.26	Mgal/mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR
Hazel Lewis	Hazel Lewis	765 468-6701	02	03	09

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

* I N 0 0 2 1 5 1 2 0 0 1 A 1 2 0 0 9 *

For any questions call Dan Knowles at 317-232-0019

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	01	01	09	TO	01	31	09

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			

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NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	02	03	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W.W.T.P.			IN0021512
Certified Operator: Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2009
Month: # 1 January	Year: 2009	E-mail address:	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Thu							0.154						0.402													
2	Fri							0.19						0.53													
3	Sat	0.2						0.146						0.426													
4	Sun							0.149						0.409													
5	Mon							0.146					20	0.353					6.6								
6	Tue	0.1						0.14						0.344													
7	Wed		6'0					0.133	7.9	109	58			0.318	8.2	19	20			10.7							6'0
8	Thu							0.135						0.256													
9	Fri	0.1						0.124						0.549													
10	Sat	0.1						0.109						0.594													
11	Sun	0.3						0.134						0.602											2.9		
12	Mon							0.136						0.599													
13	Tue	4						0.129					21	0.166					6.1								
14	Wed		6'0					0.115	8.0	111	57			0.042	8.2	14	18			12.1							6'0
15	Thu							0.129						0.086													
16	Fri	1						0.123						0.09													
17	Sat	1						0.137						0.096													
18	Sun	0.5						0.133						0.086													
19	Mon	0.1						0.125						0.085													
20	Tue	0.1						0.131						0.097													
21	Wed		6'0					0.105	8.1	122	51		24	0.092	8.1	20	24		8.6	10.4							6'0
22	Thu							0.118						0.092													
23	Fri							0.115						0.1													
24	Sat	0.1						0.12						0.098													
25	Sun	0.1						0.118						0.089													
26	Mon							0.122						0.087													
27	Tue							0.112						0.095													
28	Wed	10	6'0					0.126	8.1	185	73		29	0.129	8.0	24	30		6.8	11.7							6'0
29	Thu	2.5						0.086						0.113													
30	Fri							0.105						0.126													
31	Sat							0.106						0.116													
Avgerage		1.3467						0.127452		132	60		23.5	0.234419		19.3	23.0		7.025	11.2							
Maximum		10						0.19	8.1	185	73		29	0.602	8.2	24	30		8.6	12.1							
Minimum								0.086	7.9	109	51		20	0.042	8.0	14	18		6.1	10.4							
Totals		20.2		0	0	0	0	3.951																			

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.

Kenny Marquis 2/3/09
Signature of Certified Operator — Date

Phone Number: 765-468-6701

Daniel Lewis 2-9-09
Signature of Officer, Principal Executive, or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant
(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	January	2009

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3								
4								
5				24.37				19.4422
6								
7	120.98	64.37			50.4205	53.0742		
8								
9								
10								
11								
12								
13				22.61				8.45015
14	106.52	54.70			4.90686	6.30882		
15								
16								
17								
18								
19								
20								
21	106.90	44.69		21.03	15.3548	18.4258		6.60256
22								
23								
24								
25							0	
26								
27								
28	194.52	76.76		30.49	25.8361	32.2952		7.32023
29								
30								
31								
Avg	132.23	60.13		24.62	24.1296	27.526		10.4538
Max	194.52	76.76		30.49	50.4205	53.0742		19.4422
Min	106.52	44.69		21.03	4.90686	6.30882		6.60256

Enter Comments Below:

extreme amounts of snowfall

Removal Rates:

Overall BOD removal: 85%

Overall TSS removal: 62%

Monthly Totals:

Influent flow (mg): 3.951

Effluent flow (mg): 7.267

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.

Jenny Marquis — 2-3-09
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Hazel Lewis — 2-9-09
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	02	01	09	TO	02	28	09

* I N 0 0 2 1 5 1 2 0 0 1 A 2 2 0 0 9 *

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	QUANTITY OR LOADING Maximum	Units	QUALITY OR CONCENTRATION Minimum	QUALITY OR CONCENTRATION Average	QUALITY OR CONCENTRATION Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
pH	SAMPLE MEASUREMENT	******	******		7.9	******	8.2	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	78.5	223	lb/d	******	26.3	43	mg/L	1	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	19.4	43.3	lb/d	******	8.12	8.8	mg/L	Ø	1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.300	.667	Mgal/d	******	******	******		Ø		
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	50.1	109.3	lb/d	******	21	25	mg/L	2	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		77%	******	******	%	1	1/7	Grab
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB
Flow, total	SAMPLE MEASUREMENT	******	8.41	Mgal/mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	03	02	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND IN

ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

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For any questions call Dan Knowles at 317-232-0019

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	02	01	09	TO	02	28	09

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	03	02	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W.W.T.P.			IN0021512
Certified Operator: Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2009
Month: # 2 February	Year: 2009	E-mail address:	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Sun							0.105						0.12													
2	Mon							0.143						0.112													
3	Tue							0.12					26	0.116					7.3								
4	Wed	2	6'0					0.102	8.1	124	46			0.099	8.2	19	18			12.4							6'0
5	Thu							0.112						0.098													
6	Fri							0.114						0.104													
7	Sat							0.127						0.106													
8	Sun							0.743						0.155													
9	Mon							0.751						0.255													
10	Tue							0.643					2.9	0.27					8.8								
11	Wed	1	6.6"					0.666	7.7	29	36			0.331	7.9	19	19			7.8							6'6"
12	Thu							0.823						0.553													
13	Fri							0.719						0.62													
14	Sat							0.42						0.667													
15	Sun							0.28						0.627													
16	Mon							0.212						0.566													
17	Tue	0.1						0.208						0.656													
18	Wed	0.1	6'0					0.17	8.0	93	36			0.624	8.1	21	43			10.9							6'0
19	Thu							0.179					16	0.65					8								
20	Fri							0.155						0.612													
21	Sat							0.125						0.329													
22	Sun	1						0.144						0.073													
23	Mon							0.133						0.058													
24	Tue							0.122					26	0.108					8.4								
25	Wed		6'0					0.115	8.0	114	49			0.11	8.1	25	25			15.7							6
26	Thu							0.115						0.117													
27	Fri	0.5						0.23						0.126													
28	Sat							0.298						0.155													
Avgerage		0.7833						0.288357		90	42		17.7	0.300607		21.0	26.3		8.125	11.7							6
Maximum		2						0.823	8.1	124	49		26	0.667	8.2	25	43		8.8	15.7							6
Minimum								0.102	7.7	29	36		2.9	0.058	7.9	19	18		7.3	7.8							6
Totals		4.7		0	0	0	0	8.074																			

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.

Kenny Marquis 3/2/09
Signature of Certified Operator — Date

Phone Number: 765-468-6701

Hazel Lewis 3-9-09
Signature of Officer, Principal Executive, or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant
(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	February	2009

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3				26.04				7.06655
4	105.55	39.15			15.6969	14.8708		
5								
6								
7								
8								
9								
10				15.56				19.8277
11	161.18	200.08			52.4817	52.4817		
12								
13								
14								
15								
16								
17								
18	131.93	51.07			109.353	223.913		
19				23.90				43.394
20								
21								
22								
23								
24				26.47				7.57058
25	109.40	47.02			22.9488	22.9488		
26								
27								
28								
Avg	127.02	84.33		22.99	50.1201	78.5536		19.4647
Max	161.18	200.08		26.47	109.353	223.913		43.394
Min	105.55	39.15		15.56	15.6969	14.8708		7.06655

Enter Comments Below:

Removal Rates:

Overall BOD removal: 77%

Overall TSS removal: 37%

Monthly Totals:

Influent flow (mg): 8.074

Effluent flow (mg): 8.417

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.

Terry Margerum — 3-2-09
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Darrell Lewis — 3-9-09
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

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For any questions call Dan Knowles at 317-232-0019

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	03	01	09	TO	03	31	09

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	SAMPLE MEASUREMENT	******	******		8.1	******	8.6	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	22.4	45.1	lb/d	******	23.3	44	mg/L	Ø	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	7.64	9.50	lb/d	******	7.25	7.7	mg/L	Ø	1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.128	.153	Mgal/d	******	******	******		Ø		
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	22.5	28.7	lb/d	******	22.5	28	mg/L	Ø	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		78%	******	******	%	1	1/7	Grab
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB
Flow, total	SAMPLE MEASUREMENT	******	3.98	Mgal/mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	04	03	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND IN

ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

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For any questions call Dan Knowles at 317-232-0019

Revised: ☐

PERMIT NUMBER	PERMITTED FEATURE
IN0021512	001 A

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	03	01	09	TO	03	31	09

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum	Units			

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NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	04	03	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W.W.T.P.			IN0021512
Certified Operator: Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2009
Month: # 3 March	Year: 2009	E-mail address:	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Sun							0.2						0.144													
2	Mon							0.157						0.137													
3	Tue							0.152						0.148													
4	Wed		6'0					0.123	8.1	114	52		21	0.13	8.4	20	8		7.4	13.1							6'0
5	Thu							0.127						0.145													
6	Fri							0.114						0.14													
7	Sat							0.103						0.132													
8	Sun	0.1						0.129						0.14													
9	Mon	0.1						0.147						0.145													
10	Tue							0.126					23	0.148					7.7								
11	Wed	0.2	6'0					0.144	8.0	74	35			0.148	8.1	15	8			8.7							6'0
12	Thu							0.153						0.148													
13	Fri							0.127						0.132													
14	Sat							0.118						0.129													
15	Sun							0.127						0.135													
16	Mon							0.123						0.125													
17	Tue							0.112					26	0.128					7.5								
18	Wed		6'0					0.102	8.0	116	52			0.123	8.5	28	44			11.4							6'0
19	Thu	0.2						0.126						0.131													
20	Fri							0.112						0.123													
21	Sat							0.97						0.11													
22	Sun							0.109						0.112													
23	Mon							0.104						0.107													
24	Tue							0.095						0.103													
25	Wed	0.1	6'0					0.102	8.1	101	67		20	0.094	8.6	27	33		6.4	7.8							6'0
26	Thu							0.123						0.112													
27	Fri							0.099						0.105													
28	Sat							0.104						0.112													
29	Sun	1						0.273						0.108													
30	Mon	0.1						0.276						0.142													
31	Tue							0.194						0.153													
Avgerage		0.2571						0.163581		101	52		22.5	0.128677		22.5	23.3		7.25	10.3							
Maximum		1						0.97	8.1	116	67		26	0.153	8.6	28	44		7.7	13.1							
Minimum								0.095	8.0	74	35		20	0.094	8.1	15	8		6.4	7.8							
Totals		1.8		0	0	0	0	5.071																			

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.

Kenny Marquis 4-3-09

Signature of Certified Operator — Date

Phone Number: 765-468-6701

Signature of Officer, Principal Executive, or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant
(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	March	2009

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3								
4	117.01	53.37		21.56	21.697	8.6788		8.02789
5								
6								
7								
8								
9								
10				24.18				9.50996
11	88.92	42.06			18.5259	9.88048		
12								
13								
14								
15								
16								
17				24.30				8.0112
18	98.74	44.26			28.7402	45.1631		
19								
20								
21								
22								
23								
24								
25	85.97	57.03		17.02	21.1796	25.8862		5.02035
26								
27								
28								
29								
30								
31								
Avg	97.66	49.18		21.77	22.5357	22.4022		7.64235
Max	117.01	57.03		24.30	28.7402	45.1631		9.50996
Min	85.97	42.06		17.02	18.5259	8.6788		5.02035

Enter Comments Below:

Removal Rates:

Overall BOD removal: 78%

Overall TSS removal: 55%

Monthly Totals:

Influent flow (mg): 5.071

Effluent flow (mg): 3.989

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Kenny Marquis — 4-3-09

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Hazel Lewis

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

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For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04/01/09			TO	04/30/09		

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	SAMPLE MEASUREMENT	******	******		8.5	******	8.7	SU		5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	87.5	147.6	lb/d	******	31.8	57	mg/L		1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	10.19	17.61	lb/d	******	3.9	6.1	mg/L		1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.334	.667	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
E. coli, colony forming units (CFU)	SAMPLE MEASUREMENT	******	******		******	1822	14000	CFU/100mL			
51041 1 0 0 Effluent Gross	PERMIT REQUIREMENT					Report MO GEO	Report DAILY MX			Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	75.6	122.1	lb/d	******	26.6	30	mg/L		1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		55%	******	******	%	1	1/7	Grab
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
HAZEL LEWIS	Hazel Lewis	765 468-6701	05	05	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

* I N 0 0 2 1 5 1 2 0 0 1 A 4 2 0 0 9 *

For any questions call Dan Knowles at 317-232-0019

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	09	TO	04	30	09

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	10.025	Mgal/ mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report							Monthly	RCOTOT
			MO TOTAL								

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	05	05	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W.W.T.P.			IN0021512
Certified Operator: Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2009
Month: # 4 April	Year: 2009	E-mail address:	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Wed		6'0					0.159	8.1	77	41		21	0.153	8.7	27	29		6.1	9.5			2450				6'0
2	Thu							0.144						0.157													
3	Fri	0.5						0.264						0.166													
4	Sat							0.263						0.181													
5	Sun							0.205						0.185													
6	Mon	1.1						0.674						0.258													
7	Tue	0.1						0.807					6.4	0.364					5.8				9000				
8	Wed		6'6"					0.358	8.1	52	21			0.351	8.7	28	11			10.9							6'6"
9	Thu							0.27						0.348													
10	Fri	0.5						0.24						0.336													
11	Sat							0.385						0.374													
12	Sun							0.251						0.3													
13	Mon							0.186						0.34													
14	Tue	1						0.816					4.9	0.667					1.6				14000				
15	Wed		6'6"					0.775	7.9	50	17			0.61	8.5	24	29			6.9							6'6"
16	Thu							0.428						0.663													
17	Fri							0.285						0.485													
18	Sat	0.3						0.189						0.308													
19	Sun							0.197						0.363													
20	Mon	0.3						0.233						0.39													
21	Tue	0.1						0.282					13	0.354					4.6				650				
22	Wed		6'6"					0.243	8.0	82	27			0.345	8.5	30	33			9.6							6'6"
23	Thu							0.218						0.329													
24	Fri							0.177						0.309													
25	Sat							0.16						0.312													
26	Sun							0.152						0.28													
27	Mon	0.1						0.134						0.235													
28	Tue	0.5						0.137						0.24													
29	Wed	0.7	6'6"					0.394	8.0	33	17		14	0.265	8.7	24	57		1.4	6.4			100				6'6"
30	Thu	0.6						0.726						0.357													
Avgerage		0.4833						0.325067		59	25		11.9	0.334167		26.6	31.8		3.9	8.7			1822				
Maximum		1.1						0.816	8.1	82	41		21	0.667	8.7	30	57		6.1	10.9			14000				
Minimum								0.134	7.9	33	17		4.9	0.153	8.5	24	11		1.4	6.4			100				
Totals		5.8		0	0	0	0	9.752																			

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.

Kenny Marquis 5-6-09
Signature of Certified Operator — Date

Phone Number: 765-468-6701

Daniel Lewis 5-8-09
Signature of Officer, Principal Executive, or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant
(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	April	2009

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1	102.17	54.40		27.86	34.4732	37.0268		7.78839
2								
3								
4				#VALUE!				
5								
6								
7				43.10				17.618
8	155.35	62.74			82.0147	32.22		
9								
10								
11								
12								
13								
14				33.37				8.90578
15	323.37	109.95			122.171	147.623		
16								
17								
18								
19								
20								
21				30.59				13.589
22	166.28	54.75			86.3708	95.0078		
23								
24								
25								
26								
27								
28								
29	108.50	55.89		46.03	53.0742	126.051		3.096
30								
Avg	171.13	67.55		#VALUE!	75.6207	87.5858		10.1994
Max	323.37	109.95		#VALUE!	122.171	147.623		17.618
Min	102.17	54.40		#VALUE!	34.4732	32.22		3.096

Enter Comments Below:

spring turnover-high PH, algae excessive, APPROX. 6.0" rain fall.

Removal Rates:

Overall BOD removal: 55%

Overall TSS removal: -29%

Monthly Totals:

Influent flow (mg): 9.752

Effluent flow (mg): 10.025

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Jerry Marquis — 5-6-09
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Hazel Lewis — 5-8-09
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	05	01	09	TO	05	31	09

*** Mark box if NO DISCHARGE ☐ ***

For any questions call Dan Knowles at 317-232-0019

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	SAMPLE MEASUREMENT	******	******		8.9	******	8.9	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	129.9	183.6	lb/d	******	57.3	71	mg/L	2	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	3.55	9.69	lb/d	******	1.12	2.4	mg/L	Ø	1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.311	.642	Mgal/d	******	******	******		Ø		
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
E. coli, colony forming units (CFU)	SAMPLE MEASUREMENT	******	******		******	709	1400	CFU/100mL	Ø	5/7	
51041 1 0 0 Effluent Gross	PERMIT REQUIREMENT					Report MO GEO	Report DAILY MX			Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	64.4	128.8	lb/d	******	27.3	40	mg/L	3	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		80%	******	******	%	1	1/7	Grab
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	7654686701	06	03	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340
FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

* I N 0 0 2 1 5 1 2 0 0 1 A 5 2 0 0 9 *

For any questions call Dan Knowles at 317-232-0019

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	05	01	09	TO	05	31	09

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	9.65	Mgal/ mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report							Monthly	RCOTOT
			MO TOTAL								

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765468-6701	06	03	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W.W.T.P.			IN0021512
Certified Operator: Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2011
Month: # 5 May	Year: 2009	E-mail address:	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Fri	0.8						0.804						0.54													
2	Sat	0.1						0.719						0.613													
3	Sun							0.495						0.642													
4	Mon							0.296					14	0.484					2.4				1400				
5	Tue							0.201						0.429													
6	Wed		6'6"					0.158	8.1	106	61			0.386	8.9	40	57			8.7							6'6"
7	Thu	0.4						0.271						0.409													
8	Fri							0.227						0.396													
9	Sat							0.219						0.383													
10	Sun							0.179						0.354													
11	Mon							0.143						0.292													
12	Tue							0.137						0.29													
13	Wed		6'6"					0.123	8.0	127	67		25	0.262	8.9	31	52		0.9	8.1			560				6'6"
14	Thu	1.5						0.467						0.287													
15	Fri							0.812						0.397													
16	Sat	0.2						0.501						0.58													
17	Sun							0.133						0.202													
18	Mon							0.211						0.358													
19	Tue							0.155					20	0.324					0.8				870				
20	Wed		6'6"					0.128	8.1	107	67			0.292	8.9	16	71			9.3							6'6"
21	Thu							0.125						0.286													
22	Fri							0.101						0.227													
23	Sat							0.122						0.243													
24	Sun							0.096						0.177													
25	Mon							0.075						0.133													
26	Tue							0.111						0.14													
27	Wed		6'0"					0.091	8.0	200	93		35	0.121	8.9	22	49		0.4	5.8			370				6'0"
28	Thu	0.2						0.101						0.122													
29	Fri							0.106						0.116													
30	Sat	0.1						0.082						0.09													
31	Sun							0.089						0.083													
Avgerage		0.4714						0.241226		135	72		23.5	0.311548		27.3	57.3		1.125	8.0			709				
Maximum		1.5						0.812	8.1	200	93		35	0.642	8.9	40	71		2.4	9.3			1400				
Minimum								0.075	8.0	106	61		14	0.083	8.9	16	49		0.4	5.8			370				
Totals		3.3		0	0	0	0	7.478																			

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.

Kenny Marquis 6/12/09
Signature of Certified Operator — Date

Phone Number: 765-468-6701

Signature of Officer, Principal Executive, or Authorized Agent — Date 6-15-09

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	May	2009

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3								
4				34.58				9.69355
5								
6	139.76	80.43			128.847	183.607		
7								
8								
9								
10								
11								
12								
13	130.36	68.77		25.66	67.7781	113.692		1.96775
14								
15								
16								
17								
18								
19				25.87				2.16302
20	114.29	71.57			38.9878	173.009		
21								
22								
23								
24								
25								
26								
27	151.88	70.62		26.58	22.2144	49.4775		0.4039
28								
29								
30								
31								
Avg	134.07	72.85		28.17	64.4568	129.946		3.55706
Max	151.88	80.43		34.58	128.847	183.607		9.69355
Min	114.29	68.77		25.66	22.2144	49.4775		0.4039

Enter Comments Below:

Spring turnover, large amounts of algae

Removal Rates:

Overall BOD removal: 80%

Overall TSS removal: 20%

Monthly Totals:

Influent flow (mg): 7.478

Effluent flow (mg): 9.658

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.

Kenny Mangum — 6-12-09

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Hazel Lewis — 6-15-09

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND IN

ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	06	01	09	TO	06	30	09

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	QUANTITY OR LOADING Maximum	Units	QUALITY OR CONCENTRATION Minimum	QUALITY OR CONCENTRATION Average	QUALITY OR CONCENTRATION Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
pH	SAMPLE MEASUREMENT	******	******		8.8	******	9.0	SU	Ø	5/7 Weekly	Grab GRAB
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX				
Solids, total suspended	SAMPLE MEASUREMENT	43.3	67.2	lb/d	******	44.5	56	mg/L	Ø	1/7 Weekly	Grab GRAB
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV				
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.397	.520	lb/d	******	.44	.69	mg/L	Ø	1/7 Weekly	Grab GRAB
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.137	.244	Mgal/d	******	******	******		Ø		
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
E. coli, colony forming units (CFU)	SAMPLE MEASUREMENT	******	******		******	22	50	CFU/100mL	Ø	5 Weekly	GRAB
51041 1 0 0 Effluent Gross	PERMIT REQUIREMENT					Report MO GEO	Report DAILY MX				
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	15.1	22.4	lb/d	******	15.3	17	mg/L	Ø	1/7 Weekly	Grab GRAB
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV				
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		86%	******	******	%	Ø	1/7 Weekly	Grab GRAB
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN						

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 or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
Hazel Lewis	Hazel Lewis	765 468-6701	07 9 09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO DAY YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

For any questions call Dan Knowles at 317-232-0019

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	06/01/09			TO	06/30/09		

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	4.11	Mgal/ mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report							Monthly	RCOTOT
			MO TOTAL								

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	07	01	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W.W.T.P.			IN0021512
Certified Operator: Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2011
Month: # 6 June	Year: 2009	E-mail address:	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Mon							0.106						0.072													
2	Tue	0.3						0.107						0.063													
3	Wed	0.3	6'6"					0.147	7.9	77	63		16	0.072	8.9	16	56		0.69	3.6			10				6'6"
4	Thu	1						0.36						0.109													
5	Fri							0.148						0.12													
6	Sat							0.109						0.244													
7	Sun							0.113						0.202													
8	Mon							0.095						0.155													
9	Tue							0.102						0.164													
10	Wed	0.1	6'0"					0.086	8.0	145	82		31	0.125	9.0	11	29		0.25	5.8			50				6'0"
11	Thu	1						0.165						0.122													
12	Fri							0.286						0.141													
13	Sat							0.124						0.123													
14	Sun							0.109						0.115													
15	Mon							0.111						0.116													
16	Tue							0.103						0.115													
17	Wed	0.3	6'0"					0.128	7.9	60	34		22	0.12	8.8	17	42		0.52	3.7			50				6'0"
18	Thu							0.119						0.163													
19	Fri							0.105						0.183													
20	Sat	0.6						0.246						0.191													
21	Sun							0.189						0.221													
22	Mon							0.116						0.186													
23	Tue							0.112						0.185													
24	Wed		6'0"					0.096	7.9	163	72		30	0.158	8.8	17	51		0.3	3.9			10				6'0"
25	Thu							0.093						0.146													
26	Fri	0.6						0.151						0.131													
27	Sat							0.116						0.127													
28	Sun							0.1						0.101													
29	Mon							0.103						0.08													
30	Tue							0.091						0.06													
Avgerage		0.525						0.134533		111	63		24.8	0.137		15.3	44.5		0.44	4.3			22				
Maximum		1						0.36	8.0	163	82		31	0.244	9.0	17	56		0.69	5.8			50				
Minimum								0.086	7.9	60	34		16	0.06	8.8	11	29		0.25	3.6			10				
Totals		4.2		0	0	0	0	4.036																			

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.

Kenny Marquis 7-1-09
Signature of Certified Operator — Date

Phone Number: 765-468-6701

Daniel Lewis 7-6-09
Signature of Officer, Principal Executive, or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	June	2009

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3	94.46	77.28		19.63	9.61344	33.647		0.41458
4				#VALUE!				
5								
6								
7								
8								
9								
10	104.06	58.85		22.25	11.4744	30.2506		0.26078
11								
12								
13								
14								
15								
16								
17	64.09	36.32		23.50	17.0238	42.0588		0.52073
18								
19								
20								
21								
22								
23								
24	130.58	57.68		24.03	22.4147	67.244		0.39555
25								
26								
27								
28								
29								
30								
Avg	98.30	57.53		#VALUE!	15.1316	43.3001		0.39791
Max	130.58	77.28		#VALUE!	22.4147	67.244		0.52073
Min	64.09	36.32		#VALUE!	9.61344	30.2506		0.26078

Enter Comments Below:

spring turnover-high PH, algae excessive

Removal Rates:

Overall BOD removal: 86%

Overall TSS removal: 29%

Monthly Totals:

Influent flow (mg): 4.036

Effluent flow (mg): 4.11

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 CERTIFIED OPERATOR) 7-1-09 (DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) 7-6-09 (DATE)

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND IN

ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

* I N 0 0 2 1 5 1 2 0 0 1 A 7 2 0 0 9 *

For any questions call Dan Knowles at 317-232-0019

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	07	01	09	TO	07	31	09

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	SAMPLE MEASUREMENT	******	******		8.7	******	9.0	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	31.2	40.1	lb/d	******	63.2	69	mg/L	Ø	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.320	.425	lb/d	******	.68	1.0	mg/L	Ø	1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.070	.124	Mgal/d	******	******	******		Ø		
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
E. coli, colony forming units (CFU)	SAMPLE MEASUREMENT	******	******		******	10	10	CFU/100mL	Ø	5/7	
51041 1 0 0 Effluent Gross	PERMIT REQUIREMENT					Report MO GEO	Report DAILY MX			Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	12.9	17.3	lb/d	******	26.2	32	mg/L	1	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		83%	******	******	%	1	1/7	Grab
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	08	10	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND IN

ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

PERMIT NUMBER	PERMITTED FEATURE
IN0021512	001 A

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	07/01/09			TO	07/31/09		

IN0021512001A72009

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	2.17	Mgal/ mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report				*			Monthly	RCOTOT
			MO TOTAL								

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	8	10	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W.W.T.P.			IN0021512
Certified Operator: Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2011
Month: # 7 July	Year: 2009	E-mail address:	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Wed		6'0"					0.084	7.8	146	56		27	0.053	8.7	28	59		0.7	3.1			10				6'0"
2	Thu							0.088						0.069													
3	Fri							0.089						0.097													
4	Sat							0.078						0.093													
5	Sun	0.1						0.091						0.109													
6	Mon							0.081						0.091													
7	Tue							0.085						0.095													
8	Wed		6'0"					0.08	7.8	148	42		38	0.083	9.0	25	58		0.3	3.3			10				6'0"
9	Thu							0.08						0.078													
10	Fri							0.078						0.074													
11	Sat							0.074						0.069													
12	Sun	0.6						0.122						0.095													
13	Mon							0.095						0.095													
14	Tue							0.087						0.077													
15	Wed		6'0"					0.077	7.8	138	83		33	0.062	8.9	25	69		0.63	3.0			10				6'0"
16	Thu							0.081						0.065													
17	Fri							0.079						0.056													
18	Sat							0.083						0.049													
19	Sun							0.078						0.045													
20	Mon	0.2						0.076						0.045													
21	Tue							0.077					30	0.051					0.78				10				
22	Wed	0.3	6'0"					0.081	7.8	143	92			0.049	8.9	21	61			3.2							6'0"
23	Thu	0.4						0.133						0.023													
24	Fri	0.1						0.095						0.124													
25	Sat	0.3						0.094						0.071													
26	Sun							0.109						0.076													
27	Mon							0.101						0.07													
28	Tue							0.081						0.057													
29	Wed		6'0"					0.08	7.6	175	69		29	0.051	8.9	32	69		1	2.5			10				6'0"
30	Thu							0.081						0.049													
31	Fri	0.2						0.088						0.049													
Avgerage		0.275						0.08729		150	68		31.4	0.07		26.2	63.2		0.682	3.0			10				
Maximum		0.6						0.133	7.8	175	92		38	0.124	9.0	32	69		1	3.3			10				
Minimum								0.074	7.6	138	42		27	0.023	8.7	21	58		0.3	2.5			10				
Totals		2.2		0	0	0	0	2.706																			

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.

Kenny Marquis 8/10/09
Signature of Certified Operator — Date

Phone Number: 765-468-6781

Signature of Officer, Principal Executive, or Authorized Agent — 8-13-09 Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	July	2009

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1	102.34	39.25		18.93	12.384	26.0948		0.3096
2								
3								
4								
5								
6								
7								
8	98.80	28.04		25.37	17.3159	40.1728		0.20779
9								
10								
11								
12								
13								
14								
15	88.67	53.33		21.20	12.9348	35.6999		0.32596
16								
17								
18								
19								
20								
21				19.28				0.33196
22	96.66	62.19			8.58701	24.9432		
23								
24								
25								
26								
27								
28								
29	116.83	46.06		19.36	13.619	29.3661		0.4256
30								
31								
Avg	100.66	45.78		20.83	12.9681	31.2554		0.32018
Max	116.83	62.19		25.37	17.3159	40.1728		0.4256
Min	88.67	28.04		18.93	8.58701	24.9432		0.20779

Enter Comments Below:

Removal Rates:

Overall BOD removal: 83%

Overall TSS removal: 8%

Monthly Totals:

Influent flow (mg): 2.706

Effluent flow (mg): 2.17

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.

Jerry Marquis — 8-10-09

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Hazel Lewis — 8-13-09

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	08	01	09	TO	08	31	09

IN0021512001A8200 9

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	QUANTITY OR LOADING Maximum	Units	QUALITY OR CONCENTRATION Minimum	QUALITY OR CONCENTRATION Average	QUALITY OR CONCENTRATION Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
pH	SAMPLE MEASUREMENT	******	******		8.8	******	8.9	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	51.6	61.9	lb/d	******	71.3	79	mg/L	1	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.642	1.516	lb/d	******	.184	2.0	mg/L	Ø	1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.090	.114	Mgal/d	******	******	******		Ø		
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
E. coli, colony forming units (CFU)	SAMPLE MEASUREMENT	******	******		******	30	210	CFU/100mL	Ø		
51041 1 0 0 Effluent Gross	PERMIT REQUIREMENT					Report MO GEO	Report DAILY MX			Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	19.2	20.3	lb/d	******	27.0	32	mg/L	1	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		82%	******	******	%	1	1/7	Grab
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	09	14	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND IN

ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	08/01/09			TO	08/31/09		

IN0021512001A82009

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	2.79	Mgal/ mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report							Monthly	RCOTOT
			MO TOTAL								

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	09	14	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W.W.T.P.			IN0021512
Certified Operator: Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2011
Month: # 8 August	Year: 2009	E-mail address:	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Sat							0.072						0.043													
2	Sun	0.1						0.069						0.051													
3	Mon							0.114						0.048													
4	Tue	0.1						0.078						0.058													
5	Wed		6'0"					0.09	7.7	144	66		26	0.092	8.9	24	66		0.59	4.0			210				6'0"
6	Thu							0.088						0.109													
7	Fri							0.088						0.112													
8	Sat	0.1						0.074						0.113													
9	Sun							0.078						0.108													
10	Mon							0.086						0.108													
11	Tue							0.08						0.107													
12	Wed		6'0"					0.073	7.7	161	70		41	0.094	8.8	26	79		0.44	3.9			10				6'0"
13	Thu							0.101						0.092													
14	Fri							0.087						0.086													
15	Sat							0.1						0.089													
16	Sun							0.108						0.085													
17	Mon							0.094						0.07													
18	Tue							0.105						0.077													
19	Wed		6'0"					0.099	7.8	152	49		27	0.067	8.9	32	71		0.36	2.8			10				6'0"
20	Thu	1						0.184						0.096													
21	Fri							0.123						0.114													
22	Sat	0.1						0.098						0.102													
23	Sun							0.113						0.104													
24	Mon							0.12						0.1													
25	Tue							0.111						0.104													
26	Wed		6'0"					0.1	7.9	150	69		38	0.094	8.8	26	69		2	4.6			40				6'0"
27	Thu							0.104						0.096													
28	Fri	0.1						0.104						0.094													
29	Sat	0.4						0.11						0.096													
30	Sun							0.12						0.103													
31	Mon							0.104						0.078													
Avgerage		0.2714						0.099194		152	64		33.0	0.09		27.0	71.3		0.848	3.8			30				
Maximum		1						0.184	7.9	161	70		41	0.114	8.9	32	79		2	4.6			210				
Minimum								0.069	7.7	144	49		26	0.043	8.8	24	66		0.36	2.8			10				
Totals		1.9		0	0	0	0	3.075																			

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.

Kenny Marquis 9/14/09
Signature of Certified Operator — Date

Phone Number: 765-468-6701

Signature of Officer, Principal Executive, or Authorized Agent — Date 9-17-09

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant
(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	August	2009

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3								
4				#VALUE!				
5	108.15	49.57		19.53	18.4258	50.6708		0.45297
6								
7								
8								
9								
10								
11								
12	98.08	42.64		24.98	20.3952	61.97		0.34515
13								
14								
15								
16								
17								
18								
19	125.58	40.48		22.31	17.8917	39.6972		0.20128
20								
21								
22								
23								
24								
25								
26	125.18	57.58		31.71	20.3952	54.1257		1.56886
27								
28								
29								
30								
31								
Avg	114.25	47.57		#VALUE!	19.277	51.6159		0.64206
Max	125.58	57.58		#VALUE!	20.3952	61.97		1.56886
Min	98.08	40.48		#VALUE!	17.8917	39.6972		0.20128

Enter Comments Below:

spring turnover-high PH, algae excessive

Removal Rates:

Overall BOD removal: 82%

Overall TSS removal: -12%

Monthly Totals:

Influent flow (mg): 3.075

Effluent flow (mg): 2.79

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.

Kenny Marquis — 9-14-09
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Daniel Lewis — 9-17-09
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND IN

ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	09	01	09	TO	09	30	09

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	SAMPLE MEASUREMENT	******	******		8.3	******	8.7	SU	Ø	5/7 Weekly	Grab GRAB
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX				
Solids, total suspended	SAMPLE MEASUREMENT	40.8	51.5	lb/d	******	68	84	mg/L	Ø	1/7 Weekly	Grab GRAB
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV				
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.888	2.29	lb/d	******	1.3	2.9	mg/L	Ø	1/7 Weekly	Grab GRAB
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.072	.095	Mgal/d	******	******	******		Ø	Five Per Week	TOTALZ
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV								
E. coli, colony forming units (CFU)	SAMPLE MEASUREMENT	******	******		******	38	230	CFU/100mL	Ø	Weekly	GRAB
51041 1 0 0 Effluent Gross	PERMIT REQUIREMENT					Report MO GEO	Report DAILY MX				
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	11.6	18.2	lb/d	******	18.6	26	mg/L	Ø	1/7 Weekly	Grab GRAB
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV				
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		90%	******	******	%	Ø	1/7 Weekly	Grab GRAB
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN						

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis, Clerk-Treasurer	Hazel Lewis	765 468-6701	10	06	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340
FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	09/01/09			TO	09/30/09		

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

For any questions call Dan Knowles at 317-232-0019

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	2.25	Mgal/ mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report							Monthly	RCOTOT
			MO TOTAL								

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis		765 468-6701	10	06	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W.W.T.P.			IN0021512
Certified Operator: Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2011
Month: # 9 September	Year: 2009	E-mail address:	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Tue							0.105						0.093													
2	Wed		6'0"					0.095	7.8	142	66		26	0.084	8.7	26	67		1.2	5.3			60				6'0"
3	Thu							0.104						0.09													
4	Fri							0.093						0.082													
5	Sat							0.085						0.081													
6	Sun							0.099						0.083													
7	Mon	0.1						0.102						0.086													
8	Tue							0.112						0.088													
9	Wed		6'0"					0.1	7.7	158	63		34	0.095	8.4	22	65		2.9	3.4			10				6'0"
10	Thu							0.098						0.092													
11	Fri							0.096						0.085													
12	Sat							0.078						0.087													
13	Sun							0.078						0.077													
14	Mon							0.08						0.066													
15	Tue							0.075						0.07													
16	Wed		6'0"					0.071	7.7	206	85		49	0.069	8.4	12	67		1.5	5.5			60				6'0"
17	Thu							0.074						0.058													
18	Fri							0.073						0.053													
19	Sat							0.073						0.049													
20	Sun							0.078						0.047													
21	Mon	0.3						0.094						0.045													
22	Tue	0.4						0.11						0.073													
23	Wed	0.1	6'0"					0.072	7.6	133	39		22	0.069	8.3	13	57		0.41	5.8			10				6'0"
24	Thu							0.092						0.078													
25	Fri							0.088						0.062													
26	Sat	0.3						0.086						0.072													
27	Sun							0.086						0.069													
28	Mon							0.079						0.058													
29	Tue							0.083						0.065													
30	Wed		6'0"					0.076	7.9	267	111		47	0.049	8.6	20	84		0.49	8.5			230				6.0"
								0.104						0.078													
Avgerage		0.24						0.08829		181	73		35.6	0.072677		18.6	68.0		1.3	5.7			38				
Maximum		0.4						0.112	7.9	267	111		49	0.095	8.7	26	84		2.9	8.5			230				
Minimum								0.071	7.6	133	39		22	0.045	8.3	12	57		0.41	3.4			10				
Totals		1.2		0	0	0	0	2.737																			

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.

Kenny Marquis 10/5/09
Signature of Certified Operator — Date

Phone Number: 765-468-6701

Signature of Officer, Principal Executive, or Authorized Agent — 10-5-09 Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant
(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	September	2009

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2	112.57	52.32		20.61	18.2255	46.9657		0.84118
3								
4				#VALUE!				
5								
6								
7								
8								
9	131.85	52.57		28.37	17.4411	51.5304		2.29905
10								
11								
12								
13								
14								
15								
16	122.05	50.36		29.03	6.90966	38.5789		0.86371
17								
18								
19								
20								
21								
22								
23	79.91	23.43		13.22	7.48547	32.8209		0.23608
24								
25								
26								
27								
28								
29								
30	169.34	70.40		29.81	8.1781	34.348		0.20036
Avg	123.15	49.82		#VALUE!	11.648	40.8488		0.88807
Max	169.34	70.40		#VALUE!	18.2255	51.5304		2.29905
Min	79.91	23.43		#VALUE!	6.90966	32.8209		0.20036

Enter Comments Below:

excessive algae

Removal Rates:

Overall BOD removal: 90%

Overall TSS removal: 7%

Monthly Totals:

Influent flow (mg): 2.737

Effluent flow (mg): 2.253

2009 OCT -1 A 10:13

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 CERTIFIED OPERATOR) 10-5-09 (DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) 10-5-09 (DATE)

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10/01/09			TO	10/31/09		

IN0021512001A102009

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	SAMPLE MEASUREMENT	******	******		8.6	******	8.7	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	85.7	107.6	lb/d	******	69.8	75	mg/L	Ø	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.51	1.00	lb/d	******	.40	.81	mg/L	Ø	1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.147	.191	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
E. coli, colony forming units (CFU)	SAMPLE MEASUREMENT	******	******		******	453	630	CFU/100mL	Ø		
51041 1 0 0 Effluent Gross	PERMIT REQUIREMENT					Report MO GEO	Report DAILY MX			Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	25.8	30.1	lb/d	******	21	23	mg/L	Ø	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		84%	******	******	%	1	1/7	Grab
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	11	02	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340
FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	01	09	TO	10	31	09

IN0021512001A102009

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	4.57	Mgal/mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report							Monthly	RCOTOT
			MO TOTAL								

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	11	02	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W.W.T.P.			IN0021512
Certified Operator: Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2011
Month: # 10 October	Year: 2009	E-mail address:	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Thu							0.08						0.053													
2	Fri	2.2						0.166						0.071													
3	Sat	0.1						0.278						0.171													
4	Sun							0.106						0.167													
5	Mon							0.102						0.171													
6	Tue							0.09						0.165													
7	Wed		6'0					0.081	8.0	176	71		30	0.149	8.7	21	66		0.81	7.3			570				6'0
8	Thu							0.081						0.144													
9	Fri	0.9						0.172						0.141													
10	Sat	0.1						0.303						0.191													
11	Sun							0.126						0.172													
12	Mon							0.127						0.177													
13	Tue							0.116						0.183													
14	Wed	0.1	6'0					0.096	8.0	161	72		30	0.172	8.7	21	75		0.53	9.6			560				6'0
15	Thu	0.4						0.112						0.161													
16	Fri							0.125						0.161													
17	Sat							0.098						0.152													
18	Sun							0.104						0.144													
19	Mon							0.105						0.138													
20	Tue							0.099						0.139													
21	Wed		6'0					0.08	7.9	160	64		32	0.127	8.6	19	72		0.18	10.8			630				6'0
22	Thu							0.076						0.122													
23	Fri	0.6						0.119						0.133													
24	Sat							0.189						0.152													
25	Sun							0.118						0.139													
26	Mon							0.102						0.126													
27	Tue							0.088						0.133													
28	Wed	0.6	6'0					0.179	7.9	43	27		13	0.14	8.6	23	66		0.1	9.8			210				6'0
29	Thu							0.165						0.16													
30	Fri							0.118						0.155													
31	Sat	0.7						0.336						0.161													
Avgerage		0.6333						0.133452		135	59		26.3	0.147419		21.0	69.8		0.405	9.4			453				
Maximum		2.2						0.336	8.0	176	72		32	0.191	8.7	23	75		0.81	10.8			630				
Minimum								0.076	7.9	43	27		13	0.053	8.6	19	66		0.1	7.3			210				
Totals		5.7		0	0	0	0	4.137																			

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.

Kenny Marquis 11/2/09
Signature of Certified Operator — Date

Phone Number: 765-468-6701

Signature of Officer, Principal Executive, or Authorized Agent — 11-2-09 Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant
(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	October	2009

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3								
4								
5								
6								
7	118.97	47.99		20.28	26.1115	82.0647		1.00716
8								
9								
10								
11								
12								
13								
14	128.98	57.68		24.03	30.1421	107.651		0.76073
15								
16								
17								
18								
19								
20								
21	106.82	42.73		21.36	20.1365	76.3067		0.19077
22								
23								
24								
25								
26								
27								
28	64.23	40.33		19.42	26.8709	77.1078		0.11683
29								
30								
31								
Avg	104.75	47.18		21.27	25.8153	85.7824		0.51887
Max	128.98	57.68		24.03	30.1421	107.651		1.00716
Min	64.23	40.33		19.42	20.1365	76.3067		0.11683

Enter Comments Below:

large amounts of algae

Removal Rates:

Overall BOD removal: 84%

Overall TSS removal: -19%

Monthly Totals:

Influent flow (mg): 4.137

Effluent flow (mg): 4.57

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Jerry Marquis — 11-2-09
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Daniel Lewis — 11-2-09
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11/01/09			TO	11/30/09		

IN0021512001A112009

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	SAMPLE MEASUREMENT	******	******		8.2	******	8.7	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	70.9	109.9	lb/d	******	61.3	72	mg/L	Ø	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	1.08	1.72	lb/d	******	1.11	1.5	mg/L	Ø	1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.126	.207	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	21.8	30.5	lb/d	******	19.5	21	mg/L	Ø	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		87%	******	******	%		01	
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB
Flow, total	SAMPLE MEASUREMENT	******	3.80	Mgal/mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	12	01	09
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W.W.T.P.			IN0021512
Certified Operator: Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2011
Month: # 11 November	Year: 2009	E-mail address:	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent									Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Sun							0.263						0.207													
2	Mon							0.15						0.175													
3	Tue							0.122						0.188													
4	Wed		6'0"					0.101	8.0	126	48		27	0.183	8.7	20	72		0.15	10.3							6'0"
5	Thu							0.101						0.193													
6	Fri							0.084						0.182													
7	Sat							0.086						0.158													
8	Sun							0.093						0.141													
9	Mon							0.091						0.138													
10	Tue		6'0"					0.09	8.0	150	62		31	0.148	8.6	20	71		1.4	9.5							6'0"
11	Wed							0.081						0.137													
12	Thu							0.083						0.126													
13	Fri							0.08						0.108													
14	Sat							0.078						0.103													
15	Sun							0.086						0.099													
16	Mon							0.099						0.101													
17	Tue							0.083					32	0.098					1.4								
18	Wed	0.4	6'0"					0.109	8.0	145	69			0.103	8.5	21	57			8.8							6'0"
19	Thu							0.137						0.104													
20	Fri							0.114						0.099													
21	Sat							0.103						0.106													
22	Sun							0.104						0.104													
23	Mon							0.089						0.09													
24	Tue							0.091						0.103													
25	Wed	0.1	6'0"					0.085	7.9	178	72		38	0.099	8.2	17	45		1.5	8.3							6'0"
26	Thu	0.1						0.097						0.109													
27	Fri							0.091						0.096													
28	Sat							0.101						0.106													
29	Sun							0.084						0.096													
30	Mon	0.2						0.118						0.109													
Avgerage		0.2						0.103133		150	63		32.0	0.126967		19.5	61.3		1.113	9.2							
Maximum		0.4						0.263	8.0	178	72		38	0.207	8.7	21	72		1.5	10.3							
Minimum								0.078	7.9	126	48		27	0.09	8.2	17	45		0.15	8.3							
Totals		0.8		0	0	0	0	3.094																			

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.

Kenny Marquis 12-7-09
Signature of Certified Operator — Date

Phone Number: 765-468-6701

Hazel Lewis 12/7/09
Signature of Officer, Principal Executive, or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant
(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	November	2009

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3								
4	106.20	40.46		22.76	30.5427	109.954		0.22907
5								
6								
7								
8								
9								
10	112.66	46.57		23.28	24.7012	87.6893		1.72908
11								
12								
13								
14								
15								
16								
17				22.16				1.14493
18	131.89	62.76			18.0502	48.9935		
19								
20								
21								
22								
23								
24								
25	126.26	51.07		26.95	14.0446	37.177		1.23923
26								
27								
28								
29								
30								
Avg	119.25	50.21		23.79	21.8347	70.9534		1.08558
Max	131.89	62.76		26.95	30.5427	109.954		1.72908
Min	106.20	40.46		22.16	14.0446	37.177		0.22907

Enter Comments Below:

large amounts of algae

Removal Rates:

Overall BOD removal: 87%

Overall TSS removal: 2%

Monthly Totals:

Influent flow (mg): 3.094

Effluent flow (mg): 3.809

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.

Kenny Marquis — (SIGNATURE OF CERTIFIED OPERATOR) — 12-7-09 (DATE)

Hazel Lewis — (SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) — 12-7-09 (DATE)

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340
FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

PERMIT NUMBER	PERMITTED FEATURE
IN0021512	001 A

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12/01/09			TO	12/31/09		

IN0021512001A122009

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	SAMPLE MEASUREMENT	******	******		7.9	******	8.1	SU	Ø	5/7 Weekly	Grab GRAB
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX				
Solids, total suspended	SAMPLE MEASUREMENT	37.1	53.2	lb/d	******	27.2	44	mg/L	Ø	1/7 Weekly	Grab GRAB
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV				
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	8.49	15.1	lb/d	******	5.12	7.8	mg/L	Ø	1/7 Weekly	Grab GRAB
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.175	.256	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	23.0	30.5	lb/d	******	16.2	21	mg/L	Ø	1/7 Weekly	Grab GRAB
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV				
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		84%	******	******	%	1	1/7 Weekly	GRAB
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN						
Flow, total	SAMPLE MEASUREMENT	******	5.43	Mgal/mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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 or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
HAZEL LEWIS	Hazel Lewis	765 468-6701	01	06	10
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility		Permit Number
Farmland W.W.T.P.		IN0021512
Certified Operator: Name	**Class**	**Certificate Number** / **Expiration Date**
Kenny Marquis	1-sp	12585 / 6/30/2011
Month: # 12 December	Year: 2009	E-mail address:

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Tue							0.11					31	0.113					2.3								
2	Wed	0.1	6'0"					0.089	7.9	156	77			0.115	8.1	20	40			9.7							6'0"
3	Thu	0.5						0.29						0.119													
4	Fri							0.204						0.121													
5	Sat							0.123						0.106													
6	Sun							0.143						0.135													
7	Mon	0.5						0.108						0.11													
8	Tue							0.107						0.131													
9	Wed	0.5	6'0"					0.142	7.9	102	70		12	0.145	8.1	21	44		3.8	9.6							6'0"
10	Thu							0.246						0.166													
11	Fri							0.162						0.155													
12	Sat	0.5						0.124						0.152													
13	Sun							0.235						0.168													
14	Mon							0.477						0.196													
15	Tue							0.27						0.183													
16	Wed		6'0"					0.187	7.9	77	34		14	0.256	8.0	9	17		4.8	10.8							6'0"
17	Thu							0.196						0.209													
18	Fri							0.143						0.213													
19	Sat	2						0.138						0.216													
20	Sun							0.144						0.214													
21	Mon	0.5						0.119						0.179													
22	Tue							0.125						0.192													
23	Wed		6'0"					0.122	7.8	92	37		20	0.179	7.9	14	16		6.9	7.9							6'0"
24	Thu							0.13						0.179													
25	Fri	0.3						0.265						0.185													
26	Sat							0.447						0.178													
27	Sun							0.309						0.253													
28	Mon	3						0.178						0.208													
29	Tue							0.165					18	0.233					7.8								
30	Wed		6'0"					0.15	7.9	71	48			0.215	8.0	17	19			4.8							6'0"
31	Thu							0.15						0.214													
Avgerage		0.8778						0.187032		100	53		19.0	0.175419		16.2	27.2		5.12	8.6							
Maximum		3						0.477	7.9	156	77		31	0.256	8.1	21	44		7.8	10.8							
Minimum								0.089	7.8	71	34		12	0.106	7.9	9	16		2.3	4.8							
Totals		7.9		0	0	0	0	5.798																			

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.

Kenny Marquis — Signature of Certified Operator — 1-6-10 — Date

Phone Number: 765-468-6701

Hazel Lewis — Signature of Officer, Principal Executive, or Authorized Agent — 1-6-10 — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant
(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	December	2009

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1				28.46				2.16887
2	115.86	57.19			19.1935	38.387		
3								
4								
5								
6								
7								
8								
9	120.87	82.95		14.22	25.4105	53.2411		4.5981
10								
11								
12								
13								
14								
15								
16	120.16	53.06		21.85	19.2269	36.3174		10.2543
17								
18								
19								
20								
21								
22								
23	93.66	37.67		20.36	20.9126	23.9001		10.3069
24								
25								
26								
27								
28								
29				24.78				15.1662
30	88.87	60.08			30.501	34.0893		
31								
Avg	107.89	58.19		21.93	23.0489	37.187		8.49888
Max	120.87	82.95		28.46	30.501	53.2411		15.1662
Min	88.87	37.67		14.22	19.1935	23.9001		2.16887

Enter Comments Below:

large amounts of algae

Removal Rates:

Overall BOD removal: 84%

Overall TSS removal: 49%

Monthly Totals:

Influent flow (mg): 5.798

Effluent flow (mg): 5.438

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.

Jenny Marquis — 1-6-10
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Daniel Lewis — 1-6-10
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

* I N 0 0 2 1 5 1 2 0 0 1 A 1 2 0 1 0 *

For any questions call Dan Knowles at 317-232-0019

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	01	01	10	TO	01	31	10

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	QUANTITY OR LOADING Maximum	Units	QUALITY OR CONCENTRATION Minimum	QUALITY OR CONCENTRATION Average	QUALITY OR CONCENTRATION Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
pH	SAMPLE MEASUREMENT	******	******		7.9	******	8.0	SU	Ø	5/7 Weekly	Grab GRAB
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX				
Solids, total suspended	SAMPLE MEASUREMENT	19.9	23.6	lb/d	******	12.5	15	mg/L	Ø	1/7 Weekly	Grab GRAB
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV				
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	15.8	28.9	lb/d	******	9.27	12	mg/L	Ø	1/7 Weekly	Grab GRAB
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.204	.342	Mgal/d	******	******	******			Five Per Week	TOTALZ
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV								
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	32.5	65.7	lb/d	******	18.5	25	mg/L	1	1/7 Weekly	Grab GRAB
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV				
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		81%	******	******	%	1	1/Quarter Weekly	GRAB
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN						
Flow, total	SAMPLE MEASUREMENT	******	6.34	Mgal/mo	******	******	******			Monthly	RCOTOT
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL								

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 or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	2	4	10
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W.W.T.P.			IN0021512
Certified Operator: Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2012
Month: # 1 January	Year: 2010	E-mail address:	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Fri							0.18						0.22													
2	Sat							0.162						0.22													
3	Sun							0.133						0.199													
4	Mon							0.13						0.185													
5	Tue							0.143						0.215													
6	Wed		6'0"					0.122	7.8	102	52		23	0.197	7.9	11	14		6.5	6.5							6'0"
7	Thu	5						0.121						0.165													
8	Fri	1						0.125						0.187													
9	Sat	0.5						0.107						0.175													
10	Sun							0.116						0.184													
11	Mon							0.103						0.156													
12	Tue							0.095						0.163													
13	Wed		6'0"					0.084	7.7	135	83		26	0.143	7.9	14	12		7.6	5.9							6'0"
14	Thu							0.088						0.15													
15	Fri							0.105						0.149													
16	Sat							0.116						0.145													
17	Sun							0.178						0.147													
18	Mon							0.167						0.13													
19	Tue							0.166						0.155													
20	Wed		6'0"					0.142	7.9	94	57		19	0.149	8.0	24	15		12	4.5							6'0"
21	Thu							0.143						0.161													
22	Fri	0.5						0.326						0.171													
23	Sat	0.1						0.322						0.206													
24	Sun	0.3						0.365						0.216													
25	Mon							0.821						0.272													
26	Tue	0.5						0.6						0.324													
27	Wed		6'0"					0.284	7.9	66	22		10	0.315	7.9	25	9		11	4.9							6'0"
28	Thu							0.233						0.342													
29	Fri							0.179						0.301													
30	Sat							0.18						0.331													
31	Sun							0.151						0.272													
Avgerage		1.1286						0.199581		99	54		19.5	0.204677		18.5	12.5		9.275	5.5							
Maximum		5						0.821	7.9	135	83		26	0.342	8.0	25	15		12	6.5							
Minimum								0.084	7.7	66	22		10	0.13	7.9	11	9		6.5	4.5							
Totals		7.9		0	0	0	0	6.187																			

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.

Kenny Marquis — Signature of Certified Operator — 2-4-10 Date

Phone Number: 765-468-6701

Daniel Lewis — Signature of Officer, Principal Executive, or Authorized Agent — 2-11-10 Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	January	2010

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3								
4								
5								
6	103.85	52.94		23.42	18.0836	23.0155		10.6858
7								
8								
9								
10								
11								
12								
13	94.63	58.18		18.23	16.7067	14.32		9.06935
14								
15								
16								
17								
18								
19								
20	111.39	67.54		22.51	29.8417	18.6511		14.9209
21								
22								
23								
24								
25								
26								
27	156.42	52.14		23.70	65.7169	23.6581		28.9154
28								
29								
30								
31								
Avg	116.57	57.70		21.96	32.5872	19.9112		15.8979
Max	156.42	67.54		23.70	65.7169	23.6581		28.9154
Min	94.63	52.14		18.23	16.7067	14.32		9.06935

Enter Comments Below:

large amounts of snow/rain

Removal Rates:

Overall BOD removal: 81%

Overall TSS removal: 77%

Monthly Totals:

Influent flow (mg): 6.187

Effluent flow (mg): 6.345

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.

Kenny Mangus — 2-4-10

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Hazel Lewis — 2-11-10

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340
FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

MO	DAY	YEAR		MO	DAY	YEAR
FROM 02	01	10	TO	02	28	10

IN0021512001A2201O

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	SAMPLE MEASUREMENT	******	******		7.7	******	8.0	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	23.4	28.8	lb/d	******	13.8	18	mg/L	Ø	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	21.8	24.6	lb/d	******	12.5	14	mg/L	Ø	1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.211	.331	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	54.8	59.1	lb/d	******	32.3	36	mg/L	3	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		67%	******	******	%	1	1/7	
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB
Flow, total	SAMPLE MEASUREMENT	******	6.54	Mgal/mo	******	******	******			SOM	
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	3	1	10
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W.W.T.P.			IN0021512
Certified Operator: Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2012
Month: # 2 February	Year: 2010	E-mail address:	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Mon							0.133						0.245													
2	Tue							0.128					20	0.269					11								
3	Wed		6'0"					0.123	7.9	160	62			0.247	8.0	27	14			3.1							6'0"
4	Thu							0.117						0.237													
5	Fri							0.116						0.228													
6	Sat	10						0.097						0.208													
7	Sun							0.133						0.3													
8	Mon							0.123						0.236													
9	Tue	2						0.113						0.226													
10	Wed	2	6'0"					0.124	7.8	88	35		14	0.211	7.8	32	12		14	4.6							6'0"
11	Thu							0.112						0.188													
12	Fri							0.117						0.183													
13	Sat							0.108						0.165													
14	Sun							0.143						0.198													
15	Mon	2						0.104						0.154													
16	Tue	2						0.1						0.163													
17	Wed		6.0"					0.106	7.9	96	51		23	0.17	7.7	34	18		13	4.0							6'0"
18	Thu							0.114						0.162													
19	Fri							0.115						0.144													
20	Sat							0.114						0.146													
21	Sun	0.1						0.121						0.132													
22	Mon	0.1						0.299						0.153													
23	Tue							0.496						0.182													
24	Wed		6'0"					0.364	7.9	47	18		9.2	0.197	7.8	36	11		12	4.7							6'0"
25	Thu							0.304						0.221													
26	Fri							0.246						0.217													
27	Sat							0.221						0.225													
28	Sun							0.197						0.232													
								0.179						0.301													
								0.18						0.331													
								0.151						0.272													
Avgerage		2.6						0.164452		98	42		16.6	0.211065		32.3	13.8		12.5	4.1							
Maximum		10						0.496	7.9	160	62		23	0.331	8.0	36	18		14	4.7							
Minimum								0.097	7.8	47	18		9.2	0.132	7.7	27	11		11	3.1							
Totals		18.2		0	0	0	0	5.098																			

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.

Kenny Marquis 3-1-10
Signature of Certified Operator — Date

Phone Number: 765-468-6701

Daniel Lewis 3-1-10
Signature of Officer, Principal Executive, or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility	Permit Number	For Month Of.	Year
Farmland W.W.T.P.	IN0021512	February	2010

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2				21.36				24.6929
3	164.23	63.64			55.6528	28.857		
4								
5								
6								
7								
8								
9								
10	91.06	36.22		14.49	56.3454	21.1295		24.6511
11								
12								
13								
14								
15								
16								
17	84.92	45.11		20.35	48.2341	25.5357		18.4425
18								
19								
20								
21								
22								
23								
24	142.77	54.68		27.95	59.1827	18.0836		19.7276
25								
26								
27								
28								
Avg	120.74	49.91		21.04	54.8538	23.4015		21.8785
Max	164.23	63.64		27.95	59.1827	28.857		24.6929
Min	84.92	36.22		14.49	48.2341	18.0836		18.4425

Enter Comments Below:

large amounts of snow 18.2inches a lot of dillution

Removal Rates:

Overall BOD removal: 67%

Overall TSS removal: 67%

Monthly Totals:

Influent flow (mg): 5.098

Effluent flow (mg): 6.543

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.

Kenny Marquis — 3-1-10

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Hazel Lewis — 3-1-10

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

PERMIT NUMBER	PERMITTED FEATURE
IN0021512	001 A

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	03	01	10	TO	03	31	10

1 N 0 0 2 1 5 1 2 0 0 1 A 3 2 0 1 0

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	QUANTITY OR LOADING Maximum	Units	QUALITY OR CONCENTRATION Minimum	QUALITY OR CONCENTRATION Average	QUALITY OR CONCENTRATION Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
pH	SAMPLE MEASUREMENT	******	******		7.8	******	8.1	SU	Ø	5/7 Weekly	Grab GRAB
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX				
Solids, total suspended	SAMPLE MEASUREMENT	26.5	57.2	lb/d	******	9.0	19	mg/L	Ø	1/7 Weekly	Grab GRAB
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV				
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	32.6	38.1	lb/d	******	10.9	12	mg/L		1/7 Weekly	Grab GRAB
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.363	.501	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	55.7	77.6	lb/d	******	20.8	34	mg/L	2	1/7 Weekly	Grab GRAB
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV				
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		48%	******	******	%	1		
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB
Flow, total	SAMPLE MEASUREMENT	******	11.2	Mgal/mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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 or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	04	05	10
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	03	01	10	TO	03	31	10

** I N 0 0 2 1 5 1 2 0 0 1 A 3 2 0 1 0 **

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	QUANTITY OR LOADING Maximum	Units	QUALITY OR CONCENTRATION Minimum	QUALITY OR CONCENTRATION Average	QUALITY OR CONCENTRATION Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
pH	SAMPLE MEASUREMENT	******	******		7.8	******	8.1	SU	Ø	5/7 Weekly	Grab GRAB
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX				
Solids, total suspended	SAMPLE MEASUREMENT	26.5	57.2	lb/d	******	9.0	19	mg/L	Ø	1/7 Weekly	Grab GRAB
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV				
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	32.6	38.1	lb/d	******	10.9	12	mg/L		1/7 Weekly	Grab GRAB
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.363	.501	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	55.7	77.6	lb/d	******	20.8	34	mg/L	2	1/7 Weekly	Grab GRAB
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV				
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		48%	******	******	%	1		
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB
Flow, total	SAMPLE MEASUREMENT	******	11.2	Mgal/mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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 or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	04	05	10
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W.W.T.P.			IN0021512
Certified Operator: Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2012
Month: # 3 March	Year: 2010	E-mail address:	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Mon							0.217						0.22													
2	Tue							0.308					9.9	0.254					12								
3	Wed		6'0"					0.26	7.8	46	20			0.223	7.9	34	8			3.7							6'0"
4	Thu							0.355						0.295													
5	Fri							0.33						0.248													
6	Sat							0.291						0.232													
7	Sun							0.343						0.267													
8	Mon							0.483						0.296													
9	Tue							0.486					7	0.28					11								
10	Wed	0.5	6'0"					0.433	7.8	30	11			0.304	7.9	28	3			3.8							6'0"
11	Thu							0.406						0.354													
12	Fri	0.1						0.304						0.361													
13	Sat	0.6						0.518						0.373													
14	Sun	0.7						0.945						0.501													
15	Mon							0.717						0.445													
16	Tue							0.428						0.472													
17	Wed		6.0"					0.297	7.8	43	14		9.5	0.443	7.8	21	6		9.8	3.6							6'0"
18	Thu							0.237						0.439													
19	Fri							0.2						0.433													
20	Sat							0.172						0.415													
21	Sun							0.15						0.377													
22	Mon	0.4						0.158						0.356													
23	Tue	0.5						0.832					4.6	0.416					11								
24	Wed		6'0"					0.4	7.9	23	9			0.361	8.0	13	19			6.3							6'0"
25	Thu							0.304						0.477													
26	Fri	0.3						0.438						0.382													
27	Sat							0.392						0.425													
28	Sun	0.5						0.289						0.39													
29	Mon	0.3						0.614						0.392													
30	Tue							0.475						0.433													
31	Wed		6'0"					0.285	7.9	58	20		11	0.413	8.1	8	9		11	7.0							6'0"
Avgerage		0.4333						0.389258		40	15		8.4	0.363774		20.8	9.0		10.96	4.9							
Maximum		0.7						0.945	7.9	58	20		11	0.501	8.1	34	19		12	7							
Minimum								0.15	7.8	23	9		4.6	0.22	7.8	8	3		9.8	3.6							
Totals		3.9		0	0	0	0	12.067																			

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 Certified Operator — Date

Phone Number: 765-468-6701

Signature of Officer, Principal Executive, or Authorized Agent — Date 4-15-10

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	March	2010

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2				25.45				25.4356
3	99.81	43.39			63.2718	14.8875		
4								
5								
6								
7								
8								
9				28.39				25.7026
10	108.40	39.75			71.0326	7.61064		
11								
12								
13								
14								
15								
16								
17	106.57	34.70		23.55	77.6335	22.181		36.229
18								
19								
20								
21								
22								
23				31.94				38.1867
24	76.77	30.04			39.1631	57.2384		
25								
26								
27								
28								
29								
30								
31	137.94	47.57		26.16	27.5719	31.0184		37.9113
Avg	105.90	39.09		27.10	55.7346	26.5872		32.693
Max	137.94	47.57		31.94	77.6335	57.2384		38.1867
Min	76.77	30.04		23.55	27.5719	7.61064		25.4356

Enter Comments Below:

large amounts of rain plus a large amount of snow run-off provided a lot of dilution

Removal Rates:

Overall BOD removal: 48%

Overall TSS removal: 39%

Monthly Totals:

Influent flow (mg): 12.067

Effluent flow (mg): 11.277

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(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Wayne Davis 4-15-10

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	10	TO	04	30	10

** I N 0 0 2 1 5 1 2 0 0 1 A 4 2 0 1 0 **

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	QUANTITY OR LOADING Maximum	Units	QUALITY OR CONCENTRATION Minimum	QUALITY OR CONCENTRATION Average	QUALITY OR CONCENTRATION Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
pH	SAMPLE MEASUREMENT	******	******		8.3	******	8.8	SU	Ø	5/7 Weekly	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX				GRAB
Solids, total suspended	SAMPLE MEASUREMENT	38.1	56.3	lb/d	******	22.8	28	mg/L	Ø	1/7 Weekly	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV				GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	8.4	20.6	lb/d	******	4	8.4	mg/L		1/7 Weekly	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV				GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.262	.441	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
E. coli, colony forming units (CFU)	SAMPLE MEASUREMENT	******	******		******	65	390	CFU/100mL		5/7 Weekly	GRAB
51041 1 0 0 Effluent Gross	PERMIT REQUIREMENT					Report MO GEO	Report DAILY MX				
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	30.0	36.2	lb/d	******	19	25	mg/L	Ø	1/7 Weekly	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV				GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		80%	******	******	%	1		
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB

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NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	05	14	10
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND IN

ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04/01/10			TO	04/30/10		

IN0021512001A42010

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	8.147	Mgal/ mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report							Monthly	RCOTOT
			MO TOTAL								

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	05	14	10
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W.W.T.P.			IN0021512
Certified Operator: Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2012
Month: # 4 April	Year: 2010	E-mail address:	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Thu							0.236						0.441													
2	Fri							0.186						0.419													
3	Sat							0.155						0.389													
4	Sun							0.159						0.376													
5	Mon							0.145						0.34													
6	Tue	0.1						0.151						0.352													
7	Wed		6'0"					0.125	8.0	101	60		18	0.295	8.3	14	19		8.4	8.8			390				6'0"
8	Thu	1						0.333						0.311													
9	Fri	0.1						0.458						0.341													
10	Sat							0.229						0.332													
11	Sun							0.187						0.321													
12	Mon							0.14						0.265													
13	Tue							0.146						0.288													
14	Wed		6'0"					0.115	8.0	59	26		15	0.241	8.6	18	28		5.2	11.0			230				6'0"
15	Thu							0.134						0.26													
16	Fri							0.108						0.204													
17	Sat							0.106						0.204													
18	Sun							0.105						0.171													
19	Mon							0.107						0.156													
20	Tue							0.104						0.149													
21	Wed		6'0"					0.093	8.0	91	23		17	0.132	8.6	19	18		1.5	12.7			10				6'0"
22	Thu							0.104						0.141													
23	Fri							0.089						0.122													
24	Sat							0.094						0.129													
25	Sun	0.2						0.103						0.118													
26	Mon	0.5						0.159						0.125													
27	Tue							0.141						0.15													
28	Wed		6'0"					0.105	8.1	125	48		26	0.137	8.8	25	26		0.9	9.6			20				6'0"
29	Thu							0.614						0.392													
30	Fri							0.475						0.433													
								0.285						0.413													
Avgerage		0.38						0.183581		94	39		19.0	0.262806		19.0	22.8		4	10.5			65				
Maximum		1						0.614	8.1	125	60		26	0.441	8.8	25	28		8.4	12.7			390				
Minimum								0.089	8.0	59	23		15	0.118	8.3	14	18		0.9	8.8			10				
Totals		1.9		0	0	0	0	5.691																			

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Kenny Marquis — 5-14-10
Signature of Certified Operator — Date

Phone Number: 765-468-6701

Hazel Lewis — 5-19-10
Signature of Officer, Principal Executive, or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant
(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	April	2010

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3								
4								
5								
6								
7	105.36	62.59		18.78	34.4649	46.7737		20.6789
8								
9								
10								
11								
12								
13								
14	56.62	24.95		14.40	36.2006	56.3121		10.458
15								
16								
17								
18								
19								
20								
21	70.62	17.85		13.19	20.9293	19.8277		1.65231
22								
23								
24								
25								
26								
27								
28	109.53	42.06		22.78	28.5816	29.7249		1.02894
29								
30								
Avg	85.53	36.86		17.29	30.0441	38.1596		8.45453
Max	109.53	62.59		22.78	36.2006	56.3121		20.6789
Min	56.62	17.85		13.19	20.9293	19.8277		1.02894

Enter Comments Below:

spring turnover high ph

Removal Rates:

Overall BOD removal: 80%

Overall TSS removal: 42%

Monthly Totals:

Influent flow (mg): 5.691

Effluent flow (mg): 8.147

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.

Kenny Marquis — 5-14-10

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Hazel Reuss — 5-19-10

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340
FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	05	01	10	TO	05	31	10

*** Mark box if NO DISCHARGE ☐ ***

For any questions call Dan Knowles at 317-232-0019

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	QUANTITY OR LOADING Maximum	Units	QUALITY OR CONCENTRATION Minimum	QUALITY OR CONCENTRATION Average	QUALITY OR CONCENTRATION Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
pH	SAMPLE MEASUREMENT	******	******		8.8	******	8.9	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	97.1	178.7	lb/d	******	48	60	mg/L	2	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.607	1.43	lb/d	******	.365	.85	mg/L		1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.235	.453	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
E. coli, colony forming units (CFU)	SAMPLE MEASUREMENT	******	******		******	199	930	CFU/100mL			
51041 1 0 0 Effluent Gross	PERMIT REQUIREMENT					Report MO GEO	Report DAILY MX			Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	43.2	71.5	lb/d	******	22	25	mg/L	2	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		78%	******	******	%	1		
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	06	07	10
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND IN

ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	05/01/10			TO	05/31/10		

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	7.29	Mgal/ mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	06	07	10
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility		Permit Number
Farmland W.W.T.P.		IN0021512
Certified Operator: Name	Class / Certificate Number	Expiration Date
Kenny Marquis	1-sp / 12585	6/30/2012
Month: # 5 May	Year: 2010	E-mail address:

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Sat	0.1						0.078						0.111													
2	Sun	0.9						0.228						0.179													
3	Mon							0.196						0.168													
4	Tue	0.2						0.191						0.194													
5	Wed		6'0"					0.129	8.1	179	95		27	0.166	8.8	25	40		0.41	7.7			600				6'0"
6	Thu							0.123						0.175													
7	Fri							0.109						0.159													
8	Sat	0.1						0.109						0.152													
9	Sun							0.113						0.131													
10	Mon							0.1						0.109													
11	Tue	0.8						0.167						0.122													
12	Wed		6'6"					0.243	8.2	64	20		21	0.151	8.8	20	51		0.1	9.0			280				6'6"
13	Thu	0.4						0.271						0.176													
14	Fri	0.2						0.173						0.191													
15	Sat							0.138						0.181													
16	Sun							0.136						0.2													
17	Mon	0.2						0.226						0.19													
18	Tue	1.3						0.448					3.9	0.203					0.85				930				
19	Wed	0.1	6'6"					0.498	8.0	51	21			0.264	8.8	19	41			6.6							6'6"
20	Thu							0.312						0.302													
21	Fri	0.3						0.244						0.321													
22	Sat	1.2						0.491						0.344													
23	Sun							0.669						0.453													
24	Mon							0.271						0.376													
25	Tue							0.196						0.401													
26	Wed		6'6"					0.151	8.0	109	45		23	0.357	8.9	24	60		0.1	9.6			10				6'6"
27	Thu	0.2						0.154						0.355													
28	Fri	0.5						0.185						0.322													
29	Sat							0.141						0.306													
30	Sun							0.127						0.276													
31	Mon							0.115						0.257													
Avgerage		0.4643						0.217161		101	45		18.7	0.235226		22.0	48.0		0.365	8.2			199				
Maximum		1.3						0.669	8.2	179	95		27	0.453	8.9	25	60		0.85	9.6			930				
Minimum								0.078	8.0	51	20		3.9	0.109	8.8	19	40		0.1	6.6			10				
Totals		6.5		0	0	0	0	6.732																			

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.

Kenny Marquis 6-7-10
Signature of Certified Operator — Date

Phone Number: 765-468-6701

Daniel Lewis 6-7-10
Signature of Officer, Principal Executive, or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant
(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	May	2010

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3								
4								
5	192.69	102.27		29.07	34.6318	55.4108		0.56796
6								
7								
8								
9								
10								
11								
12	129.78	40.56		42.58	25.2019	64.2648		0.12601
13								
14								
15								
16								
17								
18				14.58				1.43993
19	211.95	87.27			41.8585	90.3263		
20								
21								
22								
23								
24								
25								
26	137.35	56.70		28.98	71.5	178.75		0.29792
27								
28								
29								
30								
31								
Avg	167.94	71.70		28.80	43.298	97.188		0.60795
Max	211.95	102.27		42.58	71.5	178.75		1.43993
Min	129.78	40.56		14.58	25.2019	55.4108		0.12601

Enter Comments Below:

spring turnover high ph

Removal Rates:

Overall BOD removal: 78%

Overall TSS removal: -6%

Monthly Totals:

Influent flow (mg): 6.732

Effluent flow (mg): 7.292

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.

Kenny Marquis — (SIGNATURE OF CERTIFIED OPERATOR) — 6-7-10 (DATE)

Daryl Lewis — (SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) — 6-7-10 (DATE)

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340
FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	06	01	10	TO	06	30	10

IN0021512001A62010

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	QUANTITY OR LOADING Maximum	Units	QUALITY OR CONCENTRATION Minimum	QUALITY OR CONCENTRATION Average	QUALITY OR CONCENTRATION Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
pH	SAMPLE MEASUREMENT	******	******		8.8	******	8.9	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	172	268	lb/d	******	56.4	67	mg/L	2	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	1.14	2.29	lb/d	******	.48	1.1	mg/L	Ø	1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.361	.644	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
E. coli, colony forming units (CFU)	SAMPLE MEASUREMENT	******	******		******	158	840	CFU/100mL			
51041 1 0 0 Effluent Gross	PERMIT REQUIREMENT					Report MO GEO	Report DAILY MX			Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	18.6	21	lb/d	******	55.6	86.1	mg/L	3	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		59%	******	******	%			
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB

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 or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	07	06	10
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND IN

ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	06/01/10			TO	06/30/10		

* I N 0 0 2 1 5 1 2 0 0 1 A 6 2 0 1 0 *

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	10.8	Mgal/ mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report							Monthly	RCOTOT
			MO TOTAL								

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	07	06	10
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility		Permit Number
Farmland W.W.T.P.		IN0021512
Certified Operator: Name	Class / Certificate Number / Expiration Date	
Kenny Marquis	1-sp / 12585 / 6/30/2012	
Month: # 6 June	Year: 2010	E-mail address:

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Tue	0.6						0.262						0.263													
2	Wed		6'6"					0.161	8.0	41	16		9.9	0.234	8.9	21	63		0.7	9.0			80				6'6"
3	Thu	0.3						0.165						0.251													
4	Fri							0.167						0.252													
5	Sat							0.124						0.252													
6	Sun							0.258						0.251													
7	Mon							0.258						0.251													
8	Tue							0.162						0.25													
9	Wed	0.8	6'6"					0.251	8.2	19	21		3.9	0.25	8.8	20	51		1.1	4.4			840				6'6"
10	Thu							0.2						0.25													
11	Fri							0.219						0.25													
12	Sat	0.1						0.152						0.25													
13	Sun	0.3						0.178						0.25													
14	Mon	0.1						0.171						0.25													
15	Tue	1.5						0.428						0.211													
16	Wed	0.1	6'6"					0.72	7.9	28	16		5.5	0.219	8.9	21	67		0.3	3.2			10				6'6"
17	Thu							0.361						0.245													
18	Fri							0.724						0.252													
19	Sat	0.9						0.385						0.272													
20	Sun							0.514						0.314													
21	Mon	2.1						0.229						0.285													
22	Tue	0.9						0.697						0.596													
23	Wed	0.1	6'6"					0.779	7.9	45	23		4.5	0.609	8.8	14	48		0.1	3.8			590				6'6"
24	Thu							0.388						0.614													
25	Fri							0.236						0.619													
26	Sat							0.167						0.613													
27	Sun							0.152						0.634													
28	Mon	0.8						0.226						0.62													
29	Tue							0.314						0.644													
30	Wed		6'6"					0.164	8.0	92	46		20	0.607	8.8	17	53		0.2	5.7			250				6'6"
Avgerage		0.6615						0.307067		45	24		8.8	0.361933		18.6	56.4		0.48	5.2			158				
Maximum		2.1						0.779	8.2	92	46		20	0.644	8.9	21	67		1.1	9			840				
Minimum								0.124	7.9	19	16		3.9	0.211	8.8	14	48		0.1	3.2			10				
Totals		8.6		0	0	0	0	9.212																			

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.

Kenny Marquis 7-6-10
Signature of Certified Operator — Date

Phone Number: 765-468-6701

Daniel Lewis 7-6-10
Signature of Officer, Principal Executive, or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant
(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	June	2010

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2	55.09	21.50		13.30	41.0073	123.022		1.36691
3								
4								
5								
6								
7								
8								
9	39.80	43.99		8.17	41.725	106.399		2.29488
10								
11								
12								
13								
14								
15								
16	168.24	96.13		33.05	38.3787	122.446		0.54827
17								
18								
19								
20								
21								
22								
23	292.53	149.52		29.25	71.1495	243.941		0.50821
24								
25								
26								
27								
28								
29								
30	125.91	62.95		27.37	86.1121	268.467		1.01308
Avg	136.31	74.82		22.23	55.6745	172.855		1.14627
Max	292.53	149.52		33.05	86.1121	268.467		2.29488
Min	39.80	21.50		8.17	38.3787	106.399		0.50821

Enter Comments Below:

periods of high rainfall high ph effluent equipment struck by lightning-flows estimated 6-7 until 6-14. equipment replaced by b.l. anderson

Removal Rates:

Overall BOD removal: 59%

Overall TSS removal: -131%

Monthly Totals:

Influent flow (mg): 9.212

Effluent flow (mg): 10.858

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.

Kenn Marquis — 7-6-10
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Hazel Lewis — 7-6-10
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

* I N 0 0 2 1 5 1 2 0 0 1 A 7 2 0 1 0 *

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	07	01	10	TO	07	31	10

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	SAMPLE MEASUREMENT	******	******		8.7	******	9.0	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	30.9	37.1	lb/d	******	53.8	57	mg/L	Ø	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.167	.301	lb/d	******	.293	.54	mg/L		1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.138	.1636	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
E. coli, colony forming units (CFU)	SAMPLE MEASUREMENT	******	******		******	23	140	CFU/100mL			
51041 1 0 0 Effluent Gross	PERMIT REQUIREMENT					Report MO GEO	Report DAILY MX			Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	20.3	27	lb/d	******	11.4	14.7	mg/L	Ø	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		83%	******	******	%		=	
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	08	02	10
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND IN

ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	07	01	10	TO	07	31	10

IN0021512001A7201O

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	4.28	Mgal/mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report							Monthly	RCOTOT
			MO TOTAL								

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	08	02	10
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility		Permit Number
Farmland W.W.T.P.		IN0021512
Certified Operator: Name	**Class**	**Certificate Number** / **Expiration Date**
Kenny Marquis	1-sp	12585 / 6/30/2012
Month: # 7 July	Year: 2010	E-mail address:

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Thu							0.148						0.636													
2	Fri							0.125						0.589													
3	Sat							0.123						0.633													
4	Sun							0.101						0.547													
5	Mon							0.101						0.064													
6	Tue							0.121						0.044													
7	Wed		6'0"					0.097	8.0	136	46		21	0.051	8.7	27	56		0.21	3.9			10				6'0"
8	Thu							0.105						0.059													
9	Fri	0.1						0.095						0.06													
10	Sat							0.089						0.065													
11	Sun							0.104						0.059													
12	Mon							0.181						0.066													
13	Tue							0.14						0.09													
14	Wed		6'0"					0.099	8.1	123	60		19	0.084	8.9	21	53		0.17	3.7			140				6'0"
15	Thu							0.101						0.081													
16	Fri	0.1						0.103						0.079													
17	Sat							0.097						0.074													
18	Sun	0.1						0.09						0.065													
19	Mon	0.5						0.143						0.077													
20	Tue							0.106						0.083													
21	Wed	0.1	6'0"					0.093	8.0	110	52		23	0.076	8.9	16	49		0.25	3.3			10				6'0"
22	Thu							0.094						0.076													
23	Fri							0.097						0.074													
24	Sat	0.2						0.093						0.068													
25	Sun	0.6						0.161						0.077													
26	Mon							0.165						0.096													
27	Tue							0.105						0.077													
28	Wed		6'0"					0.087	8.1	104	59		23	0.067	9.0	17	57		0.54	3.0			20				6'0"
29	Thu	0.2						0.107						0.068													
30	Fri							0.098						0.057													
31	Sat							0.085						0.042													
Avgerage		0.2375						0.111419		118	54		21.5	0.138194		20.3	53.8		0.293	3.5			23				
Maximum		0.6						0.181	8.1	136	60		23	0.636	9.0	27	57		0.54	3.9			140				
Minimum								0.085	8.0	104	46		19	0.042	8.7	16	49		0.17	3			10				
Totals		1.9		0	0	0	0	3.454																			

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.

Kenny Marquis 8/2/10
Signature of Certified Operator — Date

Phone Number: 765-468-6701

Signature of Officer, Principal Executive, or Authorized Agent — Date 8-2-10

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant
(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	July	2010

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3								
4								
5								
6								
7	110.09	37.24		17.00	11.4911	23.8333		0.08937
8								
9								
10								
11								
12								
13								
14	101.62	49.57		15.70	14.7206	37.1519		0.11917
15								
16								
17								
18								
19								
20								
21	85.37	40.36		17.85	10.1475	31.0768		0.15856
22								
23								
24								
25								
26								
27								
28	75.51	42.83		16.70	9.50496	31.8696		0.30192
29								
30								
31								
Avg	93.14	42.50		16.81	11.466	30.9829		0.16725
Max	110.09	49.57		17.85	14.7206	37.1519		0.30192
Min	75.51	37.24		15.70	9.50496	23.8333		0.08937

Enter Comments Below:

algae bloom along with possible turnover account for high ph

Removal Rates:

Overall BOD removal: 83%

Overall TSS removal: 1%

Monthly Totals:

Influent flow (mg): 3.454

Effluent flow (mg): 4.284

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Kenny Mangum — (SIGNATURE OF CERTIFIED OPERATOR) — 8/2/10 (DATE)

Daniel Lewis — (SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) — 8-2-10 (DATE)

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340
FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

IN0021512001A8201O

For any questions call Dan Knowles at 317-232-0019

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	08/01/10			TO	08/31/10		

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	Maximum	Units	QUALITY OR CONCENTRATION Minimum	Average	Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
pH	SAMPLE MEASUREMENT	******	******		8.9	******	9.0	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	93.2	122	lb/d	******	55.5	62	mg/L	Ø	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.817	1.67	lb/d	******	.475	.82	mg/L		1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.218	.266	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
E. coli, colony forming units (CFU)	SAMPLE MEASUREMENT	******	******		******	40	40	CFU/100mL			
51041 1 0 0 Effluent Gross	PERMIT REQUIREMENT					Report MO GEO	Report DAILY MX			Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	34.6	43.5	lb/d	******	20.8	22	mg/L	1	1/7a	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly D	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		81%	******	******	%		—	
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB

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NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	09	02	10
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND IN

ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	08	01	10	TO	08	31	10

* I N 0 0 2 1 5 1 2 0 0 1 A 8 2 0 1 0 *

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	6.76	Mgal/ mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report							Monthly	RCOTOT
	MO TOTAL										

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	09	02	10
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W.W.T.P.			IN0021512
Certified Operator: Name	Class	Certificate Number	Expiration Date
Kenny Marquis	1-sp	12585	6/30/2012
Month: # 8 August	Year: 2010	E-mail address:	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Sun							0.125						0.062													
2	Mon							0.113						0.078													
3	Tue							0.097					33	0.082					0.45				<10				
4	Wed	0.5	6'0"					0.123	8.1	83	24			0.091	9.0	21	54			3.9							6'0"
5	Thu	3.5						0.627						0.184													
6	Fri							0.541						0.24													
7	Sat							0.193						0.235													
8	Sun							0.162						0.266													
9	Mon							0.118						0.219													
10	Tue							0.111					29	0.245					0.82				40				
11	Wed	1.3	6'0"					0.228	8.0	32	22			0.237	8.9	22	62			4.1							6'0"
12	Thu							0.816						0.243													
13	Fri							0.297						0.242													
14	Sat							0.19						0.26													
15	Sun							0.127						0.215													
16	Mon							0.132						0.238													
17	Tue							0.12						0.257													
18	Wed		6'0"					0.104	8.0	148	54		22	0.236	8.9	20	55		0.14	4.4			<10				6'0"
19	Thu							0.102						0.242													
20	Fri							0.097						0.244													
21	Sat							0.092						0.235													
22	Sun	0.1						0.097						0.243													
23	Mon							0.109						0.237													
24	Tue							0.092					24	0.247					0.49				<10				
25	Wed		6'0"					0.085	8.0	181	58			0.237	9.0	20	51			4.4							6'0"
26	Thu							0.091						0.248													
27	Fri							0.085						0.242													
28	Sat							0.083						0.245													
29	Sun							0.096						0.254													
30	Mon							0.082						0.22													
31	Tue							0.091						0.244													
Avgerage		1.35						0.175032		111	40		27.0	0.218323		20.8	55.5		0.475	4.2			40				
Maximum		3.5						0.816	8.1	181	58		33	0.266	9.0	22	62		0.82	4.4			40				
Minimum								0.082	8.0	32	22		22	0.062	8.9	20	51		0.14	3.9			40				
Totals		5.4		0	0	0	0	5.426																			

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.

Kenny Marquis 9/2/10
Signature of Certified Operator — Date

Phone Number: 765-468-6701

Hazel Lewis 8-31-10
Signature of Officer, Principal Executive, or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	August	2010

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3				26.71				0.30793
4	85.19	24.63			15.9473	41.0073		
5								
6								
7								
8								
9								
10				26.86				1.67651
11	60.89	41.86			43.5108	122.621		
12								
13								
14								
15								
16								
17								
18	128.45	46.87		19.09	39.3884	108.318		0.27572
19								
20								
21								
22								
23								
24				18.43				1.01
25	128.39	41.14			39.5553	100.866		
26								
27								
28								
29								
30								
31								
Avg	100.73	38.62		22.77	34.6005	93.2032		0.81754
Max	128.45	46.87		26.86	43.5108	122.621		1.67651
Min	60.89	24.63		18.43	15.9473	41.0073		0.27572

Enter Comments Below:

algae bloom along with possible turnover account for high ph

Removal Rates:

Overall BOD removal: 81%

Overall TSS removal: -41%

Monthly Totals:

Influent flow (mg): 5.426

Effluent flow (mg): 6.768

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.

Jim Marquis — 9-2-10

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Daniel Lewis — 8-31-10

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	09	01	10	TO	09	30	10

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	QUANTITY OR LOADING Maximum	Units	QUALITY OR CONCENTRATION Minimum	QUALITY OR CONCENTRATION Average	QUALITY OR CONCENTRATION Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
pH	SAMPLE MEASUREMENT	******	******		8.9	******	9.0	SU		5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	73.6	112.4	lb/d	******	59.6	69	mg/L		1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV		70 MO AVG		105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.832	1.58	lb/d	******	.63	.81	mg/L		1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.150	.268	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
E. coli, colony forming units (CFU)	SAMPLE MEASUREMENT	******	******		******	86	150	CFU/100mL			
51041 1 0 0 Effluent Gross	PERMIT REQUIREMENT					Report MO GEO	Report DAILY MX			Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	21.7	35.1	lb/d	******	17	19	mg/L		1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		91%	******	******	%			
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB

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 possibiliy of fine or imprisonment for knowing violations.	NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
	Hazel Lewis	Hazel Lewis	765 468-6701	10	18	10
	TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND IN

ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

* I N 0 0 2 1 5 1 2 0 0 1 A 9 2 0 1 0 *

For any questions call Dan Knowles at 317-232-0019

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	09	01	10	TO	09	30	10

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	4.51	Mgal/ mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	10	18	10
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility		Permit Number
Farmland W.W.T.P.		IN0021512
Certified Operator: Name	Class	Certificate Number / Expiration Date
Kenny Marquis	1-sp	12585 / 6/30/2012
Month: # 9 September	Year: 2010	E-mail address:

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Wed		6'0"					0.087	8.0	172	67		29	0.239	8.9	14	53		0.39	4.1			<10				6'0"
2	Thu							0.086						0.243													
3	Fri							0.086						0.242													
4	Sat							0.08						0.268													
5	Sun							0.088						0.216													
6	Mon							0.074						0.245													
7	Tue							0.101						0.246													
8	Wed		6'0"					0.074	8.1	238	96		38	0.221	9.0	17	61		0.74	5.6			70				6'0"
9	Thu							0.094						0.261													
10	Fri							0.081						0.243													
11	Sat	0.3						0.083						0.244													
12	Sun							0.107						0.252													
13	Mon							0.102						0.229													
14	Tue							0.095						0.248													
15	Wed		6'0"					0.077	8.1	169	54		29	0.234	8.9	18	50		0.81	4.8			<10				6'0"
16	Thu							0.083						0.247													
17	Fri							0.076						0.085													
18	Sat							0.076						0.04													
19	Sun							0.091						0.036													
20	Mon							0.096						0.034													
21	Tue							0.079					39	0.031					0.79				60				
22	Wed	0.1	6'0"					0.08	8.1	168	70			0.027	9.0	17	65			4.5							6'0"
23	Thu	0.3						0.09						0.038													
24	Fri							0.082						0.039													
25	Sat							0.071						0.035													
26	Sun							0.089						0.04													
27	Mon							0.091						0.039													
28	Tue	0.2						0.92						0.058													
29	Wed		6'0"					0.08	8.1	196	77		36	0.066	9.0	19	69		0.42	6.8			150				6'0"
30	Thu							0.081						0.073													
Avgerage		0.225						0.113333		189	73		34.2	0.150633		17.0	59.6		0.63	5.2			86				
Maximum		0.3						0.92	8.1	238	96		39	0.268	9.0	19	69		0.81	6.8			150				
Minimum								0.071	8.0	168	54		29	0.027	8.9	14	50		0.39	4.1			60				
Totals		0.9		0	0	0	0	3.4																			

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.

Kenny Marquis — 10-18-10
Signature of Certified Operator — Date

Phone Number: 765-468-6701

Signature of Officer, Principal Executive, or Authorized Agent — 10-18-10 — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	September	2010

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1	124.87	48.64		21.05	27.9224	105.706		0.77784
2								
3								
4								
5								
6								
7								
8	146.97	59.28		23.47	31.3522	112.499		1.36474
9								
10								
11								
12								
13								
14								
15	108.59	34.70		18.63	35.1491	97.6365		1.58171
16								
17								
18								
19								
20								
21				25.71				0.20437
22	112.16	46.73			3.83036	14.6455		
23								
24								
25								
26								
27								
28								
29	130.85	51.41		24.03	10.4646	38.0031		0.23132
30								
Avg	124.69	48.15		22.58	21.7437	73.698		0.832
Max	146.97	59.28		25.71	35.1491	112.499		1.58171
Min	108.59	34.70		18.63	3.83036	14.6455		0.20437

Enter Comments Below:

algae bloom along with possible turnover account for high ph

Removal Rates:

Overall BOD removal: 91%

Overall TSS removal: 18%

Monthly Totals:

Influent flow (mg): 3.4

Effluent flow (mg): 4.519

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.

Jenny Marquis — 10-18-10

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Hazel Lewis — 10-18-10

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS
NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10/01/10			TO	10/31/10		

IN0021512001A1020100

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH **00400 1 0 0** Effluent Gross	SAMPLE MEASUREMENT	******	******		8.9	******	9.0	SU	Ø	5/7	Grab
	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended **00530 1 0 0** Effluent Gross	SAMPLE MEASUREMENT	33.1	44.9	lb/d	******	65.3	71	mg/L	Ø	1/7	Grab
	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N) **00610 1 0 0** Effluent Gross	SAMPLE MEASUREMENT	.169	.254	lb/d	******	.33	.47	mg/L		1/7	Grab
	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant **50050 1 0 0** Effluent Gross	SAMPLE MEASUREMENT	.062	.109	Mgal/d	******	******	******				
	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
E. coli, colony forming units (CFU) **51041 1 0 0** Effluent Gross	SAMPLE MEASUREMENT	******	******		******	206	380	CFU/100mL		1/7	Grab
	PERMIT REQUIREMENT					Report MO GEO	Report DAILY MX			Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C **80082 1 0 0** Effluent Gross	SAMPLE MEASUREMENT	8.6	11.7	lb/d	******	16.8	18	mg/L	Ø	1/7	Grab
	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal **80091 K 0 0** Percent Removal	SAMPLE MEASUREMENT	******	******		89%	******	******	%		1/7	
	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	11	08	10
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP
ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP
LOCATION FARMLAND IN
ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10/01/10			TO	10/31/10		

IN0021512001A102010

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, total	SAMPLE MEASUREMENT	******	1.94	Mgal/ mo	******	******	******				
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report							Monthly	RCOTOT
			MO TOTAL								

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	11	08	10
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility		Permit Number
Farmland W.W.T.P.		IN0021512
Certified Operator: Name	Class / Certificate Number / Expiration Date	
	1-sp / 12585 / 6/30/2012	
Month: # 10 October	Year: 2010	E-mail address:

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Fri							0.083						0.074													
2	Sat							0.069						0.067													
3	Sun	0.4						0.102						0.085													
4	Mon							0.095						0.079													
5	Tue							0.089						0.086													
6	Wed		6'0"					0.075	8.1	178	81		33	0.078	9.0	18	69		0.26	7.8			140				6'0"
7	Thu							0.083						0.077													
8	Fri							0.079						0.072													
9	Sat							0.081						0.071													
10	Sun							0.08						0.053													
11	Mon							0.074						0.067													
12	Tue							0.095						0.071													
13	Wed		6'0"					0.072	8.1	124	59		22	0.057	9.0	18	67		0.34	6.7			210				6'0"
14	Thu	0.3						0.094						0.067													
15	Fri							0.076						0.062													
16	Sat							0.07						0.055													
17	Sun							0.085						0.057													
18	Mon							0.091						0.048													
19	Tue							0.084						0.05													
20	Wed		6'0"					0.077	8.1	207	77		59	0.045	9.0	15	71		0.25	6.5			380				6'0"
21	Thu							0.082						0.042													
22	Fri							0.079						0.035													
23	Sat							0.079						0.039													
24	Sun	0.1						0.086						0.034													
25	Mon							0.092						0.038													
26	Tue							0.091						0.054													
27	Wed	0.2	6'0"					0.098	8.0	128	43		28	0.065	8.9	16	54		0.47	6.8			160				6'0"
28	Thu							0.091						0.064													
29	Fri							0.084						0.064													
30	Sat							0.074						0.082													
31	Sun							0.09						0.109													
Avgerage		0.25						0.083871		159	65		35.5	0.062806		16.8	65.3		0.33	7.0			206				
Maximum		0.4						0.102	8.1	207	81		59	0.109	9.0	18	71		0.47	7.8			380				
Minimum								0.069	8.0	124	43		22	0.034	8.9	15	54		0.25	6.5			140				
Totals		1		0	0	0	0	2.6																			

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.

Kenny Marquis 11-8-10
Signature of Certified Operator — Date

Phone Number: 765-468-6701

Hazel Rewis 11-9-10
Signature of Officer, Principal Executive, or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant
(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	October	2010

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3								
4								
5								
6	111.41	50.70		20.65	11.7164	44.9128		0.16924
7								
8								
9								
10								
11								
12								
13	74.50	35.45		13.22	8.56197	31.8696		0.16173
14								
15								
16								
17								
18								
19								
20	133.01	49.48		37.91	5.63288	26.6623		0.09388
21								
22								
23								
24								
25								
26								
27	104.68	35.17		22.90	8.6788	29.291		0.25494
28								
29								
30								
31								
Avg	105.90	42.70		23.67	8.64751	33.1839		0.16995
Max	133.01	50.70		37.91	11.7164	44.9128		0.25494
Min	74.50	35.17		13.22	5.63288	26.6623		0.09388

Enter Comments Below:

algae bloom along with possible turnover account for high ph

Removal Rates:

Overall BOD removal: 89%

Overall TSS removal: 0%

Monthly Totals:

Influent flow (mg): 2.6

Effluent flow (mg): 1.947

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.

Kenny Marquis — (SIGNATURE OF CERTIFIED OPERATOR) — 11-8-10 (DATE)

Daryl Lewis — (SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) — 11-9-10 (DATE)

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND IN

ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11	01	10	TO	11	30	10

*** Mark box if NO DISCHARGE ☐ ***

For any questions call Dan Knowles at 317-232-0019

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	SAMPLE MEASUREMENT	******	******		8.2	******	8.6	SU	Ø	5/7	Grab
00400 1 0 0 Effluent Gross	PERMIT REQUIREMENT				6 DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	32.5	49.5	lb/d	******	35.3	60	mg/L	Ø	1/7	Grab
00530 1 0 0 Effluent Gross	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV			70 MO AVG	105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	.39	.48	lb/d	******	.44	.68	mg/L		1/7	Grab
00610 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV			Report MO AVG	Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.151	.369	Mgal/d	******	******	******				
50050 1 0 0 Effluent Gross	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	14.6	20.7	lb/d	******	14.5	15	mg/L	Ø	1/7	Grab
80082 1 0 0 Effluent Gross	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV			25 MO AVG	40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal	SAMPLE MEASUREMENT	******	******		89%	******	******	%	Ø	1/7	
80091 K 0 0 Percent Removal	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB
Flow, total	SAMPLE MEASUREMENT	******	4.53	Mgal/mo	******	******	******			1/M	
82220 1 0 0 Effluent Gross	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Hazel Lewis	Hazel Lewis	765 468-6701	12	01	10
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility			Permit Number
Farmland W.W.T.P.			IN0021512
Certified Operator: Name	Class	Certificate Number	Expiration Date
kenny marquis	1-sp	12585	6/30/2012
Month: # 11 November	Year: 2010	E-mail address:	

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Mon							0.094						0.106													
2	Tue							0.085						0.111													
3	Wed		6'0"					0.079	7.8	174	47		38	0.099	8.5	15	60		0.45	9.8							6'0"
4	Thu							0.081						0.099													
5	Fri							0.076						0.098													
6	Sat							0.087						0.099													
7	Sun							0.08						0.089													
8	Mon							0.08						0.079													
9	Tue							0.08					31	0.085					0.68								
10	Wed		6'0"					0.075	7.7	187	58			0.081	8.6	14	36			7.3							6'0"
11	Thu							0.081						0.082													
12	Fri							0.086						0.084													
13	Sat							0.069						0.079													
14	Sun	0.4						0.12						0.096													
15	Mon							0.094						0.097													
16	Tue							0.081					37	0.095					0.3								
17	Wed	1.2	6'0"					0.28	7.8	60	25			0.136	8.3	14	24			8.4							6'0"
18	Thu							0.124						0.157													
19	Fri							0.096						0.156													
20	Sat							0.091						0.157													
21	Sun							0.097						0.149													
22	Mon							0.094						0.131													
23	Tue	0.6						0.19						0.158													
24	Wed		6'0"					0.131	7.7	116	60		25	0.166	8.2	15	21		0.35	9.9							6'0"
25	Thu	1.5						0.203						0.135													
26	Fri	1.6						0.971						0.363													
27	Sat							0.391						0.369													
28	Sun							0.186						0.31													
29	Mon							0.161						0.323													
30	Tue							0.394						0.344													
Avgerage		1.06						0.158567		134	48		32.8	0.1511		14.5	35.3		0.445	8.9							
Maximum		1.6						0.971	7.8	187	60		38	0.369	8.6	15	60		0.68	9.9							
Minimum								0.069	7.7	60	25		25	0.079	8.2	14	21		0.3	7.3							
Totals		5.3		0	0	0	0	4.757																			

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.

Kenny Marquis 12/1/10
Signature of Certified Operator — Date

Phone Number: 765-468-6701

Hazel Lewis 12-6-10
Signature of Officer, Principal Executive, or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	November	2010

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1								
2								
3	114.71	30.98		25.05	12.3923	49.5693		0.37177
4								
5								
6								
7								
8								
9				20.70				0.48234
10	117.04	36.30			9.46323	24.334		
11								
12								
13								
14								
15								
16				25.01				0.23783
17	140.20	58.42			15.8889	27.2381		
18								
19								
20								
21								
22								
23								
24	126.81	65.59		27.33	20.7791	29.0907		0.48484
25								
26								
27								
28								
29								
30								
Avg	124.69	47.82		24.52	14.6309	32.558		0.3942
Max	140.20	65.59		27.33	20.7791	49.5693		0.48484
Min	114.71	30.98		20.70	9.46323	24.334		0.23783

Enter Comments Below:

algae bloom along with possible turnover account for high ph

Removal Rates:

Overall BOD removal: 89%

Overall TSS removal: 26%

Monthly Totals:

Influent flow (mg): 4.757

Effluent flow (mg): 4.533

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Kenny Marquis 12-1-10

(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Hazel Lewis 12-6-10

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

PERMITTEE NAME/ADDRESS

NAME FARMLAND MUNICIPAL STP

ADDRESS FARMLAND TOWN HALL
PO BOX 336
FARMLAND IN 47340

FACILITY FARMLAND STP

LOCATION FARMLAND IN

ATTN: MR. DUANE L. COX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-004
Approval Expires 05-31-98

Revised: ☐

IN0021512	001 A
PERMIT NUMBER	PERMITTED FEATURE

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	01	10	TO	12	31	10

IN0021512001A122010

For any questions call Dan Knowles at 317-232-0019

*** Mark box if NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING Average	QUANTITY OR LOADING Maximum	Units	QUALITY OR CONCENTRATION Minimum	QUALITY OR CONCENTRATION Average	QUALITY OR CONCENTRATION Maximum	Units	NO. EX	Frequency of Analysis	Sample Type
pH 00400 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		7.8	******	8.4	SU	Ø	5/7	Grab
	PERMIT REQUIREMENT				6. DAILY MN		9 DAILY MX			Weekly	GRAB
Solids, total suspended 00530 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	30.9	56.0	lb/d	******	20.4	32	mg/L	Ø	1/7	Grab
	PERMIT REQUIREMENT	96.4 MO AVG	144.6 MX WK AV		70 MO AVG		105 MX WK AV			Weekly	GRAB
Nitrogen, ammonia total (as N) 00610 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	1.5	3.3	lb/d	******	1.09	2.8	mg/L		1/7	Grab
	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV		Report MO AVG		Report MX WK AV			Weekly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	.218	.378	Mgal/d	******	******	******				
	PERMIT REQUIREMENT	Report MO AVG	Report MX WK AV							Five Per Week	TOTALZ
BOD, carbonaceous, 05 day, 20 C 80082 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	31.1	50.8	lb/d	******	19.8	29	mg/L	Ø	1/7	Grab
	PERMIT REQUIREMENT	34.4 MO AVG	55.1 MX WK AV		25 MO AVG		40 MX WK AV			Weekly	GRAB
BOD, carb-5 day, 20 deg C, percent removal 80091 K 0 0 Percent Removal	SAMPLE MEASUREMENT	******	******		83%	******	******	%	1		
	PERMIT REQUIREMENT				85 MO AV MN					Weekly	GRAB
Flow, total 82220 1 0 0 Effluent Gross	SAMPLE MEASUREMENT	******	6.77	Mgal/mo	******	******	******				
	PERMIT REQUIREMENT		Report MO TOTAL							Monthly	RCOTOT

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 possibiliy of fine or imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
TROY BAIN		765 468-6701			
TYPED OR PRINTED	SIGNATURE	AREA CODE AND NO.	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

DISCHARGE WASTE STABILIZATION LAGOON.MUNICIPAL MINORRANDOLPH COUNTY

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant

(Version 12/06)

Name of Facility		Permit Number
Farmland W.W.T.P.		IN0021512
Certified Operator: Name	Class / Certificate Number / Expiration Date	
kenny marquis	1-sp / 12585 / 6/30/2012	
Month: # 12 December	Year: 2010	E-mail address:

General Information						Bypasses/ Overflows		Raw Wastewater						Final Effluent										Controlled Discharge			
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
1	Wed		6'0"					0.616	7.6	47	20		8.1	0.106	8.1	16	16		0.53	11.3							6'0"
2	Thu							0.279						0.378													
3	Fri							0.189						0.356													
4	Sat	2						0.167						0.369													
5	Sun	1						0.159						0.339													
6	Mon							0.145						0.291													
7	Tue							0.139					21	0.297					0.46								
8	Wed		6'0"					0.123	7.7	156	54			0.267	8.3	21	14			14.9							6.0"
9	Thu							0.124						0.261													
10	Fri	0.3						0.115						0.243													
11	Sat							0.101						0.221													
12	Sun							0.194						0.232													
13	Mon	2						0.197						0.231													
14	Tue							0.149						0.222													
15	Wed		6'0"					0.132	7.8	133	39		24	0.21	8.4	29	32		0.46	12.3							6'0"
16	Thu	2						0.143						0.215													
17	Fri							0.117						0.209													
18	Sat							0.112						0.19													
19	Sun							0.11						0.182													
20	Mon							0.117						0.192													
21	Tue							0.112					23	0.191					1.2								
22	Wed		6'0"					0.105	7.7	143	67			0.176	8.1	17	21			12.7							6'0"
23	Thu							0.105						0.174													
24	Fri							0.114						0.16													
25	Sat							0.117						0.169													
26	Sun							0.097						0.149													
27	Mon							0.109						0.152													
28	Tue							0.109						0.15													
29	Wed		6'0"					0.105	7.7	106	46		24	0.143	7.8	16	19		2.8	12.0							6'0"
30	Thu							0.114						0.15													
31	Fri							0.288						0.148													
Avgerage		1.46						0.154935		117	45		20.0	0.218484		19.8	20.4		1.09	12.6							
Maximum		2						0.616	7.8	156	67		24	0.378	8.4	29	32		2.8	14.9							
Minimum								0.097	7.6	47	20		8.1	0.106	7.8	16	14		0.46	11.3							
Totals		7.3		0	0	0	0	4.803																			

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.

Kenny Marquis 1-5-11

Signature of Certified Operator — Date

Phone Number: 765-468-6701

Signature of Officer, Principal Executive, or Authorized Agent — Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant
(Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Farmland W.W.T.P.	IN0021512	December	2010

Day of the Month	Influent Loading				Effluent Loading			
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)
1	241.60	102.81		41.64	14.1531	14.1531		0.46882
2								
3								
4								
5								
6								
7				24.36				1.14009
8	160.12	55.43			46.7904	31.1936		
9								
10								
11								
12								
13								
14								
15	146.50	42.96		26.44	50.8211	56.0784		0.80613
16								
17								
18								
19								
20								
21				21.50				1.91267
22	125.30	58.71			24.9682	30.8431		
23								
24								
25								
26								
27								
28								
29	92.88	40.31		21.03	19.0934	22.6734		3.34134
30								
31								
Avg	153.26	60.04		26.99	31.1652	30.9883		1.53381
Max	241.60	102.81		41.64	50.8211	56.0784		3.34134
Min	92.88	40.31		21.03	14.1531	14.1531		0.46882

Enter Comments Below:

algae bloom along with possible turnover account for high ph

Removal Rates:

Overall BOD removal: 83%

Overall TSS removal: 55%

Monthly Totals:

Influent flow (mg): 4.803

Effluent flow (mg): 6.773

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 CERTIFIED OPERATOR) 1-5-11 (DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

IDEM

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We Protect Hoosiers and Our Environment.

Mitchell E. Daniels, Jr.
Governor

Thomas W. Easterly
Commissioner

100 North Senate Avenue
Indianapolis, Indiana 46204
(317) 232-8603
Toll Free (800) 451-6027
www.idem.IN.gov

EFILE

August 19, 2008

VIA CERTIFIED MAIL 7002 0510 0002 5823 2054

Mr. Bill Necessary, President
Town Council of Farmland
104 E. Henry Street
P.O. Box 336
Farmland, Indiana 47340

Re: Adoption of Agreed Order
Commissioner, Indiana Department of Environmental Management
v.
Town of Farmland
Case No. 2008-17799-W

Dear Mr. Necessary:

This is to inform you that the Agreed Order in the above-referenced case has been approved and adopted by the Indiana Department of Environmental Management. A copy of the Agreed Order is enclosed.

Please note the terms of compliance contained in the Agreed Order. The time frames for compliance are effective upon your receipt of this correspondence. If you have any questions, please contact Paul Cluxton at 317/232-8432.

Sincerely,

Lori Kyle Endris

Lori Kyle Endris
Chief
Office of Enforcement

Enclosure

cc: Mr. Kenny Marquis, Utility Manager
Randolph County Health Department

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
We Protect Hoosiers and Our Environment.

Mitchell E. Daniels, Jr.
Governor

Thomas W. Easterly
Commissioner

100 North Senate Avenue
Indianapolis, Indiana 46204
(317) 232-8603
Toll Free (800) 451-6027
www.idem.IN.gov

STATE OF INDIANA)	SS:	BEFORE THE INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
)		
COUNTY OF MARION)		
)		
COMMISSIONER OF THE DEPARTMENT OF ENVIRONMENTAL MANAGEMENT)		
)		
)		
Complainant,)		
)		
v.)		Case No. 2008-17799-W
)		
TOWN OF FARMLAND,)		
)		
Respondent.)		

AGREED ORDER

Complainant and Respondent desire to settle and compromise this action without hearing or adjudication of any issue of fact or law, and consent to the entry of the following Findings of Fact and Order.

I. FINDINGS OF FACT

1. Complainant is the Commissioner ("Complainant") of the Indiana Department of Environmental Management ("IDEM"), a department of the State of Indiana created by Indiana Code ("IC") 13-13-1-1.

2. Respondent is the Town of Farmland ("Respondent"), which owns and operates the Farmland wastewater treatment system, which includes municipal sanitary sewers and a two-cell flow-through waste stabilization lagoon wastewater treatment plant ("WWTP") located at 303 North Plum Street in Farmland, Randolph County, Indiana (the "Site").

3. The Respondent is authorized by National Pollutant Discharge Elimination System ("NPDES") Permit Number IN 0021512 ("Permit") to discharge 0.165 MGD of wastewater treated in accordance with the terms and conditions of the Permit from its WWTP into Receiving Waters named West Fork White River via Outfall 001.

4. IDEM has jurisdiction over the parties and the subject matter of this action.

5. Pursuant to IC 13-30-3-3, IDEM issued a Notice of Violation via Certified Mail to Bill Necessary, President, Town Council of Farmland.

6. During an investigation conducted by a representative of IDEM, the following violations were found:

   a. Pursuant to 327 IAC 5-2-8(1) and Part II.A.1. of the Permit, the Respondent is required to comply with all terms and conditions of the Permit.

      Part I.A.1 of the Permit contains the final effluent limitations applicable to the discharge from Outfall 001.

      Discharge Monitoring Reports and Monthly Reports of Operation submitted by Respondent to IDEM for the period of July 2005 through February 2008 reveal violations of final effluent limitations contained in Part I.A.1 of the Permit as follows:

      The monthly average concentration effluent limitations for Total Suspended Solids were exceeded during August, September, October, and November 2006.

      The weekly and/or monthly average pounds per day loading effluent limitations for Total Suspended Solids were exceeded during July and September 2005; March, April, May, August, September, October, November and December 2006; February, March, and December 2007; and January 2008.

      The monthly average concentration effluent limitation for Biochemical Oxygen Demand was exceeded during September 2006.

      The weekly and/or monthly average pounds per day loading effluent limitation for Biochemical Oxygen Demand (BOD) were exceeded during July, August, September, and December 2005; January, February, March, April, May, September, October, November, and December 2006; January, March, April, May, and December 2007; and January and February 2008.

      The monthly average minimum percent removal of BOD effluent limitation of 85% was violated during November 2005; January, April, June, September, October, November, and December 2006; January, February, March, April, and May 2007; and January and February 2008.

      The daily maximum pH effluent was exceeded during April, May, and June 2006; and April, May, and August 2007.

      These failures to meet effluent limitations contained in the Permit are in violation of 327 IAC 5-2-8(1) and Parts I.A.1 and II.A.1. of the Permit.

b. Pursuant to 327 IAC 5-2-8(1), Part II.A.1. of the Permit, 327 IAC 5-2-8(8), and Part II.B.1 of the Permit, the Respondent is required to, at all times, maintain in good working order and efficiently operate all waste collection, control, treatment, and disposal facilities.

The failure to meet the above noted effluent limitations of the Permit indicates Respondent's failure to at all times maintain in good working order and efficiently operate all waste collection, control, treatment, and disposal facilities, in violation of 327 IAC 5-2-8(1), Part II.A.1. of the Permit, 327 IAC 5-2-8(8), and Part II.B.1 of the Permit.

c. Pursuant to 327 IAC 5-2-8(3) and part II.A.2 of the Permit, Respondent shall take all reasonable steps to minimize any adverse effects to the environment resulting from noncompliance with the Permit.

The above effluent violations of the Permit continued over a significant time period of July 2005 through February 2008, indicating Respondent failed to comply with its duty to mitigate the adverse impacts resulting from noncompliance with the Permit, in violation of 327 IAC 5-2-8(3) and part II.A.2 of the Permit.

7. In recognition of the settlement reached, Respondent waives any right to administrative and judicial review of this Agreed Order.

II. ORDER

1. This Agreed Order shall be effective ("Effective Date") when it is approved by Complainant or Complainant's delegate, and has been received by Respondent. This Agreed Order shall have no force or effect until the Effective Date.

2. Respondent shall comply with statutes, rules, and/or permit conditions listed in the findings above at issue.

3. Within 90 days of the Effective Date, Respondent shall develop and submit to IDEM for approval a "Compliance Plan" which identifies actions that Respondent will take to achieve and maintain compliance with its Permit, specifically including the actions the Respondent will take to:

a. evaluate and determine the means to be implemented to consistently meet the effluent limits of the Permit; and

b. conduct an evaluation of the sanitary sewer collection system to identify sources of inflow and infiltration (I&I) and perform the necessary corrective actions.

The Compliance Plan shall include an implementation and completion schedule, including specific milestone dates.

4. The Respondent shall, within six months of completion of the Compliance Plan required by Paragraph 3 above (Performance Period), demonstrate five consecutive months of compliance (Compliance Demonstration) with the effluent limitations and above-requirements contained in its Permit. During the Performance Period, Respondent shall be subject to stipulated penalties, as specified below, for violations of the effluent limitations or requirements of the Permit. In the event that Respondent fails to make the Compliance Demonstration, Respondent shall, within sixty days of becoming aware that the Compliance Demonstration cannot be achieved, develop and submit to IDEM, for approval, an "Additional Action Plan" which identifies the additional actions that Respondent will take to achieve and maintain compliance with the effluent limitations and above requirements contained in its Permit. The Additional Action Plan, if required, shall include an implementation and completion schedule, including specific milestone dates.

5. The plans required by Paragraphs 3 and 4 above are subject to IDEM approval. In the event IDEM determines that any plan submitted by Respondent is deficient or otherwise unacceptable, Respondent shall revise and resubmit the plan to IDEM in accordance with IDEM's notice. After three submissions of such plan by Respondent, IDEM may modify and approve any such plan and Respondent must implement the plan as modified by IDEM.

   Respondent, upon receipt of written notification from IDEM, shall immediately implement the approved plan and adhere to the milestone dates therein. The approved Compliance Plan and Additional Action Plan shall be incorporated into the Agreed Order and shall be deemed an enforceable part thereof. Failure by Respondent to submit any plan by the specified date, or to meet any of the milestones in the approved plan will subject Respondent to stipulated penalties as described below. Failure to achieve compliance at the conclusion of work under an Additional Action Plan will subject Respondent to additional enforcement action.

6. Respondent shall notify IDEM, in writing, within 10 days of completion of each action or milestone contained in any plan approved by IDEM pursuant to this Agreed Order. The notification shall include a description of the action completed and the date it was completed.

7. All submittals required by this Agreed Order, unless notified otherwise in writing, shall be sent to:

   Paul Cluxton, Enforcement Case Manager
   Indiana Department of Environmental Management
   Office of Enforcement – Mail Code 60-02
   100 North Senate Avenue
   Indianapolis, IN 46204-2251

8. In the event the terms and conditions of the following paragraphs are violated, Complainant may assess and Respondent shall pay a stipulated penalty in the following amount:

Paragraph	Violation	Stipulated Penalty
3	Failure to submit compliance plan within the required time period.	$250 per week late, or part thereof.
4	Failure to comply with the effluent limitations and requirements of the permit after completion of the Compliance Plan.	$500 per violation event.
4	Failure to submit Additional Action Plan within the required time period, if required.	$250 per week late, or part thereof.
5	Failure to revise and resubmit any plan required pursuant to this Agreed Order, as required.	$250 per week late, or part thereof.
5	Failure to implement the approved Plan or to meet the approved milestone dates.	$500 per week late, or part thereof.
6	Failure to notify IDEM, in writing, within 10 days of completion of each action contained in the approved plan.	$250 per week late, or part thereof.

9. Stipulated penalties shall be due and payable within thirty days after the Respondent receives written notice that Complainant has determined a stipulated penalty is due. Assessment and payment of stipulated penalties shall not preclude Complainant from seeking any additional relief against Respondent for violation of this Agreed Order. In lieu of any of the stipulated penalties set out above, Complainant may seek any other remedies or sanctions available by virtue of Respondent's violation of this Agreed Order, or Indiana law, including but not limited to, civil penalties pursuant to IC 13-30-4.

10. Stipulated penalties are payable by check to the Environmental Management Special Fund. Checks shall include the Case Number of this action and shall be mailed to:

Indiana Department of Environmental Management
Cashiers Office – Mail Code 50-10C
100 N. Senate Avenue
Indianapolis, IN 46204-2251

11. In the event that any stipulated amount assessed pursuant to Paragraph Nos. 8 and 9 is not paid within 30 days of notice that it is due, Respondent shall pay interest on the unpaid balance at the

rate established by IC 24-4.6-1-101. The interest shall continue to accrue until the stipulated penalty is paid in full.

12. This Agreed Order shall apply to and be binding upon Respondent and its successors and assigns. Respondent's signatories to this Agreed Order certify that they are fully authorized to execute this Agreed Order and legally bind the party they represent. No change in ownership, corporate, or partnership status of Respondent shall in any way alter its status or responsibilities under this Agreed Order.

13. In the event that any terms of this Agreed Order are found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if this Agreed Order did not contain the invalid terms.

14. Respondent shall provide a copy of this Agreed Order, if in force, to any subsequent owners or successors before ownership rights are transferred. Respondent shall ensure that all contractors, firms and other persons performing work under this Agreed Order comply with the terms of this Agreed Order.

15. This Agreed Order is not and shall not be interpreted to be a permit or a modification of an existing permit. This Agreed Order, and IDEM's review or approval of any submittal made by Respondent pursuant to this Agreed Order, shall not in any way relieve Respondent of its obligation to comply with the requirements of its applicable permit or any applicable Federal or State law or regulation.

16. Complainant does not, by its approval of this Agreed Order, warrant or aver in any manner that Respondent's compliance with any aspect of this Agreed Order will result in compliance with the provisions of any permit, order, or any applicable Federal or State law or regulation. Additionally, IDEM or anyone acting on its behalf shall not be held liable for any costs or penalties Respondent may incur as a result of Respondent's efforts to comply with this Agreed Order.

17. Nothing in this Agreed Order shall prevent or limit IDEM's rights to obtain penalties or injunctive relief under any applicable Federal or State law or regulation.

18. Nothing in this Agreed Order shall prevent IDEM or anyone acting on its behalf from communicating with the EPA or any other agency or entity about any matters relating to this enforcement action. IDEM or anyone acting on its behalf shall not be held liable for any costs or penalties Respondent may incur as a result of such communications with the EPA or any other agency or entity.

19. "Force Majeure" for purposes of this Agreed Order, is defined as any event arising from causes totally beyond the control and without fault of Respondent that delays or prevents the performance of any obligation under this Agreed Order despite Respondent's best efforts to fulfill the obligation. The requirement that Respondent exercise "best efforts to fulfill the obligation" includes using best efforts to anticipate any potential force majeure event and best

efforts to address the effects of any potential force majeure event (1) as it is occurring and (2) following the potential force majeure event, such that the delay is minimized to the greatest extent possible. "Force Majeure" does not include changed business or economic conditions, financial inability to complete the work required by this Agreed Order, or increases in costs to perform the work.

Respondent shall notify IDEM by calling the case manager within three (3) calendar days and by writing no later than seven (7) calendar days after it has knowledge of any event which Respondent contends is a force majeure. Such notification shall describe the anticipated length of the delay, the cause or causes of the delay, the measures taken or to be taken by Respondent to minimize the delay, and the timetable by which these measures will be implemented. Respondent shall include with any notice all available documentation supporting its claim that the delay was attributable to a force majeure. Failure to comply with the above requirements shall preclude Respondent from asserting any claim of force majeure for that event. Respondent shall have the burden of demonstrating that the event is a force majeure. The decision of whether an event is a force majeure shall be made by IDEM.

IDEM agrees that, if a delay is attributable to a force majeure, IDEM shall extend, in writing, the time period for performance under this Agreed Order, by the amount of time that is directly attributable to the event constituting the force majeure.

20. This Agreed Order shall remain in effect until Respondent has complied with all terms and conditions of Order Paragraph Nos. 3 through 11 and IDEM issues a Resolution of Case letter.

TECHNICAL RECOMMENDATION:
Department of Environmental Management

By: Mark W. Stanifer
Mark W. Stanifer, Chief
Water Enforcement Section
Office of Enforcement

Date: 6-20-2008

RESPONDENT:
Town of Farmland

By: Bill Necessary

Printed: BILL NECESSARY

Title: President, Town Council

Date: 8-5-08

COUNSEL FOR COMPLAINANT:
For the Department of Environmental Management

By: Nancy A. Hallora
Deputy Attorney General

Date: 7/1/08

COUNSEL FOR RESPONDENT:

By: Jan E White

Date: 8/5/08

APPROVED AND ADOPTED BY THE INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT THIS 14th DAY OF August, 200 8.

For the Commissioner:

Robert B. Keene
Assistant Commissioner
Office of Legal Counsel and Enforcement

EFILE

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
We Protect Hoosiers and Our Environment.

Mitchell E. Daniels, Jr.
Governor

Thomas W. Easterly
Commissioner

100 North Senate Avenue
Indianapolis, Indiana 46204
(317) 232-8603
Toll Free (800) 451-6027
www.idem.IN.gov

January 26, 2009

Town Council of Farmland
104 E. Henry Street
P.O. Box 336
Farmland, Indiana 47340

Re: Approval of Farmland Compliance Plan
Case No: 2008-17799-W
Farmland, Randolph County, Indiana

Dear Council Members:

This office has reviewed the Farmland's Wastewater Compliance Plan and status information (copy enclosed) received December 12, 2008. The Plan is hereby approved with the condition that the updated/remaining schedule be submitted to the Water Enforcement Section by August 1, 2009, including actions items 7-9 and their targeted completion dates for IDEM review and approval. The performance period for compliance referenced in Paragraph 4 of the Agreed Order, Case No. 2008-17799-W, would begin after implementation of all Compliance Plan scheduled items.

If you have any questions concerning this correspondence, please contact Paul Cluxton at 317/232-8432.

Sincerely,

Mark W. Stanifer, Chief
Water Enforcement Section
Office of Water Quality

Enclosure
cc: Kenny Marquis, Farmland Utility Manager
Steve Henschen, P.E. Vice President
Bonar Group -by e-mail

COMPLIANCE PLAN STATUS REPORT No. 1
TOWN OF FARMLAND
12/9/2008

This Compliance Plan has been prepared in accordance with the Agreed Order between the Town of Farmland and the Indiana Department of Environmental Management herein referred to as "IDEM."

The Town of Farmland and the Indiana Department of Environmental Management executed an agreed order with and effective date of August 14, 2008.

The **bold** font indicates the action items required by IDEM as part of the agreed Order, followed by the Town's proposed actions in standard font.

A. Actions that Farmland will take to evaluate and determine the means to be implemented to consistently meet the effluent limits of the permit

1. Perform a WWTP evaluation and analysis
    a. Review flow data and MRO's
    b. Review operational procedures
    c. Identify improvements required to allow the WWTP to meet the effluent limits
    d. Evaluate cost for various improvements
    e. Recommend improvements
    f. Identify funding sources
    g. Implementation

12/9/2008 update
Town has retained Bonar Group to assist
Review of past records is complete
Evaluation of WWTP has started

B. Actions that Farmland will take to conduct an evaluation of the sanitary sewer collection system to identify sources of inflow and infiltration (I & I) and perform the necessary corrective actions

1. Collection System
    a. Inspect every utility customers property for evidence of illegal connections (down spouts/foundation drains/yard drains)
    b. Smoke test entire system
    c. Inspect every manhole in system to identify potential sources of inflow/infiltration
    d. Send enforcement letters to customers with illegal connections or leaking service lines requiring lines to be replaced or disconnection of downspouts/yard drains
    e. Televise certain segments of system identified as suspect areas (if found to be necessary)
    f. Identify cost and funding sources for proposed work identified in paragraphs g through i below
    g. Install flow measuring devices in key segments of system to identify sources of inflow and infiltration (if determined to be necessary)
    h. Repair manholes identified as sources of I/I
    i. Repair/replace sewer lines identified as sources of I/I (if identified)

12/9/2008 update
Inspections and smoke testing started June 2, 2008

Inspections and smoke testing completed August 1, 2008
Town staff inspected 162 manholes and smoke tested the entire sanitary sewer system
Town staff identified 62 violations follows:

Violation	*No. of violations*	*No. repaired as of12/9/2008*
Manholes leaking (at castings) -	*18*	*17*
		1 manhole replaced
Downspouts connected to system-	*5*	*5*
Open sanitary sewer cleanouts-	*13*	*13*
Open sanitary sewer laterals-	*9*	*6*
Leaking sanitary sewer laterals-	*15*	*13*
Storm drains connected to sanitary sewer-	*2*	*1*

An implementation and completion schedule, including specific milestone dates

ACTION ITEM	SUBMITTAL / COMPLETION SCHEDULE
1. WWTP analysis, Section A.1.a through A.1.e	May 1, 2009
2. Inspect properties, Section B.1.a	completed- August 1, 2008
3. Smoke Test, Section B.1.b	completed- August 1, 2008
4. Inspect manholes, Section B.1.c	completed- August 1, 2008
5. Send enforcement letter, Section B.1.d	ongoing as violations are found
6. Televise segments of the sewer system, Section B.1.e	July 1, 2009
7. Identify funding sources, Section A.1.f/B.1.f	August 1, 2009
8. Flow monitoring, Section B.1.g	*
9. Manhole and sewer line repairs, Section A.2.i through A.2.j	*

* - Date to be determined after completion of analysis and funding source identification, compliance plan to be updated with completion dates for these tasks by August 1, 2009

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
We Protect Hoosiers and Our Environment.

Mitchell E. Daniels, Jr.
Governor

Thomas W. Easterly
Commissioner

100 North Senate Avenue
Indianapolis, Indiana 46204
(317) 232-8603
Toll Free (800) 451-6027
www.idem.IN.gov

EFILE

July 8, 2008

VIA CERTIFIED MAIL: 7000 0600 0027 2038 1202

Mr. Bill Necessary, President
Town Council of Farmland
104 E. Henry Street
P.O. Box 336
Farmland, Indiana 47340

Re: Notice of Violation and Proposed Agreed Order
Town of Farmland Wastewater Treatment
Case # 2008-17799-W
NPDES Permit No. IN0021512
Farmland, Randolph County

Qualified offer of settlement: inadmissible pursuant to Rule 408 of the Ind. Rules of Evidence. IDEM asserts that any offer to compromise a claim or any acceptance of such offer does not bind or obligate the parties of this enforcement action in the absence of a final order of the agency.

Dear Mr. Necessary:

This is to advise that the Indiana Department of Environmental Management (IDEM) has conducted an investigation of the Town of Farmland's wastewater treatment system. As a result of information obtained during that investigation, IDEM has made a preliminary determination that violations of water pollution rules and permit exist. Pursuant to IC 13-30-3-3, enclosed please find a Notice of Violation that sets forth the alleged violations, and a proposed Agreed Order, setting forth IDEM's specific findings of violation and the actions necessary to resolve the violations.

You may request a settlement conference to discuss the allegations and the actions necessary to correct and resolve the violations, which may include injunctive relief and the establishment of a compliance schedule.

IDEM is not required to extend the offer of entry into an Agreed Order for more than 60 days. You may enter into an Agreed Order without admitting that the violations occurred. If an Agreed Order is not entered into, IDEM may proceed to issue a unilateral notice and order requiring compliance with the environmental law, rules, and/or permit, including payment of a civil penalty.

Please contact me at 317-232-8432 if you have any questions or if you wish to request a settlement conference.

Sincerely,

Paul Cluxton

Paul Cluxton, Case Manager
Water Section
Office of Enforcement

Enclosures

cc: Kenny Marquis, Superintendent
Randolph County Health Department (w/NOV only)
http://www.in.gov/idem (w/NOV only)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
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(317) 232-8603
Toll Free (800) 451-6027
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July 8, 2008

NOTICE OF VIOLATION

Via Certified Mail#: 7000 0600 0027 2038 1202

To: Mr. Bill Necessary, President
Town Council of Farmland
104 E. Henry Street
P.O. Box 336
Farmland, Indiana 47340

Case No. 2008-17799-W

Based on an investigation, the Indiana Department of Environmental Management ("IDEM") has reason to believe that the Town of Farmland ("Respondent") has violated environmental rules and/or its permit. The violations are based on the following:

1. Respondent owns and operates the Farmland wastewater treatment system, which includes municipal sanitary sewers and a two-cell flow-through waste stabilization lagoon wastewater treatment plant ("WWTP") located at 303 North Plum Street in Farmland, Randolph County, Indiana (the "Site").

2. The Respondent is authorized by National Pollutant Discharge Elimination System ("NPDES") Permit Number IN 0021512 ("Permit") to discharge 0.165 MGD of wastewater treated in accordance with the terms and conditions of the NPDES Permit from its WWTP into Receiving Waters named West Fork White River via Outfall 001.

3. Pursuant to 327 IAC 5-2-8(1) and Part II.A.1. of the Permit, the Respondent is required to comply with all terms and conditions of the Permit.

   Part I.A.1 of the Permit contains the final effluent limitations applicable to the discharge from Outfall 001.

   Discharge Monitoring Reports and Monthly Reports of Operation submitted by Respondent to IDEM for the period of July 2005 through February 2008 reveal violations of final effluent limitations contained in Part I.A.1 of the Permit as follows:

The monthly average concentration effluent limitations for Total Suspended Solids were exceeded during August, September, October, and November 2006.

The weekly and/or monthly average pounds per day loading effluent limitations for Total Suspended Solids were exceeded during July and September 2005; March, April, May, August, September, October, November and December 2006; February, March, and December 2007; and January 2008.

The monthly average concentration effluent limitation for Biochemical Oxygen Demand was exceeded during September 2006.

The weekly and/or monthly average pounds per day loading effluent limitation for Biochemical Oxygen Demand (BOD) were exceeded during July, August, September, and December 2005; January, February, March, April, May, September, October, November, and December 2006; January, March, April, May, and December 2007; and January and February 2008.

The monthly average minimum percent removal of BOD effluent limitation of 85% was violated during November 2005; January, April, June, September, October, November, and December 2006; January, February, March, April, and May 2007; and January and February 2008.

The daily maximum pH effluent was exceeded during April, May, and June 2006; and April, May, and August 2007.

These failures to meet effluent limitations contained in the Permit are in violation of 327 IAC 5-2-8(1) and Parts I.A.1 and II.A.1. of the Permit.

4. Pursuant to 327 IAC 5-2-8(1), Part II.A.1. of the Permit, 327 IAC 5-2-8(8), and Part II.B.1 of the Permit, the Respondent is required to, at all times, maintain in good working order and efficiently operate all waste collection, control, treatment, and disposal facilities.

The failure to meet the above noted effluent limitations of the Permit indicates Respondent's failure to at all times maintain in good working order and efficiently operate all waste collection, control, treatment, and disposal facilities, in violation of 327 IAC 5-2-8(1), Part II.A.1. of the Permit, 327 IAC 5-2-8(8), and Part II.B.1 of the Permit.

5. Pursuant to 327 IAC 5-2-8(3) and part II.A.2 of the Permit, Respondent shall take all reasonable steps to minimize any adverse effects to the environment resulting from noncompliance with the Permit.

The above effluent violations of the Permit continued over a significant time period of July 2005 through February 2008, indicating Respondent failed to comply with

its duty to mitigate the adverse impacts resulting from noncompliance with the Permit, in violation of 327 IAC 5-2-8(3) and part II.A.2 of the Permit.

In accordance with IC 13-30-3-3, the Commissioner herein provides notice that violations may exist and offers an opportunity to enter into an Agreed Order providing for the actions required to correct the violations and, as necessary and appropriate, for the payment of a civil penalty. The Commissioner is not required to extend this offer for more than sixty (60) days.

As provided in IC 13-30-3-3, an alleged violator may enter into an Agreed Order without admitting that the violations occurred. IDEM encourages settlement by Agreed Order, thereby resulting in quicker correction of the environmental violations and avoidance of extensive litigation. Timely settlement by Agreed Order may result in a reduced civil penalty. Also, settlement discussions will allow the opportunity to present any mitigating factors that may be relevant to the violations.

If an Agreed Order is not entered into within sixty (60) days of receipt of this Notice of Violation, the Commissioner may issue a Notice and Order under IC 13-30-3-4 containing the actions that must be taken to correct the violations and requiring the payment of an appropriate civil penalty. Pursuant to IC 13-30-4-1, the Commissioner may assess penalties of up to $25,000 per day for each violation.

Please contact Paul Cluxton at 317/232-8432 within fifteen (15) days after receipt of this Notice to discuss resolution of this matter.

For the Commissioner:

Date: 7.3.08

Lori Kyle Endris
Chief
Office of Enforcement

cc: Kenny Marquis, Utility Superintendent
Randolph County Health Department

http://www.in.gov/idem/enforcement/

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME PARKER CITY MUNICIPAL STP

ADDRESS 147 W WASHINGTON ST
PO BOX 38
PARKER CITY IN 47368

FACILITY PARKER CITY MUNICIPAL STP

LOCATION PARKER CITY

ATTN: MR M E DECKMAN, CERT OPER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Revised ☐

IN0020729	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	01	01	06	TO	01	31	06

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No 2040-000
Approval Expires 05-31-98

IN0020729001A0106

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	********	********		7.5	********	8.2	(12)	0	5/7	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			********	6.0 DAILY MN		9.0 DAILY MX	SU		5 TIMS/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	17	23.8	(26)	********	8	9.4	(19)	0	2/7	COMP
00530 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47.6 MO AVG	71.3 MX WK AV	LBS/DY		30.0 MO AVG	45.0 MX WK AV	MG/L		TWICE/ WEEK	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.267	.314	(03)	********	********	********			7/7	TOT
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD				********		5 TIMS/ WEEK	TOTAL2
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	35.2	47	(26)	********	16.6	20.1	(19)	0	2/7	COMP
80082 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	39.6 MO AVG	63.4 MX WK AV	LBS/DY		25.0 MO AVG	40.0 MX WK AV	MG/L		TWICE/ WEEK	COMP24
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	********	********		83.4	********	********	(23)	0	2/7	COMP
80091 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			********	REPORT MO AVG			PER-CENT		TWICE/ WEEK	COMP24
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	********	********		84	********	********	(23)	0	2/7	COMP
81011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			********	REPORT MO AVG			PER-CENT		TWICE/ WEEK	COMP24
FLOW, TOTAL	SAMPLE MEASUREMENT	********	8.286	(3R)	********	********	********			1/31	RCO
82220 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		REPORT MO TOTAL	MGAL				********		ONCE/ MONTH	RCOTOT

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

FRED LUDLOW PRES

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations

M E Deckman

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	4897949	2	9	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* FLOW METER(S) SHOULD BE CALIBRATED AT LEAST ONCE ANNUALLY

MUNICIPAL MINOR
RANDOLPH COUNTY

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Substitute for State Form 10829 (R/1-2003)

Name of Facility		Permit Number	
Town of Parker City		IN0020729	
Month	**Year**	**Plant Design Flow**	**Telephone Number**
January	2006	0 192 mgd	765-468-7949
Certified Operator Name		**Class**	**Certificate Number** / **Expiration Date**
Michael Deckman		III	5542 / 6/30/07

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Total= 0 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Chlorine - Lbs	CHEMICALS USED: Lbs/Day or Gal /Day	CHEMICALS USED: Lbs/Day or Gal /Day	RAW SEWAGE: Total Flow - MG	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp Solids - mg/l	Susp Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Sun																	
2	Mon			.1							7 6							
3	Tue										7 6							
4	Wed										7 7	95	226 6	86	205 13			
5	Thu										7 6	92	184 91	35	70 348			
6	Fri										7 4							
7	Sat										7 5							
8	Sun																	
9	Mon			.38														
10	Tue										7 5	131	199 93	55	83 942			
11	Wed										7 8							
12	Thu											94	201 48	48	102 88			
13	Fri																	
14	Sat																	
15	Sun																	
16	Mon			.56							7 4							
17	Tue			2 SNOW							7 7	82	225	39	107 01			
18	Wed										7 7							
19	Thu										7 8	58	177 53	46	140 8			
20	Fri			.34							7 8							
21	Sat																	
22	Sun																	
23	Mon										7 7							
24	Tue										7 7	117	214 67	39	71 557			
25	Wed										7 8							
26	Thu										7 8	132	212 47	63	101 41			
27	Fri										7 8							
28	Sat					X												
29	Sun			.87														
30	Mon										7 7							
31	Tue										7 7	98	187 98	39	74 81			
Average												99 889	203 4	50	106 43			
Maximum											7 8	132	226 6	86	205 13			
Minimum											7 4	58	177 53	35	70 348			
No of Data				0	0	1	0	0	0	0	20	9	9	9	9	0	0	0

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

MG Deckman 2/9/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

MG Deckman 2/9/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	January	2006

Page 2 of 4 — Substitute for State Form 10829 (R/1-2003)

M E Deaterman 2/9/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M E Deaterman 2/9/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

	PRIMARY EFFLUENT			RBC Trickling Filter				SECONDARY EFFLUENT			FINAL EFFLUENT					
Day Of Month	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1																
2														7 9		
3														8 0		
4	75	37												8 0		
5	87	31												8 1		
6														8 2		
7														8 0		
8																
9																
10	99	35												7 5		
11														8 1		
12	102	26														
13																
14																
15																
16														7 7		
17	69	35												7 9		
18														7 9		
19	67	44												8 0		
20														8 0		
21																
22																
23														7 9		
24	94	30												7 9		
25														8 1		
26	103	52												8 0		
27														8 0		
28																
29																
30														8 1		
31	81	30												8 0		
Avg	86 333	35 556														
Max	103	52												8 2		
Min	67	26												7 5		
Data	9	9	0	0	0	0	0	0	0	0	0	0	0	20	0	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc)

3rd Decant. Top off DAYING BEDS

7th Decant, clean PRIMARY.

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	January	2006

Page 3 of 4 Substitute for State Form 10829 (R/1-2003)

M E Deckman 2/9/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M E Deckman 3/9/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

FINAL EFFLUENT

Day Of Month	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow - MG	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp Solids - mg/l	Susp Solids - mg/l Weekly Average	Susp Solids - lbs	Susp Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	0 332															
2	0 358															
3	0 316															
4	0 286		13 8		32 936		6 3		15 036							
5	0 241		18 6		37 407		8 7		17 497							
6	0 214															
7	0 211	0 27971		16 2		35 172		7 5		16 266						
8	0 2															
9	0 177															
10	0 183		21		32 07		9 3		14 202							
11	0 272															
12	0 257		19 2		41 178		9 5		20 374							
13	0 329															
14	0 337	0 25071		20 1		36 624		9 4		17 288						
15	0 298															
16	0 26															
17	0 329		16 1		44 203		11 1		30 475							
18	0 308															
19	0 367		16 3		49 921		5 6		17 151							
20	0 277															
21	0 357	0 31371		16 2		47 062		8 35		23 813						
22	0 293															
23	0 229															
24	0 22		14 5		26 621		7 2		13 218							
25	0 19															
26	0 193		15 3		24 642		7 5		12 079							
27	0 186															
28	0 229	0 22		14 9		25 631		7 35		12 649						
29	0 283															
30	0 324															
31	0 23		14 4		27 639		6 8		13 052							
Avg	0 26729		16 578		35 179		8		17 009							
Max	0 367	0 31371	21	20 1	49 921	47 062	11 1	9 4	30 475	23 813						
Min	0 177	0 22	13 8	14 9	24 642	25 631	5 6	7 35	12 079	12 649						
Data	31	4	9	4	9	4	9	4	9	4	0	0	0	0	0	0

MONTHLY REMOVAL SUMMARY				
Percent Removal	BOD5	S S	Ammonia	Phosphorus
Primary Treatment	13 6	28 9		
	NA	NA		
Secondary Treatment	80 8	77 5		
Overall Treatment	83 4	84 0	NA	NA

Total Monthly Flow (million gallons)	8 286
Percent Capacity (actual flow/design)	139%

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	January	2006

Page 4 of 4 Substitute for State Form 10829 (R/1-2003)

M E Deckman 2/9/06
(SIGNATURE OF CERTIFIED OPERATOR) (Date)

M E Deckman 2/9/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (Date)

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
Day Of Month	Primary Sludge Gal x 1000	Secondary Sludge Gal x 1000	pH	Gas Production Cubic Ft x 1000	Temperature - F	Supernatant Withdrawn hrs or Gal x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs or Gal x 1000		
1														
2														
3												45		
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														
Avg												45		
Max												45		
Min												45		
Data	0	0	0	0	0	0	0	0	0	0	0	1	0	0

Send completed forms by the 28th of the month to
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER QUALITY, DATA MANAGEMENT SECTION
P O BOX 6015
INDIANAPOLIS, INDIANA 46206-6015

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME PARKER CITY MUNICIPAL STP

ADDRESS 147 W WASHINGTON ST
PO BOX 38
PARKER CITY IN 47368

FACILITY PARKER CITY MUNICIPAL STP

LOCATION PARKER CITY

ATTN: MR M E DECKMAN, CERT OPER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Revised ☐

IN0020729	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	02	01	06	TO	02	28	06

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No 2040-000
Approval Expires 05-31-98

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********	********	7.0	********	8.2	(12) SU	0	5/7	GR
	PERMIT REQUIREMENT	********	********		6.0 DAILY MN	********	9.0 DAILY MX			5 TMS/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	27.2	37.8	(26) LBS/DY	********	12.9	14.8	(19) MG/L	0	2/7	Comp
	PERMIT REQUIREMENT	47.6 MO AVG	71.3 MX WK AV		********	30.0 MO AVG	45.0 MX WK AV			TWICE/ WEEK	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.255	.317	(03) MGD	********	********	********	********	-	7/7	Tot
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		********	********	********			5 TMS/ WEEK	TOTALZ
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	33.8	45.6	(26) LBS/DY	********	15.6	16.7	(19) MG/L	0	2/7	Comp
	PERMIT REQUIREMENT	39.6 MO AVG	63.4 MX WK AV		********	25.0 MO AVG	40.0 MX WK AV			TWICE/ WEEK	COMP24
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL 80091 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********	********	86	********	********	(23) PER-CENT	0	2/7	Comp
	PERMIT REQUIREMENT	********	********		REPORT MO AVG	********	********			TWICE/ WEEK	COMP24
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********	********	77	********	********	(23) PER-CENT		2/7	Comp
	PERMIT REQUIREMENT	********	********		REPORT MO AVG	********	********			TWICE/ WEEK	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	7.143	(3R) MGAL	********	********	********	********	-	1/31	RCO
	PERMIT REQUIREMENT	********	REPORT MO TOTAL		********	********	********			ONCE/ MONTH	RCOTOT

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

JARED LUDINGTON PRES

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations

ME Deckman

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	4687944	3	22	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* FLOW METER(S) SHOULD BE CALIBRATED AT LEAST ONCE ANNUALLY

MUNICIPAL MINOR
RANDOLPH COUNTY

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Substitute for State Form 10829 (R/1-2003)

Page 1 of 4

Name of Facility		Permit Number	
Town of Parker City		IN0020729	
Month	Year	Plant Design Flow	Telephone Number
February	2006	0 192 mgd	765-468-7949
Certified Operator Name		Class	Certificate Number / Expiration Date
Michael Deckman		III	5542 / 6/30/07

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Precipitation - Inches (Total= 0)	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Chlorine - Lbs	CHEMICALS USED: Lbs/Day or Gal /Day	CHEMICALS USED: Lbs/Day or Gal /Day	RAW SEWAGE: Total Flow - MG	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp Solids - mg/l	Susp Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Wed										7 8							
2	Thu			,73							7 9	125	420 13	46	154 61			
3	Fri										7 2							
4	Sat			2" SW														
5	Sun																	
6	Mon																	
7	Tue										7 7	94	217 16	45	103 96			
8	Wed										7 8							
9	Thu										7 9	131	246 91	58	109 32			
10	Fri			,5"	SW													
11	Sat			1,5	SW						7 4							
12	Sun			,5	SW						7 5							
13	Mon										7 8							
14	Tue										7 8	98	210 05	59	126 46			
15	Wed										7 7							
16	Thu			,69							7 9	92	276 22	75	225 18			
17	Fri										8 0							
18	Sat																	
19	Sun																	
20	Mon										7 6							
21	Tue										7 8	84	148 52	38	67 187			
22	Wed										7 8							
23	Thu											110	172 47	52	81 532			
24	Fri										7 8							
25	Sat																	
26	Sun																	
27	Mon																	
28	Tue										7 8	152	204 1	69	92 649			
Average												110 75	236 94	55 25	120 11			
Maximum											8 0	152	420 13	75	225 18			
Minimum											7.2	84	148 52	38	67 187			
No of Data				0	0	0	0	0	0	0	18	8	8	8	8	0	0	0

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

M C Deckman 3/22/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M C Deckman 3/22/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	February	2006

Page 2 of 4 Substitute for State Form 10829 (R/1-2003)

M E Deckman 3/22/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M E Deckman 3/22/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

	PRIMARY EFFLUENT			RBC Trickling Filter				SECONDARY EFFLUENT			FINAL EFFLUENT					
Day Of Month	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1														8 1		
2	103	50												8 0		
3														7 6		
4																
5																
6																
7	66	39												8 1		
8														8 1		
9	93	30												8 0		
10																
11														8 1		
12														7 8		
13														8 0		
14	57	33												8 1		
15														8 2		
16	64	42												7 9		
17														8 1		
18																
19																
20														7 7		
21	79	24												8 0		
22														7 9		
23	104	36														
24														8 0		
25																
26																
27																
28	114	56												7 9		
Avg	85	38 75														
Max	114	56												8 2		
Min	57	24												7 6		
Data	8	8	0	0	0	0	0	0	0	0	0	0	0	18	0	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.)

2/5 Decant.
22nd Fill Drying Beds

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	February	2006

Page 3 of 4 Substitute for State Form 10829 (R/1-2003)

M E Deckmeier 3/22/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M E Deckmeier 3/22/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

FINAL EFFLUENT

	Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Effluent Flow - MG	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp Solids - mg/l	Susp Solids - mg/l Weekly Average	Susp Solids - lbs	Susp Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	0 216															
2	0 403		18 9		63 561		11		36 993							
3	0 391															
4	0 373	0 31714		16 65		45 6		8 9		25 022						
5	0 321															
6	0 306															
7	0 277		13 5		31 206		10 2		23 578							
8	0 239															
9	0 226		12 9		24 329		5 4		10 184							
10	0 233															
11	0 214	0 25943		13 2		27 768		7 8		16 881						
12	0 207															
13	0 215															
14	0 257		15 6		33 457		15 2		32.599							
15	0 294															
16	0 36		12 5		37 553		14 3		42 96							
17	0 35															
18	0 326	0 287		14 05		35 505		14 75		37 779						
19	0 255															
20	0 224															
21	0 212		17 2		30 429		11 6		20 522							
22	0 203															
23	0 188		15 6		24 474		15 3		24 004							
24	0 174															
25	0 169	0 20357		16 4		27 452		13 45		22 263						
26	0 155															
27	0 194															
28	0 161		18 8		25 259		20		26 871							
Avg	0 25511		15 625		33 783		12 875		27.214							
Max	0 403	0 31714	18 9	16 65	63 561	45 6	20	14 75	42 96	37 779						
Min	0 155	0 20357	12 5	13 2	24 329	27 452	5 4	7 8	10 184	16 881						
Data	28	4	8	4	8	4	8	4	8	4	0	0	0	0	0	0

MONTHLY REMOVAL SUMMARY

Percent Removal	BOD5	S S	Ammonia	Phosphorus
Primary Treatment	23 3	29 9		
	NA	NA		
Secondary Treatment	81 6	66 8		
Overall Treatment	85 9	76 7	NA	NA

Total Monthly Flow	
(million gallons)	7 143
Percent Capacity	
(actual flow/design)	133%

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	February	2006

Page 4 of 4 Substitute for State Form 10829 (R/1-2003)

S M E Deckman 3/22/06
(SIGNATURE OF CERTIFIED OPERATOR) (Date)

S M E Deckman 3/22/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (Date)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
	Primary Sludge Gal x 1000	Secondary Sludge Gal x 1000	pH	Gas Production Cubic Ft x 1000	Temperature - F	Supernatant Withdrawn hrs or Gal x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs or Gal x 1000		
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22												8		
23														
24														
25														
26														
27														
28														
Avg												8		
Max												8		
Min												8		
Data	0	0	0	0	0	0	0	0	0	0	0	1	0	0

Send completed forms by the 28th of the month to
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER QUALITY, DATA MANAGEMENT SECTION
P O BOX 6015
INDIANAPOLIS, INDIANA 46206-6015

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME PARKER CITY MUNICIPAL STP
ADDRESS 147 W WASHINGTON ST
PO BOX 38
PARKER CITY IN 47368
FACILITY PARKER CITY MUNICIPAL STP
LOCATION PARKER CITY
ATTN: MR M E DECKMAN, CERT OPER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Revised ☐

IN0020729	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	03	01	06	TO	03	31	06

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No 2040-000
Approval Expires 05-31-98

IN0020729001A0306

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	********	********		7.5	********	8.0	(12)	0	5/7	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			********	6.0 DAILY MN		9.0 DAILY MX	SU		5 TMS/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	28.1	40.1	(26)	********	16.1	21.4	(19)	0	2/7	Comp
00530 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47.6 MO AVG	71.3 MX WK AV	LBS/DY		30.0 MO AVG	45.0 MX WK AV	MG/L		TWICE/ WEEK	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.223	.32	(03)	********	********	********		NO	7/7	Tot
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD				********		5 TMS/ WEEK	TOTALZ
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	23	31.5	(26)	********	14	17.6	(19)	0	2/7	Comp
80082 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	39.6 MO AVG	63.4 MX WK AV	LBS/DY		25.0 MO AVG	40.0 MX WK AV	MG/L		TWICE/ WEEK	COMP24
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	********	********		83.4	********	********	(23)	NO	2/7	Comp
80091 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			********	REPORT MO AVG			PER-CENT		TWICE/ WEEK	COMP24
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	********	********		78.3	********	********	(23)	NO	2/7	Comp
81011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			********	REPORT MO AVG			PER-CENT		TWICE/ WEEK	COMP24
FLOW, TOTAL	SAMPLE MEASUREMENT	********	6.9	(3R)	********	********	********		NO	1/30	TOT
82220 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		REPORT MO TOTAL	MGAL				********		ONCE/ MONTH	TOTOT

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

FRED LUDINGTON

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations

M E Deckman

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	468-7449	4	26	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* FLOW METER(S) SHOULD BE CALIBRATED AT LEAST ONCE ANNUALLY

MUNICIPAL MINOR
RANDOLPH COUNTY

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Substitute for State Form 10829 (R/1-2003)

Name of Facility		Permit Number	
Town of Parker City		IN0020729	
Month	**Year**	**Plant Design Flow**	**Telephone Number**
March	2006	0 192 mgd	765-468-7949
Certified Operator Name		**Class**	**Certificate Number** / **Expiration Date**
Michael Deckman		III	5542 / 6/30/07

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Total= 5 37 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Chlorine - Lbs	CHEMICALS USED: Lbs/Day or Gal /Day	CHEMICALS USED: Lbs/Day or Gal /Day	RAW SEWAGE: Total Flow - MG	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp Solids - mg/l	Susp Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Wed										7 8							
2	Thu										7 7	161	216 18					
3	Fri																	
4	Sat																	
5	Sun										7 7							
6	Mon										7 8							
7	Tue			0 14								138	173 79	40	50 374			
8	Wed			0 23							7 7							
9	Thu			1 05		x					7 8	104	163 93	58	91 423			
10	Fri					x					7 7							
11	Sat			2 15		x					7 3							
12	Sun			0 49		x												
13	Mon					x					7 1							
14	Tue											38	115 68	21	63 926			
15	Wed																	
16	Thu											16	38 698	41	99 163			
17	Fri										7 6							
18	Sat																	
19	Sun																	
20	Mon										7 6							
21	Tue			0 1								57	100 78	120	212 17			
22	Wed										7 6							
23	Thu											61	88 521	118	171 24			
24	Fri																	
25	Sat										7 7							
26	Sun																	
27	Mon										7 5							
28	Tue										7 5	103	120 26	117	136 61			
29	Wed																	
30	Thu										7 7	82	93 008	78	88 471			
31	Fri			1 21		x					7 7							
Average												84 444	123 43	74 125	114 17			
Maximum				2 15							7 8	161	216 18	120	212 17			
Minimum											7 1	16	38 698	21	50 374			
No of Data				7	0	6	0	0	0	0	17	9	9	8	8	0	0	0

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

M E Deckman 4/26/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M E Deckman 4/26/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	March	2006

Page 2 of 4 — Substitute for State Form 10829 (R/1-2003)

M E Dechmon 4/26/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M E Dechmon 4/26/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Day Of Month	PRIMARY EFFLUENT			RBC Trickling Filter				SECONDARY EFFLUENT			FINAL EFFLUENT					
	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1														7 9		
2	126			—										8 0		
3																
4																
5														7 8		
6														8 0		
7	132	38														
8														7 9		
9	80	47												8 0		
10														7 9		
11														7 5		
12																
13														7 9		
14	32	24														
15																
16	53	23														
17														8 0		
18																
19																
20														7 8		
21	48	68														
22														7 8		
23	96	51														
24																
25														7 9		
26																
27														7 8		
28	86	48												7 6		
29																
30	64	47												7 9		
31														7 9		
Avg	79 667	43 25														
Max	132	68												8 0		
Min	32	23												7 5		
Data	9	8	0	0	0	0	0	0	0	0	0	0	0	17	0	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	March	2006

Page 3 of 4 Substitute for State Form 10829 (R/1-2003)

M E Deakmon 4/26/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M E Deakmon 4/26/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

FINAL EFFLUENT

	Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Effluent Flow - MG	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp Solids - mg/l	Susp Solids - mg/l Weekly Average	Susp Solids - lbs	Susp Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	0 158															
2	0 161		16 3		21 9											
3	0 132															
4	0 152	0 159		17 55		23 579		20		26 871						
5	0 144															
6	0 152															
7	0 151		20 2		25 454		19 6		24 698							
8	0 176															
9	0 189		13 6		21 45		16 7		26 339							
10	0 387															
11	0 395	0 22771		16 9		23 452		18 15		25 519						
12	0 396															
13	0 373															
14	0 365		10 7		32 591		11 4		34 724							
15	0 298															
16	0 29		12 6		30 493		18 8		45 497							
17	0 274															
18	0 25	0 32086		11 65		31 542		15 1		40 11						
19	0 225															
20	0 189															
21	0 212		17 2		30 429		28 8		50 951							
22	0 177															
23	0 174		13 1		19 022		14		20 328							
24	0 202															
25	0 17	0 19271		15 15		24 725		21 4		35 64						
26	0 151															
27	0 131															
28	0 14		10 8		12 618		9 4		10 982							
29	0 141															
30	0 136		11 8		13 392		9 7		11 009							
31	0 409	0 18467		11 3		13 005		9 55		10 995						
Avg	0 22258		14 033		23 039		16 05		28 066							
Max	0 409	0 32086	20 2	17 55	32 591	31 542	28 8	21 4	50 951	40 11						
Min	0 131	0 159	10 7	11 3	12 618	13 005	9 4	9 55	10 982	10 995						
Data	31	5	9	5	9	5	8	5	8	5	0	0	0	0	0	0

MONTHLY REMOVAL SUMMARY

Percent Removal	BOD5	S S	Ammonia	Phosphorus
Primary Treatment	5 7	41 7		
	NA	NA		
Secondary Treatment	82 4	62 9		
Overall Treatment	83 4	78 3	NA	NA

Total Monthly Flow (million gallons) 6 9

Percent Capacity (actual flow/design) 116%

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	March	2006

Page 4 of 4 Substitute for State Form 10829 (R/1-2003)

Mc Deshmon 4/26/06
(SIGNATURE OF CERTIFIED OPERATOR) (Date)

Mc Deshmon 4/26/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (Date)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
	Primary Sludge Gal x 1000	Secondary Sludge Gal x 1000	pH	Gas Production Cubic Ft x 1000	Temperature - F	Supernatant Withdrawn hrs or Gal x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs or Gal x 1000		
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														
Avg														
Max														
Min														
Data	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Send completed forms by the 28th of the month to
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER QUALITY, DATA MANAGEMENT SECTION
P O BOX 6015
INDIANAPOLIS, INDIANA 46206-6015

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME PARKER CITY MUNICIPAL STP
ADDRESS 147 W WASHINGTON ST
PO BOX 38
PARKER CITY IN 47368
FACILITY PARKER CITY MUNICIPAL STP
LOCATION PARKER CITY
ATTN: MR M E DECKMAN, CERT OPER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised ☐

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No 2040-000
Approval Expires 05-31-98

IN0020729	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0020729001A0406

For Any Questions call Deborah Brents at 317-232-8741

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	06	TO	04	30	06

*** NO DISCHARGE ☐ ***
NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	********	********		7.6	********	8.1	(12)	0	5/7	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX	SU		5 TMS/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	39.3	55.1	(26)	********	26.5	38.4	(19)	0	3/7	Comp
00530 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47.6 MO AVG	71.3 MX WK AV	LBS/DY	********	30.0 MO AVG	45.0 MX WK AV	MG/L		TWICE/ WEEK	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.207	.257	(03)	********	********	********		✓	7/7	Tot
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	********	********	********	********		5 TMS/ WEEK	TOTAL2
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	********	********		********	.017	.05	(19)	0	5/7	GR
50060 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	********	0.06 MO AVG	0.06 DAILY MX	MG/L		5 TMS/ WEEK	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	********	********		.5	********	1.31	(19)	0	5/7	GR
50060 X 1 0 END-CHLORINE CONTACT	PERMIT REQUIREMENT	********	********	********	0.5 DAILY MN	********	REPORT DAILY MX	MG/L		5 TMS/ WEEK	GRAB
E COLI, COLONY FORMING UNITS (CFU)	SAMPLE MEASUREMENT	********	********		********	79.6	600	(3Z)	1	2/7	GR
51041 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	********	125.0 MO GEOMN	235.0 DAILY MX	CFU/ 100ML		TWICE/ WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	19.4	34.6	(26)	********	12.2	17.8	(19)	0	3/7	Comp
80082 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	39.6 MO AVG	63.4 MX WK AV	LBS/DY	********	26.0 MO AVG	40.0 MX WK AV	MG/L		TWICE/ WEEK	COMP24

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

FRED LUDINGTON PRES

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations

ME Deckman

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	468 7949	5	26	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* FLOW METER(S) SHOULD BE CALIBRATED AT LEAST ONCE ANNUALLY

MUNICIPAL MINOR
RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME PARKER CITY MUNICIPAL STP

ADDRESS 147 W WASHINGTON ST
PO BOX 38
PARKER CITY IN 47368

FACILITY PARKER CITY MUNICIPAL STP

LOCATION PARKER CITY

ATTN. MR M E DECKMAN, CERT OPER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Revised ☐

IN0020729	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	06	TO	04	30	06

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No 2040-000
Approval Expires 05-31-98

IN0020729001A0406

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL 80091 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		84	********	********	(23)	0	2/7	Comp
	PERMIT REQUIREMENT			********	REPORT MO AVG			PER-CENT		TWICE/WEEK	COMP24
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		88 57	********	********	(23)	0	2/7	Comp
	PERMIT REQUIREMENT			********	REPORT MO AVG			PER-CENT		TWICE/WEEK	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	6.214	(3R)	********	********	********		✓	30/30	RCO
	PERMIT REQUIREMENT		REPORT MO TOTAL	MGAL				********		ONCE/MONTH	RCOTOT
znone	SAMPLE MEASUREMENT	6.21									
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

FRED LUDINGTON PRES

TYPED OR PRINTED

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ME Deckman

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
765	4857944	5	26	06
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* FLOW METER(S) SHOULD BE CALIBRATED AT LEAST ONCE ANNUALLY

MUNICIPAL MINOR
RANDOLPH COUNTY

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Substitute for State Form 10829 (R/1-2003)

Name of Facility		Permit Number	
Town of Parker City		IN0020729	
Month	Year	Plant Design Flow	Telephone Number
Apnl	2006	0 192 mgd	765-468-7949
Certified Operator Name		Class	Certificate Number / Expiration Date
Michael Deckman		III	5542 / 6/30/07

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Precipitation - Inches (Total= 3 25)	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Chlorine - Lbs	CHEMICALS USED: Lbs/Day or Gal /Day	CHEMICALS USED: Lbs/Day or Gal /Day	RAW SEWAGE: Total Flow - MG	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp Solids - mg/l	Susp Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Sat																	
2	Sun			0 25														
3	Mon										7 4							
4	Tue										7 3	0 76	1 8381	23	55 628			
5	Wed										7 6							
6	Thu			0 32							7 7	0 94	1 9599					
7	Fn										7 5							
8	Sat																	
9	Sun																	
10	Mon										7 7							
11	Tue										7 7	111	144 42					
12	Wed										7 5							
13	Thu			0 35								125	183 48	61	89 538			
14	Fn			0 17							7 9							
15	Sat			0 16							7 7			61	117 01			
16	Sun			0 59							7 6							
17	Mon										7 6							
18	Tue											73	141 86	55	106 88			
19	Wed										7 5							
20	Thu										7 6			49	66 203			
21	Fn																	
22	Sat																	
23	Sun																	
24	Mon										7 8							
25	Tue			0 22							7 7	116	148 99	91	116 88			
26	Wed										7 9							
27	Thu											99	109 81	87	96 502			
28	Fn																	
29	Sat																	
30	Sun			1 19														
Average												75 1	104 62	61	92 662			
Maximum				1 19							7 9	125	183 48	91	117 01			
Minimum											7 3	0 76	1 8381	23	55 628			
No of Data				8	0	0	0	0	0	0	17	7	7	7	7	0	0	0

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

Mc Deckman 5/26/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Mc Deckman 5/26/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker Cty	IN0020729	April	2006

Page 2 of 4 Substitute for State Form 10829 (R/1-2003)

M E Wedeman 5/26/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M E Wedeman 5/26/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

	PRIMARY EFFLUENT			RBC Trickling Filter				SECONDARY EFFLUENT			FINAL EFFLUENT					
Day Of Month	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1																
2																
3														8 1		
4	50	18									0 55	0 01		7 7		
5											0 71	0 04		7 8		
6	79										0 56	0 03	210	7 7		
7													190	7 6		
8																
9																
10											0 57	0 01		7 9		
11	83	42									0 69	0 01		8 0		
12											0 58	0 01		7 6		
13	91	34									0 53	0 01	600			
14											0 5	0 01	75	7 8		
15											0 53	0 01		7 6		
16											0 68	0 01		7 7		
17											0 51	0 01		7 8		
18	45	31									0 74					
19											0 96	0 01	30	7 8		
20		28									1 05	0 01		7 7		
21											0 96	0 01	100			
22																
23																
24											0 96	0 01		7 7		
25	72	45									1 31	0 04		7 8		
26											0 84	0 01		7 8		
27	72	37									0 78	0 02	30			
28											1	0 05	10			
29																
30																
Avg	70 286	33 571									0 7505	0 0168	79 626			
Max	91	45									1 31	0 05	600	8 1		
Min	45	18									0 5	0 01	10	7 6		
Data	7	7	0	0	0	0	0	0	0	0	20	19	8	17	0	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc)

16 - Decant 10th - Filters annual septic unloading, wasn't too bad this year Running both filter pumps may have helped

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	April	2006

Page 3 of 4 Substitute for State Form 10829 (R/1-2003)

M E Deckman 5/26/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M E Deckman 5/26/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

FINAL EFFLUENT

Day Of Month	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow - MG	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp Solids - mg/l	Susp Solids - mg/l Weekly Average	Susp Solids - lbs	Susp Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	0 341															
2	0 31															
3	0 316															
4	0 29		6 1		14 762		9 6		23 232							
5	0 211															
6	0 25		8		16 69											
7	0 227															
8	0 196	0 25714		7 05		15 726		9 6		23 232						
9	0 178															
10	0 184															
11	0 156		13 5		17 575		30		39 055							
12	0 163															
13	0 176		16 6		24 381		46 8		68 736							
14	0 202															
15	0 23	0 18414		15 05		20 978		38 4		53 895						
16	0 289															
17	0 296															
18	0 233		17 8		34 61		23		44 721							
19	0 203															
20	0 162						48 5		65 567							
21	0 161															
22	0 15	0 21343		17 8		34 61		35 75		55 144						
23	0 148															
24	0 147															
25	0 154		11 1		14 265		16 7		21 462							
26	0 146															
27	0 133		12 3		13 652		10 8		11 987							
28	0 137															
29	0 148	0 14471		11 7		13 958		13 75		16 724						
30	0 277															
Avg	0 20713		12 2		19 419		26 486		39 251							
Max	0 341	0 25714	17 8	17 8	34 61	34 61	48 5	38 4	68 736	55 144						
Min	0 133	0 14471	6 1	7 05	13 652	13 958	9 6	9 6	11 987	16 724						
Data	30	4	7	4	7	4	7	4	7	4	0	0	0	0	0	0

MONTHLY REMOVAL SUMMARY

	BOD5	S S	Ammonia	Phosphorus
Percent Removal				
Primary Treatment	6 4	45 0		
	NA	NA		
Secondary Treatment	82 6	21 1		
Overall Treatment	83 8	56 6	NA	NA

Total Monthly Flow (million gallons) 6 214

Percent Capacity (actual flow/design) 108%

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	April	2006

Page 4 of 4 Substitute for State Form 10829 (R/1-2003)

Sue Dedeman 5/26/06
(SIGNATURE OF CERTIFIED OPERATOR) (Date)

Sue Dedeman 5/26/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (Date)

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
Day Of Month	Primary Sludge Gal x 1000	Secondary Sludge Gal x 1000	pH	Gas Production Cubic Ft x 1000	Temperature - F	Supernatant Withdrawn hrs or Gal x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs or Gal x 1000		
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														
Avg														
Max														
Min														
Data	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Send completed forms by the 28th of the month to
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER QUALITY, DATA MANAGEMENT SECTION
P O BOX 6015
INDIANAPOLIS, INDIANA 46206-6015

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME PARKER CITY MUNICIPAL STP

ADDRESS 147 W WASHINGTON ST
PO BOX 38
PARKER CITY IN 47368

FACILITY PARKER CITY MUNICIPAL STP

LOCATION PARKER CITY

ATTN: MR M E DECKMAN, CERT OPER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Revised ☐

IN0020729	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	05	01	06	TO	05	31	06

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No 2040-000
Approval Expires 05-31-98

IN0020729001A0506

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	********	********		7.1	********	7.8	(12)	0	5/7	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			********	6.0 DAILY MN		9.0 DAILY MX	SU		5 TMS/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	40.9	67	(26)	********	19.2	30.6	(19)	0	2/7	Comp
00530 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47.6 MO AVG	71.3 MX WK AV	LBS/DY		30.0 MO AVG	45.0 MX WK AV	MG/L		TWICE/ WEEK	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.256	.33	(03)	********	********	********			7/7	Tot
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD				********		5 TMS/ WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	********	********		********	.016	.04	(19)	0	5/7	GR
50060 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			********		0.03 MO AVG	0.06 DAILY MX	MG/L		5 TMS/ WEEK	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	********	********		.5	********	.9	(19)	0	5/7	GR
50060 X 1 0 END-CHLORINE CONTACT	PERMIT REQUIREMENT			********	0.5 DAILY MN		REPORT DAILY MX	MG/L		5 TMS/ WEEK	GRAB
E COLI, COLONY FORMING UNITS (CFU)	SAMPLE MEASUREMENT	********	********		********	58	600	(3Z)	1	4/7	GR
51041 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			********		126.0 MO GEOMN	235.0 DAILY MX	CFU/ 100ML		TWICE/ WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	28	30.5	(26)	********	13	18	(19)	0	2/7	Comp
80082 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	39.6 MO AVG	63.4 MX WK AV	LBS/DY		25.0 MO AVG	40.0 MX WK AV	MG/L		TWICE/ WEEK	COMP24

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

FRED LUDINGTON PRES

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations

M E Deckman

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	468 7446	6	26	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* FLOW METER(S) SHOULD BE CALIBRATED AT LEAST ONCE ANNUALLY

MUNICIPAL MINOR
RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME PARKER CITY MUNICIPAL STP

ADDRESS 147 W WASHINGTON ST
PO BOX 38
PARKER CITY IN 47368

FACILITY PARKER CITY MUNICIPAL STP

LOCATION PARKER CITY

ATTN MR M E DECKMAN, CERT OPER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Revised ☐

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No 2040-000
Approval Expires 05-31-98

IN0020729	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	05	01	06	TO	05	31	06

I N 0 0 2 0 7 2 9 0 0 1 A 0 5 0 6

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL 80091 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		82.5	********	********	(23)	0	7/7	COMP
	PERMIT REQUIREMENT	********	********	********	REPORT MO AVG	********	********	PER-CENT		TWICE/WEEK	COMP24
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		68.2	********	********	(23)	0	7/7	COMP
	PERMIT REQUIREMENT	********	********	********	REPORT MO AVG	********	********	PER-CENT		TWICE/WEEK	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	7.94	(3R)	********	********	********			31/31	RCO
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL	********	********	********	********		ONCE/MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

FRED W WINGFORD PRES

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations

M E Deckman

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	4687949	6	26	00

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* FLOW METER(S) SHOULD BE CALIBRATED AT LEAST ONCE ANNUALLY

MUNICIPAL MINOR
RANDOLPH COUNTY

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Substitute for State Form 10829 (R/1-2003)

Name of Facility		Permit Number	
Town of Parker City		IN0020729	
Month	Year	Plant Design Flow	Telephone Number
May	2006	0 192 mgd	765-468-7949
Certified Operator Name		Class	Certificate Number / Expiration Date
Michael Deckman		III	5542 / 6/30/07

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Total= 7 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Chlorine - Lbs	CHEMICALS USED: Lbs/Day or Gal /Day	CHEMICALS USED: Lbs/Day or Gal /Day	RAW SEWAGE: Total Flow - MG	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp Solids - mg/l	Susp Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Mon										7 5							
2	Tue			0 62								54	155 82	29	83 684			
3	Wed			0 13														
4	Thu										7 5	82	114 21	156	217 27			
5	Fn																	
6	Sat										7 5							
7	Sun										7 9							
8	Mon										7 9							
9	Tue										7 9			52	58 98			
10	Wed			1 96		x					7 8							
11	Thu			0 67		x						24	75 46	21	66 028			
12	Fn			0 7		x												
13	Sat			0 29		x												
14	Sun			0 15		x					7 4							
15	Mon			0 22		x					7 3							
16	Tue										7 4	37	106 15	32	91 807			
17	Wed			0 77		x												
18	Thu			0 16								28	91 54					
19	Fn																	
20	Sat																	
21	Sun										7 5							
22	Mon																	
23	Tue											128	197 49	83	128 06			
24	Wed																	
25	Thu			1 33		x						130	331 77	59	150 57			
26	Fn					x					7 7							
27	Sat																	
28	Sun																	
29	Mon																	
30	Tue											111	148 12	52	69 389			
31	Wed										7 7							
Average												74 25	152 57	60 5	108 22			
Maximum				1 96							7 9	130	331 77	156	217 27			
Minimum											7 3	24	75 46	21	58 98			
No of Data				11	0	9	0	0	0	0	13	8	8	8	8	0	0	0

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

M E Deckman 6/26/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M E Deckman 6/26/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	May	2006

Page 2 of 4 Substitute for State Form 10829 (R/1-2003)

M E Deehman 6/26/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M E Deehman 6/26/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Day Of Month	PRIMARY EFFLUENT			RBC Trickling Filter				SECONDARY EFFLUENT			FINAL EFFLUENT					
	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1											0 5	0 01		7 6		
2	47	23														
3											0 53	0 01				
4	48	89									0 57	0 01	190	7 7		
5													590			
6											0 55	0 01		7 7		
7														7 7		
8											0 69	0 01		7 6		
9		37									0 75	0 02		7 7		
10											0 7		10	7 7		
11	19	13									0 52	0 01				
12											0 57	0 01	80			
13																
14														7 7		
15											0 69	0 01		7 7		
16	23	22									0 71	0 02	20	7 8		
17											0 68	0 02	70			
18	22															
19																
20																
21													10	7 8		
22											0 83	0 04				
23	90	44									0 8	0 02				
24											0 77	0 01				
25	90	37									0 89	0 02				
26											0 53	0 01	600	7 1		
27											0 59	0 01				
28																
29																
30	89	35									0 84	0 01				
31											0 9	0 04	10	7 7		
Avg	53 5	37 5									0 6805	0 0158	58 091			
Max	90	89									0 9	0 04	600	7 8		
Min	19	13									0 5	0 01	10	7 1		
Data	8	8	0	0	0	0	0	0	0	0	20	19	9	13	0	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	May	2006

Mike Dickinson 6/26/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Mike Dickinson 6/26/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

 Substitute for State Form 10829 (R/1-2003)

FINAL EFFLUENT

Day Of Month	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow - MG	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp Solids - mg/l	Susp Solids - mg/l Weekly Average	Susp Solids - lbs	Susp Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	0 218															
2	0 346		11 4		32 916		32 7		94 417							
3	0 249															
4	0 167		20 2		28 151		28 5		39 718							
5	0 148															
6	0 166	0 22443		15 8		30 534		30 6		67 068						
7	0 122															
8	0 142															
9	0 136						21 9		24 855							
10	0 202															
11	0 377		9 6		30 202		21		66 067							
12	0 389															
13	0 443	0 25871		9 6		30 202		21 45		45 461						
14	0 336															
15	0 345															
16	0 344		8		22 965		13 5		38 754							
17	0 233															
18	0 392		10 2		33 367											
19	0 39															
20	0 27	0 33		9 1		28 166		13 5		38 754						
21	0 23															
22	0 23															
23	0 185		12 2		18 835		8 2		12 659							
24	0 177															
25	0 306		14 1		36 005		11 1		28 345							
26	0 334															
27	0 26	0 246		13 15		27 42		9 65		20 502						
28	0 258															
29	0 213															
30	0 16		18		24 034		17		22 698							
31	0 172	0 20075		18		24 034		17		22 698						
Avg	0 25613		12 963		28 309		19 238		40 939							
Max	0 443	0 33	20 2	18	36 005	30 534	32 7	30 6	94 417	67 068						
Min	0 122	0 20075	8	9 1	18 835	24 034	8 2	9 65	12 659	20 502						
Data	31	5	8	5	8	5	8	5	8	5	0	0	0	0	0	0

MONTHLY REMOVAL SUMMARY

Percent Removal	BOD5	S S	Ammonia	Phosphorus
Primary Treatment	27 9	38 0		
	NA	NA		
Secondary Treatment	75 8	48 7		
Overall Treatment	82 5	68 2	NA	NA

Total Monthly Flow (million gallons)	7 94
Percent Capacity (actual flow/design)	133%

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	May	2006

Page 4 of 4 Substitute for State Form 10829 (R/1-2003)

M E Deckinson 6/26/06
(SIGNATURE OF CERTIFIED OPERATOR) (Date)

M E Deckinson 6/26/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (Date)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
	Primary Sludge Gal x 1000	Secondary Sludge Gal x 1000	pH	Gas Production Cubic Ft x 1000	Temperature - F	Supernatant Withdrawn hrs or Gal x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs or Gal x 1000		
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22												5		
23														
24														
25														
26														
27														
28														
29														
30														
31														
Avg												5		
Max												5		
Min												5		
Data	0	0	0	0	0	0	0	0	0	0	0	1	0	0

Send completed forms by the 28th of the month to
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER QUALITY, DATA MANAGEMENT SECTION
P O BOX 6015
INDIANAPOLIS, INDIANA 46206-6015

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME PARKER CITY MUNICIPAL STP
ADDRESS 147 W WASHINGTON ST
PO BOX 38
PARKER CITY IN 47368
FACILITY PARKER CITY MUNICIPAL STP
LOCATION PARKER CITY
ATTN: MR M E DECKMAN, CERT OPER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Revised ☐

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No 2040-000
Approval Expires 05-31-98

IN0020729	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0020729001A0606

For Any Questions call Deborah Brents at 317-232-8741

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	06	01	06	TO	06	30	06

*** NO DISCHARGE ☐ ***
NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	********	********		7.6	********	8.1	(12)	0	5/7	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX	SU		5 TMS/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	22.8	32.2	(26)	********	14.5	19	(19)	0	2/7	Comp
00530 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47.6 MO AVG	71.3 MX WK AV	LBS/DY	********	30.0 MO AVG	45.0 MX WK AV	MG/L		TWICE/ WEEK	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.204	.213	(03)	********	********	********		0	7/7	TOT
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	********	********	********	********		5 TMS/ WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	********	********		********	.012	.03	(19)	0	5/7	GR
50060 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	********	0.06 MO AVG	0.06 DAILY MX	MG/L		5 TMS/ WEEK	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	********	********		.66	********	.83	(19)	0	5/7	GR
50060 X 1 0 END-CHLORINE CONTACT	PERMIT REQUIREMENT	********	********	********	0.5 DAILY MN	********	REPORT DAILY MX	MG/L		5 TMS/ WEEK	GRAB
E COLI, COLONY FORMING UNITS (CFU)	SAMPLE MEASUREMENT	********	********		********	25.7	360	(3Z)	1	2/7	GR
51041 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	********	126.0 MO GEOMN	235.0 DAILY MX	CFU/ 100ML		TWICE/ WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	20.5	25	(26)	********	13.7	15.8	(19)	0	2/7	Comp
80082 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	39.6 MO AVG	63.4 MX WK AV	LBS/DY	********	25.0 MO AVG	40.0 MX WK AV	MG/L		TWICE/ WEEK	COMP 24

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

FRED LUDINGTON PRES

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations

M E Deckman

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	468 7449	7	26	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* FLOW METER(S) SHOULD BE CALIBRATED AT LEAST ONCE ANNUALLY

MUNICIPAL MINOR
RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME PARKER CITY MUNICIPAL STP
ADDRESS 147 W WASHINGTON ST
PO BOX 38
PARKER CITY IN 47368
FACILITY PARKER CITY MUNICIPAL STP
LOCATION PARKER CITY
ATTN: MR M E DECKMAN, CERT OPER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Revised ☐

IN0020729	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	06	01	06	TO	06	30	06

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No 2040-000
Approval Expires 05-31-98

* I N 0 0 2 0 7 2 9 0 0 1 A 0 6 0 6 *

For Any Questions call Deborah Brents at 317-232-8741

*** **NO DISCHARGE** ☐ ***
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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL 80091 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		88.5	********	********	(23)	0	1/7	Comp
	PERMIT REQUIREMENT			********	REPORT MO AVG			PER-CENT		TWICE/ WEEK	COMP24
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		73.1	********	********	(23)	0	2/7	Comp
	PERMIT REQUIREMENT			********	REPORT MO AVG			PER-CENT		TWICE/ WEEK	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	6.115	(3R)	********	********	********		✓	1/30	RCO
	PERMIT REQUIREMENT		REPORT MO TOTAL	MGAL				********		ONCE/ MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

FRED L WDINGTON PALS

TYPED OR PRINTED

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M E Deckman

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
765	468-7944	7	26	06
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* FLOW METER(S) SHOULD BE CALIBRATED AT LEAST ONCE ANNUALLY

MUNICIPAL MINOR
RANDOLPH COUNTY

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Substitute for State Form 10829 (R/1-2003)

Name of Facility		Permit Number	
Town of Parker City		IN0020729	
Month	Year	Plant Design Flow	Telephone Number
June	2006	0 192 mgd	765-468-7949
Certified Operator Name		Class	Certificate Number / Expiration Date
Michael Deckman		III	5542 / 6/30/07

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Precipitation - Inches (Total= 4 61)	Bypass At Plant Site ("X" If Occurred)	Collection System Overflow ("X" If Occurred)	CHEMICALS USED: Chlorine - Lbs	CHEMICALS USED: Lbs/Day or Gal /Day	CHEMICALS USED: Lbs/Day or Gal /Day	RAW SEWAGE: Total Flow - MG	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp Solids - mg/l	Susp Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Thu			1 57							7 4	122	268 61	49	107 89			
2	Fn			0 17														
3	Sat																	
4	Sun																	
5	Mon										7 4							
6	Tue										8 0	101	135 62	49	65 794			
7	Wed			0 37							7 6							
8	Thu											134	195 57	48	70 056			
9	Fn			0 67														
10	Sat			0 23							7 4							
11	Sun										7 5							
12	Mon																	
13	Tue										7 6	94	135 63	44	63 484			
14	Wed																	
15	Thu											132	171 74	49	63 751			
16	Fn																	
17	Sat			0 63														
18	Sun			0 31							7 6							
19	Mon										7 7							
20	Tue											89	144	48	77 662			
21	Wed										7 9							
22	Thu			0 42								133	237 37	54	96 377			
23	Fn										7 9							
24	Sat																	
25	Sun																	
26	Mon										7 9							
27	Tue										7 8	127	142 99	77	86 694			
28	Wed			0 24														
29	Thu											136	148 59	66	72 108			
30	Fn																	
Average												118 67	175 57	53 778	78 201			
Maximum				1 57							8 0	136	268 61	77	107 89			
Minimum											7 4	89	135 62	44	63 484			
No of Data				9	0	0	0	0	0	0	13	9	9	9	9	0	0	0

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M E Deckman 7/26/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M E Deckman 7/26/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	June	2006

Page 2 of 4 Substitute for State Form 10829 (R/1-2003)

M E Deatsman 7/26/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M E Deatsman 7/26/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

	PRIMARY EFFLUENT			RBC Trickling Filter				SECONDARY EFFLUENT			FINAL EFFLUENT					
Day Of Month	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	89	42											10	7 8		
2																
3																
4											0 57	0 01				
5											0 81	0 02		7 6		
6	62	27									0 83	0 03		7 9		
7											0 74		50	7 9		
8	85	32									0 76	0 01				
9											0 81		10			
10											0 6	0 01		7 8		
11											0 55	0 01		8 0		
12											0 74	0 02				
13	75	28									0 7	0 01		7 9		
14											0 6	0 01				
15	107	35									0 62	0 01	10			
16													10			
17																
18														7 9		
19											0 61	0 01		8 0		
20	55	24									0 55	0 01				
21											0 54	0 01		7 7		
22	111	35									0 57	0 01				
23											0 61	0 01	105	8 0		
24																
25																
26											0 69	0 01		8 1		
27	107	41									0 67	0 01		8 0		
28											0 71	0 01				
29	133	51									0 7	0 01	10			
30											0 59	0 01	360			
Avg	91 556	35									0 6623	0 012	25 678			
Max	133	51									0 83	0 03	360	8 1		
Min	55	24									0 54	0 01	10	7 6		
Data	9	9	0	0	0	0	0	0	0	0	22	20	8	13	0	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	June	2006

Page 3 of 4 Substitute for State Form 10829 (R/1-2003)

M E Deckerman 7/26/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M E Deckerman 7/26/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

FINAL EFFLUENT

Day Of Month	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow - MG	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp Solids - mg/l	Susp Solids - mg/l Weekly Average	Susp Solids - lbs	Susp Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	0 264		16 7		36 791		25 5		56 179							
2	0 411															
3	0 393															
4	0 196															
5	0 219															
6	0 161		12 4		16 66		13 6		18 272							
7	0 211															
8	0 175		13 4		19 569		11 8		17 232							
9	0 187															
10	0 342	0 213		12 9		18 114		12 7		17 752						
11	0 249															
12	0 211															
13	0 173		9 1		13 138		5 4		7 7959							
14	0 16															
15	0 156		10 4		13 539		5 1		6 6393							
16	0 147															
17	0 154	0 17857		9 75		13 338		5 25		7 2176						
18	0 257															
19	0 205															
20	0 194		15 9		25 741		20 7		33 512							
21	0 197															
22	0 214		13 6		24 287		17 3		30 895							
23	0 207															
24	0 199	0 21043		14 75		25 014		19		32 203						
25	0 149															
26	0 14															
27	0 135		15 1		17 011		16		18 025							
28	0 149															
29	0 131		16 5		18 038		14 9		16 289							
30	0 129	0 13883		15 8		17 525		15 45		17 157						
Avg	0 20383		13 678		20 53		14 478		22 76							
Max	0 411	0 213	16 7	15 8	36 791	25 014	25 5	19	56 179	32 203						
Min	0 129	0 13883	9 1	9 75	13 138	13 338	5 1	5 25	6 6393	7 2176						
Data	30	4	9	4	9	4	9	4	9	4	0	0	0	0	0	0

MONTHLY REMOVAL SUMMARY

Percent Removal	BOD5	S S	Ammonia	Phosphorus
Primary Treatment	22 8	34 9		
	NA	NA		
Secondary Treatment	85 1	58 6		
Overall Treatment	88 5	73 1	NA	NA

Total Monthly Flow (million gallons) 6 115

Percent Capacity (actual flow/design) 106%

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	June	2006

Page 4 of 4 Substitute for State Form 10829 (R/1-2003)

M E Deckman 7/26/06
(SIGNATURE OF CERTIFIED OPERATOR) (Date)

M E Deckman 7/26/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (Date)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
	Primary Sludge Gal x 1000	Secondary Sludge Gal x 1000	pH	Gas Production Cubic Ft x 1000	Temperature - F	Supernatant Withdrawn hrs or Gal x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs or Gal x 1000		
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														
Avg														
Max														
Min														
Data	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Send completed forms by the 28th of the month to
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER QUALITY, DATA MANAGEMENT SECTION
P O BOX 6015
INDIANAPOLIS, INDIANA 46206-6015

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME PARKER CITY MUNICIPAL STP
ADDRES 147 W WASHINGTON ST
PO BOX 38
PARKER CITY IN 47368
FACILITY PARKER CITY MUNICIPAL STP
LOCATION PARKER CITY
ATTN. MR M E DECKMAN, CERT OPER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT - (DMR)

Revised ☐

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No 2040-000
Approval Expires 05-31-98

IN0020729	001A
PERMIT NUMBER	DISCHARGE NUMBER

* I N 0 0 2 0 7 2 9 0 0 1 A 0 7 0 6 *

MONITORING PERIOD						
MO	DAY	YEAR		MO	DAY	YEAR
FROM 07	01	06	TO	07	31	06

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAG	QUANTITY OR LOADING MAXIMU	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAG	QUALITY OR CONCENTRATION MAXIMU	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	********	********		7.3	********	7.9	(12)	0	5/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX	SU		5 TMS/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	14.6	19.5	(26)	********	14.4	18.2	(19)	0	2/7	COMP
00530 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47.6 MO AVG	71.3 MX WK AV	LBS/DY	********	30.0 MO AVG	45.0 MX WK AV	MG/L		TWICE/ WEEK	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.117	.127	(03)	********	********	********		0	7/7	TOT.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	********	********	********	********		5 TMS/ WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	********	********		********	.015	.04	(19)	0	5/7	Grab
50060 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	********	0.06 MO AVG	0.06 DAILY MX	MG/L		5 TMS/ WEEK	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	********	********		.77	********	1.23	(19)	0	5/7	Grab
50060 X 1 0 END-CHLORINE CONTACT	PERMIT REQUIREMENT	********	********	********	0.5 DAILY MN	********	REPORT DAILY MX	MG/L		5 TMS/ WEEK	GRAB
E COLI, COLONY FORMING UNITS (CFU)	SAMPLE MEASUREMENT	********	********		********	72.2	67,000	(3Z)	1	2/7	Grab
51041 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	********	126.0 MO GEOMN	235.0 DAILY MX	CFU/ 100ML		TWICE/ WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	20.4	22.3	(26)	********	20.4	22.6	(19)	0	2/7	Comp.
80082 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	39.6 MO AVG	63.4 MX WK AV	LBS/DY	********	25.0 MO AVG	40.0 MX WK AV	MG/L		TWICE/ WEEK	COMP24

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Fred Ludington - Pres.

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M E Deckman

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
765	468-7949	8	24	06
AREA CODE	NUMBER	MO	DAY	YEAR

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MUNICIPAL MINOR
RANDOLPH COUNTY

MUNICIPAL MINOR RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: PARKER CITY MUNICIPAL STP
ADDRES: 147 W WASHINGTON ST
PO BOX 38
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FACILITY PARKER CITY MUNICIPAL STP
LOCATION PARKER CITY
ATTN: MR M E DECKMAN, CERT OPER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Revised ☐

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No 2040-000
Approval Expires 05-31-98

IN0020729	001A
PERMIT NUMBER	DISCHARGE NUMBER

* I N 0 0 2 0 7 2 9 0 0 1 A 0 7 0 6 *

MONITORING PERIOD						
MO	DAY	YEAR		MO	DAY	YEAR
FROM 07	01	06	TO	07	31	06

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE ☐ ***
NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAG	MAXIMU	UNITS	MINIMUM	AVERAG	MAXIMU	UNITS			
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	********	********		90.5	********	********	(23)	0	2/7	Comp
80091 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	REPORT MO AVG	********	********	PER-CENT		TWICE/ WEEK	COMP24
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	********	********		83.3	********	********	(23)	0	2/7	Comp
81011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	REPORT MO AVG	********	********	PER-CENT		TWICE/ WEEK	COMP24
FLOW, TOTAL	SAMPLE MEASUREMENT	********	3.616	(80)	********	********	********		0	1/31	RCO
82220 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL/ MONTH	********	********	********	********		ONCE/ MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Fred Ludington - Pres.

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M E Deckman

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TELEPHONE		DATE		
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AREA CODE	NUMBER	MO	DAY	YEAR

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MUNICIPAL MINOR
RANDOLPH COUNTY

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Substitute for State Form 10829 (R/1-2003)

Name of Facility		Permit Number	
Town of Parker City		IN0020729	
Month	**Year**	**Plant Design Flow**	**Telephone Number**
July	2006	0 192 mgd	765-468-7949
Certified Operator Name		**Class**	**Certificate Number** / **Expiration Date**
Michael Deckman		III	5542 / 6/30/07

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Total= 2 44 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Collection System Overflow ("X" If Occurred)	CHEMICALS USED: Chlorine - Lbs	CHEMICALS USED: Lbs/Day or Gal /Day	CHEMICALS USED: Lbs/Day or Gal /Day	RAW SEWAGE: Total Flow - MG	RAW SEWAGE: pH	RAW SEWAGE: CBOD5 - mg/l	RAW SEWAGE: CBOD5 - lbs	RAW SEWAGE: Susp Solids - mg/l	RAW SEWAGE: Susp Solids - lbs	RAW SEWAGE: Phosphorus - mg/l	RAW SEWAGE: Ammonia - mg/l	
1	Sat																	
2	Sun			0 12														
3	Mon						147											
4	Tue			0 39								164	151 82	76 8	71 097			
5	Wed																	
6	Thu						141					203 6	212 25	49 3	51 395			
7	Fri																	
8	Sat						138											
9	Sun																	
10	Mon						134											
11	Tue			0 42								198 7	241 95	76 8	93 515			
12	Wed																	
13	Thu						126					181 3	172 37	71 7	68 169			
14	Fri																	
15	Sat																	
16	Sun																	
17	Mon																	
18	Tue											216 3	200.24	73 3	67 857			
19	Wed																	
20	Thu						109					254 4	237 63	71 3	66 6			
21	Fri			0 49														
22	Sat																	
23	Sun																	
24	Mon																	
25	Tue											222	199 96	71 2	64 131			
26	Wed			0 11			97											
27	Thu						245					279 6	345 12	201	248 1			
28	Fri			0 91														
29	Sat																	
30	Sun																	
31	Mon																	
Average							142 13					214 99	220 17	86 425	91 358			
Maximum				0 91			245					279 6	345 12	201	248 1			
Minimum							97					164	151 82	49 3	51 395			
No of Data				6	0	0	8	0	0	0	0	8	8	8	8	0	0	0

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

M E Deckman 8/24/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M E Deckman 8/24/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

M E Deahman 8/24/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M E Deahman 8/24/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	July	2006

Substitute for State Form 10829 (R/1-2003)

	PRIMARY EFFLUENT			RBC Trickling Filter				SECONDARY EFFLUENT			FINAL EFFLUENT					
Day Of Month	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1														7 4		
2																
3														7 7		
4	121	35 3									0 79	0 01		7 4		
5																
6	178 5	39 2									0 6	0 01	10	7 6		
7													220			
8											0 79	0 01		7 8		
9											0 54	0 01		7 5		
10											0 54			7 6		
11	192 9	65 4									0 58					
12											0 52			7 9		
13	174 8	48 5									0 58		10			
14											1 23	0 04	10			
15											0 81	0 01		7 7		
16														7 3		
17											1	0 01		7 4		
18	201	52 6									0 81	0 01		7 5		
19											0 79		100			
20	180 9	48 5									0 92		10	7 5		
21																
22											1 1	0 03				
23																
24											0 9		50	7 8		
25	208 4	45 5									0 91					
26																
27	206	62 6									0 63					
28													67000			
29																
30											0 53	0 01		7 6		
31											0 91					
Avg	182 94	49 7									0 774	0 015	72 183			
Max	208 4	65 4									1 23	0 04	67000	7 9		
Min	121	35 3									0 52	0 01	10	7 3		
Data	8	8	0	0	0	0	0	0	0	0	20	10	8	15	0	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc)

5th - Decant, Clean Beds - Refill. - Sludge to Landfill.

31st Clean Beds - Refill.

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	July	2006

Page 3 of 4 Substitute for State Form 10829 (R/1-2003)

JME Deckman 8/24/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

JME Deckman 8/24/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

FINAL EFFLUENT

Day Of Month	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow - MG	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp Solids - mg/l	Susp Solids - mg/l Weekly Average	Susp Solids - lbs	Susp Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	0 11															
2	0 117															
3	0 125															
4	0 111		22 2		20 564		16 1		14 913							
5	0 107															
6	0 125		23		23 992		11 5		11 996							
7	0 109															
8	0 111	0 115		22 6		22 278		13 8		13 455						
9	0 107															
10	0 117															
11	0 146		14 6		17 788		16 7		20 347							
12	0 12															
13	0 114		26 5		25 21		19 7		18 741							
14	0 122															
15	0 161	0 12671		20 55		21 499		18 2		19 544						
16	0 081															
17	0 111															
18	0 111		20 5		18 989		14 1		13 061							
19	0 106															
20	0 112		22		20 562		8 4		7 851							
21	0 111															
22	0 124	0 108		21 25		19 776		11 25		10 456						
23	0 089															
24	0 127															
25	0 108		18		16 223		18 1		16 313							
26	0 103															
27	0 148		16 1		19 884		10 9		13 462							
28	0 142															
29	0 139	0 12229		17 05		18 054		14 5		14 887						
30	0 095															
31	0 107															
Avg	0 11665		20 363		20 402		14 438		14 585							
Max	0 161	0 12671	26 5	22 6	25 21	22 278	19 7	18 2	20 347	19 544						
Min	0 081	0 108	14 6	17 05	16 223	18 054	8 4	11 25	7 851	10 456						
Data	31	4	8	4	8	4	8	4	8	4	0	0	0	0	0	0

MONTHLY REMOVAL SUMMARY

Percent Removal	BOD5	S S	Ammonia	Phosphorus
Primary Treatment	14 9	42 5		
	NA	NA		
Secondary Treatment	88 9	71 0		
Overall Treatment	90 5	83 3	NA	NA

Total Monthly Flow (million gallons) 3 616

Percent Capacity (actual flow/design) 61%

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	July	2006

Page 4 of 4 Substitute for State Form 10829 (R/1-2003)

JME Deckman 8/24/06
(SIGNATURE OF CERTIFIED OPERATOR) (Date)

JME Deckman 8/24/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (Date)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION												
			Anaerobic Only												
	Primary Sludge Gal x 1000	Secondary Sludge Gal x 1000	pH	Gas Production Cubic Ft x 1000	Temperature - F	Supernatant Withdrawn hrs or Gal x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs or Gal x 1000		
1															
2															
3															
4															
5													96		
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													96		
Avg													96		
Max													96		
Min													96		
Data	0	0	0	0	0	0	0	0	0	0	0	2	0	0	

Send completed forms by the 28th of the month to
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER QUALITY, DATA MANAGEMENT SECTION
P O BOX 6015
INDIANAPOLIS, INDIANA 46206-6015

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME PARKER CITY MUNICIPAL STP
ADDRES 147 W WASHINGTON ST
PO BOX 38
PARKER CITY IN 47368
FACILITY PARKER CITY MUNICIPAL STP
LOCATION PARKER CITY
ATTN: MR M E DECKMAN, CERT OPER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Revised ☐

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No 2040-000
Approval Expires 05-31-98

IN0020729	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	08	01	06	TO	08	31	06

IN0020729001A0806

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAG	QUANTITY OR LOADING MAXIMU	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAG	QUALITY OR CONCENTRATION MAXIMU	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	********	********		7.5	********	7.9	(12)	0	5/7	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX	SU		5 TMS/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	21.4	30.2	(26)	********	19.4	29.4	(19)	0	2/7	COMP
00530 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47.6 MO AVG	71.3 MX WK AV	LBS/DY	********	30.0 MO AVG	45.0 MX WK AV	MG/L		TWICE/ WEEK	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.141	.231	(03)	********	********	********			7/7	TOT
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	********	********	********	********		5 TMS/ WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	********	********		********	.017	.05	(19)	0	5/7	GR
50060 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	********	0.06 MO AVG	0.06 DAILY MX	MG/L		5 TMS/ WEEK	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	********	********		.41	********	1.29	(19)	1	5/7	GR
50060 X 1 0 END-CHLORINE CONTACT	PERMIT REQUIREMENT	********	********	********	0.5 DAILY MN	********	REPORT DAILY MX	MG/L		5 TMS/ WEEK	GRAB
E COLI, COLONY FORMING UNITS (CFU)	SAMPLE MEASUREMENT	********	********		********	25.6	4000	(3Z)	1	2/7	GR
51041 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	********	126.0 MO GEOMN	235.0 DAILY MX	CFU/ 100ML		TWICE/ WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	18.6	21.4	(26)	********	17	23	(19)	0	2/7	COMP
80082 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	39.6 MO AVG	63.4 MX WK AV	LBS/DY	********	25.0 MO AVG	40.0 MX WK AV	MG/L		TWICE/ WEEK	COMP24

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

FRED LUDINGTON PRES

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations

M E Deckman

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	468-1944	9	22	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* FLOW METER(S) SHOULD BE CALIBRATED AT LEAST ONCE ANNUALLY

MUNICIPAL MINOR
RANDOLPH COUNTY

MUNICIPAL MINOR RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME PARKER CITY MUNICIPAL STP
ADDRES 147 W WASHINGTON ST
PO BOX 38
PARKER CITY IN 47368
FACILITY PARKER CITY MUNICIPAL STP
LOCATION PARKER CITY
ATTN: MR M E DECKMAN, CERT OPER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised ☐

IN0020729	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	08	01	06	TO	08	31	06

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No 2040-000
Approval Expires 05-31-98

IN0020729001A0806

For Any Questions call Deborah Brents at 317-232-8741

*** **NO DISCHARGE** ☐ ***
NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAG	QUANTITY OR LOADING MAXIMU	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAG	QUALITY OR CONCENTRATION MAXIMU	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL 80091 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		89.2	********	********	(23)	0	3/7	COMP
	PERMIT REQUIREMENT	********	********	********	REPORT MO AVG	********	********	PER-CENT		TWICE/ WEEK	COMP24
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		71.4	********	********	(23)	0	3/7	COMP
	PERMIT REQUIREMENT	********	********	********	REPORT MO AVG	********	********	PER-CENT		TWICE/ WEEK	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	4.38	(80)	********	********	********			1/31	RCO
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL/ MONTH	********	********	********	********		ONCE/ MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

FRED LUDINGTON PRES

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations

M E Deckman

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	468 7944	9	22	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* FLOW METER(S) SHOULD BE CALIBRATED AT LEAST ONCE ANNUALLY

MUNICIPAL MINOR
RANDOLPH COUNTY

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Substitute for State Form 10829 (R/1-2003)

Name of Facility		Permit Number	
Town of Parker City		IN0020729	
Month	**Year**	**Plant Design Flow**	**Telephone Number**
August	2006	0 192 mgd	765-468-7949
Certified Operator Name		**Class**	**Certificate Number** / **Expiration Date**
Michael Deckman		III	5542 / 6/30/07

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Total= 5 97 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Collection System Overflow ("X" If Occurred)	CHEMICALS USED: Chlorine - Lbs	CHEMICALS USED: Lbs/Day or Gal /Day	CHEMICALS USED: Lbs/Day or Gal /Day	RAW SEWAGE: Total Flow - MG	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp Solids - mg/l	Susp Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Tue										7 3	172 7	151 23	64 6	56 57			
2	Wed																	
3	Thu			0 18			231				7 5	251	249 11	71 3	70 762			
4	Fn										7 4							
5	Sat						227											
6	Sun																	
7	Mon										7 7							
8	Tue						220					190 7	168 59	53 5	47 296			
9	Wed			1 49							7 7							
10	Thu											105 9	147 5	81 5	113 51			
11	Fn						213											
12	Sat																	
13	Sun										7 7							
14	Mon						206											
15	Tue						203					170	178 64	60 6	63 681			
16	Wed						201				7 7							
17	Thu											137 2	123 58	117 1	105 47			
18	Fn						196											
19	Sat						194											
20	Sun						191											
21	Mon						189				7 6							
22	Tue											157 6	177 44	72	81 065			
23	Wed						184				7 6							
24	Thu											162 5	153 14	77	72 566			
25	Fn						177				7 4							
26	Sat			3 47							7 6							
27	Sun			0 13			173				7 5							
28	Mon			0 36			170											
29	Tue						168				7 3	113	212 04	44 7	83 88			
30	Wed										7 4							
31	Thu			0 34							7 6	116 7	196 6	35 5	59 806			
Average							196 44					157 73	175 79	67 78	75 461			
Maximum				3 47			231				7 7	251	249 11	117 1	113 51			
Minimum							168				7 3	105 9	123 58	35 5	47 296			
No of Data				6	0	0	16	0	0	0	15	10	10	10	10	0	0	0

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

Mc Deckman 9/22/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Mc Deckman 9/22/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	August	2006

Page 2 of 4 — Substitute for State Form 10829 (R/1-2003)

M E Dealmen 9/22/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M E Dealmen 9/22/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

	PRIMARY EFFLUENT			RBC Trickling Filter				SECONDARY EFFLUENT			FINAL EFFLUENT					
Day Of Month	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	141 5	45 5									0 53	0 01		7 8		
2											0 55	0 01	60			
3	191 6	51 1									0 58	0 01	10	7 6		
4											0 72	0 01		7 5		
5																
6																
7											0 54	0 01		7 8		
8	162 5	38 2									0 78	0 01				
9											0 63	0 01		7 8		
10	92 4	38 4									1 2	0 05	10			
11											0 61	0 02	50			
12																
13														7 8		
14											0 53	0 02				
15	215 1	58 7									0 92					
16											0 75	0 04		7 6		
17	136 1	71 8									0 68	0 04	10			
18											1 29		10			
19																
20											0 6	0 01				
21											0 78			7 7		
22	120 7	54									0 46					
23											0 96	0 02	10	7 7		
24	117 7	78 3														
25											0 74	0 01	10	7 6		
26											1 13	0 01		7 9		
27														7 9		
28											0 41	0 01				
29	63 3	23									0 6		4000	7 6		
30											0 63			7 7		
31	87 1	30 2									0 77	0 01	10	7 5		
Avg	132 8	48 92									0 7246	0 0172	25 581			
Max	215 1	78 3									1 29	0 05	4000	7 9		
Min	63 3	23									0 41	0 01	10	7 5		
Data	10	10	0	0	0	0	0	0	0	0	24	18	10	15	0	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.)

22nd - Decant and fill west drying bed

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	August	2006

Page 3 of 4 Substitute for State Form 10829 (R/1-2003)

M C Deahman 9/22/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M C Deahman 9/22/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

FINAL EFFLUENT

	Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Effluent Flow - MG	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp Solids - mg/l	Susp Solids - mg/l Weekly Average	Susp Solids - lbs	Susp Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	0 105		28 4		24 885		22 3		19 54							
2	0 113															
3	0 119		18 1		17 974		15 6		15 492							
4	0 11															
5	0 107	0 108		23 25		21 43		18 95		17 516						
6	0 109															
7	0 118															
8	0 106		11 9		10 526		7 4		6 5458							
9	0 102															
10	0 167		14 1		19 65		19 3		26 897							
11	0 154															
12	0 144	0 12857		13		15 088		13 35		16 721						
13	0 106															
14	0 123															
15	0 126		21 5		22 607		25 7		27 023							
16	0 117															
17	0 108		21 6		19 467		24		21 63							
18	0 107															
19	0 118	0 115		21 55		21 037		24 85		24 327						
20	0 11															
21	0 104															
22	0 135		17 1		19 264		27		30 418							
23	0 1															
24	0 113		17 8		16 785		31 8		29 987							
25	0 096															
26	0 307	0 13786		17 45		18 025		29 4		30 202						
27	0 335															
28	0 217															
29	0 225		8 6		16 148		8 8		16 523							
30	0 177															
31	0 202	0 2312	11 1	9 85	18 711	17 429	12 1	10 45	20 397	18 46						
Avg	0 14129		17 02		18 602		19 4		21 445							
Max	0 335	0 2312	28 4	23 25	24 885	21 43	31 8	29 4	30 418	30 202						
Min	0 096	0 108	8 6	9 85	10 526	15 088	7 4	10 45	6 5458	16 721						
Data	31	5	10	5	10	5	10	5	10	5	0	0	0	0	0	0

MONTHLY REMOVAL SUMMARY

Percent Removal	BOD5	S S	Ammonia	Phosphorus
Primary Treatment	15 8	27 8		
	NA	NA		
Secondary Treatment	87 2	60 3		
Overall Treatment	89 2	71 4	NA	NA

Total Monthly Flow (million gallons) 4 38

Percent Capacity (actual flow/design) 74%

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	August	2006

Page 4 of 4 Substitute for State Form 10829 (R/1-2003)

M E Deckman 9/22/06
(SIGNATURE OF CERTIFIED OPERATOR) (Date)

M E Deckman 9/22/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (Date)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
	Primary Sludge Gal x 1000	Secondary Sludge Gal x 1000	pH	Gas Production Cubic Ft x 1000	Temperature - F	Supernatant Withdrawn hrs or Gal x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs or Gal x 1000		
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22												56		
23														
24														
25														
26														
27														
28														
29														
30														
31														
Avg												56		
Max.												56		
Min												56		
Data	0	0	0	0	0	0	0	0	0	0	0	1	0	0

Send completed forms by the 28th of the month to
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER QUALITY, DATA MANAGEMENT SECTION
P O BOX 6015
INDIANAPOLIS, INDIANA 46206-6015

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME PARKER CITY MUNICIPAL STP
ADDRESS 147 W WASHINGTON ST
PO BOX 38
PARKER CITY IN 47368
FACILITY PARKER CITY MUNICIPAL STP
LOCATION PARKER CITY
ATTN. MR M E DECKMAN, CERT OPER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised ☐

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No 2040-000
Approval Expires 05-31-98

IN0020729	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	MO	DAY	YEAR		MO	DAY	YEAR
FROM	09	01	06	TO	09	30	06

* I N 0 0 2 0 7 2 9 0 0 1 A 0 9 0 6 *

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE ☐ ***
NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAG	QUANTITY OR LOADING MAXIMU	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAG	QUALITY OR CONCENTRATION MAXIMU	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	********	********		7.1	********	8.0	(12)	0	5/7	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX	SU		5 TMS/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	18.2	23.6	(26)	********	16	19.3	(19)	0	2/7	COMP
00530 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47.6 MO AVG	71.3 MX WK AV	LBS/DY	********	30.0 MO AVG	45.0 MX WK AV	MG/L		TWICE/ WEEK	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.135	.149	(03)	********	********	********		no	7/7	TOT
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	********	********	********	********		5 TMS/ WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	********	********		********	.013	.05	(19)	0	5/7	GR
50060 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	********	0.06 MO AVG	0.06 DAILY MX	MG/L		5 TMS/ WEEK	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	********	********		.78	********	1.36	(19)	0	5/7	GR
50060 X 1 0 END-CHLORINE CONTACT	PERMIT REQUIREMENT	********	********	********	0.5 DAILY MN	********	REPORT DAILY MX	MG/L		5 TMS/ WEEK	GRAB
E COLI, COLONY FORMING UNITS (CFU)	SAMPLE MEASUREMENT	********	********		********	10.9	20	(3Z)	0	2/7	GR
51041 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	********	125.0 MO GEOMN	235.0 DAILY MX	CFU/ 100ML		TWICE/ WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	13.3	15.7	(26)	********	11.9	13	(19)	0	2/7	COMP
80082 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	39.6 MO AVG	63.4 MX WK AV	LBS/DY	********	25.0 MO AVG	40.0 MX WK AV	MG/L		TWICE/ WEEK	COMP24

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Fred Washington Pres

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations

M E Deckman

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
765 468 7149		10	26	06
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* FLOW METER(S) SHOULD BE CALIBRATED AT LEAST ONCE ANNUALLY

MUNICIPAL MINOR
RANDOLPH COUNTY

MUNICIPAL MINOR RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

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ADDRESS 147 W WASHINGTON ST
PO BOX 38
PARKER CITY IN 47368

FACILITY PARKER CITY MUNICIPAL STP

LOCATION PARKER CITY

ATTN. MR M E DECKMAN, CERT OPER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Revised ☐

IN0020729	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	09	01	06	TO	09	30	06

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No 2040-000
Approval Expires 05-31-98

* I N 0 0 2 0 7 2 9 0 0 1 A 0 9 0 6 *

For Any Questions call Deborah Brents at 317-232-8741

*** **NO DISCHARGE** ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAG	QUANTITY OR LOADING MAXIMU	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAG	QUALITY OR CONCENTRATION MAXIMU	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL 80091 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		91.5	********	********	(23)	0	3/7	COMP
	PERMIT REQUIREMENT	********	********	********	REPORT MO AVG	********	********	PER-CENT		TWICE/WEEK	COMP24
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		79.5	********	********	(23)	0	3/7	COMP
	PERMIT REQUIREMENT	********	********	********	REPORT MO AVG	********	********	PER-CENT		TWICE/WEEK	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	4.055	(80)	********	********	********		NA	1/30	RCO
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL/ MONTH	********	********	********	********		ONCE/MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Fred Ludington Pres

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations

M E Deckman

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	4687949	10	26	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* FLOW METER(S) SHOULD BE CALIBRATED AT LEAST ONCE ANNUALLY

MUNICIPAL MINOR
RANDOLPH COUNTY

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Substitute for State Form 10829 (R/1-2003)

Name of Facility		Permit Number	
Town of Parker City		IN0020729	
Month	**Year**	**Plant Design Flow**	**Telephone Number**
September	2006	0 192 mgd	765-468-7949
Certified Operator Name		**Class**	**Certificate Number** / **Expiration Date**
Michael Deckman		III	5542 / 6/30/07

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Total= 2 39 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Chlorine - Lbs	Lbs/Day or Gal /Day	Lbs/Day or Gal /Day	RAW SEWAGE: Total Flow - MG	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp Solids - mg/l	Susp Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Fri										7 5							
2	Sat																	
3	Sun																	
4	Mon																	
5	Tue										7 6	152 7	166 83	52	56 812			
6	Wed																	
7	Thu										7 5	175 3	173 98	116 7	115 82			
8	Fri										7 7							
9	Sat																	
10	Sun																	
11	Mon										7 6							
12	Tue			0 42								110 9	139 66	57 1	71 908			
13	Wed			0 05														
14	Thu										7 9	144 9	151 06	75	78 188			
15	Fri										7 9							
16	Sat																	
17	Sun			0 03														
18	Mon			0 43														
19	Tue											143 5	141 22	48	47 238			
20	Wed										7 7							
21	Thu			0 27							7 2	136	149 72	175	192 65			
22	Fri			0 59							7 3							
23	Sat										7 4							
24	Sun																	
25	Mon																	
26	Tue											136	139 51	59 3	60 831			
27	Wed			0 6							7 7							
28	Thu											111 5	167 38	40 5	60 799			
29	Fri										7 8							
30	Sat																	
Average												138 85	153 67	77 95	85 531			
Maximum				0 6							7 9	175 3	173 98	175	192 65			
Minimum											7 2	110 9	139 51	40 5	47 238			
No of Data				7	0	0	0	0	0	0	13	8	8	8	8	0	0	0

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

MG Deckman 10/26/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

MG Deckman 10/26/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	September	2006

Page 2 of 4 Substitute for State Form 10829 (R/1-2003)

ME Dechman 10/26/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

ME Dechman 10/26/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

	PRIMARY EFFLUENT			RBC Trickling Filter				SECONDARY EFFLUENT			FINAL EFFLUENT					
Day Of Month	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1											0 55	0 01		7 8		
2											0 6	0 01				
3											0 93	0 02				
4																
5	113 9	51 3									1 09	0 01	10	7 8		
6											0 77	0 01				
7	151 1	51 5									0 68	0 01		7 7		
8											0 63	0 01	10	7 9		
9																
10																
11											0 59	0 01	10	7 8		
12	106 9	54									0 95	0 02				
13											0 77	0 01				
14	168 9	64									1 36	0 01	10	7 9		
15											0 88	0 01		7 9		
16																
17																
18											0 64	0 01				
19	117 7	49									0 79	0 01				
20											0 78	0 01		7 8		
21	128	71									1 29	0 05	10	8 0		
22											0 53	0 01	10	7 8		
23														7 8		
24																
25											0 6	0 01	20			
26	111	49 7									0 63	0 01				
27														7 8		
28	96 3	28									0 53	0 01				
29											0 88	0 01	10	7 9		
30																
Avg	124 23	52 313									0 7843	0 0129	10 905			
Max	168 9	71									1 36	0 05	20	8 0		
Min	96 3	28									0 53	0 01	10	7 7		
Data	8	8	0	0	0	0	0	0	0	0	21	21	8	13	0	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	September	2006

Page 3 of 4 Substitute for State Form 10829 (R/1-2003)

(SIGNATURE OF CERTIFIED OPERATOR) 10/26/06 (DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) 10/26/06 (DATE)

FINAL EFFLUENT

Day Of Month	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow - MG	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp Solids - mg/l	Susp Solids - mg/l Weekly Average	Susp Solids - lbs	Susp Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	0 143															
2	0 142															
3	0 135															
4	0 131															
5	0 131		11 8		12 9		19 5		21 317							
6	0 113															
7	0 119		14 1		14 002		14 5		14 399							
8	0 125															
9	0 116	0 12429		12 95		13 451		17		17 858						
10	0 118															
11	0 111															
12	0 151		12 6		15 877		19 8		24 95							
13	0 116															
14	0 125		12 1		12 622		18 4		19 194							
15	0 107															
16	0 104	0 11886		12 35		14 25		19 1		22 072						
17	0 126															
18	0 142															
19	0 118		10 1		9 9456		5 1		5 022							
20	0 126															
21	0 132		9		9 9139		12 2		13 439							
22	0 205															
23	0 175	0 14629		9 55		9 9297		8 65		9 2304						
24	0 128															
25	0 127															
26	0 123		13 7		14 062		22 5		23 095							
27	0 196															
28	0 18		11 5		17 274		16 1		24 184							
29	0 15															
30	0 14	0 14914		12 6		15 668		19 3		23 639						
Avg	0 13517		11 863		13 325		16 013		18 2							
Max	0 205	0 14914	14 1	12 95	17 274	15 668	22 5	19 3	24 95	23 639						
Min	0 104	0 11886	9	9 55	9 9139	9 9297	5 1	8 65	5 022	9 2304						
Data	30	4	8	4	8	4	8	4	8	4	0	0	0	0		

MONTHLY REMOVAL SUMMARY

Percent Removal	BOD5	S S	Ammonia	Phosphorus
Primary Treatment	10 5	32 9		
	NA	NA		
Secondary Treatment	90 5	69 4		
Overall Treatment	91 5	79 5	NA	NA

Total Monthly Flow (million gallons) 4 055

Percent Capacity (actual flow/design) 70%

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	September	2006

Page 4 of 4 Substitute for State Form 10829 (R/1-2003)

Mc Dechmann 10/26/06
(SIGNATURE OF CERTIFIED OPERATOR) (Date)

Mc Dechmann 10/26/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (Date)

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
Day Of Month	Primary Sludge Gal x 1000	Secondary Sludge Gal x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs or Gal x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs or Gal x 1000		
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														
Avg														
Max.														
Min														
Data	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Send completed forms by the 28th of the month to
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER QUALITY, DATA MANAGEMENT SECTION
P O BOX 6015
INDIANAPOLIS, INDIANA 46206-6015

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FACILITY PARKER CITY MUNICIPAL STP
LOCATION PARKER CITY
ATTN: MR M E DECKMAN, CERT OPER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised ☐

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No 2040-000
Approval Expires 05-31-98

IN0020729	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	01	06	TO	10	31	06

IN0020729001A1006

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE ☐ ***
NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAG	QUANTITY OR LOADING MAXIMU	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAG	QUALITY OR CONCENTRATION MAXIMU	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	********	********		7.6	********	7.9	(12)	C	5/7	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX	SU		5 TMS/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	34	60	(26)	********	15.0 ~~27.6~~	23.7	(19)	0	3/7	COMP
00530 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47.6 MO AVG	71.3 MX WK AV	LBS/DY	********	30.0 MO AVG	45.0 MX WK AV	MG/L		TWICE/ WEEK	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.239	.297	(03)	********	********	********		-	7/7	TOT
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	********	********	********	********		5 TMS/ WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	********	********		********	.01	.02	(19)	0	5/7	GR
50060 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	********	0.06 MO AVG	0.06 DAILY MX	MG/L		5 TMS/ WEEK	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	********	********		.51	********	.97	(19)	0	5/7	GR
50060 X 1 0 END-CHLORINE CONTACT	PERMIT REQUIREMENT	********	********	********	0.5 DAILY MN	********	REPORT DAILY MX	MG/L		5 TMS/ WEEK	GRAB
E COLI, COLONY FORMING UNITS (CFU)	SAMPLE MEASUREMENT	********	********		********	51.3	3000	(3Z)	1	3/7	GR
51041 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	********	125.0 MO GEOMN	235.0 DAILY MX	CFU/ 100ML		TWICE/ WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	24.5	37.7	(26)	********	11.4	~~14.0~~ 13.9	(19)	0	3/7	COMP
80082 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	39.6 MO AVG	63.4 MX WK AV	LBS/DY	********	25.0 MO AVG	40.0 MX WK AV	MG/L		TWICE/ WEEK	COMP24

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

FRED LUDINGTON PRES

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations

M E Deckman

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	468-7949	11	29	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* FLOW METER(S) SHOULD BE CALIBRATED AT LEAST ONCE ANNUALLY

MUNICIPAL MINOR
RANDOLPH COUNTY

MUNICIPAL MINOR RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME PARKER CITY MUNICIPAL STP
ADDRES 147 W WASHINGTON ST
PO BOX 38
PARKER CITY IN 47368
FACILITY PARKER CITY MUNICIPAL STP
LOCATION PARKER CITY
ATTN: MR M E DECKMAN, CERT OPER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised ☐

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No 2040-000
Approval Expires 05-31-98

IN0020729	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0020729001A1006

For Any Questions call Deborah Brents at 317-232-8741

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	01	06	TO	10	31	06

*** NO DISCHARGE ☐ ***
NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAG	QUANTITY OR LOADING MAXIMU	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAG	QUALITY OR CONCENTRATION MAXIMU	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL 80091 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		87.1	********	********	(23)	0	2/7	COMP
	PERMIT REQUIREMENT	********	********	********	REPORT MO AVG	********	********	PER-CENT		TWICE/ WEEK	COMP24
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		67.2	********	********	(23)	0	2/7	COMP
	PERMIT REQUIREMENT	********	********	********	REPORT MO AVG	********	********	PER-CENT		TWICE/ WEEK	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	7.4	(80)	********	********	********		V	1/51	RCO
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL/ MONTH	********	********	********	********		ONCE/ MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

FRED WILKINSON PRES

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations

ME Deckman

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
765	468-7949	11	29	06
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* FLOW METER(S) SHOULD BE CALIBRATED AT LEAST ONCE ANNUALLY

MUNICIPAL MINOR
RANDOLPH COUNTY

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility		Permit Number	
Town of Parker City		IN0020729	
Month	**Year**	**Plant Design Flow**	**Telephone Number**
October	2006	0 192 mgd	765-468-7949
Certified Operator Name		**Class**	**Certificate Number / Expiration Date**
Michael Deckman		III	5542 / 6/30/07

Substitute for State Form 10829 (R/1-2003)

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Precipitation - Inches (Total= 6 65)	Bypass At Plant Site ("x" if Occurred)	Collection System Overflow ("x" if Occurred)	CHEMICALS USED: Chlorine - Lbs	CHEMICALS USED: Lbs/Day or Gal /Day	CHEMICALS USED: Lbs/Day or Gal /Day	RAW SEWAGE: Total Flow - MG	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp Solids - mg/l	Susp Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Sun																	
2	Mon			0 47														
3	Tue											137	188 53	47	64 677			
4	Wed										7 6							
5	Thu			1 81								48	148 52	30	92 824			
6	Fri																	
7	Sat																	
8	Sun																	
9	Mon										7 7							
10	Tue										7 7	125	194 95	41	63 943			
11	Wed			0 23														
12	Thu										7 7	113	137 59	147	178 99			
13	Fri										7 7							
14	Sat																	
15	Sun																	
16	Mon			2 42														
17	Tue										7 3							
18	Wed			0 28							7 4	45	156 12	27	93 675			
19	Thu			0 29							7 3							
20	Fri										7 3	51	150 57	14	41 333			
21	Sat																	
22	Sun																	
23	Mon										7 5							
24	Tue										7 9	78	121	31	48 088			
25	Wed																	
26	Thu			0 47							7 4	124	226 48	52	94 976			
27	Fri			0 68														
28	Sat																	
29	Sun																	
30	Mon																	
31	Tue											79	154 17	25	48 789			
Average												88 889	164 21	46	80 811			
Maximum				2 42							7 9	137	226 48	147	178 99			
Minimum											7 3	45	121	14	41 333			
No of Data				8	0	0	0	0	0	0	12	9	9	9	9	0	0	0

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

MC Deckman 11/27/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

MC Deckman 11/27/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

RCVD DEC 1 '06

NOS

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

M E Wechman 11/27/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M E Wechman 11/27/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	October	2006

Substitute for State Form 10829 (R/1-2003)

	PRIMARY EFFLUENT			RBC Trickling Filter				SECONDARY EFFLUENT			FINAL EFFLUENT					
Day Of Month	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1																
2											0 69	0 01				
3	97	36									0 57	0 01				
4											0 6	0 02	20	7 8		
5	48	26														
6													670			
7																
8																
9											0 8	0 01		7 8		
10	99	32									0 9	0 01		7 7		
11											0 92	0 01				
12	90	27									0 97	0 01	10	7 7		
13											0 87	0 01	10	7 6		
14																
15																
16											0 84	0 01				
17											0 58	0 01		7 9		
18	36	22									0 55	0 01		7 8		
19											0 55	0 01	3000	7 7		
20	42	14											120	7 7		
21																
22																
23											0 63	0 01		7 6		
24	62	24									0 94	0 01	10	7 9		
25											0 95	0 01				
26	95	45									0 89	0 01	10	7 8		
27											0 51	0 01				
28																
29																
30											0 65	0 01				
31	53	22									0 73	0 01				
Avg	69 111	27 556									0 7442	0 0105	51 336			
Max	99	45									0 97	0 02	3000	7 9		
Min	36	14									0 51	0 01	10	7 6		
Data	9	9	0	0	0	0	0	0	0	0	19	19	8	12	0	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	October	2006

Page 3 of 4 Substitute for State Form 10829 (R/1-2003)

ME Weckman 11/27/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

ME Weckman 11/27/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

FINAL EFFLUENT

	Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Effluent Flow - MG	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp Solids - mg/l	Susp Solids - mg/l Weekly Average	Susp Solids - lbs	Susp Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	0 145															
2	0 159															
3	0 165		14 1		19 415		24 6		33 872							
4	0 28															
5	0 371		13 6		42 106		22 8		70 589							
6	0 291															
7	0 21	0 23157		13 85		30 76		23 7		52 231						
8	0 191															
9	0 182															
10	0 187		12		18 726		11 2		17 478							
11	0 163															
12	0 146		10 4		12 671		12 4		15 108							
13	0 147															
14	0 136	0 16457		11 2		15 699		11 8		16 293						
15	0 136															
16	0 28															
17	0 271															
18	0 416		11 5		39 922		21		72 902							
19	0 368															
20	0 354		12		35 45		16 1		47 561							
21	0 257	0 29743		11 75		37 686		18 55		60 232						
22	0 257															
23	0 214															
24	0 186		10 3		15 987		10 1		15 677							
25	0 207															
26	0 219		11 5		21 017		8 3		15 169							
27	0 38															
28	0 365	0 26114		10 9		18 502		9 2		15 423						
29	0 256															
30	0 233															
31	0 234		7 6		14 841		9 2		17 965							
Avg	0 2389		11 444		24 459		15 078		34 036							
Max	0 416	0 29743	14 1	13 85	42 106	37 686	24 6	23 7	72 902	60 232						
Min	0 136	0 16457	7 6	10 9	12 671	15 699	8 3	9 2	15 108	15 423						
Data	31	4	9	4	9	4	9	4	9	4	0	0	0	0	0	0

MONTHLY REMOVAL SUMMARY

Percent Removal	BOD5	S S	Ammonia	Phosphorus
Primary Treatment	22 3	40 1		
	NA	NA		
Secondary Treatment	83 4	45 3		
Overall Treatment	87 1	67 2	NA	NA

Total Monthly Flow (million gallons) 7 406

Percent Capacity (actual flow/design) 124%

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	October	2006

Page 4 of 4 Substitute for State Form 10829 (R/1-2003)

ME Deckman 11/27/06
(SIGNATURE OF CERTIFIED OPERATOR) (Date)

ME Deckman 11/27/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (Date)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
	Primary Sludge Gal x 1000	Secondary Sludge Gal x 1000	pH	Gas Production Cubic Ft x 1000	Temperature - F	Supernatant Withdrawn hrs or Gal x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs or Gal x 1000		
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12												12		
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Avg												12		
Max												12		
Min												12		
Data	0	0	0	0	0	0	0	0	0	0	0	1	0	0

Send completed forms by the 28th of the month to
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER QUALITY, DATA MANAGEMENT SECTION
P O BOX 6015
INDIANAPOLIS, INDIANA 46206-6015

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME - PARKER CITY MUNICIPAL STP
ADDRES 147 W WASHINGTON ST
PO BOX 38
PARKER CITY IN 47368
FACILITY PARKER CITY MUNICIPAL STP
LOCATION PARKER CITY
ATTN: MR M E DECKMAN, CERT OPER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised ☐

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No 2040-000
Approval Expires 05-31-98

IN0020729	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11	01	06	TO	11	30	06

IN0020729001A1106

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE ☐ ***
NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAG	QUANTITY OR LOADING MAXIMU	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAG	QUALITY OR CONCENTRATION MAXIMU	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	********	********		7.8	********	8.1	(12)	0	5/7	Grab.
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX	SU		5 TMS/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	17.5	25.7	(26)	********	9.1	10.4	(19)	0	2/7	Comp
00530 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47.6 MO AVG	71.3 MX WK AV	LBS/DY	********	30.0 MO AVG	45.0 MX WK AV	MG/L		TWICE/ WEEK	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.215	.267	(03)	********	********	********		-	7/7	Tot.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	********	********	********	********		5 TMS/ WEEK	TOTALZ
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	20.7	28.0	(26)	********	11.1	12.1	(19)	0	2/7	Comp.
80082 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	39.6 MO AVG	63.4 MX WK AV	LBS/DY	********	25.0 MO AVG	40.0 MX WK AV	MG/L		TWICE/ WEEK	COMP24
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	********	********		89.2	********	********	(23)	0	2/7	Comp.
80091 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	REPORT MO AVG	********	********	PER-CENT		TWICE/ WEEK	COMP24
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	********	********		81.5	********	********	(23)	0	2/7	Comp.
81011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	REPORT MO AVG	********	********	PER-CENT		TWICE/ WEEK	COMP24
FLOW, TOTAL	SAMPLE MEASUREMENT	********	6.45	(80)	********	********	********			1/30	RCO
82220 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL/ MONTH	********	********	********	********		ONCE/ MONTH	RCOTOT

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Fred Ludington - Pres.

TYPED OR PRINTED

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M E Deckman

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
765	468-7949	12	19	06
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* FLOW METER(S) SHOULD BE CALIBRATED AT LEAST ONCE ANNUALLY

MUNICIPAL MINOR
RANDOLPH COUNTY

MUNICIPAL MINOR RANDOLPH COUNTY

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Substitute for State Form 10829 (R/1-2003)

Name of Facility			Permit Number
Town of Parker City			IN0020729
Month	Year	Plant Design Flow	Telephone Number
November	2006	0 192 mgd	765-468-7949
Certified Operator Name		Class	Certificate Number / Expiration Date
Michael Deckman		III	5542 / 6/30/07

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Precipitation - Inches (Total= 4 71)	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Chlorine - Lbs	CHEMICALS USED: Lbs/Day or Gal /Day	CHEMICALS USED: Lbs/Day or Gal /Day	RAW SEWAGE: Total Flow - MG	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp Solids - mg/l	Susp Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Wed																	
2	Thu										7 8	68 4	132 35	26 9	52 048			
3	Fri										7 7							
4	Sat																	
5	Sun										7 7							
6	Mon			0 32														
7	Tue											101 4	209 73	34 5	71 357			
8	Wed										7 6							
9	Thu											106 1	169 9	78 7	126 02			
10	Fri			0 27														
11	Sat																	
12	Sun										7 7							
13	Mon																	
14	Tue										7 7	124 6	195 36	74	116 03			
15	Wed																	
16	Thu			1 2								26 5	84 205	36 4	115 66			
17	Fri			0 17														
18	Sat																	
19	Sun																	
20	Mon										7 5							
21	Tue											92 7	153 08					
22	Wed										7 8			40 9	70.268			
23	Thu											118 3	197 32	33 3	55 544			
24	Fri										7 7							
25	Sat																	
26	Sun																	
27	Mon																	
28	Tue										7 5	141 5	187 64	86 7	114 97			
29	Wed																	
30	Thu			2 75							7 6	149 3	244 05	29 4	48 058			
Average												103 2	174 85	48 978	85 551			
Maximum				2 75							7 8	149 3	244 05	86 7	126 02			
Minimum											7 5	26 5	84 205	26 9	48 058			
No of Data				5	0	0	0	0	0	0	11	9	9	9	9	0	0	0

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

M E Deckman 12/19/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

M E Deckman 12/19/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	November	2006

Page 2 of 4 — Substitute for State Form 10829 (R/1-2003)

MC Deckman 12/19/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

MC Deckman 12/19/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

	PRIMARY EFFLUENT			RBC Trickling Filter				SECONDARY EFFLUENT			FINAL EFFLUENT					
Day Of Month	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1																
2	37 8	18 7												8 1		
3														8 0		
4																
5														7 8		
6																
7	73 9	33 2														
8														7 9		
9	89 7	49 4														
10																
11																
12														7 9		
13																
14	84	30 3												7 8		
15																
16	30 4	18														
17																
18																
19																
20														7 9		
21	61															
22		23												7 9		
23	129 5	36														
24														7 8		
25																
26																
27																
28	93	56 3												7 8		
29																
30	96 4	41												7 8		
Avg	77 3	33 989														
Max	129 5	56 3												8 1		
Min	30 4	18												7 8		
Data	9	9	0	0	0	0	0	0	0	0	0	0	0	11	0	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc)

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	November	2006

Page 3 of 4 Substitute for State Form 10829 (R/1-2003)

MC Deckman 12/19/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

MC Deckman 12/19/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

FINAL EFFLUENT

	Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Effluent Flow - MG	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp Solids - mg/l	Susp Solids - mg/l Weekly Average	Susp Solids - lbs	Susp Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	0 217															
2	0 232		10 6		20 522		8 9		17.231							
3	0 188															
4	0 194	0 222		9 1		17 681		9 05		17 598						
5	0 184															
6	0 182															
7	0 248		12 4		25 663		10 3		21 316							
8	0 213															
9	0 192		11 7		18 746		10.4		16.663							
10	0 204															
11	0 203	0 20371		12 05		22 204		10 35		18 99						
12	0 2															
13	0 197															
14	0 188		12 4		19 454		7 6		11 923							
15	0 318															
16	0 381		11 5		36 564		12 4		39 425							
17	0 302															
18	0 284	0 26714		11 95		28 009		10		25 674						
19	0 236															
20	0 245															
21	0 198		10 7		17 68											
22	0 206						10 5		18 05							
23	0 2		12 3		20 529		8 7		14 52							
24	0 195															
25	0 18	0 20857		11 5		19 104		9 6		16 285						
26	0 17															
27	0 182															
28	0 159		10 6		14 065		7		9 288							
29	0 156															
30	0 196	0 17929	8	10 067	13 085	15.277	5 8	7 0667	9 4866	10 768						
Avg	0 215		11 133		20 701		9 0667		17 545							
Max	0 381	0 26714	12 4	12 05	36 564	28 009	12 4	10 35	39 425	25 674						
Min	0 156	0 17929	8	9 1	13 085	15 277	5 8	7 0667	9 288	10 768						
Data	30	5	9	5	9	5	9	5	9	5	0	0	0	0	0	0

MONTHLY REMOVAL SUMMARY				
Percent Removal	BOD5	S S	Ammonia	Phosphorus
Primary Treatment	25 1	30 6		
	NA	NA		
Secondary Treatment	85 6	73 3		
Overall Treatment	89 2	81 5	NA	NA

Total Monthly Flow (million gallons)	6 45
Percent Capacity (actual flow/design)	112%

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Town of Parker City	IN0020729	November	2006

Page 4 of 4 Substitute for State Form 10829 (R/1-2003)

ME Dechmon 12/19/06
(SIGNATURE OF CERTIFIED OPERATOR) (Date)

ME Dechmon 12/19/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (Date)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
	Primary Sludge Gal x 1000	Secondary Sludge Gal x 1000	pH	Gas Production Cubic Ft x 1000	Temperature - F	Supernatant Withdrawn hrs or Gal x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs or Gal x 1000		
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														
Avg														
Max														
Min														
Data	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Send completed forms by the 28th of the month to
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER QUALITY, DATA MANAGEMENT SECTION
P O BOX 6015
INDIANAPOLIS, INDIANA 46206-6015

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME PARKER CITY MUNICIPAL STP
ADDRES 147 W WASHINGTON ST
PO BOX 38
PARKER CITY IN 47368
FACILITY PARKER CITY MUNICIPAL STP
LOCATION PARKER CITY
ATTN: MR M E DECKMAN, CERT OPER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Revised ☐

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No 2040-000
Approval Expires 05-31-98

IN0020729	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0020729001A1206

For Any Questions call Deborah Brents at 317-232-8741

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	01	06	TO	12	31	06

*** NO DISCHARGE ☐ ***

NOTE Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAG	QUANTITY OR LOADING MAXIMU	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAG	QUALITY OR CONCENTRATION MAXIMU	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	********	********		7.5	********	8.0	(12)		5/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX	SU		5 TMS/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	21.9	29.5	(26)	********	9.1	12.3	(19)			
00530 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47.6 MO AVG	71.3 MX WK AV	LBS/DY	********	30.0 MO AVG	45.0 MX WK AV	MG/L		TWICE/ WEEK	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.259	.311	(03)	********	********	********				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	********	********	********	********		5 TMS/ WEEK	TOTALZ
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	23.7	28.7	(26)	********	9.8	11.4	(19)			
80082 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	39.6 MO AVG	63.4 MX WK AV	LBS/DY	********	25.0 MO AVG	40.0 MX WK AV	MG/L		TWICE/ WEEK	COMP24
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	********	********		85.3	********	********	(23)			
80091 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	REPORT MO AVG	********	********	PER-CENT		TWICE/ WEEK	COMP24
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	********	********		76.6	********	********	(23)			
81011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	********	REPORT MO AVG	********	********	PER-CENT		TWICE/ WEEK	COMP24
FLOW, TOTAL	SAMPLE MEASUREMENT	********	8.03	(80)	********	********	********				
82220 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL/ MONTH	********	********	********	********		ONCE/ MONTH	RCOTOT

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Fred Ludington - Pres.

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations

ME Deckman

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
765	468-7949	1	22	07
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* FLOW METER(S) SHOULD BE CALIBRATED AT LEAST ONCE ANNUALLY

MUNICIPAL MINOR
RANDOLPH COUNTY

MUNICIPAL MINOR RANDOLPH COUNTY

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Substitute for State Form 10829 (R/1-2003)

Page 1 of 4

Name of Facility		Permit Number	
Town of Parker City		IN0020729	
Month	**Year**	**Plant Design Flow**	**Telephone Number**
December	2006	0 192 mgd	765-468-7949
Certified Operator Nar 2006		**Class**	**Certificate Number** / **Expiration Date**
Michael Deckman		III	5542 / 6/30/07

				Total= 2 86			CHEMICALS USED			RAW SEWAGE								
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal /Day	Lbs/Day or Gal /Day	Total Flow - MG	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp Solids - mg/l	Susp Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Fri					X												
2	Sat					X												
3	Sun																	
4	Mon										7 5							
5	Tue										7 7	66 3	143 21	45	97 203			
6	Wed										7 7							
7	Thu											65 4	103 63	44 7	70 832			
8	Fri																	
9	Sat																	
10	Sun																	
11	Mon										7 9							
12	Tue			0 61								72 8	211.29	29 5	85 618			
13	Wed										7 6							
14	Thu											79 2	199 48	28 7	72 286			
15	Fri																	
16	Sat																	
17	Sun																	
18	Mon																	
19	Tue										7 6							
20	Wed			0 43								81	139 16	33 6	57 726			
21	Thu										7 5	91	274 74	47	141 9			
22	Fri										7 6							
23	Sat																	
24	Sun																	
25	Mon			0 69														
26	Tue										7 3	24 2	76 493	41 4	130 86			
27	Wed										7 3							
28	Thu											56	136 84	40 5	98 967			
29	Fri										7 5							
30	Sat										7 7							
31	Sun			1 13														
Average												66 988	160 61	38 8	94 423			
Maximum				1 13							7 9	91	274 74	47	141 9			
Minimum											7 3	24 2	76 493	28 7	57 726			
No of Data				4	0	2	0	0	0	0	12	8	8	8	8	0	0	0

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

Mike Deckman — (SIGNATURE OF CERTIFIED OPERATOR) — (DATE) 1/22/07

Mike Deckman — (SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) — (DATE) 1/22/07

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	December	2006

Page 2 of 4 — Substitute for State Form 10829 (R/1-2003)

JME Dechman 1/22/07
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

JME Dechman 1/22/07
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

	PRIMARY EFFLUENT			RBC Trickling Filter				SECONDARY EFFLUENT			FINAL EFFLUENT					
Day Of Month	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1																
2																
3																
4														7 5		
5	56 8	32 5												7 9		
6														7 5		
7	50 9	29 3														
8																
9																
10																
11														7 6		
12	50 3	23 5														
13														7 6		
14	45 5	21 7														
15																
16																
17																
18																
19														7 8		
20	61	33 3														
21	71	44												7 6		
22														7 7		
23																
24																
25																
26	20 6	17 8												7 9		
27														7.9		
28	28 4	15 8														
29														7 6		
30														8 0		
31																
Avg	48 063	27 238														
Max.	71	44												8 0		
Min	20 6	15 8												7 5		
Data	8	8	0	0	0	0	0	0	0	0	0	0	0	12	0	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc)

Large rain amount, snow accumulations melt.

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	December	2006

Page 3 of 4 Substitute for State Form 10829 (R/1-2003)

MC Deckman 1/22/07
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

MC Deckman 1/22/07
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

FINAL EFFLUENT

	Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Effluent Flow - MG	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp Solids - mg/l	Susp Solids - mg/l Weekly Average	Susp Solids - lbs	Susp Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	0 323															
2	0 323															
3	0 332															
4	0 27															
5	0 259		9 2		19 884		7 1		15 346							
6	0 271															
7	0 19		10 3		16 331		9 2		14 587							
8	0 192															
9	0 16	0 23914		9 75		18 108		8 15		14 966						
10	0 14															
11	0 172															
12	0 348		11 1		32 235		8 3		24 104							
13	0 286															
14	0 302		10		25 202		11 9		29 99							
15	0 226															
16	0 2	0 23914		10 55		28 718		10 1		27 047						
17	0 188															
18	0 215															
19	0 2															
20	0 206		11		18 91		11 5		19 769							
21	0 362		11 7		35 344		13		39 272							
22	0 205															
23	0 183	0 22271		11 35		27 127		12 25		29 52						
24	0 284															
25	0 304															
26	0 379		6 4		20 242		5 9		18 66							
27	0 361															
28	0 293		8 9		21 761		5 6		13 692							
29	0 247															
30	0 312	0 31143		7 65		21 001		5 75		16 176						
31	0 3															
Avg	0 25913		9 825		23 739		9 0625		21 928							
Max	0 379	0 31143	11 7	11 35	35 344	28 718	13	12 25	39 272	29 52						
Min	0 14	0 22271	6 4	7 65	16 331	18 108	5 6	5 75	13 692	14 966						
Data	31	4	8	4	8	4	8	4	8	4	0	0	0	0	0	0

MONTHLY REMOVAL SUMMARY

Percent Removal	BOD5	S S	Ammonia	Phosphorus
Primary Treatment	28 3	29 8		
	NA	NA		
Secondary Treatment	79 6	66 7		
Overall Treatment	85 3	76 6	NA	NA

Total Monthly Flow (million gallons) 8 033

Percent Capacity (actual flow/design) 135%

Monthly Report of Operation
Trickling Filter or RBC
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of	Year
Town of Parker City	IN0020729	December	2006

Page 4 of 4 Substitute for State Form 10829 (R/1-2003)

M E Dedman 1/22/07
(SIGNATURE OF CERTIFIED OPERATOR) (Date)

M E Dedman 1/22/07
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (Date)

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
Day Of Month	Primary Sludge Gal x 1000	Secondary Sludge Gal x 1000	pH	Gas Production Cubic Ft x 1000	Temperature - F	Supernatant Withdrawn hrs or Gal x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs or Gal x 1000		
1														
2														
3														
4														
5														
6														
7														
8														
9														
10												8		
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Avg												8		
Max												8		
Min												8		
Data	0	0	0	0	0	0	0	0	0	0	0	1	0	0

Send completed forms by the 28th of the month to
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER QUALITY, DATA MANAGEMENT SECTION
P O BOX 6015
INDIANAPOLIS, INDIANA 46206-6015

Randolph County
IN0020729

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live.

Mitchell E. Daniels, Jr.
Governor

Thomas W. Easterly
Commissioner

January 16, 2008

100 North Senate Avenue
Indianapolis, Indiana 46204-2251
(317) 232-8603
(800) 451-6027
www.idem.in.gov

cc: Becky Wincher
Pam Grams
Don Daily
Deb Dubenetzky
Barb McDowell

VIA CERTIFIED MAIL 7002 0510 0002 5824 3463

Fred Ludington, President
Town Council of Parker City
147 West Washington Street
Parker City, IN 47368-0038

Re: Adoption of Agreed Order
Commissioner, Indiana Department of Environmental Management
v.
Parker City
Case No. 2007-16691-W

Dear Mr. Ludington:

This is to inform you that the Agreed Order in the above-referenced case has been approved and adopted by the Indiana Department of Environmental Management. A copy of the Agreed Order is enclosed.

Please note the terms of compliance contained in the Agreed Order. The time frames for compliance are effective upon your receipt of this correspondence. Please note that the first monthly installment payment on the civil penalty is due within thirty (30) days after the effective date of the Agreed Order. Thereafter each payment is due within thirty (30) days of the previous due date. Each payment should be made payable to the Environmental Management Special Fund and sent to Cashier - Mail Code 50-10C, IDEM, 100 N. Senate Avenue, Indianapolis, Indiana 46204-2251. Please include the Case Number on the front of the check. If you have any questions, please contact Dave Knox at 317/233-5975.

Sincerely,

Lori Kyle Endris

Lori Kyle Endris
Chief
Office of Enforcement

Enclosure

cc: Randolph County Health Department
http://www.in.gov/idem (enclosure only)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
We make Indiana a cleaner, healthier place to live.

Mitchell E. Daniels, Jr.
Governor

Thomas W. Easterly
Commissioner

100 North Senate Avenue
Indianapolis, Indiana 46204
(317) 232-8603
(800) 451-6027
www.IN.gov/idem

STATE OF INDIANA)	SS:	BEFORE THE INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
COUNTY OF MARION)		
COMMISSIONER OF THE DEPARTMENT OF ENVIRONMENTAL MANAGEMENT, Complainant,		
v.		Case No. 2007-16691-W
TOWN OF PARKER CITY, Respondent.		

AGREED ORDER

Complainant and Respondent desire to settle and compromise this action without hearing or adjudication of any issue of fact or law, and consent to the entry of the following Findings of Fact and Order.

I. FINDINGS OF FACT

1. Complainant is the Commissioner ("Complainant") of the Indiana Department of Environmental Management ("IDEM"), a department of the State of Indiana created by Indiana Code ("IC") 13-13-1-1.

2. Respondent is the Town of Parker City ("Respondent"), which owns and operates a Class I wastewater treatment plant (WWTP) with National Pollutant Discharge Elimination System ("NPDES") Permit No. IN0020729, located 0.25 mile south of South Street, on Main Street, in Parker City, Randolph County, Indiana (the "Site").

3. IDEM has jurisdiction over the parties and the subject matter of this action.

4. Pursuant to IC 13-30-3-3, IDEM issued a Notice of Violation, on April 12, 2007, via Certified Mail to:

Mr. Fred Ludington, President
Town Council of Parker City
147 West Washington Street
P.O. Box 38
Parker City, IN 47368-0038

5. During an investigation conducted by a representative of IDEM, the following violations were found:

a. Pursuant to IC 13-30-2-1 a person may not discharge, emit, cause, allow, or threaten to discharge, emit, cause, or allow any contaminant or waste into the environment in any form that causes or would cause pollution that violates or would violate rules, standards, or discharge or emission requirements adopted by the appropriate board under the environmental management laws.

Pursuant to IC 13-18-4-5 states, in part, that a person may not: (1) throw, run, drain, or otherwise dispose into any of the streams or waters of Indiana; or (2) cause, permit, or suffer to be thrown, run, drained, allowed to seep, or otherwise disposed into any waters, any organic or inorganic matter that causes or contributes to a polluted condition of any waters, as determined by a rule of the board adopted under IC 13-18-4-1 and IC 13-18-4-3.

Pursuant to 327 IAC 5-2-8(1) and Part II.A.1 of the Permit, Respondent is required to comply with all terms and conditions of the Permit.

Pursuant to 327 IAC 5-2-8(8) and Part II.B.1(a) of the Permit, Respondent is required to maintain in good working order and efficiently operate all waste collection, control, treatment, and disposal facilities.

IDEM records review and a February 21, 2007 inspection of the WWTP revealed that approximately forty-four (44) Sanitary Sewer Overflows (SSOs) were reported by the Respondent to have occurred from the WWTP and sanitary sewer collection system in the most recent three year period. A March 29, 2007 Inspection Summary Letter/Referral to the Office of Enforcement also emphasized that the Notice of Inspection for February 21, 2007 reported observation of unsatisfactory areas of evaluation regarding: Maintenance (hydraulic overloading of WWTP); CSO/SSO (Sewer Overflow); Self-Monitoring Program (failure to perform flow-weighted composite sampling); Records/Reports (missing information on 12/06 Discharge Monitoring Report (DMR)). These occurrences are in violation of IC 13-30-2-1, IC 13-18-4-5, 327 IAC 5-2-8(1), 327 IAC 5-2-8(8), and Parts I.A.1. and II.B.1(a) of the Permit.

b. Pursuant to Part I.A.1. of the Permit, Parker City is required to meet flow monitoring requirements and effluent limitations for carbonaceous Biochemical Oxygen Demand, five day (cBOD5), Total Suspended Solids (TSS), pH, Total Residual Chlorine (TRC), and E. coli for the Site.

IDEM records review and a February 21, 2007 inspection of the WWTP revealed that approximately eight (8) months of E. coli effluent limitations violations occurred during the most recent two year period. There were also isolated occurrences of TSS and TRC effluent limitations violations during the same period. These occurrences of exceeding effluent limitations are in violation of 327 IAC 5-2-8(1), and Part IA.1. of the Permit.

6. In recognition of the settlement reached, Respondent waives any right to administrative and judicial review of this Agreed Order.

II. ORDER

1. This Agreed Order shall be effective ("Effective Date") when it is approved by Complainant or Complainant's delegate, and has been received by Respondent. This Agreed Order shall have no force or effect until the Effective Date.

2. Respondent shall comply with statutes, rules, and/or permit conditions or listed in the findings here and/or above at issue.

3. Within sixty (60) days of the Effective Date of this Agreed Order, the Respondent shall develop and submit to IDEM for its approval a compliance plan (CP) that includes the following:

   a. actions that Respondent will take to eliminate discharges from its collection system, including SSO# 002, SSO# 003, and Outfall 101.

   b. actions that Respondent will take to ensure that the collection system is at all times efficiently operated and maintained in good working order. Specific requirements that need to be included in this part of the CP are included in Attachment A which is hereby incorporated into this Agreed Order and deemed an enforceable part thereof.

   c. actions that Respondent will take to consistently meet TRC and E. coli effluent limits, and disinfection requirements;

   d. an implementation and completion schedule, including specific milestone dates for developing and implementing the items required by items a, b, and c above.

4. The Respondent shall, within twelve months of the completion of the portion of the CP required by Paragraph 3 (Performance Period), demonstrate a period of six consecutive months that discharges from the collection system, and TRC and E. coli effluent violations do not occur. During the Performance Period, the Respondent shall be subject to stipulated penalties, as specified below. Within sixty days of the date that Respondent fails to achieve the Compliance

Demonstration or it becomes aware that it will not be able to achieve the Compliance Demonstration within the Performance Period, it shall develop and submit to IDEM, for approval, a plan which identifies the additional actions that Respondent will take to eliminate discharges from the collection system and/or effluent violations. This "Additional Action Plan", if required, shall include a new implementation and completion schedule, including specific milestone dates.

5. The plans required by Paragraphs 3 and 4 above are subject to IDEM approval. In the event IDEM determines that any plan submitted by Respondent is deficient or otherwise unacceptable, Respondent shall revise and resubmit the plan to IDEM in accordance with IDEM's notice. After three submissions of such plan by Respondent, IDEM may modify and approve any such plan and Respondent must implement the plan as modified by IDEM.

The Respondent, upon receipt of written notification from IDEM, shall immediately implement the approved plan and adhere to the milestone dates therein. The approved Compliance Plan and Additional Action Plan shall be incorporated into the Agreed Order and shall be deemed an enforceable part thereof. Failure by the Respondent to submit any plan by the specified date, or to meet any of the milestones in the approved plan will subject the Respondent to stipulated penalties as described below. Failure to achieve compliance at the conclusion of work under an Additional Action Plan will subject Respondent to additional enforcement action.

6. Beginning on the Effective Date of this Agreed Order and continuing until the completion of the Plans required by Paragraphs 3, 4, and 5, the Respondent shall, at all times, operate its existing wastewater collection and treatment system as efficiently and effectively as possible and shall be subject to stipulated penalties for the occurrence of discharges from the collection system, and for its failure to report such events.

7. Respondent shall inspect all known overflow points present in the wastewater collection system as often as necessary, including, but not limited to, during and after precipitation events, in order to determine whether discharges from these outfalls occur. Respondent shall document its inspections by recording the following:

a. the date and time of the inspection;
b. the name of the person(s) conducting the inspection;
c. the weather conditions at the time of the inspection, particularly noting the following:
    i. the date that the most recent precipitation event began;
    ii. the time that the most recent precipitation event began; and
    iii: except for inspections conducted during precipitation events, the time that the precipitation event ended, and the volume of the precipitation event;
d. the particular SSO point being inspected;
e. the appearance of the SSO point, and the surrounding area, specifically noting whether a discharge event from the SSO point occurred, is occurring, or is about to occur; and
f. the remedial measures taken in the event that a discharge from the SSO point is found to have occurred, to be occurring, or about to occur.

The Respondent shall retain copies of the required documentation and shall allow IDEM representatives to inspect and copy these records upon request.

8. Within 30 days of the Effective Date of this Agreed Order, the Respondent shall determine whether it has sufficient legal authority to:

   a. implement and enforce its sewer use ordinances, service agreements and/or other legally binding documents;
   b. require that all sewers and connections be properly designed and constructed;
   c. test and inspect all new and rehabilitated sewers, including both collector sewers and service laterals;
   d. regulate flows from satellite collection systems (if any); and
   e. Prohibit the connection or introduction of stormwater sources to the collection system.

   In the event that the Respondent determines that it does not have such sufficient legal authority described above, the Respondent shall take all necessary steps to obtain such legal authority.

   Within 120 days of the Effective Date of this Agreed Order, the Respondent shall submit to IDEM a statement certifying that it has the legal authority required herein.

9. In the event the terms and conditions of the following paragraphs are violated, Complainant may assess and Respondent shall pay a stipulated penalty in the following amount:

Order Paragraph Number	***Violation***	Penalty Amount
3	Failure to submit the CP, as required, within the given time period.	$250 per each week or part thereof late
4	Sanitary sewer overflow events that occur during the Performance Period.	$2000 for each event
4	Failure to submit the Additional Action Plan, if required, within the given time period.	$250 per each week or part thereof late
5	Failure to submit or resubmit a revised CP or Additional Action Plan, if required, within the given time period.	$250 per each week or part thereof late
5	Failure to meet any milestone date set forth in the approved CP or Additional Action Plan.	$500 per each week or part thereof late
6	Failure to prevent, or to the extent prevention is not possible, to minimize, the discharge from any overflow or bypass point present in the sewer system or at the wastewater treatment facility prior to the Performance Period.	$500 per each event
6	Failure to report overflow events from the collection system.	$500 per each event
7	Failure to inspect overflow points, document the inspections, maintain records and/or make the records available to IDEM.	$500 per each event
8	Failure to demonstrate, within the given time period, that Respondent has the necessary legal authority.	$250 per each week or part thereof late

8	Failure to timely submit certification statement	$250 per each week or part thereof late

10. All submittals required by this Agreed Order, unless Respondent is notified otherwise in writing by IDEM, shall be sent to:

Dave Knox, Enforcement Case Manager
Office of Enforcement – Mail Code 60-02
Indiana Department of Environmental Management
100 North Senate Avenue
Indianapolis, IN 46204-2251

11. Respondent is assessed a civil penalty of Twelve Thousand Dollars ($12,000). Said penalty amount shall be due and payable to the Environmental Management Special Fund in 36 consecutive monthly installment payments. The first installment payment shall be in the amount of Two Hundred Seventy Five Dollars ($275) and shall be due within 30 days of the Effective Date of this Agreed Order. Each of the remaining 35 monthly installment payments shall be in the amount of Three Hundred Thirty Five Dollars ($335), and shall be due within 30 days of the preceding month's due date. In the event that the civil penalty installment is not paid within thirty (30) days of the due date, Respondent shall pay interest on the unpaid balance at the rate established by IC 24-4.6-1-101. The interest shall continue to accrue until the civil penalty is paid in full.

12. Stipulated penalties shall be due and payable within thirty (30) days after Respondent receives written notice that Complainant has determined a stipulated penalty is due. Assessment and payment of stipulated penalties shall not preclude Complainant from seeking any additional relief against Respondent for violation of this Agreed Order. In lieu of any of the stipulated penalties set out above, Complainant may seek any other remedies or sanctions available by virtue of Respondent's violation of this Agreed Order or Indiana law, including, but not limited to, civil penalties pursuant to IC 13-30-4.

13. Civil and stipulated penalties are payable by check to the "Environmental Management Special Fund." Checks shall include the Case Number of this action and shall be mailed to:

Indiana Department of Environmental Management
Cashier – Mail Code 50-10C
100 North Senate Avenue
Indianapolis, IN 46204-2251

14. This Agreed Order shall apply to and be binding upon Respondent and its successors and assigns. Respondent's signatories to this Agreed Order certify that they are fully authorized to execute this Agreed Order and legally bind the party they represent. No change in ownership, corporate, or partnership status of Respondent shall in any way alter its status or responsibilities under this Agreed Order.

15. In the event that any terms of this Agreed Order are found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if this Agreed Order did not contain the invalid terms.

16. The Respondent shall provide a copy of this Agreed Order, if in force, to any subsequent owners or successors before ownership rights are transferred. Respondent shall ensure that all contractors, firms and other persons performing work under this Agreed Order comply with the terms of this Agreed Order.

17. This Agreed Order is not and shall not be interpreted to be a permit or a modification of an existing permit. This Agreed Order, and IDEM's review or approval of any submittal made by Respondent pursuant to this Agreed Order, shall not in any way relieve Respondent of its obligation to comply with the requirements of its applicable permit or any applicable Federal or State law or regulation.

18. Complainant does not, by its approval of this Agreed Order, warrant or aver in any manner that Respondent's compliance with any aspect of this Agreed Order will result in compliance with the provisions of any permit, order, or any applicable Federal or State law or regulation. Additionally, IDEM or anyone acting on its behalf shall not be held liable for any costs or penalties Respondent may incur as a result of Respondent's efforts to comply with this Agreed Order.

19. Nothing in this Agreed Order shall prevent or limit IDEM's rights to obtain penalties or injunctive relief under any applicable Federal or State law or regulation, except that IDEM may not, and hereby waives its right to, seek additional civil penalties for the same violations specified in the NOV.

20. Nothing in this Agreed Order shall prevent IDEM or anyone acting on its behalf from communicating with the EPA or any other agency or entity about any matters relating to this enforcement action. IDEM or anyone acting on its behalf shall not be held liable for any costs or penalties Respondent may incur as a result of such communications with the EPA or any other agency or entity.

21. This Agreed Order shall remain in effect until Respondent has complied with all terms and conditions of Paragraphs 3 through 13 of this Agreed Order and IDEM issues a Resolution of Case letter to Respondent.

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY

TECHNICAL RECOMMENDATION:
Department of Environmental Management

By: Mark W. Stanifer
Mark W. Stanifer, Chief
Water Section
Office of Enforcement

Date: 12-21-2007

RESPONDENT:
Town of Parker City

By: Fred Ludington
Fred Ludington, President
Parker City Town Council

Date: 1/2/08

COUNSEL FOR COMPLAINANT:
For the Department of Environmental Management

By: [signature]
Deputy Attorney General

Date: 12/26/07

COUNSEL FOR RESPONDENT:

By: [signature]

Date: 1/4/08

APPROVED AND ADOPTED BY THE INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT THIS 15th DAY OF January, 2008.

For the Commissioner

Robert B. Keene
Assistant Commissioner
Office of Legal Counsel and Enforcement

Attachment A

The portion of the Compliance Plan required pursuant to Order Paragraph 3b shall provide for the following:

1. Development and implementation of a Maintenance Program that includes, but is not necessarily limited to:

   a routine/ongoing preventive maintenance of facilities and equipment, using a predictive approach to continually review and update maintenance procedures;
   b. identification of critical parts needed for system operation and maintenance;
   c. establishment and maintenance of an adequate inventory of replacement parts; and
   d. routine/ongoing efforts to identify sources of infiltration and inflow and to systematically eliminate those sources.

2. Development and implementation of an Operations and Capacity Management Program that includes, but is not necessarily limited to:

   a. routine/ongoing assessment of the structural integrity and capacity of the collection system and treatment facilities;
   b. evaluation of the impact of industrial and other non-domestic collection systems tributary to all overflow and/or bypass points, and identification and implementation of actions necessary to address such impacts;
   c. Identification and prioritization of structural and hydraulic deficiencies (particularly those that allow for infiltration and inflow to the collection system and limit the capacity of the sewer lines to transport all collected water to the treatment plant for treatment and/or those that are causing or contributing to collection system discharges) and identification and implementation of rehabilitative actions needed to correct each deficiency,
   d. monitoring of the collection system, both routinely and during all precipitation events, to identify discharges, and
   e. Procedures for responding to and operating during conditions likely to result in collection system discharges, such as floods, equipment failure, and power failure.

3. Development and implementation of an Information Management Program that includes, but is not necessarily limited to:

   a. Development and maintenance of an accurate and up-to-date map of the collection system,
   b. Procedures for recording and reporting collection system discharge events, consistent with the requirements of the Permit,
   c. Identification and illustration of trends in overflow occurrences,
   d. Procedures for responding to overflows,
   e. Procedures for tracking collection system problems (including customer complaints).
   f. Maintenance of all records resulting from work performed in the collection system

including work orders associated with investigations, inspections, new installations, preventive and routine maintenance, and corrective actions;

g. Procedures for complying with the records retention requirements of the NPDES permit;

h. Documentation of all activities taken in order to implement the portion of the CP required pursuant to Order Paragraph 3b.

4. Development and implementation of a Training and Review Program that includes, but is not necessarily limited to:

a. Appropriate regular and refresher training on a routine basis for employees and other affected persons, on procedures for implementation of the provisions of the CP required pursuant to Order Paragraph 3b, and

b. Annual reviews by representatives of all levels of management and staff to assess the overall effectiveness of the portion of the CP required pursuant to Order Paragraph 3b, and recommend adjustments.

5. Development and implementation of a Monitoring and Modification Program that includes, but is not necessarily limited to:

a. Ongoing monitoring of the implementation and effectiveness of the portion of the CP required pursuant to Order Paragraph 3b, and

b. Modification and update as necessary to ensure that the purpose of the CP required pursuant to Order Paragraph 3b is achieved.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME UNION ELEMENTARY & HIGH SCHOOL

ADDRESS UNION SCHOOL CORP
8707 W US 36
MODOC IN 47358

FACILITY UNION ELEMENTARY & HIGH SCHOOL

LOCATION MODOC

ATTN: MR. DANIEL D. ROACH, SUPT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

Revised:

DISCHARGE MONITORING REPORT *(DMR)*

MINOR
F - FINAL EFFLUENT

Form Approved
OMB No. 2040-000
Approval Expires 05-31-98

IN0031135	001A
PERMIT NUMBER	DISCHARGE NUMBER

* I N 0 0 3 1 1 3 5 0 0 1 A 0 1 0 6 *

For Any Questions call Deborah Brents at 317-232-8741

MONITORING PERIOD						
MO	DAY	YEAR		MO	DAY	YEAR
FROM 01	01	06	TO	01	31	06

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********	********	10.2	********	********	(19) MG/L	0	2/7	2GRAB
	PERMIT REQUIREMENT	********	********		5.0 DAILY MN	********	********			TWICE/WEEK	GRAB-2
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********	********	8.1	********	8.5	(12) SU	0	4/7	GRAB
	PERMIT REQUIREMENT	********	********		6.0 DAILY MN	********	9.0 DAILY MX			TWICE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.61	1.04	(26) LBS/DY	********	6.8	10.7	(19) MG/L	0	1/7	24HC
	PERMIT REQUIREMENT	4.6 MO AVG	6.9 MX WK AV		********	30.0 MO AVG	45.0 MX WK AV			WEEKLY	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.019	.026	(26) LBS/DY	********	.21	.27	(19) MG/L	0	1/7	24HC
	PERMIT REQUIREMENT	0.24 MO AVG	0.37 MX WK AV		********	1.6 MO AVG	2.4 MX WK AV			WEEKLY	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.0085	.0091	(03) MGD	********	********	********	********	0	5/7	TOTAL
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		********	********	********			5 TMS/WEEK	TOTALZ
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.36	.55	(26) LBS/DY	********	4.2	7.6	(19) MG/L	0	1/7	24HC
	PERMIT REQUIREMENT	3.8 MO AVG	6.1 MX WK AV		********	25.0 MO AVG	40.0 MX WK AV			WEEKLY	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	.264	(3R) MGAL	********	********	********	********	0	1/31	TOTAL
	PERMIT REQUIREMENT	********	REPORT MO TOTAL		********	********	********			ONCE/MONTH	RCOTOT

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

DANIEL D. ROACH

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

Daniel D. Roach

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	853-5464	02	17	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* NOTIFY IDEM COMPLIANCE EVALUATION S EC. IF FINAL LIMITS FOR AMMONIA NITROGEN CAN BE MET PRIOR TO 11/1/02. SEMI PUBLIC RANDOLPH COUNTY

16 FEB 06

SEMI PUBLIC MINOR RANDOLPH COUNTY

Monthly Report of Operation

Package Type Wastewater

Treatment Plants Less Than 0.05 mgd

(Pending Approval - 12/05)

Page 1 of 2

Name of Facility	Permit Number	Phone Number:
UNION SCHOOL CORPORATION	IN0031135	765-853-5464

Certified Operator: Name	Class	Certificate Number	Expiration Date	E-mail Address (if available):
DAVID L. WEIST	III	8828	6/30/ 2007	

Month:	# : 1	Name:	January	Year	2006	Treatment Plant design flow:	0.0183 mgd

General Information				Bypasses/ Overflows		Raw Wastewater									Aeration Tank						Final Effluent					
Day of the Month	Day of the Week	Man Hours	Precip. - Inches	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	30 Minute Settling	MLSS	Sludge Vol. Index (SVI) - ml/gm	D.O.	Temperature	WAS Gal.	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)
1	Sun																					0.005					
2	Mon	1					8.4									77			8.1	10.6		0.0096	8.5				
3	Tue	1					8.3									79			8.6	11.2	X	0.0101	8.3				
4	Wed	1					8.1									74			8.1	11.8	X	0.0111	8.3				
5	Thu	2					8.1	64	5.50	168	14.44	14.2	1.22			77	3305	233	7.4	10.6		0.0103	8.5	2.9	0.2493	5.1	0.4384
6	Fri	1																				0.0058					
7	Sat																					0.005					
8	Sun																					0.005					
9	Mon	1					8.4									83			8.1	9.6		0.0102	8.5				
10	Tue	1					8.0									85			9.4	11.2	X	0.0102	8.1				
11	Wed	1					7.7									81			8.6	10.1		0.0088	8.3				
12	Thu	1					7.9	205	20.19	401	39.49	28.3	2.79			80	3483	230	7.9	10.6	X	0.0118	8.4	2.8	0.2757	5.8	0.5711
13	Fri	1	0.15																		X	0.0115					
14	Sat																					0.005					
15	Sun																					0.005					
16	Mon	1					8.2									84			9.4	11.5	X	0.0096	8.3				
17	Tue	1	0.1				8.1									88			9.3	11.5	X	0.0105	8.2				
18	Wed	3					8.3									91			9.2	10.5		0.0102	8.1				
19	Thu	1					8.2	100	9.76	136	13.28	20.9	2.04			80	3643	220	8.9	10.6	X	0.0117	8.4	3.6	0.3515	10.7	1.0447
20	Fri	1	0.2																			0.012					
21	Sat																					0.005					
22	Sun																					0.005					
23	Mon	3					8.3									69			7.9	15		0.0095	8.5				
24	Tue	1					8.1									74			8.0	14.3	X	0.0091	8.3				
25	Wed	1					8.0									79			7.1	14.1		0.0098	8.4				
26	Thu	1					8.2	129	9.26	279	20.02	20.5	1.47			73	3419	214	9.6	12.6		0.0086	8.3	7.6	0.5454	5.6	0.4019
27	Fri	1																			X	0.0121					
28	Sat																					0.005					
29	Sun		0.2																			0.005					
30	Mon	1					8.3									89			9.9	11.2		0.01	8.3				
31	Tue	1					8.0									89						0.0067	8.5				
Average		1.2						125	11.18	246	21.81	21	1.88			81	3463	224	8.6	11.59		0.00852		4.2	0.3555	6.8	0.614
Maximum		3	0.2				8.4	205	20.19	401	39.49	28.3	2.79			91	3643	233	9.9	15		0.0121	8.5	7.6	0.5454	10.7	1.0447
Minimum		1					7.7	64	5.50	136	13.28	14.2	1.22			69	3305	214	7.1	9.6		0.005	8.1	2.8	0.2493	5.1	0.4019
Total		27	0.65	0	0																						

Sludge Hauled Off Site (Gal): 1000

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.

David L. Weist — Signature of Certified Operator — 16 FEB 06 — Date

Daniel D. Roan — Signature of Principal Executive Officer or Authorized Agent — 02-17-06 — Date

Name of Facility:	Month/Year:
UNION SCHOOL CORPORATION	January 2006
Total Monthly Flow: 0.2642 mg	Percent Capacity (average flow / design): 47%

MONTHLY REMOVAL SUMMARY				
	BOD5	S.S.	Ammonia	Phosphorus
Percent Removal	96.6	97.2	99.0	NA

Day of the Month	Final Effluent								
	D.O. (mg/l)	Residual Chlorine (mg/l) - Contact	Residual Chlorine (mg/l) - Final	E. Coli colony/100 ml	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	
1									
2									
3	10.2								
4									
5	10.2				0.243	0.02089			
6									
7									
8									
9									
10	11.1								
11									
12	10.6				0.267	0.02629			
13									
14									
15									
16									
17	11.7								
18									
19	11.9				0.161	0.01572			
20									
21									
22									
23									
24	10.7								
25									
26	10.5				0.157	0.01127			
27									
28									
29									
30									
31	11.5								
Avg	10.9				0.207	0.01854			
Max	11.9				0.267	0.02629			
Min	10.2				0.157	0.01127			

Enter Comments Below:

THE SIX BLOWERS WERE INSPECTED. ALL BLOWERS NEEDED AIR FILTERS CHANGED AND ONE SURGE BASIN BLOWER NEEDED MAJOR REPAIR. ONE ACTIVATED SLUDGE AIR LINE WAS REPAIRED.

Send by 28th of the Month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

David L Weist — Signature of Certified Operator — 17 FEB 06 — Date

Daniel D. Roop — Signature of Principal Executive Officer or Authorized Agent — 02-17-06 — Date

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME UNION ELEMENTARY & HIGH SCHOOL
ADDRESS UNION SCHOOL CORP
8707 W US 36
MODOC IN 47358
FACILITY UNION ELEMENTARY & HIGH SCHOOL
LOCATION MODOC
ATTN: MR. DANIEL D. ROACH, SUPT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM ***(NPDES)***

Revised:

DISCHARGE MONITORING REPORT ***(DMR)***

IN0031135	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	02	01	06	TO	02	28	06

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-000
Approval Expires 05-31-98

* I N 0 0 3 1 1 3 5 0 0 1 A 0 2 0 6 *

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		11.0	********	********	(19)	0	2/7	2GRAB
	PERMIT REQUIREMENT	********	********	********	5.0 DAILY MN	********	********	MG/L		TWICE/WEEK	GRAB 2
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		8.2	********	8.5	(12)	0	2/7	GRAB
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX	SU		TWICE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.84	1.62	(26)	********	12.4	19.6	(19)	0	1/7	24HC
	PERMIT REQUIREMENT	4.6 MO AVG	6.9 MX WK AV	LBS/DY	********	30.0 MO AVG	45.0 MX WK AV	MG/L		WEEKLY	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.008	.015	(26)	********	.18	.12	(19)	0	1/7	24HC
	PERMIT REQUIREMENT	0.24 MO AVG	0.37 MX WK AV	LBS/DY	********	1.6 MO AVG	2.4 MX WK AV	MG/L		WEEKLY	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.00632	.0087	(03)	********	********	********		0	5/7	TOTOL
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	********	********	********	********		5TMS/WEEK	TOTALZ
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.27	.40	(26)	********	4.1	5.5	(19)	0	1/7	24HC
	PERMIT REQUIREMENT	3.8 MO AVG	6.1 MX WK AV	LBS/DY	********	25.0 MO AVG	40.0 MX WK AV	MG/L		WEEKLY	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	.1769	(3R)	********	********	********		0	1/28	TOTAL
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL	********	********	********	********		ONCE/MONTH	RCORTOT

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

DANIEL D. ROACH

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

Daniel D. Roach

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	853-5464	03	24	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* NOTIFY IDEM COMPLIANCE EVALUATION S EC. IF FINAL LIMITS FOR AMMONIA NITROGEN CAN BE MET PRIOR TO 11/1/02. SEMI PUBLIC RANDOLPH COUNTY

23MAR06 MD

SEMI PUBLIC MINOR RANDOLPH COUNTY

Monthly Report of Operation

Package Type Wastewater

Treatment Plants Less Than 0.05 mgd

(Pending Approval - 12/05)

Page 1 of 2

Name of Facility	Permit Number	Phone Number:
UNION SCHOOL CORPORATION	IN0031135	765-853-5464

Certified Operator: Name	Class	Certificate Number	Expiration Date	E-mail Address (if available):
DAVID L. WEIST	III	8828	6/30/ 2007	

Month: # : 2	Name: February	Year 2006	Treatment Plant design flow: 0.0183 mgd

General Information				Bypasses/ Overflows		Raw Wastewater										Aeration Tank						Final Effluent					
Day of the Month	Day of the Week	Man Hours	Precip. - Inches	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	30 Minute Settling	MLSS	Sludge Vol. Index (SVI) - ml/gm	D.O.	Temperature	WAS Gal.	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)
1	Wed	1					8.3									84			8.4	10.1		0.0085	8.2				
2	Thu	1					8.0	171	14.27	367	30.63	29.7	2.48			83	3642	228	9.0	11.9		0.01	8.3	4.8	0.4006	19.4	1.6189
3	Fri	1	0.8																		X	0.0128					
4	Sat		0.2																			0.005					
5	Sun																					0.005					
6	Mon	1					8.2									84			8.8	9.1		0.0139	8.4				
7	Tue	1					7.9									81			7.4	9.9		0.0133	8.3				
8	Wed	1					8.1									83			8.6	10.4		0.0074	8.3				
9	Thu	1					8.0	97	5.99	32	1.98	20.5	1.27			81	3740	217	8.8	8.8		0.0074	8.4	5.5	0.3396	16.8	1.0375
10	Fri	1																				0.0052					
11	Sat																					0.005					
12	Sun																					0.005					
13	Mon	1					8.2									79			9.1	12.7	X	0.0078	8.5				
14	Tue	1					8.1									54			9.7	11.6		0.0058	8.3				
15	Wed	1					7.8									84			9.8	9.8		0.0063	8.3				
16	Thu	1					7.8	213	12.09	198	11.24	20.3	1.15			77	3797	203	7.8	7.8	X	0.0068	8.3	4.3	0.244	9.3	0.5277
17	Fri	1																				0.0042					
18	Sat																					0.0025					
19	Sun																					0.0025					
20	Mon	1					8.1									84			8.0	8.4		0.0054	8.4				
21	Tue	1					8.0									83			7.8	9.9	X	0.0045	8.3				
22	Wed	1					8.1									84			8.1	9.4		0.0046	8.4				
23	Thu	1					8.0	216	9.73	647	29.16	27.4	1.23			84	2995	280	9.1	10.9		0.0054	8.5	1.8	0.0811	4.1	0.1848
24	Fri	1																			X	0.004					
25	Sat																					0.0025					
26	Sun																					0.0025					
27	Mon	1					8.2									81			9.9	10.1		0.0081	8.4				
28	Tue	1					8.1									82			9.7	10		0.0055	8.4				
Average		1.0						174	10.52	311	18.25	24	1.53			81	3544	232	8.8	10.05		0.00632		4.1	0.2663	12.4	0.8422
Maximum		1	0.8				8.3	216	14.27	647	30.63	29.7	2.48			84	3797	280	9.9	12.7		0.0139	8.5	5.5	0.4006	19.4	1.6189
Minimum		1					7.8	97	5.99	32	1.98	20.3	1.15			54	2995	203	7.4	7.8		0.0025	8.2	1.8	0.0811	4.1	0.1848
Total		20	1	0	0																						

Sludge Hauled Off Site (Gal):

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.

David L. Weist — Signature of Certified Operator — 23MAR06 — Date

Donnie D. Roop — Signature of Principal Executive Officer or Authorized Agent — 3-24-06 — Date

Name of Facility:	Month/Year:
UNION SCHOOL CORPORATION	February 2006
Total Monthly Flow: 0.1769 mg	Percent Capacity (average flow / design): 35%

MONTHLY REMOVAL SUMMARY				
	BOD5	S.S.	Ammonia	Phosphorus
Percent Removal	97.6	96.0	99.5	NA

Day of the Month	Final Effluent								
	D.O. (mg/l)	Residual Chlorine (mg/l) - Contact	Residual Chlorine (mg/l) - Final	E. Coli colony/100 ml	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	
1									
2	11.4				0.182	0.01519			
3									
4									
5									
6									
7	11.0								
8									
9	11.1				0.129	0.00797			
10									
11									
12									
13									
14	11.9								
15									
16	11.6				0.101	0.00573			
17									
18									
19									
20									
21	11.9								
22									
23	11.5				0.0652	0.00294			
24									
25									
26									
27									
28	11.9								
Avg	11.5				0.1193	0.00796			
Max	11.9				0.182	0.01519			
Min	11				0.0652	0.00294			

Enter Comments Below:

Send by 28th of the Month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

David L. Wiest — 23 MAR 06
Signature of Certified Operator — Date

Daniel D. Roop — 3-24-06
Signature of Principal Executive Officer or Authorized Agent — Date

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME UNION ELEMENTARY & HIGH SCHOOL
ADDRESS UNION SCHOOL CORP
8707 W US 36
MODOC IN 47358
FACILITY UNION ELEMENTARY & HIGH SCHOOL
LOCATION MODOC
ATTN: MR. DANIEL D. ROACH, SUPT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM ***(NPDES)***
DISCHARGE MONITORING REPORT ***(DMR)***

Revised: ☐

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-000
Approval Expires 05-31-98

IN0031135	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	03	01	06	TO	03	31	06

IN0031135001A03064

For Any Questions call Deborah Brents at 317-232-8741

*** **NO DISCHARGE** ☐ ***
NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		9.0	********	********	(19) MG/L	0	2/7	2GRAB
	PERMIT REQUIREMENT	********	********	********	5.0 DAILY MN	********	********			TWICE/WEEK	GRAB-2
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		8.1	********	8.5	(12) SU	0	2/7	GRAB
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX			TWICE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.61	1.14	(26) LBS/DY	********	9.4	14.7	(19) MG/L	0	1/7	24HC
	PERMIT REQUIREMENT	4.6 MO AVG	6.9 MX WK AV		********	30.0 MO AVG	45.0 MX WK AV			WEEKLY	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.007	.012	(26) LBS/DY	********	.12	.20	(19) MG/L	0	1/7	24HC
	PERMIT REQUIREMENT	0.24 MO AVG	0.37 MX WK AV		********	1.6 MO AVG	2.4 MX WK AV			WEEKLY	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.006	.0065	(03) MGD	********	********	********	********	0	5/7	TOTAL
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		********	********	********			5 TMS/WEEK	TOTAL
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.26	.39	(26) LBS/DY	********	4.1	5.0	(19) MG/L	0	1/7	24HC
	PERMIT REQUIREMENT	3.8 MO AVG	6.1 MX WK AV		********	25.0 MO AVG	40.0 MX WK AV			WEEKLY	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	.1902	(3R) MGAL	********	********	********	********	0	1/31	TOTAL
	PERMIT REQUIREMENT	********	REPORT MO TOTAL		********	********	********			ONCE/MONTH	RCOTOT

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

DANIEL D. ROACH
SUPERINTENDENT

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

Daniel D. Roach
SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
765	853-5464	04	25	06
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* NOTIFY IDEM COMPLIANCE EVALUATION S EC. IF FINAL LIMITS FOR AMMONIA NITROGEN CAN BE MET PRIOR TO 11/1/02. SEMI PUBLIC RANDOLPH COUNTY

21 APR 06

SEMI PUBLIC MINOR RANDOLPH COUNTY

Monthly Report of Operation

Package Type Wastewater

Treatment Plants Less Than 0.05 mgd

(Pending Approval - 12/05)

Page 1 of 2

Name of Facility	Permit Number	Phone Number:
UNION SCHOOL CORPORATION	IN0031135	765-853-5464

Certified Operator: Name	Class	Certificate Number	Expiration Date	E-mail Address (if available):
DAVID L. WEIST	III	8828	6/30/ 2007	

Month: # : 3 Name: March	Year 2006	Treatment Plant design flow: 0.0183 mgd

General Information				Bypasses/ Overflows		Raw Wastewater										Aeration Tank						Final Effluent					
Day of the Month	Day of the Week	Man Hours	Precip. - Inches	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	30 Minute Settling	MLSS	Sludge Vol. Index (SVI) - ml/gm	D.O.	Temperature	WAS Gal.	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)
1	Wed	1					8.0									81			9.9	10.1		0.0068	8.5				
2	Thu	1					7.8	192	8.81	419	19.23	27.8	1.28			82	5659	145	9.7	10	X	0.0055	8.1	2.6	0.1193	4.3	0.1974
3	Fri	1																				0.0055					
4	Sat																					0.0025					
5	Sun																					0.0025					
6	Mon	1					8.1									67			8.9	13.6		0.0056	8.5				
7	Tue	1					7.7									80			9.4	10.5		0.0076	8.4				
8	Wed						7.7									87			8.9	13.2		0.0074	8.4				
9	Thu	1					7.6	173	10.39	564	33.89	17.7	1.06			80	3629	220	7.8	14.6		0.0072	8.1	5	0.3004	12	0.721
10	Fri	1																			X	0.0075					
11	Sat																					0.0025					
12	Sun																					0.0025					
13	Mon	1					7.9									77			7.4	15.3		0.007	8.1				
14	Tue	1					8.0									79			7.1	13.2		0.0092	8.4				
15	Wed	1					8.0									83			7.6	11.8		0.0092	8.4				
16	Thu	1					8.0	65	5.04	216	16.76	14.9	1.16			83	4076	204	7.7	13.9		0.0093	8.3	5	0.388	14.7	1.1408
17	Fri	1																			X	0.0057					
18	Sat																					0.0025					
19	Sun																					0.0025					
20	Mon	1					8.2									86			8.6	10		0.0097	8.4				
21	Tue	1					8.1									84			8.1	9.2		0.0068	8.5				
22	Wed	1					8.0									83			6.9	8.8	X	0.0074	8.3				
23	Thu	1					7.9	160	10.15	222	14.08	23.1	1.47			81	3786	214	8.0	9.4		0.0076	8.1	3.8	0.241	12.6	0.7991
24	Fri	1																			X	0.0083					
25	Sat																					0.0025					
26	Sun																					0.0025					
27	Mon	1					8.3									84			7.7	14		0.0077	8.5				
28	Tue	1					7.9									83			6.4	13.8		0.0063	8.4				
29	Wed	1					8.0									80			8.6	12.9		0.0076	8.3				
30	Thu	1					8.1	153	9.83	243	15.61	29.8	1.91			80	3718	215	8.0	13.1		0.0077	8.5	4.1	0.2635	3.2	0.2056
31	Fri	1																				0.0076					
Average		1.0						149	8.85	333	19.92	23	1.38			81	4174	200	8.2	12.08		0.00614		4.1	0.2625	9.4	0.6128
Maximum		1					8.3	192	10.39	564	33.89	29.8	1.91			87	5659	220	9.9	15.3		0.0097	8.5	5	0.388	14.7	1.1408
Minimum		1					7.6	65	5.04	216	14.08	14.9	1.06			67	3629	145	6.4	8.8		0.0025	8.1	2.6	0.1193	3.2	0.1974
Total		22	0	0	0																						

Sludge Hauled Off Site (Gal):
4500 gal

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.

David L. Weist — Signature of Certified Operator — 20 APR 06 — Date

Daniel D. Bragg — Signature of Principal Executive Officer or Authorized Agent — 4-25-06 — Date

Name of Facility:	Month/Year:
UNION SCHOOL CORPORATION	March 2006
Total Monthly Flow: 0.1902 mg	Percent Capacity (average flow / design): 34%

MONTHLY REMOVAL SUMMARY

	BOD5	S.S.	Ammonia	Phosphorus
Percent Removal	97.2	97.2	99.5	NA

Final Effluent

Day of the Month	D.O. (mg/l)	Residual Chlorine (mg/l) - Contact	Residual Chlorine (mg/l) - Final	E. Coli colony/100 ml	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	
1									
2	11.2				0.158	0.00725			
3									
4									
5									
6									
7	11.6								
8									
9	10.2				0.202	0.01214			
10									
11									
12									
13									
14	9.0								
15									
16	10.7				0.0286	0.00222			
17									
18									
19									
20									
21	10.5								
22									
23	11.6				0.046	0.00292			
24									
25									
26									
27									
28	11.5								
29									
30	10.9				0.144	0.00925			
31									
Avg	10.8				0.11572	0.00676			
Max	11.6				0.202	0.01214			
Min	9				0.0286	0.00222			

Enter Comments Below:

Send by 28th of the Month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

David L. Weist — Signature of Certified Operator — 20APR06 — Date

Daniel D. Roy — Signature of Principal Executive Officer or Authorized Agent — 4-25-06 — Date

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME - UNION ELEMENTARY & HIGH SCHOOL
ADDRESS UNION SCHOOL CORP
8707 W US 36
MODOC IN 47358
FACILITY UNION ELEMENTARY & HIGH SCHOOL
LOCATION MODOC
ATTN: MR. DANIEL D. ROACH, SUPT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM ***(NPDES)***
DISCHARGE MONITORING REPORT ***(DMR)***

Revised: [ ]

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-000
Approval Expires 05-31-98

IN0031135	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	06	TO	04	30	06

For Any Questions call Deborah Brents at 317-232-8741

*** **NO DISCHARGE** [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********	********	8.1	********	********	(19) MG/L	0	16/30	2 GRAB
	PERMIT REQUIREMENT	********	********		5.0 DAILY MN	********	********			TWICE/WEEK	GRAB-2
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********	********	7.9	********	9.0	(12) SU	0	16/30	GRAB
	PERMIT REQUIREMENT	********	********		6.0 DAILY MN	********	9.0 DAILY MX			TWICE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.52	.77	(26) LBS/DY	********	8.9	14.2	(19) MG/L	0	1/7	24HC
	PERMIT REQUIREMENT	4.6 MO AVG	6.9 MX WK AV		********	30.0 MO AVG	45.0 MX WK AV			WEEKLY	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.008	.021	(26) LBS/DY	********	.14	.39	(19) MG/L	0	1/7	24HC
	PERMIT REQUIREMENT	0.24 MO AVG	0.37 MX WK AV		********	1.6 MO AVG	2.4 MX WK AV			WEEKLY	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.0054	.0067	(03) MGD	********	********	********	********	0	5/7	TOTAL
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		********	********	********			5 TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********	********	********	.003	.02	(19) MG/L	0	2/7	GRAB
	PERMIT REQUIREMENT	********	********		********	0.06 MO AVG	0.06 DAILY MX			TWICE/WEEK	GRAB
CHLORINE, TOTAL RESIDUAL 50060 X 0 0 END-CHLORINE CONTACT	SAMPLE MEASUREMENT	********	********	********	.51	********	1.14	(19) MG/L	0	2/7	GRAB
	PERMIT REQUIREMENT	********	********		0.5 DAILY MN	********	REPORT DAILY MX			TWICE/WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

DANIEL D. ROACH
SUPERINTENDENT

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

Daniel D. Roach
SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
765	853 5464	05	30	06
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* NOTIFY IDEM COMPLIANCE EVALUATION S EC. IF FINAL LIMITS FOR AMMONIA NITROGEN CAN BE MET PRIOR TO 11/1/02. SEMI PUBLIC RANDOLPH COUNTY

26 MAY 06 DD

SEMI PUBLIC MINOR, RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME UNION ELEMENTARY & HIGH SCHOOL
ADDRESS UNION SCHOOL CORP
8707 W US 36
MODOC IN 47358
FACILITY UNION ELEMENTARY & HIGH SCHOOL
LOCATION MODOC
ATTN: MR. DANIEL D. ROACH, SUPT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM ***(NPDES)***
DISCHARGE MONITORING REPORT ***(DMR)***

Revised: [ ]

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-000
Approval Expires 05-31-98

IN0031135	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0031135001A0406

For Any Questions call Deborah Brents at 317-232-8741

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	06	TO	04	30	06

*** **NO DISCHARGE** [ ] ***
NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.24	.31	(26)	********	3.9	4.3	(19)	0	1/7	24HC
	PERMIT REQUIREMENT	3.8 MO AVG	6.1 MX WK AV	LBS/DY	********	25.0 MO AVG	40.0 MX WK AV	MG/L		WEEKLY	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	.1608	(3R)	********	********	********	********	0	1/30	TOTAL
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL	********	********	********			ONCE/ MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

DANIEL D. ROACH
SUPERINTENDENT

TYPED OR PRINTED

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Daniel D. Roach
SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
765	853 5464	05	30	06
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* NOTIFY IDEM COMPLIANCE EVALUATION S EC. IF FINAL LIMITS FOR AMMONIA NITROGEN CAN BE MET PRIOR TO 11/1/02. SEMI PUBLIC RANDOLPH COUNTY

26 MAY 06

SEMI PUBLIC MINOR RANDOLPH COUNTY

Monthly Report of Operation

Package Type Wastewater

Treatment Plants Less Than 0.05 mgd

(Pending Approval - 12/05)

Name of Facility	Permit Number	Phone Number:
UNION SCHOOL CORPORATION	IN0031135	765-853-5464

Certified Operator: Name	Class	Certificate Number	Expiration Date	E-mail Address (if available):
DAVID L. WEIST	III	8828	6/30/ 2007	

Month: # : 4 Name: April	Year 2006	Treatment Plant design flow: 0.0183 mgd

General Information				Bypasses/ Overflows		Raw Wastewater										Aeration Tank						Final Effluent					
Day of the Month	Day of the Week	Man Hours	Precip. - Inches	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	30 Minute Settling	MLSS	Sludge Vol. Index (SVI) - ml/gm	D.O.	Temperature	WAS Gal.	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)
1	Sat																					0.0025					
2	Sun																					0.0025					
3	Mon	1					8.0									84			8.6	13.1		0.0067	8.4				
4	Tue	1					8.0									81			7.3	14		0.001	8.4				
5	Wed	1					8.1									87			8.6	14.5		0.0008	8.4				
6	Thu	1					9.6	156	8.46	164	8.90	31.5	1.71			86	3345	257	9.2	14		0.0065	9.0	4.2	0.2278	14.2	0.7702
7	Fri	1																				0.0029					
8	Sat																					0.0025					
9	Sun																					0.0025					
10	Mon	1					8.2									84			8.1	11		0.0079	8.4				
11	Tue	1					8.1									84			7.4	12.6		0.0074	8.3				
12	Wed	1					9.1									83			8.1	10.3		0.0067	8.8				
13	Thu	1					9.0	219	14.62	219	14.62	36.2	2.42			80	2966	270	7.4	15.3		0.008	8.3	3.5	0.2337	5.8	0.3872
14	Fri	1																				0.0075					
15	Sat																					0.005					
16	Sun																					0.005					
17	Mon	1					8.2									64			6.1	17		0.0089	8.2				
18	Tue	1					8.0									77			6.8	15.9	X	0.0093	8.1				
19	Wed	1					7.7									83			6.0	14.8		0.0078	7.9				
20	Thu	1					7.9	64	3.47	146	7.92	29.6	1.61			80	3111	257	7.2	15.1	X	0.0065	8.0	3.4	0.1844	11	0.5967
21	Fri	1																				0.0044					
22	Sat																					0.0025					
23	Sun																					0.0025					
24	Mon	1					8.1									70			4.1	18.2		0.0077	8.4				
25	Tue	1					7.8									81			3.8	17.1	X	0.0058	8.0				
26	Wed	1					7.6									84			4.4	15.8		0.0065	8.2				
27	Thu	1					7.9	123	8.72	193	13.69	32.6	2.31			83	2850	291	4.9	14		0.0085	8.3	4.3	0.305	4.5	0.3192
28	Fri	1																			X	0.01					
29	Sat																					0.0025					
30	Sun																					0.0025					
Average		1.0						141	8.82	181	11.28	32	2.01			81	3068	269	6.8	14.54		0.00536		3.9	0.2377	8.9	0.5183
Maximum		1					9.6	219	14.62	219	14.62	36.2	2.42			87	3345	291	9.2	18.2		0.01	9.0	4.3	0.305	14.2	0.7702
Minimum		1					7.6	64	3.47	146	7.92	29.6	1.61			64	2850	257	3.8	10.3		0.0008	7.9	3.4	0.1844	4.5	0.3192
Total		20	0	0	0																						

Sludge Hauled Off Site (Gal):
5000 GAL

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David L. Weist 26 MAY 06
Signature of Certified Operator Date

Daniel D. Roup 05-30-06
Signature of Principal Executive Officer or Authorized Agent Date

Name of Facility:	Month/Year:
UNION SCHOOL CORPORATION	April 2006
Total Monthly Flow 0.1608 mg	**Percent Capacity** (average flow / design) 29%

MONTHLY REMOVAL SUMMARY				
	BOD5	S.S.	Ammonia	Phosphorus
Percent Removal	97.3	95.1	99.6	NA

Day of the Month	Final Effluent								
	D.O. (mg/l)	Residual Chlorine (mg/l) - Contact	Residual Chlorine (mg/l) - Final	E. Coli colony/100 ml	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	
1									
2									
3	10.5								
4	9.1								
5	10.3	0.73	0.02						
6	10.8	0.51	0	55	0.388	0.02105			
7									
8									
9									
10	10.2								
11	9.7	0.61	0						
12	9.9								
13	9.7	0.62	0	10	0.01	0.00067			
14									
15									
16									
17	8.4	0.73	0						
18	9.5								
19	8.7								
20	9.2	0.62	0	520	0.0127	0.00069			
21									
22									
23									
24	9.5								
25	8.1	0.8	0						
26	9.2								
27	8.4	1.14	0	187	0.148	0.0105			
28									
29									
30									
Avg	9.5	0.72	0.0025	86	0.13968	0.00823			
Max	10.8	1.14	0.02	520	0.388	0.02105			
Min	8.1	0.51	0	10	0.01	0.00067			

Enter Comments Below:

THIS THE FIRST MOUTH THAT THE E-COLI PERMIT LIMITS ARE IN EFFECT. IT HAS BEEN A TRIAL AND ERROR METHOD TO KILL E-COLI AND NOT EXCEED THE CHLOTINE LIMITS. THE UNEVEN FLOW CYCLE OF THE SCHOOL CAUSES PROBLEMS. NO OR LOW FLOWS IN THE EVENINGS AND ON WEEKENDS CAUSES SOLIDS TO RISE IN THE CLARIFIER AND SOLIDS TO GO OVER THE WEIRS AND INTO THE EFFLUENT WHEN FLOWS DO OCCUR. THE REMOVAL OF SLUDGE FROM THE AERATION TANK ON A REGULAR BASIS SHOULD CONTROL E-COLI GROWTH.

Send by 28th of the Month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

David L. Weist — Signature of Certified Operator — 26 MAY 06 — Date

Daniel D. Roop — Signature of Principal Executive Officer or Authorized Agent — 05-30-06 — Date

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME UNION ELEMENTARY & HIGH SCHOOL
ADDRESS UNION SCHOOL CORP
8707 W US 36
MODOC IN 47358
FACILITY UNION ELEMENTARY & HIGH SCHOOL
LOCATION MODOC
ATTN: MR. DANIEL D. ROACH, SUPT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM ***(NPDES)***
DISCHARGE MONITORING REPORT ***(DMR)***

Revised: ☐

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-000
Approval Expires 05-31-98

IN0031135	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	05	01	06	TO	05	31	06

For Any Questions call Deborah Brents at 317-232-8741

*** **NO DISCHARGE** ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		8.1	********	********	(19) MG/L	0	2/7	2 GRAB
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	********			TWICE/WEEK	GRAB-2
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		8.0	********	8.4	(12) SU	0	4/7	GRAB
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX			TWICE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.82	2.09	(26) LBS/DY	********	9.3	16.9	(19) MG/L	0	1/7	24HC
	PERMIT REQUIREMENT	2.7 MO AVG	4.1 MX WK AV		********	18.0 MO AVG	27.0 MX WK AV			WEEKLY	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.014	.040	(26) LBS/DY	********	.188	.32	(19) MG/L	0	1/7	24HC
	PERMIT REQUIREMENT	0.17 MO AVG	0.24 MX WK AV		********	1.1 MO AVG	1.6 MX WK AV			WEEKLY	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.0077	.0105	(03) MGD	********	********	********	********	0	5/7	TOTAL
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		********	********	********			5 TMS/WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	.02	.05	(19) MG/L	0	2/7	GRAB
	PERMIT REQUIREMENT	********	********	********	********	0.06 MO AVG	0.06 DAILY MX			TWICE/WEEK	GRAB
CHLORINE, TOTAL RESIDUAL 50060 X 0 0 END-CHLORINE CONTACT	SAMPLE MEASUREMENT	********	********		.6	********	.93	(19) MG/L	0	2/7	GRAB
	PERMIT REQUIREMENT	********	********	********	0.5 DAILY MN	********	REPORT DAILY MX			TWICE/WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

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SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE — AREA CODE | NUMBER

DATE — MO | DAY | YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* NOTIFY IDEM COMPLIANCE EVALUATION S EC. IF FINAL LIMITS FOR AMMONIA NITROGEN CAN BE MET PRIOR TO 11/1/02. SEMI PUBLIC RANDOLPH COUNTY

23 JUN 06

SEMI PUBLIC MINOR, RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME UNION ELEMENTARY & HIGH SCHOOL
ADDRESS UNION SCHOOL CORP
8707 W US 36
MODOC IN 47358
FACILITY UNION ELEMENTARY & HIGH SCHOOL
LOCATION MODOC
ATTN: MR. DANIEL D. ROACH, SUPT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM ***(NPDES)***
Revised: ☐
DISCHARGE MONITORING REPORT ***(DMR)***

IN0031135	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	05	01	06	TO	05	31	06

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-000
Approval Expires 05-31-98

IN0031135001A05506

For Any Questions call Deborah Brents at 317-232-8741

*** **NO DISCHARGE** ☐ ***
NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.26	.33	(26)	********	3.4	4.1	(19)	0	1/7	24HC
	PERMIT REQUIREMENT	2.3 MO AVG	3.4 MX WK AV	LBS/DY	********	15.0 MO AVG	22.0 MX WK AV	MG/L		WEEKLY	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	.2384	(3R)	********	********	********		0	1/31	TOTAL
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL	********	********	********	********		ONCE/ MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

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SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE — AREA CODE | NUMBER

DATE — MO | DAY | YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* NOTIFY IDEM COMPLIANCE EVALUATION S EC. IF FINAL LIMITS FOR AMMONIA NITROGEN CAN BE MET PRIOR TO 11/1/02. SEMI PUBLIC RANDOLPH COUNTY

23 JUN 06

Monthly Report of Operation

Package Type Wastewater

Treatment Plants Less Than 0.05 mgd

(Pending Approval - 12/05)

Page 1 of 2

Name of Facility	Permit Number	Phone Number:
UNION SCHOOL CORPORATION	IN0031135	765-853-5464

Certified Operator: Name	Class	Certificate Number	Expiration Date	E-mail Address (if available):
DAVID L. WEIST	III	8828	6/30/ 2007	

Month: # : 5 Name: May	Year 2006	Treatment Plant design flow: 0.0183 mgd

General Information				Bypasses/ Overflows		Raw Wastewater									Aeration Tank						Final Effluent					
Day of the Month	Day of the Week	Man Hours	Precip. - Inches	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	30 Minute Settling	MLSS	Sludge Vol. Index (SVI) - ml/gm	D.O.	Temperature	WAS Gal.	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l	TSS (lbs)
1	Mon						8.1									83			4.8	16.1		0.008	8.1				
2	Tue						8.4									77			6.1	16.8		0.0101	8.1				
3	Wed						8.2									80			5.8	17.8		0.0086	8.0				
4	Thu						8.0	140	10.28	243	17.84	27.9	2.05			81	2700	300	6.1	18.2		0.0088	8.2	4.1	0.3011	10	0.7344
5	Fri																					0.0066					
6	Sat																					0.0025					
7	Sun																					0.0025					
8	Mon						8.2									76			7.4	17.6		0.0024	8.3				
9	Tue						7.8									74			5.7	16.8		0.0064	8.1				
10	Wed						7.9									86			5.9	17.1		0.0146	8.2				
11	Thu						8.1	118	14.57	228	28.16	39.8	4.92			81	2588	313	6.2	16.5		0.0148	8.4	2.7	0.3335	16.9	2.0873
12	Fri																					0.0266					
13	Sat																					0.0025					
14	Sun																					0.0025					
15	Mon						8.0									71			8.7	15.7		0.015	8.1				
16	Tue						8.2									74			7.4	17.8		0.0098	8.3				
17	Wed						8.0									79			5.0	17.3		0.0164	8.0				
18	Thu						8.1	50	4.97	50	4.97	20.2	2.01			64	2649	242	5.9	17.2		0.0119	8.2	3	0.2979	2.9	0.288
19	Fri																					0.0157					
20	Sat																					0.0025					
21	Sun																					0.0025					
22	Mon						8.0									76			8.4	17.2		0.0084	8.1				
23	Tue						8.0									60			6.2	16.6		0.007	8.0				
24	Wed						7.9									64			6.0	16.7		0.0066	8.1				
25	Thu						8.0	81	1.96	125	3.03	47.4	1.15			70	2509	279	6.6	17.8		0.0029	8.2	3.7	0.0895	7.4	0.1791
26	Fri																					0.0079					
27	Sat																					0.0025					
28	Sun																					0.0025					
29	Mon																					0.0025					
30	Tue																					0.006					
31	Wed																					0.0014					
Average								97	7.95	162	13.50	34	2.53			75	2612	283	6.4	17.08		0.00769		3.4	0.2555	9.3	0.8222
Maximum							8.4	140	14.57	243	28.16	47.4	4.92			86	2700	313	8.7	18.2		0.0266	8.4	4.1	0.3335	16.9	2.0873
Minimum							7.8	50	1.96	50	3.03	20.2	1.15			60	2509	242	4.8	15.7		0.0014	8.0	2.7	0.0895	2.9	0.1791
Total		0	0	0	0																						

Sludge Hauled Off Site (Gal): 5000

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David L. Weist — Signature of Certified Operator — 23 JUN 06 — Date

Phil Dubb — Signature of Principal Executive Officer or Authorized Agent — 26 JUN 06 — Date

Name of Facility:	Month/Year:
UNION SCHOOL CORPORATION	May 2006
Total Monthly Flow: 0.2384 mg	Percent Capacity (average flow / design): 42%

MONTHLY REMOVAL SUMMARY				
	BOD5	S.S.	Ammonia	Phosphorus
Percent Removal	96.5	94.2	99.4	NA

Day of the Month	Final Effluent								
	D.O. (mg/l)	Residual Chlorine (mg/l) - Contact	Residual Chlorine (mg/l) - Final	E. Coli colony/100 ml	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	
1									
2	8.6	1.58	0.02						
3									
4	8.2	1.1	0.02	600	0.129	0.00947			
5									
6									
7									
8									
9	9.2								
10		0.6	0.01						
11	8.3	0.66	0.03	1000	0.32	0.03952			
12									
13									
14									
15									
16	9.2	0.9	0.01						
17									
18	8.1	0.66	0.01	4600	0.01	0.00099			
19									
20									
21									
22									
23	9.1								
24		0.97	0.04						
25	9.1	0.81	0.05	75	0.291	0.00704			
26									
27									
28									
29									
30									
31		1.06	0.02						
Avg	8.7	0.9267	0.0233	675	0.1875	0.01426			
Max	9.2	1.58	0.05	4600	0.32	0.03952			
Min	8.1	0.6	0.01	75	0.01	0.00099			

Enter Comments Below:

E-coli is a problem. The uneven flows are a feast or famine for E-coli reduction. The times when there is no or little flow the E-coli seem to mulitiple. When flows are high the disinfection can not keep up. Any assistance by Oats is welcome.

Send by 28th of the Month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

David L. Weist — 23 JUN 06
Signature of Certified Operator — Date

Phil Dubb — 6/26/06
Signature of Principal Executive Officer or Authorized Agent — Date

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME UNION ELEMENTARY & HIGH SCHOOL

ADDRESS UNION SCHOOL CORP
8707 W US 36
MODOC IN 47358

FACILITY UNION ELEMENTARY & HIGH SCHOOL

LOCATION MODOC

ATTN: MR. DANIEL D. ROACH, SUPT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM ***(NPDES)***

DISCHARGE MONITORING REPORT ***(DMR)***

Revised: [ ]

MINOR
F - FINAL EFFLUENT

Form Approved
OMB No. 2040-000
Approval Expires 05-31-98

IN0031135	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0031135001A0606

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	06	01	06	TO	06	30	06

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********	********	7.2	********	********	(19) MG/L	0	2/7	2 GRAB
	PERMIT REQUIREMENT	********	********		6.0 DAILY MN	********	********			TWICE/WEEK	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********	********	8.0	********	8.6	(12) SU	0	2/7	GRAB
	PERMIT REQUIREMENT	********	********		6.0 DAILY MN	********	9.0 DAILY MX			TWICE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.78	1.74	(26) LBS/DY	********	26.7	84.1	(19) MG/L	2	1/7	24HC
	PERMIT REQUIREMENT	2.7 MO AVG	4.1 MX WK AV		********	18.0 MO AVG	27.0 MX WK AV			WEEKLY	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0,029	0.053	(26) LBS/DY	********	0.58	0,71	(19) MG/L	0	1/7	24HC
	PERMIT REQUIREMENT	0.17 MO AVG	0.24 MX WK AV		********	1.1 MO AVG	1.6 MX WK AV			WEEKLY	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	,00354	,0080	(03) MGD	********	********	********	********	0	5/7	TOTAL
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		********	********	********			5 TMS/WEEK	TOTAL 2
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********	********	********	,032	0.05	(19) MG/L	0	2/7	GRAB
	PERMIT REQUIREMENT	********	********		********	0.06 MO AVG	0.06 DAILY MX			TWICE/WEEK	GRAB
CHLORINE, TOTAL RESIDUAL 50060 X 0 0 END-CHLORINE CONTACT	SAMPLE MEASUREMENT	********	********	********	0.52	********	0.89	(19) MG/L	0	2/7	GRAB
	PERMIT REQUIREMENT	********	********		0.5 DAILY MN	********	REPORT DAILY MX			TWICE/WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Sharon Lankford

X **TYPED OR PRINTED**

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 knowlege and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

X Sharon Lankford

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* NOTIFY IDEM COMPLIANCE EVALUATION S EC. IF FINAL LIMITS FOR AMMONIA NITROGEN CAN BE MET PRIOR TO 11/1/02. SEMI PUBLIC RANDOLPH COUNTY

24 JUL 06

SEMI PUBLIC MINOR, RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME UNION ELEMENTARY & HIGH SCHOOL

ADDRESS UNION SCHOOL CORP
8707 W US 36
MODOC IN 47358

FACILITY UNION ELEMENTARY & HIGH SCHOOL

LOCATION MODOC

ATTN: MR. DANIEL D. ROACH, SUPT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM ***(NPDES)***

DISCHARGE MONITORING REPORT ***(DMR)***

Revised: [ ]

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-000
Approval Expires 05-31-98

IN0031135	001A
PERMIT NUMBER	DISCHARGE NUMBER

* I N 0 0 3 1 1 3 5 0 0 1 A 0 6 0 6 *

For Any Questions call Deborah Brents at 317-232-8741

MONITORING PERIOD						
	MO	DAY	YEAR		MO	DAY	YEAR
FROM	06	01	06	TO	06	30	06

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.39	1.48	(26)	********	6.8	9.1	(19)	0	1/7	24HC
	PERMIT REQUIREMENT	2.3 MO AVG	3.4 MX WK AV	LBS/DY	********	15.0 MO AVG	22.0 MX WK AV	MG/L		WEEKLY	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	.1062	(3R)	********	********	********		0	1/30	TOTAL
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL	********	********	********	********		ONCE/ MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Sharon Lankford

X TYPED OR PRINTED

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Sharon Lankford

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* NOTIFY IDEM COMPLIANCE EVALUATION S EC. IF FINAL LIMITS FOR AMMONIA NITROGEN CAN BE MET PRIOR TO 11/1/02. SEMI PUBLIC RANDOLPH COUNTY

24 JUL 06

SEMI PUBLIC MINOR RANDOLPH COUNTY

Monthly Report of Operation

Package Type Wastewater

Treatment Plants Less Than 0.05 mgd

(Pending Approval - 12/05)

Page 1 of 2

Name of Facility	Permit Number	Phone Number:
UNION SCHOOL CORPORATION	IN0031135	765-853-5464

Certified Operator: Name	Class	Certificate Number	Expiration Date	E-mail Address (if available):
DAVID L. WEIST	III	8828	6/30/ 2007	

Month: # : 6 Name: June	Year 2006	Treatment Plant design flow: 0.0183 mgd

General Information				Bypasses/ Overflows		Raw Wastewater									Aeration Tank						Final Effluent					
Day of the Month	Day of the Week	Man Hours	Precip - Inches	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	30 Minute Settling	MLSS	Sludge Vol. Index (SVI) - ml/gm	D.O.	Temperature	WAS Gal.	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)
1	Thu	1	1.3				7.7									63			5.9	19.4		0.0014	8.3				
2	Fri	1	0.3				7.8	72	2.88	146	5.85	25.6	1.03			69	2451	282	6.1	20	xxx	0.0048	8.0	3.9	0.1562	10.7	0.4286
3	Sat																					0.0025					
4	Sun																					0.0025					
5	Mon																					0.0048					
6	Tue	1					8.3									61			6.2	19.6		0.0012	8.4				
7	Wed	1	0.3				8.1									61			6.6	19.4		0.0015	8.1				
8	Thu	1					7.9									77						0.0015					
9	Fri	1	0.4				8.2	65	4.83	103	7.65	22.4	1.66			54	2396	225	7.5	20.8		0.0089	8.2	2.4	0.1782	5.4	0.4011
10	Sat		0.4																			0.0025					
11	Sun		0.2																		xxx	0.0025					
12	Mon	1					8.2									61			6.9	20.1	xxx	0.0013	8.3				
13	Tue	1					8.1									70			6.4	18.9		0.007	8.4				
14	Wed	1					8.3									64			6.3	20.1		0.014	8.6				
15	Thu	1					8.1	35	3.21	156	14.32	8.57	0.79			7.1	2604	27	6.0	20.2		0.011	8.3	16.1	1.4779	19	1.7441
16	Fri	1																			xxx	0.0013					
17	Sat																					0.0025					
18	Sun		0.4																			0.0025					
19	Mon	1					8.3									79			6.1	20		0.0013	8.1				
20	Tue	1	0.5				8.1									83					xxx	0.0009	8.0				
21	Wed	1					8.2									63			7.4	23.4		0.0066	8.2				
22	Thu	1	0.1				8.1	31	0.28	68	0.62	5.89	0.05			73	2463	296	7.0	24		0.0011	8.3	2.5	0.0229	14.2	0.1303
23	Fri	1																				0.0113					
24	Sat																					0.0025					
25	Sun																					0.0025					
26	Mon	1					8.1									71			6.6	20.8		0.0009	8.3				
27	Tue	1					7.9									70			6.0	20.2		0.0014	8.3				
28	Wed	1	0.5				8.1									72			7.5	24.5		0.0011	8.5				
29	Thu	1					7.9	38	0.54	191	2.71	5.19	0.07			73	2239	326	6.9	21.2		0.0017	8.2	9.1	0.1291	84.1	1.1931
30	Fri	1																			xxx	0.0012					
Average		1.0						48	2.35	133	6.23	14	0.72			65	2431	231	6.6	20.79		0.00354		6.8	0.3929	26.7	0.7794
Maximum		1	1.3				8.3	72	4.83	191	14.32	25.6	1.66			83	2604	326	7.5	24.5		0.014	8.6	16.1	1.4779	84.1	1.7441
Minimum		1					7.7	31	0.28	68	0.62	5.19	0.05			7.1	2239	27	6.9	18.9		0.0009	8.0	2.4	0.0229	5.4	0.1303
Total		21	4.4	0	0																						

Sludge Hauled Off Site (Gal):

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.

David L. Weist — 2/JUL06

Signature of Certified Operator — Date

Sharon Lankford — 7-31-06

Signature of Principal Executive Officer or Authorized Agent — Date

Name of Facility:	Month/Year:
UNION SCHOOL CORPORATION	June 2006
Total Monthly Flow: 0.1062 mg	Percent Capacity (average flow / design): 19%

MONTHLY REMOVAL SUMMARY

	BOD5	S.S.	Ammonia	Phosphorus
Percent Removal	85.9	79.9	95.7	NA

Day of the Month	Final Effluent								
	D.O. (mg/l)	Residual Chlorine (mg/l) - Contact	Residual Chlorine (mg/l) - Final	E. Coli colony/100 ml	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	
1		0.8	0.04						
2	8.3			1000					
3									
4									
5									
6	8.8								
7	7.7	0.62	0.05						
8	8.8								
9	8.8	0.6	0.01	0	0.71	0.05273			
10									
11									
12	7.7								
13	8.0								
14	7.6	0.89	0.04						
15	8.2	0.58	0.02	240	0.56	0.05141			
16									
17									
18									
19	7.6								
20	7.2								
21	8.2	0.86	0.04						
22	7.3	0.7	0.03	25	0.583	0.00535			
23									
24									
25									
26	8.1								
27	7.5								
28	8.4	0.66	0.02						
29	7.9	0.52	0.04	93	0.478	0.00678			
30									
Avg	8.0	0.6922	0.0322	56	0.58275	0.02907			
Max	8.8	0.89	0.05	1000	0.71	0.05273			
Min	7.2	0.52	0.01	0	0.478	0.00535			

Enter Comments Below:

SCHOOL NOT IN OPERATIION EXCEPT FOR SUMMER CLEANING.

Send by 28th of the Month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Daniel L Weist — Signature of Certified Operator — 21 JUL 06 — Date

x Sharon Lankford — Signature of Principal Executive Officer or Authorized Agent — 7-31-06 — Date

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME UNION ELEMENTARY & HIGH SCHOOL
ADDRES UNION SCHOOL CORP
8707 W US 36
MODOC IN 47358
FACILITY UNION ELEMENTARY & HIGH SCHOOL
LOCATION MODOC
ATTN: MR. PHIL DUBBS SUPT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

IN0031135	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	07	01	06	TO	07	31	06

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-000
Approval Expires 05-31-98

* I N 0 0 3 1 1 3 5 0 0 1 A 0 7 0 6 *

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE ☐ ***
NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAG	QUANTITY OR LOADING MAXIMU	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAG	QUALITY OR CONCENTRATION MAXIMU	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********	********	5.6	********	********	(19) MG/L	1	2/7	GRAB
	PERMIT REQUIREMENT	********	********		6.0 DAILY MN	********	********			TWICE/ WEEK	GRAB 2
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********	********	7.4	********	8.6	(12) SU	0	14/31	GRAB
	PERMIT REQUIREMENT	********	********		6.0 DAILY MN	********	9.0 DAILY MX			TWICE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.65	2.04	(26) LBS/DY	********	21.9	33.0	(19) MG/L	2	1/7	24HC
	PERMIT REQUIREMENT	2.7 MO AVG	4.1 MX WK AV		********	18.0 MO AVG	27.0 MX WK AV			WEEKLY	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.013	0.038	(26) LBS/DY	********	0.42	0.75	(19) MG/L	0	1/7	24HC
	PERMIT REQUIREMENT	0.17 MO AVG	0.24 MX WK AV		********	1.1 MO AVG	1.6 MX WK AV			WEEKLY	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0024	0.0031	(03) MGD	********	********	********	********	0	5/7	TOTAL
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		********	********	********			5 TMS/ WEEK	TOTAL 2
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********	********	********	0.0388	0.05	(19) MG/L	0	2/7	GRAB
	PERMIT REQUIREMENT	********	********		********	0.06 MO AVG	0.06 DAILY MX			TWICE/ WEEK	GRAB
CHLORINE, TOTAL RESIDUAL 50060 X 0 0 END-CHLORINE CONTACT	SAMPLE MEASUREMENT	********	********	********	0.53	********	1.3	(19) MG/L	0	2/7	GRAB
	PERMIT REQUIREMENT	********	********		0.5 DAILY MN	********	REPORT DAILY MX			TWICE/ WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Sharon Lankford
Business Manager

TYPED OR PRINTED

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Sharon Lankford
SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	853-5464	8	23	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* NOTIFY IDEM COMPLIANCE EVALUATION S EC. IF FINAL LIMITS FOR AMMONIA NITROGEN CAN BE MET PRIOR TO 11/1/02. SEMI PUBLIC RANDOLPH COUNTY

HEAVY RAIN ON 26,27 JUL CAUSED SOLIDS TO WASH TO EFFLUENT

23 AUG 06

SEMI PUBLIC MINOR, RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME UNION ELEMENTARY & HIGH SCHOOL

ADDRES UNION SCHOOL CORP
8707 W US 36
MODOC IN 47358

FACILITY UNION ELEMENTARY & HIGH SCHOOL

LOCATION MODOC

ATTN: MR. PHIL WRAY, SUPT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

Revised: ☐

DISCHARGE MONITORING REPORT *(DMR)*

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-000
Approval Expires 05-31-98

IN0031135	001A
PERMIT NUMBER	DISCHARGE NUMBER

* I N 0 0 3 1 1 3 5 0 0 1 A 0 7 0 6 *

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	07	01	06	TO	07	31	06

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAG	QUANTITY OR LOADING MAXIMU	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAG	QUALITY OR CONCENTRATION MAXIMU	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0,0687	0,16	(26)	********	3,5	4,0	(19)	0	1/7	24HC
	PERMIT REQUIREMENT	2.3 MO AVG	3.4 MX WK AV	LBS/DY	********	15.0 MO AVG	23.0 MX WK AV	MG/L		WEEKLY	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	0.0747	(80)	********	********	********		0	1/31	TOTAL
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL/ MONTH	********	********	********	********		ONCE/ MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Sharon Lankford
Business Manager

TYPED OR PRINTED

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Sharon Lankford

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
765	853-5464	8	23	06
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* NOTIFY IDEM COMPLIANCE EVALUATION S EC. IF FINAL LIMITS FOR AMMONIA NIT ROGEN CAN BE MET PRIOR TO 11/1/02. SEMI PUBLIC RANDOLPH COUNTY

23 AUG 06

SEMI PUBLIC MINOR RANDOLPH COUNTY

Monthly Report of Operation

Package Type Wastewater

Treatment Plants Less Than 0.05 mgd

(Pending Approval - 12/05)

Name of Facility	Permit Number	Phone Number:
UNION SCHOOL CORPORATION	IN0031135	765-853-5464

Certified Operator: Name	Class	Certificate Number	Expiration Date	E-mail Address (if available):
DAVID L. WEIST	III	8828	6/30/ 2007	

Month: # : 7 Name: July	Year 2006	Treatment Plant design flow: 0.0183 mgd

General Information				Bypasses/ Overflows		Raw Wastewater										Aeration Tank						Final Effluent					
Day of the Month	Day of the Week	Man Hours	Precip. - Inches	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	30 Minute Settling	MLSS	Sludge Vol. Index (SVI) - ml/gm	D.O.	Temperature	WAS Gal.	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)
1	Sat																					0.0025					
2	Sun																					0.0025					
3	Mon	1					8.2									51			6.8	20.8		0.0008	8.5				
4	Tue	1	0.3													69			7.3			0.0007					
5	Wed	1	0.3				8.1									60			7.0	21		0.0009	8.6				
6	Thu	1					7.9	28	0.14	97	0.49	0.883	0.00			56	2370	236	6.6	20.8		0.0006	8.4	3.8	0.019	23	0.1152
7	Fri	1																			XXX	0.0014					
8	Sat																					0.0013					
9	Sun																					0.0013					
10	Mon	1					8.2									44			6.8	22.6	XXX	0.0006	8.1				
11	Tue	1					8.1									43			6.6	22.9		0.0061	8.3				
12	Wed	1	0.3				8.2									71			5.4	23		0.016	8.0				
13	Thu	1					8.1	40	0.37	607	5.57	1.97	0.02			57	2279	250	6.0	22.8		0.0011	7.6	.4	0.0367	12.7	0.1166
14	Fri	1	0.1																		XXX	0.0008					
15	Sat																					0.0007					
16	Sun																					0.0007					
17	Mon	1					8.1									57			7.7	23.6		0.0016	7.6				
18	Tue	1					8.0									51			6.6	23.8		0.0015	7.4				
19	Wed	1					8.2									44			6.6	22.6		0.0054	7.6				
20	Thu	1					8.3	24	0.40	130	2.17	3.3	0.06			41	2250	182	6.9	25	XXX	0.002	8.5	3.5	0.0584	19	0.3171
21	Fri	1																				0.001					
22	Sat																					0.001					
23	Sun																					0.0009					
24	Mon	1					7.9									56			7.9	23		0.0013	8.6				
25	Tue	1					7.7									57			6.6	22.8		0.0015	8.4				
26	Wed	1	0.3				7.5									59			6.0	23.6		0.0017	8.3				
27	Thu	1	0.9					23	1.42	62	3.83	2.9	0.18			46	2344	196	6.3	22.8		0.0074		2.6	0.1606	33	2.0378
28	Fri	1																			XXX	0.008					
29	Sat																					0.001					
30	Sun																					0.001					
31	Mon	1					8.1									47			7.3	24.5		0.0014	7.8				
Average		1.0						29	0.58	224	3.01	2	0.06			53	2311	216	6.7	22.85		0.00241		3.5	0.0687	21.9	0.6467
Maximum		1	0.9				8.3	40	1.42	607	5.57	3.3	0.18			71	2370	250	7.9	25		0.016	8.6	4	0.1606	33	2.0378
Minimum		1					7.5	23	0.14	62	0.49	0.883	0.00			41	2250	182	5.4	20.8		0.0006	7.4	2.6	0.019	12.7	0.1152
Total		21	2.2	0	0																						

Sludge Hauled Off Site (Gal):

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.

David L. Weist — Signature of Certified Operator — 23 AUG 06 — Date

Sharon Lankford — Signature of Principal Executive Officer or Authorized Agent — 8-23-06 — Date

Name of Facility:	Month/Year:
UNION SCHOOL CORPORATION	July 2006
Total Monthly Flow: 0.0747 mg	Percent Capacity (average flow / design): 13%

MONTHLY REMOVAL SUMMARY

	BOD5	S.S.	Ammonia	Phosphorus
Percent Removal	87.9	90.2	81.3	NA

Day of the Month	Final Effluent								
	D.O. (mg/l)	Residual Chlorine (mg/l) - Contact	Residual Chlorine (mg/l) - Final	E. Coli colony/100 ml	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	
1									
2									
3									
4	8.5								
5		0.59	0.03						
6	8.1	0.61	0.03	175	0.243	0.00122			
7									
8									
9									
10									
11	9.8								
12		0.53	0.03						
13	5.6	0.91	0.05	1000	0.0857	0.00079			
14									
15									
16									
17									
18	6.9								
19		0.61	0.05						
20	8.0	0.61	0.04	155	0.75	0.01252			
21									
22									
23									
24									
25	8.0								
26		0.76	0.04						
27	6.1	1.3	0.04	160	0.612	0.03779			
28									
29									
30									
31	7.0								
Avg	7.6	0.74	0.0388	257	0.42268	0.01308			
Max	9.8	1.3	0.05	1000	0.75	0.03779			
Min	5.6	0.53	0.03	155	0.0857	0.00079			

Enter Comments Below:

HEAVY RAIN ON 26, 27 JUL, CAUSED A HYDRAULIC OVERLOAD. SOLIDS WASH TO FINAL TO EXCEED LIMITS.

Send by 28th of the Month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

David L. Weist — 23 AUG 06
Signature of Certified Operator — Date

Sharon Lankford — 8-23-06
Signature of Principal Executive Officer or Authorized Agent — Date

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME UNION ELEMENTARY & HIGH SCHOOL
ADDRES UNION SCHOOL CORP
8707 W US 36
MODOC IN 47358
FACILITY UNION ELEMENTARY & HIGH SCHOOL
LOCATION MODOC
ATTN: MR. PHIL WRAY, SUPT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-000
Approval Expires 05-31-98

IN0031135	001A
PERMIT NUMBER	DISCHARGE NUMBER

* I N 0 0 3 1 1 3 5 0 0 1 A 0 8 0 6 *

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	08	01	06	TO	08	31	06

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAG	QUANTITY OR LOADING MAXIMU	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAG	QUALITY OR CONCENTRATION MAXIMU	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		6.3	********	********	(19) MG/L	0	2/7 TWICE/ WEEK	2 GRAB GRAB-2
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	********				
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		7.4	********	9.5	(12) SU	1	2/7 TWICE/ WEEK	GRAB GRAB
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX				
SOLIDS, TOTAL SUSPENDED 00530 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.43	.94	(26) LBS/DY	********	15.0	22.5	(19) MG/L	0	1/7 WEEKLY	24HC COMP24
	PERMIT REQUIREMENT	2.7 MO AVG	4.1 MX WK AV		********	18.0 MO AVG	27.0 MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.013	0.021	(26) LBS/DY	********	0,43	0.66	(19) MG/L	0	1/7 WEEKLY	24HC COMP24
	PERMIT REQUIREMENT	0.17 MO AVG	0.24 MX WK AV		********	1.1 MO AVG	1.6 MX WK AV				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.00386	0.0068	(03) MGD	********	********	********	********	0	5/7 5 TMS/ WEEK	TOTAL TOTALZ
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		********	********	********				
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	0,026	0.05	(19) MG/L	0	2/7 TWICE/ WEEK	GRAB GRAB
	PERMIT REQUIREMENT	********	********	********	********	0.06 MO AVG	0.06 DAILY MX				
CHLORINE, TOTAL RESIDUAL 50060 X 0 0 END-CHLORINE CONTACT	SAMPLE MEASUREMENT	********	********		0.58	********	1.97	(19) MG/L	0	2/7 TWICE/ WEEK	GRAB GRAB
	PERMIT REQUIREMENT	********	********	********	0.5 DAILY MN	********	REPORT DAILY MX				

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Sharon Lankford

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

Sharon Lankford

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* NOTIFY IDEM COMPLIANCE EVALUATION S EC. IF FINAL LIMITS FOR AMMONIA NITROGEN CAN BE MET PRIOR TO 11/1/02. SEMI PUBLIC RANDOLPH COUNTY

20SEP06

SEMI PUBLIC MINOR RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME UNION ELEMENTARY & HIGH SCHOOL
ADDRES UNION SCHOOL CORP
8707 W US 36
MODOC IN 47358
FACILITY UNION ELEMENTARY & HIGH SCHOOL
LOCATION MODOC
ATTN: MR. PHIL WRAY, SUPT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-000
Approval Expires 05-31-98

IN0031135	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	08	01	06	TO	08	31	06

IN0031135001A0806

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAG	QUANTITY OR LOADING MAXIMU	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAG	QUALITY OR CONCENTRATION MAXIMU	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	0.0552	0.077	(26)	********	2.3	3.8	(19)	0	1/7	24HC
80082 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.3 MO AVG	3.4 MX WK AV	LBS/DY	********	15.0 MO AVG	23.0 MX WK AV	MG/L		WEEKLY	COMP24
FLOW, TOTAL	SAMPLE MEASUREMENT	********	0.1196	(80)	********	********	********		0	1/31	TOTAL
82220 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL/ MONTH	********	********	********	********		ONCE/ MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Sharon Lankford

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

Sharon Lankford

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE — AREA CODE | NUMBER

DATE — MO | DAY | YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* NOTIFY IDEM COMPLIANCE EVALUATION S EC. IF FINAL LIMITS FOR AMMONIA NIT ROGEN CAN BE MET PRIOR TO 11/1/02. SEMI PUBLIC RANDOLPH COUNTY

20SEP06 MD

Monthly Report of Operation

Package Type Wastewater

Treatment Plants Less Than 0.05 mgd

(Pending Approval - 12/05)

Page 1 of 2

Name of Facility	Permit Number	Phone Number:
UNION SCHOOL CORPORATION	IN0031135	765-853-5464

Certified Operator: Name	Class	Certificate Number	Expiration Date	E-mail Address (if available):
DAVID L. WEIST	III	8828	6/30/ 2007	

Month: # : 8	Name: August	Year 2006	Treatment Plant design flow: 0.0183 mgd

General Information				Bypasses/ Overflows		Raw Wastewater										Aeration Tank						Final Effluent					
Day of the Month	Day of the Week	Man Hours	Precip. - Inches	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	30 Minute Settling	MLSS	Sludge Vol. Index (SVI) - ml/gm	D.O.	Temperature	WAS Gal.	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)
1	Tue	1					8.3									37			6.9	24.8		0.0018	7.7				
2	Wed	1					8.1									34			6.0	24.9		0.0007	7.4				
3	Thu	1					8.3	30	0.35	290	3.39	4.28	0.05			40	2319	172	6.1	23.8		0.0014	7.6	2.7	0.0315	22.5	0.2629
4	Fri	1																			xxx	0.0033					
5	Sat																					0.0033					
6	Sun																					0.0033					
7	Mon	1					8.0									43			7.4	23.2		0.0013	8.4				
8	Tue	1					8.0									41			6.9	22.5		0.0009	8.5				
9	Wed	1					8.0									50			7.4	22.9		0.0034	8.5				
10	Thu	1					9.3	26	0.69	105	2.80	2.36	0.06			49	2279	215	6.4	23.4		0.0032	9.5	2.4	0.0641	6.2	0.1656
11	Fri	1																				0.0028					
12	Sat																					0.0028					
13	Sun																					0.0028					
14	Mon	1					8.2									43			7.9	23		0.0007	8.5				
15	Tue	1					8.1									40			7.0	22.6		0.006	8.3				
16	Wed	1					8.3									64			6.9	21.5		0.0009	8.3				
17	Thu	1					8.5	23	0.19	112	0.93	7.12	0.06			43	2271	189	7.1	22.6		0.001	8.3	3.8	0.0317	18.1	0.151
18	Fri	1																				0.0023					
19	Sat																					0.0023					
20	Sun																					0.0023					
21	Mon	1																				0.0066					
22	Tue	1					8.0									54			5.2	21.6		0.0062	8.2				
23	Wed	1					7.6									50			6.1	21.9		0.0061	7.9				
24	Thu	1					7.4	108	5.95	166	9.14	24.6	1.35			47	2600	181	5.8	22.6		0.0066	8.2	1.4	0.0771	17	0.9363
25	Fri	1																				0.0067					
26	Sat																					0.0067					
27	Sun																					0.0067					
28	Mon	1					7.8									58			7.0	24.1		0.0065	7.9				
29	Tue	1														68			6.3	24.2		0.0083					
30	Wed	1														66			6.2	24.2		0.0061					
31	Thu	1					7.9	104	5.73	321	17.68	29.9	1.65			60	2511	239	6.7	24.4		0.0066	7.8	1.3	0.0716	11.2	0.6169
Average		1.0						58	2.58	199	6.79	14	0.63			49	2396	199	6.6	23.23		0.00386		2.3	0.0552	15.0	0.4265
Maximum		1					9.3	108	5.95	321	17.68	29.9	1.65			68	2600	239	7.9	24.9		0.0083	9.5	3.8	0.0771	22.5	0.9363
Minimum		1					7.4	23	0.19	105	0.93	2.36	0.05			34	2271	172	5.2	21.5		0.0007	7.4	1.3	0.0315	6.2	0.151
Total		23	0	0	0																						

Sludge Hauled Off Site (Gal):

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.

David L. Weist — Signature of Certified Operator — 185EP00 — Date

Sharon Lankford — Signature of Principal Executive Officer or Authorized Agent — 9-19-06 — Date

Name of Facility:	Month/Year:
UNION SCHOOL CORPORATION	August 2006
Total Monthly Flow: 0.1196 mg	Percent Capacity (average flow / design): 21%

MONTHLY REMOVAL SUMMARY

	BOD5	S.S.	Ammonia	Phosphorus
Percent Removal	96.0	92.5	96.8	NA

Day of the Month	Final Effluent								
	D.O. (mg/l)	Residual Chlorine (mg/l) - Contact	Residual Chlorine (mg/l) - Final	E. Coli colony/100 ml	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	
1	8.0								
2	7.3	0.84	0.02						
3	7.6	0.95	0.03	163	0.359	0.00419			
4									
5									
6									
7	8.0								
8	8.0								
9	7.5	0.79	0.02						
10	6.3	0.76	0.01	153	0.659	0.0176			
11									
12									
13									
14	8.2								
15	7.1								
16	7.8	0.59	0.01						
17	8.0	0.58	0.04	128	0.418	0.00349			
18									
19									
20									
21									
22	8.4								
23	8.2	0.81	0.05						
24	8.4	0.82	0.02	87	0.38	0.02093			
25									
26									
27									
28									
29									
30		1.97	0.02						
31		0.88	0.04	73	0.335	0.01845			
Avg	7.8	0.899	0.026	115	0.4302	0.01293			
Max	8.4	1.97	0.05	163	0.659	0.02093			
Min	6.3	0.58	0.01	73	0.335	0.00349			

Enter Comments Below:

THE E-COLI METHOD WE ARE USING IS THE COLISCAN MF METHOD. THE E-COLI FINAL EFFLUENT LIMITATIONS ARE NOT BEING MET AS OF THIS TIME. THE CHLORINE TABLET METHOD WE USE TO REDUCE E-COLI DEPENDS ON THE FLOW, WHICH IS NOT CONSTANT AT THE SCHOOL. SINCE SCHOOL HAS STARTED THE CHLORINE REQUIREMENTS WILL CHANGE TO REACH THE E-COLI PERMIT LIMITS.

Send by 28th of the Month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

David L. Weist — Signature of Certified Operator — 18 SEP 06 — Date

Sharon Lankford — Signature of Principal Executive Officer or Authorized Agent — 9-19-06 — Date

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME UNION ELEMENTARY & HIGH SCHOOL
ADDRES UNION SCHOOL CORP
8707 W US 36
MODOC IN 47358
FACILITY UNION ELEMENTARY & HIGH SCHOOL
LOCATION MODOC ~~DOBB~~
ATTN: MR. PHIL ~~WRAY~~, SUPT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-000
Approval Expires 05-31-98

IN0031135	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0031135001A0906

For Any Questions call Deborah Brents at 317-232-8741

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	09	01	06	TO	09	30	06

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAG	QUANTITY OR LOADING MAXIMU	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAG	QUALITY OR CONCENTRATION MAXIMU	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		6.0	********	********	(19)	0	2/7	2GRAB
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	********	MG/L		TWICE/ WEEK	GRAB-2
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		7.6	********	9.9	(12)	1	2/7	GRAB
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX	SU		TWICE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.041	0.52	(26)	********	7.8	10.2	(19)	0	1/7	24HC
	PERMIT REQUIREMENT	2.7 MO AVG	4.1 MX WK AV	LBS/DY	********	18.0 MO AVG	27.0 MX WK AV	MG/L		WEEKLY	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.010	0.017	(26)	********	0.19	0.297	(19)	0	1/7	24HC
	PERMIT REQUIREMENT	0.17 MO AVG	0.24 MX WK AV	LBS/DY	********	1.1 MO AVG	1.6 MX WK AV	MG/L		WEEKLY	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0067	0.0096	(03)	********	********	********		0	5/7	TOTAL
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	********	********	********	********		5 TMS/ WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	0.023	0.03	(19)	0	2/7	GRAB
	PERMIT REQUIREMENT	********	********	********	********	0.06 MO AVG	0.06 DAILY MX	MG/L		TWICE/ WEEK	GRAB
CHLORINE, TOTAL RESIDUAL 50060 X 0 0 END-CHLORINE CONTACT	SAMPLE MEASUREMENT	********	********		0.64	********	1.1	(19)	0	2/7	GRAB
	PERMIT REQUIREMENT	********	********	********	0.5 DAILY MN	********	REPORT DAILY MX	MG/L		TWICE/ WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Sharon Lankford

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

Sharon Lankford

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	853-5464	10	13	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* NOTIFY IDEM COMPLIANCE EVALUATION S EC. IF FINAL LIMITS FOR AMMONIA NITROGEN CAN BE MET PRIOR TO 11/1/02. SEMI PUBLIC RANDOLPH COUNTY

12 OCT 06

SEMI PUBLIC MINOR RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME UNION ELEMENTARY & HIGH SCHOOL
ADDRES UNION SCHOOL CORP
8707 W US 36
MODOC IN 47358
FACILITY UNION ELEMENTARY & HIGH SCHOOL
LOCATION MODOC
ATTN: MR. PHIL WRAY, SUPT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-000
Approval Expires 05-31-98

IN0031135	001A
PERMIT NUMBER	DISCHARGE NUMBER

* I N 0 0 3 1 1 3 5 0 0 1 A 0 9 0 6 *

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	09	01	06	TO	09	30	06

For Any Questions call Deborah Brents at 317-232-8741

*** **NO DISCHARGE** ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAG	MAXIMU	UNITS	MINIMUM	AVERAG	MAXIMU	UNITS			
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0,118	0,26	(26)	********	2,6	6,7	(19)	~~0~~	1/7	24HC
	PERMIT REQUIREMENT	2.3 MO AVG	3.4 MX WK AV	LBS/DY	********	15.0 MO AVG	23.0 MX WK AV	MG/L		WEEKLY	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	0,1405	(80)	********	********	********			1/30	TOTAT
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL/ MONTH	********	********	********	********		ONCE/ MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Sharon Lankford

TYPED OR PRINTED

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Sharon Lankford

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
765	853-5464	10	13	06
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* NOTIFY IDEM COMPLIANCE EVALUATION S EC. IF FINAL LIMITS FOR AMMONIA NIT ROGEN CAN BE MET PRIOR TO 11/1/02. SEMI PUBLIC RANDOLPH COUNTY

12 OCT 06

Monthly Report of Operation

Package Type Wastewater

Treatment Plants Less Than 0.05 mgd

(Pending Approval - 12/05)

Page 1 of 2

Name of Facility	Permit Number	Phone Number:
UNION SCHOOL CORPORATION	IN0031135	765-853-5464

Certified Operator: Name	Class	Certificate Number	Expiration Date	E-mail Address (if available):
DAVID L. WEIST	III	8828	6/30/ 2007	

Month: # : 9	Name: September	Year 2006	Treatment Plant design flow: 0.0183 mgd

General Information				Bypasses/ Overflows		Raw Wastewater										Aeration Tank						Final Effluent					
Day of the Month	Day of the Week	Man Hours	Precip. - Inches	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	30 Minute Settling	MLSS	Sludge Vol. Index (SVI) - ml/gm	D.O.	Temperature	WAS Gal.	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)
1	Fri	1	0.1																			0.0068					
2	Sat																										
3	Sun																										
4	Mon	1																				0.0035					
5	Tue	1					7.9									74			3.8	23.4		0.0087	7.6				
6	Wed	1														67			5.1	22.6		0.0043					
7	Thu	1					7.9	109	6.28	249	14.34	33.5	1.93			73	2386	306	3.6	22.7	XXX	0.0069	7.7	2	0.1152	6.5	0.3743
8	Fri	1																				0.0067					
9	Sat																										
10	Sun																										
11	Mon																					0.0067					
12	Tue	1	0.5				7.8									74			6.7	23.1		0.0068	8.3				
13	Wed	1	0.1													73			6.9	22.8		0.0067					
14	Thu	1					7.7	97	6.23	273	17.54	26.8	1.72			73	2714	269	6.3	23.1	XXX	0.0077	8.3	0.9	0.0578	8.1	0.5205
15	Fri	1																				0.0047					
16	Sat																										
17	Sun																										
18	Mon	1					7.6									67			7.0	22.7		0.0085	8.3				
19	Tue	1	0.6													69			5.9	21.8		0.0062					
20	Wed	1														78			6.7	20.6		0.0066					
21	Thu	11					9.3	170	9.79	422	24.30	35.8	2.06			83	2925	284	6.6	21.1	XXX	0.0069	9.9	0.6	0.0345	6.3	0.3628
22	Fri	1																				0.0093					
23	Sat		0.7																								
24	Sun																										
25	Mon	1					7.8									78			7.0	21.4		0.0071	8.4				
26	Tue	1														74			1.7	21.2		0.0059					
27	Wed	1														70			6.4	21.8		0.0062					
28	Thu	1	0.6				7.7	180	7.06	414	16.24	26.8	1.05			71	2524	281	2.8	20.7	XXX	0.0047	7.8	6.7	0.2628	10.2	0.4001
29	Fri	1																				0.0096					
30	Sat																										
Average		1.5						139	7.34	340	18.10	31	1.69			73	2637	285	5.5	22.07		0.00669		2.6	0.1176	7.8	0.4144
Maximum		11	0.7				9.3	180	9.79	422	24.30	35.8	2.06			83	2925	306	7	23.4		0.0096	9.9	6.7	0.2628	10.2	0.5205
Minimum		1					7.6	97	6.23	249	14.34	26.8	1.05			67	2386	269	1.7	20.6		0.0035	7.6	0.6	0.0345	6.3	0.3628
Total		30	2.6	0	0																						

Sludge Hauled Off Site (Gal):

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.

David L. Weist — 12 OCT 06
Signature of Certified Operator — Date

Sharon Lankford — 10-12-06
Signature of Principal Executive Officer or Authorized Agent — Date

Name of Facility:	Month/Year:
UNION SCHOOL CORPORATION	September 2006
Total Monthly Flow: 0.1405 mg	Percent Capacity (average flow / design): 37%

MONTHLY REMOVAL SUMMARY

	BOD5	S.S.	Ammonia	Phosphorus
Percent Removal	98.2	97.7	99.4	NA

Final Effluent

Day of the Month	D.O. (mg/l)	Residual Chlorine (mg/l) - Contact	Residual Chlorine (mg/l) - Final	E. Coli colony/100 ml	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	
1									
2									
3									
4									
5	6.0								
6		0.83	0.01						
7	7.1	0.68	0.02	230	0.297	0.0171			
8									
9									
10									
11									
12	8.3								
13		1.1	0.03						
14	8.3	0.67	0.02	387	0.148	0.00951			
15									
16									
17									
18									
19	8.0								
20		0.67	0.03						
21	8.7	0.74	0.01	63200	0.0673	0.00388			
22									
23									
24									
25									
26	8.1								
27									
28	7.1	0.64	0.03	63200	0.241	0.00945			
29		1.04	0.03						
30									
Avg	7.7	0.7963	0.0225	4342	0.18833	0.00998			
Max	8.7	1.1	0.03	TNTC	0.297	0.0171			
Min	6	0.64	0.01	230	0.0673	0.00388			

Enter Comments Below:

THE E-COLI PERMIT LIMITS ARE STILL NOT BEING MET. I HAVE CONTACTED THE OATS FOR ADVICE TO CORRECT THIS PROBLEM. THE LACK OF CONSTANT FLOW CAUSES SOLIDS TO RISE TO THE SURFACE AND END UP IN THE EFFLUENT. THE TABLET CHLORINE SYSTEM IS USED TO KILL THE E-COLI COUNT BUT WITHOUT A CONSTANT CHLORINE FLOW THE E-COLI CAN MULTIPLE. I AM HAVING THE SOLIDS LEVELS REDUCED BY WASTING AND REMOVED BY A SLUDGE HAULER. I AM CONTINUING TO TEST FOR E-COLI USING THE COLISCAN METHOD. THE UNION SCHOOL CORP HAS SOLD LAND TO THE CITY OF MODOC TO BUILD A NEW WASTEWATER PLANT TO TREAT SEWAGE FOR MODOC AND THE UNION SCHOOL.

Send by 28th of the Month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Daniel L. West — Signature of Certified Operator — 12 OCT 06 — Date

Sharon Lankford — Signature of Principal Executive Officer or Authorized Agent — 10-12-06 — Date

Oct. 14,2006

To IDEM: COMPLIANCE SECTION

The Union School Corporation wastewater treatment permit number IN0031135, effective February 2006, contains E-Coli permit limits for the first time. The E-Coli method being used to test is the Coliscan method. Beginning in April, the test has been completed with poor results. The chlorine tablet method is used to remove the E-Coli colonies count. The flow at a school wastewater treatment system is not consistent because the school hours are limited. The weekends are usually at no or low flow causing E-Coli to multiply.

The Town of Modoc has purchased land at the Union School and plans to build a new wastewater treatment plant that will handle the town and the school. An engineer firm has been hired and plans have been sent to IDEM for construction permits and approval. The construction is scheduled to begin the spring of 2007.

Sincerely,
Dave Weist
Certified Operator

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME UNION ELEMENTARY & HIGH SCHOOL
ADDRES UNION SCHOOL CORP
8707 W US 36
MODOC IN 47358
FACILITY UNION ELEMENTARY & HIGH SCHOOL
LOCATION MODOC
ATTN: MR. PHIL WRAY, SUPT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-000
Approval Expires 05-31-98

IN0031135	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	01	06	TO	10	31	06

IN0031135001A1006

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAG	QUANTITY OR LOADING MAXIMU	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAG	QUALITY OR CONCENTRATION MAXIMU	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		8.2	********	********	(19)	0	2/7	2GRAB
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	********	MG/L		TWICE/ WEEK	GRAB-2
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		7.9	********	8,5	(12)	0	2/7	GRAB
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX	SU		TWICE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.31	0.62	(26)	********	5.1	11.2	(19)	0	1/7	24HC
	PERMIT REQUIREMENT	2.7 MO AVG	4.1 MX WK AV	LBS/DY	********	18.0 MO AVG	27.0 MX WK AV	MG/L		WEEKLY	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.015	0.026	(26)	********	0.23	0.38	(19)	0	1/7	24HC
	PERMIT REQUIREMENT	0.17 MO AVG	0.24 MX WK AV	LBS/DY	********	1.1 MO AVG	1.6 MX WK AV	MG/L		WEEKLY	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.008	0.021	(03)	********	********	********		0	5/7	TOTAL
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	********	********	********	********		5 TMS/ WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	0.28	0.05	(19)	0	2/7	GRAB
	PERMIT REQUIREMENT	********	********	********	********	0.06 MO AVG	0.06 DAILY MX	MG/L		TWICE/ WEEK	GRAB
CHLORINE, TOTAL RESIDUAL 50060 X 0 0 END-CHLORINE CONTACT	SAMPLE MEASUREMENT	********	********		0.88	********	2.2	(19)	0	2/7	GRAB
	PERMIT REQUIREMENT	********	********	********	0.5 DAILY MN	********	REPORT DAILY MX	MG/L		TWICE/ WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Sharon Lankford
Business Manager

TYPED OR PRINTED

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Sharon Lankford
SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	853-5464	11	14	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* NOTIFY IDEM COMPLIANCE EVALUATION S EC. IF FINAL LIMITS FOR AMMONIA NITROGEN CAN BE MET PRIOR TO 11/1/02. SEMI PUBLIC RANDOLPH COUNTY

14 NOV 06 MD

SEMI PUBLIC MINOR, RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME UNION ELEMENTARY & HIGH SCHOOL
ADDRES UNION SCHOOL CORP
8707 W US 36
MODOC IN 47358
FACILITY UNION ELEMENTARY & HIGH SCHOOL
LOCATION MODOC
ATTN: MR. PHIL WRAY, SUPT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-000
Approval Expires 05-31-98

IN0031135	001A
PERMIT NUMBER	DISCHARGE NUMBER

* I N 0 0 3 1 1 3 5 0 0 1 A 1 0 0 6 *

For Any Questions call Deborah Brents at 317-232-8741

MONITORING PERIOD						
	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	01	06	TO	10	31	06

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAG	MAXIMU	UNITS	MINIMUM	AVERAG	MAXIMU	UNITS			
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0,24	0,73	(26)	********	3,6	10,8	(19)	0	1/7	24HC
	PERMIT REQUIREMENT	2.3 MO AVG	3.4 MX WK AV	LBS/DY	********	15.0 MO AVG	23.0 MX WK AV	MG/L		WEEKLY	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	0,1759	(80)	********	********	********		0	1/30	TOTAL
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL/ MONTH	********	********	********	********		ONCE/ MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Sharon Lankford
Business Manager

TYPED OR PRINTED

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Sharon Lankford
SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	853-5464	11	14	06

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14 OCT 06

SEMI PUBLIC MINOR, RANDOLPH COUNTY

Monthly Report of Operation

Package Type Wastewater

Treatment Plants Less Than 0.05 mgd

(Pending Approval - 12/05)

Name of Facility	Permit Number	Phone Number:
UNION SCHOOL CORPORATION	IN0031135	765-853-5464

Certified Operator: Name	Class	Certificate Number	Expiration Date	E-mail Address (if available):
DAVID L. WEIST	III	8828	6/30/ 2007	

Month: # : 10 Name: October | Year 2006 | Treatment Plant design flow: 0.0183 mgd

General Information				Bypasses/ Overflows		Raw Wastewater										Aeration Tank						Final Effluent					
Day of the Month	Day of the Week	Man Hours	Precip. - Inches	At Plant Site ("X" if occurred)	Collection System ("X" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	30 Minute Settling	MLSS	Sludge Vol. Index (SVI) - ml/gm	D.O.	Temperature	WAS Gal.	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)
1	Sun																										
2	Mon	1	0.2				7.8									79			7.1	20.7		0.0013	7.9				
3	Tue	3														64			6.6	21.6		0.0097					
4	Wed	1	1													70			3.6	21.6		0.0006					
5	Thu	1					7.8	33	2.23	408	27.58	44.1	2.98			75	2590	290	6.9	20.7	XXX	0.0081	8.3	10.8	0.73	4.9	0.3312
6	Fri	1																				0.0069					
7	Sat																										
8	Sun																										
9	Mon	1					8.0									74			7.4	20.3		0.0049	8.0				
10	Tue	1														71			6.8	20.5		0.0059					
11	Wed	1	0.2													75			7.1	20.1		0.007					
12	Thu	1					7.8	146	8.04	141	7.77	32.1	1.77			79	2686	294	7.7	18.2	XXX	0.0066	8.5	2.3	0.1267	11.2	0.6169
13	Fri	1																				0.0089					
14	Sat																										
15	Sun																										
16	Mon	1	2.3				7.8									84			8.3	17.1		0.0212	8.3				
17	Tue	1	0.2													79			7.4	17.9		0.011					
18	Wed	1														84			7.7	18.2		0.0074					
19	Thu	1	0.4				7.8	116	7.07	233	14.19	14.1	0.86			74	2721	272	7.6	17.9		0.0073	8.4	0.8	0.0487	2.1	0.1279
20	Fri	1																				0.0123					
21	Sat																										
22	Sun																										
23	Mon	1					8.0									65			8.9	15.8		0.0061	8.4				
24	Tue	1														79			5.0	15.8		0.0061					
25	Wed	1														84			8.9	15.9		0.0069					
26	Thu	2	0.3				7.9	93	6.91	224	16.64	30.6	2.27									0.0089	8.3	0.6	0.0446	2	0.1485
27	Fri	3																				0.0179					
28	Sat		1.5																								
29	Sun																										
30	Mon	1					8.0									80			9.6	16.4		0.0037	8.4				
31	Tue	1														84			8.9	16.5		0.0072					
Average		1.2						97	6.06	252	16.54	30	1.97			76	2666	285	7.4	18.54		0.008		3.6	0.2375	5.1	0.3061
Maximum		3	2.3				8.0	146	8.04	408	27.58	44.1	2.98			84	2721	294	9.6	21.6		0.0212	8.5	10.8	0.73	11.2	0.6169
Minimum		1					7.8	33	2.23	141	7.77	14.1	0.86			64	2590	272	3.6	15.8		0.0006	7.9	0.6	0.0446	2	0.1279
Total		27	6.1	0	0																						

Sludge Hauled Off Site (Gal):
5000 3 OCT

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.

David L Weist — Signature of Certified Operator — 14NOV06 — Date

Sharon Lankford — Signature of Principal Executive Officer or Authorized Agent — 11-14-06 — Date

Name of Facility:	Month/Year:
UNION SCHOOL CORPORATION	October 2006
Total Monthly Flow: 0.1759 mg	Percent Capacity (average flow / design): 44%

MONTHLY REMOVAL SUMMARY				
	BOD5	S.S.	Ammonia	Phosphorus
Percent Removal	96.3	98.0	99.2	NA

Day of the Month	Final Effluent								
	D.O. (mg/l)	Residual Chlorine (mg/l) - Contact	Residual Chlorine (mg/l) - Final	E. Coli colony/100 ml	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	
1									
2									
3	8.5								
4		2.2	0.05						
5	8.2	2.2	0.04	63200	0.384	0.02596			
6									
7									
8									
9									
10	8.2								
11		0.88	0.03						
12	9.3	1.19	0.02	380	0.255	0.01404			
13									
14									
15									
16									
17	9.5								
18		1.04	0.04						
19	9.3	1.82	0.03	63200	0.174	0.0106			
20									
21									
22									
23									
24	10.8	0.96	0.02						
25	10.9								
26				133	0.102	0.00758			
27		1.12	0						
28									
29									
30									
31	10.8	2.12	0.02						
Avg	9.5	1.5033	0.0278	3769	0.22875	0.01454			
Max	10.9	2.2	0.05	TNTC	0.384	0.02596			
Min	8.2	0.88	0	133	0.102	0.00758			

Enter Comments Below:

E-Coli permit limits are not being met. Power outage 26 Oct. Motor replaced.

Send by 28th of the Month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

David L. Weist — Signature of Certified Operator — 14 NOV 06 — Date

Sharon Lake Ford — Signature of Principal Executive Officer or Authorized Agent — 11-14-06 — Date

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME UNION ELEMENTARY & HIGH SCHOOL
ADDRES UNION SCHOOL CORP
8707 W US 36
MODOC IN 47358
FACILITY UNION ELEMENTARY & HIGH SCHOOL
LOCATION MODOC
ATTN: MR. PHIL WRAY, SUPT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-000
Approval Expires 05-31-98

IN0031135	001A
PERMIT NUMBER	DISCHARGE NUMBER

* I N 0 0 3 1 1 3 5 0 0 1 A 1 1 0 6 *

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11	01	06	TO	11	30	06

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAG	QUANTITY OR LOADING MAXIMU	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAG	QUALITY OR CONCENTRATION MAXIMU	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		9.6	********	********	(19)	0	2/7	2 GRAB
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	********	MG/L		TWICE/ WEEK	GRAB-2
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		7.8	********	8.4	(12)	0	2/7	GRAB
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX	SU		TWICE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.28	0.63	(26)	********	2.5	3.4	(19)	0	1/7	24HC
	PERMIT REQUIREMENT	2.7 MO AVG	4.1 MX WK AV	LBS/DY	********	18.0 MO AVG	27.0 MX WK AV	MG/L		WEEKLY	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.057	0.213	(26)	********	0.36	0.83	(19)	0	1/7	24HC
	PERMIT REQUIREMENT	0.17 MO AVG	0.24 MX WK AV	LBS/DY	********	1.1 MO AVG	1.6 MX WK AV	MG/L		WEEKLY	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0099	0.0157	(03)	********	********	********		0	5/7	TOTAL
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	********	********	********	********		5 TMS/ WEEK	TOTAL Z
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.18	0.38	(26)	********	1.7	2.3	(19)	0	1/7	24HC
	PERMIT REQUIREMENT	2.3 MO AVG	3.4 MX WK AV	LBS/DY	********	15.0 MO AVG	23.0 MX WK AV	MG/L		WEEKLY	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	0.2196	(80)	********	********	********		0	1/30	TOTAL
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL/ MONTH	********	********	********	********		ONCE/ MONTH	RCOTOT

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Sharon Lankford
Business Manager

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

Sharon Lankford
SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	853-5464	12	8	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* NOTIFY IDEM COMPLIANCE EVALUATION S EC. IF FINAL LIMITS FOR AMMONIA NITROGEN CAN BE MET PRIOR TO 11/1/02. SEMI PUBLIC RANDOLPH COUNTY

8 DEC 06 KD

SEMI PUBLIC MINOR, RANDOLPH COUNTY

Monthly Report of Operation

Package Type Wastewater

Treatment Plants Less Than 0.05 mgd

(Pending Approval - 12/05)

Page 1 of 2

Name of Facility	Permit Number	Phone Number:
UNION SCHOOL CORPORATION	IN0031135	765-853-5464

Certified Operator: Name	Class	Certificate Number	Expiration Date	E-mail Address (if available):
DAVID L. WEIST	III	8828	6/30/ 2007	

Month: # : 11	Name: November	Year 2006	Treatment Plant design flow: 0.0183 mgd

General Information				Bypasses/ Overflows		Raw Wastewater										Aeration Tank						Final Effluent					
Day of the Month	Day of the Week	Man Hours	Precip. - Inches	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	30 Minute Settling	MLSS	Sludge Vol. Index (SVI) - ml/gm	D.O.	Temperature	WAS Gal.	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)
1	Wed	1	0.2				7.7									74			8.4	15.4		0.0075	8.4				
2	Thu	1						93	7.84	216	18.21	23.1	1.95			69	2428	284	9.1	14.9	XXX	0.0101		1.9	0.1601	3.4	0.2866
3	Fri	1																				0.0096					
4	Sat																										
5	Sun																										
6	Mon	1	0.3				8.0									80			9.4	14.3		0.0064	8.4				
7	Tue	1														79			9.0	14.3		0.0074					
8	Wed	1					7.7									79			8.8	15.3		0.0065	8.2				
9	Thu	1						146	10.23	337	23.62	26.1	1.83			60	2279	263	7.9	15.9	XXX	0.0084		1	0.0701	1.8	0.1262
10	Fri	1																				0.0107					
11	Sat																										
12	Sun		0.2																								
13	Mon	1	1.3																			0.0063					
14	Tue	1	0.2				7.7									66			6.5	13.8		0.0061	7.8				
15	Wed	1														65			8.9	14.1	XXX	0.0144					
16	Thu	1					7.8	130	11.50	361	31.93	20.6	1.82			79	2125	372	6.1	14.2		0.0106	8.1	2.3	0.2035	2.7	0.2388
17	Fri	1																				0.0202					
18	Sat																										
19	Sun																										
20	Mon	1					8.1									70			9.3	13.5		0.0068	8.4				
21	Tue	1														84			9.5	13.6		0.007					
22	Wed	1					7.9	165	8.54	243	12.57	29.7	1.54			74	2156	343	9.2	13.6	XXX	0.0062	8.4	1.9	0.0983	2.3	0.119
23	Thu																					0.0063					
24	Fri	1																				0.0064					
25	Sat																										
26	Sun																										
27	Mon	1					8.2									87			9.2	14.3		0.0082	8.4				
28	Tue	1														70			8.2	14.7		0.0118					
29	Wed	1	0.1													80			7.0	15.6		0.0099					
30	Thu	1	3.6				7.5	348	95.25	332	90.87	39.1	10.70			70	2262	309	8.0	15.8		0.0328	8.4	1.4	0.3832	2.3	0.6295
Average		1.0						176	26.67	298	35.44	28	3.57			74	2250	314	8.4	14.58		0.00998		1.7	0.183	2.5	0.28
Maximum		1	3.6				8.2	348	95.25	361	90.87	39.1	10.70			87	2428	372	9.5	15.9		0.0328	8.4	2.3	0.3832	3.4	0.6295
Minimum		1					7.5	93	7.84	216	12.57	20.6	1.54			60	2125	263	6.1	13.5		0.0061	7.8	1	0.0701	1.8	0.119
Total		21	5.9	0	0																						

Sludge Hauled Off Site (Gal): 5000

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.

David L. Weist — Signature of Certified Operator — 8 DEC 06 — Date

Sharon Lankford — Signature of Principal Executive Officer or Authorized Agent — 12-8-06 — Date

Name of Facility:	Month/Year:
UNION SCHOOL CORPORATION	November 2006
Total Monthly Flow: 0.4023 mg	Percent Capacity (average flow / design): 100%

MONTHLY REMOVAL SUMMARY

	BOD5	S.S.	Ammonia	Phosphorus
Percent Removal	99.0	99.2	98.7	NA

Day of the Month	Final Effluent								
	D.O. (mg/l)	Residual Chlorine (mg/l) - Contact	Residual Chlorine (mg/l) - Final	E. Coli colony/100 ml	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	
1									
2	10.5				0.01	0.00084			
3									
4									
5									
6									
7	11.2								
8									
9	10.2				0.83	0.05818			
10									
11									
12									
13									
14	9.6								
15									
16	10.8				0.088	0.00778			
17									
18									
19									
20	11.4								
21									
22	11.9				0.072	0.00373			
23									
24									
25									
26									
27									
28	10.6								
29									
30	9.9				0.777	0.21268			
Avg	10.7				0.3554	0.05664			
Max	11.9				0.83	0.21268			
Min	9.6				0.01	0.00084			

Enter Comments Below:

Send by 28th of the Month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

David L. Weist — Signature of Certified Operator — 8 DEC 06 — Date

Sharon Lankford — Signature of Principal Executive Officer or Authorized Agent — 12-8-06 — Date

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME UNION ELEMENTARY & HIGH SCHOOL
ADDRES UNION SCHOOL CORP
8707 W US 36
MODOC IN 47358
FACILITY UNION ELEMENTARY & HIGH SCHOOL
LOCATION MODOC
ATTN: MR. PHIL WRAY, SUPT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
Revised: ☐

IN0031135	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	01	06	TO	12	31	06

MINOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-000
Approval Expires 05-31-98

* I N 0 0 3 1 1 3 5 0 0 1 A 1 2 0 6 *

For Any Questions call Deborah Brents at 317-232-8741

*** NO DISCHARGE ☐ ***
NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAG	QUANTITY OR LOADING MAXIMU	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAG	QUALITY OR CONCENTRATION MAXIMU	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********	********	10,4	********	********	(19) MG/L	0	2/7 TWICE/ WEEK	2GRAB GRAB-2
	PERMIT REQUIREMENT	********	********		5.0 DAILY MN	********	********				
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********	********	7.8	********	8.5	(12) SU	0	2/7 TWICE/ WEEK	GRAB GRAB
	PERMIT REQUIREMENT	********	********		6.0 DAILY MN	********	9.0 DAILY MX				
SOLIDS, TOTAL SUSPENDED 00530 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0,537	0,928	(26) LBS/DY	********	6.9	11.7	(19) MG/L	0	1/7 WEEKLY	24HC COMP24
	PERMIT REQUIREMENT	4.6 MO AVG	6.9 MX WK AV		********	30.0 MO AVG	45.0 MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0,027	0,041	(26) LBS/DY	********	,35	,51	(19) MG/L	0	1/7 WEEKLY	24HC COMP24
	PERMIT REQUIREMENT	0.24 MO AVG	0.37 MX WK AV		********	1.6 MO AVG	2.4 MX WK AV				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0,00972	,0106	(03) MGD	********	********	********	********	0	5/7 5 TMS/ WEEK	TOTAL TOTALZ
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		********	********	********				
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0,194	0,278	(26) LBS/DY	********	2.6	2.7	(19) MG/L	0	1/7 WEEKLY	24HC COMP24
	PERMIT REQUIREMENT	3.8 MO AVG	6.1 MX WK AV		********	25.0 MO AVG	40.0 MX WK AV				
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	0,2042	(80) MGAL/ MONTH	********	********	********	********	0	1/31 ONCE/ MONTH	TOTAL RCOTOT
	PERMIT REQUIREMENT	********	REPORT MO TOTAL		********	********	********				

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Sharon Lankford

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

Sharon Lankford

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	853-5464	1	11	07

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)* NOTIFY IDEM COMPLIANCE EVALUATION S EC. IF FINAL LIMITS FOR AMMONIA NITROGEN CAN BE MET PRIOR TO 11/1/02. SEMI PUBLIC RANDOLPH COUNTY

11 JAN 07

SEMI PUBLIC MINOR RANDOLPH COUNTY

Monthly Report of Operation

Package Type Wastewater

Treatment Plants Less Than 0.05 mgd

(Pending Approval - 12/05)

Page 1 of 2

Name of Facility	Permit Number	Phone Number:
UNION SCHOOL CORPORATION	IN0031135	765-853-5464

Certified Operator: Name	Class	Certificate Number	Expiration Date	E-mail Address (if available):
DAVID L. WEIST	III	8828	6/30/ 2007	

Month: # : 12	Name: December	Year 2006	Treatment Plant design flow: 0.0183 mgd

General Information				Bypasses/ Overflows		Raw Wastewater										Aeration Tank						Final Effluent					
Day of the Month	Day of the Week	Man Hours	Precip. - Inches	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	30 Minute Settling	MLSS	Sludge Vol. Index (SVI) - ml/gm	D.O.	Temperature	WAS Gal.	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs)	TSS (mg/l)	TSS (lbs)
1	Fri	1	3.6																			0.0216					
2	Sat																										
3	Sun																										
4	Mon	1					8.0									85			10.1	11.2		0.0102	8.3				
5	Tue	1														68			8.2	11.6		0.0114					
6	Wed	1					7.8									70			8.0	11.7		0.0069	8.3				
7	Thu	1					7.8	200	12.18	256	15.60	27.8	1.69			71	2019	352	10.4	11.1	XXX	0.0073	8.4	2.4	0.1462	6.5	0.396
8	Fri	1																				0.0103					
9	Sat																										
10	Sun																										
11	Mon	1					8.0									71			9.6	11.4		0.0061	8.3				
12	Tue	1	0.5													77			9.8	11.6		0.0146					
13	Wed	1					7.9									73			6.8	12.9		0.0071	8.1				
14	Thu	1						161	12.76	265	21.01	22	1.74			74	2077	356	9.1	12.9	XXX	0.0095		2.5	0.1982	11.7	0.9275
15	Fri	1																				0.0158					
16	Sat																										
17	Sun		0.3																								
18	Mon	1					8.0									68			9.0	13.5		0.0067	7.8				
19	Tue	1	0.3													56			6.7	12.9		0.0071					
20	Wed	1	0.6													79			7.2	12.8		0.0112					
21	Thu	1	0.2				8.0	154	16.45	358	38.24	35.7	3.81			71	1899	374	9.5	12.6		0.0128	8.3	2.6	0.2777	5.9	0.6302
22	Fri	1																				0.0132					
23	Sat																										
24	Sun																										
25	Mon																					0.0064					
26	Tue	1	0.8				8.2									80			10.0	11.9		0.0064	8.3				
27	Wed	1					8.4									81			10.3	11.7		0.006	8.5				
28	Thu	1						62	3.52	18.8	1.07	2.1	0.12			77	1748	441	10.8	11.6		0.0068		2.7	0.1532	3.4	0.1929
29	Fri																					0.0068					
30	Sat	1																									
31	Sun																										
Average		1.0						144	11.23	224	18.98	22	1.84			73	1936	381	9.0	12.09		0.00972		2.6	0.1938	6.9	0.5367
Maximum		1	3.6				8.4	200	16.45	358	38.24	35.7	3.81			85	2077	441	10.8	13.5		0.0216	8.5	2.7	0.2777	11.7	0.9275
Minimum		1					7.8	62	3.52	18.8	1.07	2.1	0.12			56	1748	352	6.7	11.1		0.006	7.8	2.4	0.1462	3.4	0.1929
Total		20	6.3	0	0																						

Sludge Hauled Off Site (Gal):

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.

David L. Weist — Signature of Certified Operator — 11 JAN 07 — Date

Sharon Lankford — Signature of Principal Executive Officer or Authorized Agent — 1-11-07 — Date

Name of Facility:	Month/Year:
UNION SCHOOL CORPORATION	December 2006
Total Monthly Flow: 0.2042 mg	Percent Capacity (average flow / design): 53%

MONTHLY REMOVAL SUMMARY

	BOD5	S.S.	Ammonia	Phosphorus
Percent Removal	98.2	96.9	98.4	NA

Final Effluent

Day of the Month	D.O. (mg/l)	Residual Chlorine (mg/l) - Contact	Residual Chlorine (mg/l) - Final	E. Coli colony/100 ml	Ammonia (mg/l)	Ammonia (lbs)	Phosphorus (mg/l)	Phosphorus (lbs)	
1									
2									
3									
4									
5	11.5								
6									
7	12.6				0.267	0.01627			
8									
9									
10									
11									
12	11.8								
13									
14	11.5				0.512	0.04059			
15									
16									
17									
18									
19	10.4								
20									
21	11.9				0.348	0.03717			
22									
23									
24									
25									
26	11.9								
27									
28	12.3				0.256	0.01453			
29									
30									
31									
Avg	11.7				0.34575	0.02714			
Max	12.6				0.512	0.04059			
Min	10.4				0.256	0.01453			

Enter Comments Below:

Send by 28th of the Month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

David L. Weist — Signature of Certified Operator — 11 JAN 07 — Date

Sharon Lankford — Signature of Principal Executive Officer or Authorized Agent — 1-11-07 — Date

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP
ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394
FACILITY WINCHESTER MUNICIPAL WWTP
LOCATION WINCHESTER
ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MAJOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

PERMIT NUMBER	DISCHARGE NUMBER
IN0021024	001A

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	01	01	06	TO	01	31	06

I N 0 0 2 1 0 2 4 0 0 1 A 0 1 0 6

For Any Questions call Jessica Osburn at 317-232-3591

*** **NO DISCHARGE** ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		9.1	********	********	(19) MG/L	Ø	22/31 WEEK-DAYS	Grab GRAB-3
	PERMIT REQUIREMENT	********	********	********	5.0 DAILY MN	******** DAILY AV	******** DAILY MX				
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		7.7	********	8.1	(12) SU	Ø	22/31 WEEK-DAYS	Grab GRAB
	PERMIT REQUIREMENT	********	********	********	6.0 MINIMUM	********	9.0 MAXIMUM				
SOLIDS, TOTAL SUSPENDED 00530 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	68.889	81.067	(26) LBS/DY	********	4.4	5.56	(19) MG/L	Ø	22/31 WEEK-DAYS	comp24 COMP24
	PERMIT REQUIREMENT	548.3 MO AVG	822.4 MX WK AV		********	30 MO AVG	45 MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.9348	1.7575	(26) LBS/DY	********	.06	.1036	(19) MG/L	Ø	22/31 WEEK-DAYS	comp24 COMP24
	PERMIT REQUIREMENT	36.6 30DA AVG	54.8 7 DA AVG		********	2.0 30DA AVG	3.0 7 DA AVG				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.88353	2.05057	(03) MGD	********	********	********	********	Ø	31/31 WEEK-DAYS	Total TOTALZ
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT 7 DA AVG		********	********	********				
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	41.486	43.329	(26) LBS/DY	********	2.6	2.64	(19) MG/L	Ø	22/31 WEEK-DAYS	comp24 COMP24
	PERMIT REQUIREMENT	456.9 MO AVG	731.0 MX WK AV		********	25 MO AVG	40 MX WK AV				
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	58.389	(3R) MGAL	********	********	********	********	Ø	ONCE ONCE/MONTH	Total RCOTOT
	PERMIT REQUIREMENT	********	REPORT MO TOTAL		********	********	********				

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven D. Croyle

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

Steven D. Croyle

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	584-6845	02	06	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

MUNICIPAL MAJOR
RANDOLPH COUNTY

Cm 2-6-06

Winchester WWTP Influent Mass Loadings

Flow x 8.34x conc.= lbs/day

Surge Basin Influent

Month: JAN Year: 2006

Day	Flow	CBOD/LBS (CON.)	TSS/LBS (CON.)	Ammonia-Nitrogen/LBS (CON.)
1	.37	19 / 58.6	22 / 67.9	2.08 / 6.4
2	.29	57 / 137.8	56 / 135.4	4.55 / 11.9
3	.11	56.3 / 51.6	67 / 61.5	6.40 / 5.9
4	.06	Not Pumping	During opp	Att.
5				
6				
7				
8				
9				
10				
11				
12				
13	.13	Not Pumping	During	opp. Att.
14				
15				
16				
17	.39	81 / 263	99 / 322	7.4 / 24.1
18	.13	66 / 71.6	51.5 / 55.8	7.62 / 8.3
19	.21	53.5 / 93.7	61.5 / 108	6.20 / 10.9
20	.07	Not pumping	During opp.	Att.
21	.07	Week END		
22	.01	Weekend		
23	.11	~~64 MM~~ Not P	umping During	opp Att.
24	.14	64 / 74.7	82 / 95.7	10.1 / 11.8
25				
26				
27				
28				
29				
30				
31				

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R/12-2005)
Page 1 of 4

Name of Facility		Permit Number	
Winchester Wastewater Treatment Plant		IN0021024	
Month	**Year**	**Plant Design Flow**	**Telephone Number**
January	2006	2.19 mgd	765-584-1331
Facility's e-mail address (if available):		Winchesterwwtp@verizon.net	
Certified Operator: Name		**Class**	**Certificate Number** / **Expiration Date**
Christopher W. Martin		III	16763 / 6/30/2006

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (Optional)	Total= 2.55 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Chlorine - Lbs	CHEMICALS USED: Lbs or Gal	CHEMICALS USED: Lbs or Gal	RAW SEWAGE: Influent Flow Rate (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
29	Thu	Fill in December's effluent data on page 3 as necessary for correct weekly average calculations.								3.4291								
30	Fri									1.3309								
31	Sat									1.73								
1	Sun			0.8						1.8222								
2	Mon									1.7113	7.6	26	371.078	30	428.167		2.74	
3	Tue			0.1						1.6609	7.6	68	941.93	62	858.818		4.99	
4	Wed									4.7723	7.5	41.6	1655.72	40	1592.04		6.71	
5	Thu									1.8295	7.6	92	1403.74	19	289.903		7.2	
6	Fri									1.3738	7.5	51	584.332	76.8	879.935		7.59	
7	Sat									1.003								
8	Sun									1.5165								
9	Mon									1.3756	7.7	49.5	567.889	52	596.57		6.9	
10	Tue			0.1						1.379	7.8	58	667.05	16	184.014		9.1	
11	Wed			0.4						1.3562	8.0	15	169.661	59	667.332		9.28	
12	Thu									1.2143	7.7	77	779.799	63	638.018		8.34	
13	Fri			0.25						1.6953	7.9	69	975.577	24	339.331		9.7	
14	Sat									1.4001								
15	Sun									4.0691								
16	Mon									1.2973	7.6	27	292.126	18.8	203.406		4.85	
17	Tue			0.3						1.6179	7.6	69	931.037	52	701.651		8.7	
18	Wed									1.6241	8.0	74	1002.33	99	1340.95		7	
19	Thu									1.7443	7.6	49	712.826	48	698.278		5.92	
20	Fri									1.8253	7.6	44	669.812	65	989.495		6.47	
21	Sat									1.686								
22	Sun									1.5374								
23	Mon									1.4696	7.5	41	502.515	61.5	753.773		4.71	
24	Tue									1.3313	7.6	70	777.213	59.6	661.741		7.92	
25	Wed									1.2685	7.7	57	603.02	70	740.55		7.9	
26	Thu									1.1601	7.4	85	822.395	31	299.932		7.73	
27	Fri									1.171	7.6	78	761.759	52	507.839		9.7	
28	Sat			0.6						1.1859								
29	Sun									1.273								
30	Mon									1.1892	7.6	59.4	589.125	89.7	889.638		6.04	
31	Tue									1.0952	7.5	59.4	542.558	48	438.43		11.8	
Average										1.63404		57	741.977	52	668.173		7.331	
Maximum				0.8						4.7723	8.0	92	1655.72	99	1592.04		11.8	
Minimum										1.003	7.4	15	169.661	16	184.014		2.74	
No. of Data				7	0	0	0	0	0	31	22	22	22	22	22	0	22	0

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.

C.W.M. 2/6/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

6 Feb 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment Pla	IN0021024	January	2006

2/6/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

6/26/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

 State Form 10829 (R/12-2005)

Day Of Month	PRIMARY EFFLUENT		AERATION: MIXED LIQUOR					AERATION: RETURN SLUDGE		SECONDARY EFFLUENT		FINAL EFFLUENT					
	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1								4.3396									
2	24	59	74.3	4865	153	5.9	13	3.9757	5784	1.8	3.6				7.9	9.6	
3	52	61	68.5	4550	151	6.9	13	4.1213	5943	1.9	4.4				7.8	9.7	
4	39.6	38	72.8	3953	184	6.8	11	3.8981	5495	1.9	4.3				8.1	9.7	
5	42	40	59.5	3820	156	7.0	13	3.9652	5347	1.9	7.7				8.0	9.8	
6	55	67	63	4001	157	6.8	11	3.9958	5241	2	4.8				7.9	10.2	
7								4.0155									
8								3.8847									
9	24.8	43	77	4427	174	6.9	12	3.9653	5826	2.9	3.5				7.7	9.9	
10	46	76.5	65	4422	147	6.8	12	3.9788	5829	2.3	3.4				7.9	10.4	
11	14	35	62	3961	157	5.6	11	3.8378	5733	2.5	3.8				7.9	9.9	
12	66	75	69.8	4555	153	4.3	12	3.876	5901	2.4	4.4				7.9	9.1	
13	48	28	75.3	4311	175	4.6		4.1865	5773	1.8	3.6				8.1	9.9	
14								3.1818									
15								4.1857									
16	64	55.7	61	4687	130	3.2		3.7533	6853	1.9	1.7				7.9	9.9	
17	62	72	63.3	4476	141	4.4		3.8791	6193	2.1	1.3				7.9	9.7	
18	38	30	63.5	4283	148	6.0		3.7383	6360	3.1	4.3				7.9	10.0	
19	75	79	78.8	4396	179	7.4	12	3.8311	6482	2.2	3.5				7.8	10.3	
20	45	54	73	4411	165	6.5	13	4.1313	6724	2	5				7.9	10.1	
21								3.6545									
22								3.6102									
23	49	53.3	67.3	4536	148	5.4	12	3.8729	6879	2.1	2.3				7.9	10.0	
24	63	109.1	66.3	4409	150	6.3	12	3.6815	6221	3	3.7				7.9	9.9	
25	42	54	65	4248	153	7.3	11	3.7031	5475	2	5.1				7.8	10.3	
26	67	55	65.8	4286	154	6.5	12	3.8181	6239	2.9	5.7				7.9	10.4	
27	59	91	66	4282	154	7.5	11	4.0029	6170	2.5	4.5				7.9	10.5	
28								3.9061									
29								3.573									
30	46.4	84.9	70	4354	161	5.8	13	3.8255	6608	4.2	9.4				7.8	10.3	
31	62.4	172	70	4616	152	6.8	12	3.855	6907	3.9	6.7				7.8	10.5	
Avg.	49.3	65.1	68	4357	156	6.1	12	3.8788	6090	2.4	4.4					10.0	
Max.	75	172	78.8	4865	184	7.5	13	4.3396	6907	4.2	9.4				**8.1**	10.5	
Min.	14	28	59.5	3820	130	3.2	11	3.1818	5241	1.8	1.3				**7.7**	**9.1**	
Data	22	22	22	22	22	22	18	31	22	22	22	0	0	0	22	22	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment	IN0021024	January	2006

2/6/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

6 Feb 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

 State Form 10829 (R/12-2005)

	FINAL EFFLUENT															
	Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease - mg/l	
29	1.851		3.4		52.51842		3.2		49.4291		0.022		0.339825			
30	1.455		1.9		23.06975		6		72.85185		0.022		0.267123			
31	1.73															
1	1.8842															
2	1.7446		2		29.117		3		43.676		0.022		0.3203			
3	1.8027		2.7		40.618		8.2		123.36		0.022		0.331			
4	1.623		2		27.088		7.2		97.516		0.0089		0.1205			
5	1.7468		1.9		27.696		4.6		67.054		0.0243		0.3542			
6	1.8407		2.9		44.546		4.8		73.731		0.0395		0.6067			
7	1.73	1.76743		2.3		33.813		5.56		81.067		0.0233		0.3466		
8	1.6301															
9	1.7596		1.8		26.431		3.2		46.988		0.0439		0.6446			
10	1.9445		3		48.681		3.8		61.662		0.035		0.5679			
11	1.5		2.6		32.546		4.5		56.329		0.031		0.388			
12	1.939		2.5		40.452		3.2		51.779		0.036		0.5825			
13	2.0832		1.9		33.03		3.5		60.845		0.05		0.8692			
14	1.5916	1.77829		2.36		36.228		3.64		55.521		0.0392		0.6105		
15	2.1131															
16	1.9798		2.3		37.999		0.7		11.565		0.083		1.3713			
17	2.0602		2.8		48.139		2		34.385		0.062		1.0659			
18	2.0287		2.8		47.403		3.3		55.867		0.051		0.8634			
19	2.1675		2.5		45.219		3.6		65.116		0.051		0.9225			
20	2.0637		2.2		37.887		3.6		61.998		0.055		0.9472			
21	1.941	2.05057		2.52		43.329		2.64		45.786		0.0604		1.0341		
22	1.9757															
23	1.8223		2.3		34.976		2.5		38.018		0.026		0.3954			
24	1.5865		3		39.718		4.9		64.873		0.019		0.2515			
25	1.6883		2.2		30.995		3.8		53.538		0.01		0.1409			
26	2.0841		2.8		48.697		5.2		90.437		0.403		7.0089			
27	1.979		2.9		47.893		7.1		117.25		0.06		0.9909			
28	1.8976	1.86193		2.64		40.456		4.7		72.824		0.1036		1.7575		
29	1.9831															
30	2.0834		4.5		78.237		7.7		133.87		0.052		0.9041			
31	2.1154		3.7		65.316		6		105.92		0.052		0.918			
Avg.	**1.88353**		**2.6**		**41.486**		**4.4**		**68.899**		**0.06**		**0.9348**			
Max.	2.1675	**2.05057**	4.5	**2.64**	78.237	**43.329**	8.2	**5.56**	133.87	**81.067**	0.403	**0.1036**	7.0089	**1.7575**		
Min.	1.5	1.76743	1.8	2.3	26.431	33.813	0.7	2.64	11.565	45.786	0.0089	0.0233	0.1205	0.3466		
Data	31	4	22	4	22	4	22	4	22	4	22	4	22	4	0	0

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 58.389
Primary Treatment	13.9	-26.1			
Secondary Treatment	95.1	93.2			Percent Capacity
Tertiary Treatment	-7.5	0.3			(actual flow/design) 86%
Overall Treatment	95.5	91.5	99.2	NA	

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewate	IN0021024	January	2006

Page 4 of 4 State Form 10829 (R/12-2005)

2/6/06
(SIGNATURE OF CERTIFIED OPERATOR) (Date)

2/7/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (Date)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	44.74													
2	42.52	41.15												
3	43.87	45.93										40		
4	43.43	35.24												
5	42.5													
6	44.03													
7	44.07													
8	44.28													
9	43.84	13.19												
10	43.42													
11	43.32													
12	43.42													
13	57.2	33.67												
14	24.5													
15	47.06													
16	43.09													
17	41.78	40.8												
18	42.11													
19	43.02											25.852		
20	43.41	24.56												
21	44.03													
22	43.18													
23	43.66	19.23												
24	43.25	46.94												
25	43.26	9.86												
26	43.69													
27	43.56													
28	58.44													
29	29.37													
30	43.81													
31	43.5													
Avg.	43.399	31.057										32.926		
Max.	58.44	46.94										40		
Min.	24.5	9.86										25.852		
Data	31	10	0	0	0	0	0	0	0	0	0	2	0	0

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP
ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394
FACILITY WINCHESTER MUNICIPAL WWTP
LOCATION WINCHESTER
ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MAJOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

PERMIT NUMBER	DISCHARGE NUMBER
IN0021024	001A

IN0021024001A0206

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	02	01	06	TO	02	28	06

For Any Questions call Jessica Osburn at 317-232-3591

*** **NO DISCHARGE** ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		9.9	********	********	(19) MG/L	Ø	20/28 WEEK-DAYS	Grab GRAB-3
	PERMIT REQUIREMENT	********	********	********	5.0 DAILY MN	******** DAILY AV	******** DAILY MX				
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		7.7	********	7.9	(12) SU	Ø	20/28 WEEK-DAYS	Grab GRAB
	PERMIT REQUIREMENT	********	********	********	6.0 MINIMUM	********	9.0 MAXIMUM				
SOLIDS, TOTAL SUSPENDED 00530 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	112.2	144.22	(26) LBS/DY	********	6.4	8.0	(19) MG/L	Ø	20/24 WEEK-DAYS	COMP COMP24
	PERMIT REQUIREMENT	548.3 MO AVG	822.4 MX WK AV		********	30 MO AVG	45 MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.3673	.8436	(26) LBS/DY	********	.02	.0469	(19) MG/L	Ø	20/28 WEEK-DAYS	COMP COMP24
	PERMIT REQUIREMENT	36.6 30DA AVG	54.8 7 DA AVG		********	2.0 30DA AVG	3.0 7 DA AVG				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	206432	2.1551	(03) MGD	********	********	********	********	Ø	28/28 WEEK-DAYS	TOTAL TOTALZ
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT 7 DA AVG		********	********	********				
MERCURY TOTAL RECOVERABLE 71901 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	6.85	7.9	(3M) NG/L	Ø	ONCE/2 MNTS ONCE/ 2 MNTS	Grab GRAB
	PERMIT REQUIREMENT	********	********	********	********	REPORT	REPORT DAILY MX				
MERCURY TOTAL RECOVERABLE 71901 G 0 1 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	********	********		********	20.3	20.3	(3M) NG/L	Ø	ONCE/2 MNTS ONCE/ 2 MNTS	Grab GRAB
	PERMIT REQUIREMENT	********	********	********	********	REPORT	REPORT DAILY MX				

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven L Croyle

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	5846845	03	15	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

MUNICIPAL MAJOR
RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP

ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394

FACILITY WINCHESTER MUNICIPAL WWTP

LOCATION WINCHESTER

ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MAJOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

IN0021024	001A
PERMIT NUMBER	DISCHARGE NUMBER

* I N 0 0 2 1 0 2 4 0 0 1 A 0 2 0 6 *

MONITORING PERIOD						
	MO	DAY	YEAR		MO	DAY	YEAR
FROM	02	01	06	TO	02	28	06

For Any Questions call Jessica Osburn at 317-232-3591

*** **NO DISCHARGE** ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	48.991	66.034	(26)	********	2.8	3.68	(19)	Ø	20/28	COMP
	PERMIT REQUIREMENT	456.9 MO AVG	731.0 MX WK AV	LBS/DY	********	25 MO AVG	40 MX WK AV	MG/L		WEEK-DAYS	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	57.801	(3R)	********	********	********		Ø	ONCE	RCOTOT
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL	********	********	********	********		ONCE/ MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven D Croyle

TYPED OR PRINTED

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Steven D Croyle

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	584-6845	03	15	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

MUNICIPAL MAJOR
RANDOLPH COUNTY

Winchester WWTP Influent Mass Loadings

Flow x 8.34x conc.= lbs/day

Surge Basin Influent

Month: FEB Year: 2006

Day	Flow	CON. CBOD/LBS	CON. TSS/LBS	CON. Ammonia-Nitrogen/LBS
1				
2	.30	64.1 \ 160.4	33 \ 82.6	9.94 \ 24.9
3	.27			
4	.68			
5	.25	36 \ 75.1	27 \ 56.3	3.91 \ 8.15
6	.09	49 \ 36.8	46.5 \ 34.9	7.46 \ 5.59
7	.008	59 \ 3.9	36.5 \ 2.4	6.66 \ .44
8				
9				
10				
11				
12				
13				
14				
15				
16	.28	66 \ 154	38 \ 88.7	5.7 \ 13.3
17	.14			
18	.42			
19				
20				
21	..0008	84 \ .56	76 \ .51	7.56 \ .05
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

CBW MES

3/14/06

EXECUTIVE SUMMARY - Detection Highlights

A6B270166

PARAMETER	RESULT	REPORTING LIMIT	UNITS	ANALYTICAL METHOD
SAMPLE EEF 02/23/06 11:30 001				
Mercury	7.9	0.50	ng/L	CFR136A 1631E
SAMPLE DUP 02/23/06 11:30 002				
Mercury	5.8	0.50	ng/L	CFR136A 1631E
SAMPLE INF 02/23/06 11:30 003				
Mercury	20.3	2.5	ng/L	CFR136A 1631E

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R/12-2005)

Name of Facility	Permit Number
Winchester Wastewater Treatment Plant	IN0021024

Month	Year	Plant Design Flow	Telephone Number
February	2006	2.19 mgd	765-584-1331

Facility's e-mail address (if available): Winchesterwwtp@verizon.net

Certified Operator: Name	Class	Certificate Number	Expiration Date
Christopher W. Martin	III	16763	6/30/2006

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (Optional)	Total= 1.1 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Collection System Overflow ("X" If Occurred)	CHEMICALS USED: Chlorine - Lbs	CHEMICALS USED: Lbs or Gal	CHEMICALS USED: Lbs or Gal	RAW SEWAGE: Influent Flow Rate (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Wed									1.1269	7.6	57	535.706	42	394.731		11.5	
2	Thu									1.5474	7.6	54.5	703.34	60	774.319		13.1	
3	Fri									1.6343	7.8	70	954.104	94	1281.23		11.4	
4	Sat			0.4						1.8119								
5	Sun									1.7168								
6	Mon									1.6635	7.6	67	929.531	19	263.598		4.63	
7	Tue									1.5926	7.5	48	637.55	69	916.478		8.45	
8	Wed			0.1						1.4997	7.5	52	650.39	55	687.912		4.24	
9	Thu									1.3865	7.6	71	821.002	39	450.973		6.41	
10	Fri									1.2452	7.7	72	747.718	26	270.009		12.1	
11	Sat			0.3						1.27								
12	Sun									1.3371								
13	Mon									1.2727	7.7	29	307.815	16.3	173.013		4.82	
14	Tue									1.2182	7.7	102	1036.3	78	792.463		10.3	
15	Wed									1.3419	7.6	80	895.316	91.8	1027.37		10.9	
16	Thu									1.3114	7.5	71.5	782.001	40	437.483		9.7	
17	Fri			0.3						1.5837	7.7	59.3	783.238	39	515.114		10.2	
18	Sat									1.4165								
19	Sun									1.2945								
20	Mon									1.3104	7.8	31	338.791	69	754.083		6.55	
21	Tue									1.2574	7.7	42	440.442	28	293.628		8.38	
22	Wed									1.1624	7.6	63	610.748	51	494.415		8.13	
23	Thu									1.0477	7.6	80	699.025	46	401.94		8.86	
24	Fri									1.1419	7.8	69	657.118	25	238.086		8.74	
25	Sat									1.0004								
26	Sun									0.9393								
27	Mon									0.9768	7.7	65	529.523	59	480.644		7.7	
28	Tue									0.9671	7.6	66	532.331	68	548.462		13.1	
Average										1.32408		62	679.599	51	559.798		8.961	
Maximum				0.4						1.8119	7.8	102	1036.3	94	1281.23		13.1	
Minimum										0.9393	7.5	29	307.815	16.3	173.013		4.24	
No. of Data				4	0	0	0	0	0	28	20	20	20	20	20	0	20	0

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(SIGNATURE OF CERTIFIED OPERATOR) 3/14/06 (DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) 15 March 06 (DATE)

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment Pl	IN0021024	February	2006

3/14/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

15 March 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

 State Form 10829 (R/12-2005)

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT					
			MIXED LIQUOR					RETURN SLUDGE									
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	49.1	70	73.8	4562	162	7.3	11	3.8241	5767	3.1	7.3				7.7	10.8	
2	57.8	104	68.3	4706	145	8.1	10	3.8478	6299	4.1	9.3				7.9	10.3	
3	47	75	68.5	4329	158	7.7	11	3.7796	6721	5.1	6.9				7.9	10.1	
4								4.0272									
5								3.9033									
6	32	42	69	4552	152	7.9	12	3.8683	6849	1.6	5.2				7.8	10.5	
7	49	65	73	4747	154	7.6	11	3.8762	6622	1.8	4.5				7.9	10.4	
8	55	97	71.3	5027	142	6.4	12	3.8869	7473	1.6	3.7				7.8	10.1	
9	46	37	79.5	5133	155	7.1	11	3.8905	7162	2.2	7.5				7.8	10.4	
10	40	62	64	4983	128	7.3	11	3.5316	6881	1.6	2				7.9	10.2	
11								3.933									
12								4.2253									
13	32	83	54.3	5253	103	7.0	11	3.8963	6724	3	7.3				7.9	10.4	
14	47	72	57.3	4545	126	7.2	11	3.8429	6450	3.3	6.4				7.9	10.2	
15	60	66.9	62.3	4711	132	7.7	11	3.9086	6656	3.2	7.1				7.7	10.5	
16	39	32	58.8	5239	112	6.5	12	3.9363	6977	2.7	7.3				7.9	9.9	
17	47.9	29	64.5	4873	132	6.7	11	3.999	6846	2.2	4.6				7.8	10.2	
18								3.8831									
19								3.7314									
20	20	43	70.5	5251	134	7.1	12	3.8706	7570	1.9	5				7.9	10.2	
21	62	62.5	63.5	5031	126	7.6	11	3.8792	7263	1.9	4.3				7.8	10.3	
22	56	98	61	4908	124	7.5	10	3.946	6059	3.1	5.7				7.8	10.1	
23	43	32	64.3	5329	121	7.7	10	3.8595	6423	3.8	7				7.8	10.4	
24	45	28	56.8	4517	126	7.3	11	4.0961	6008	2.8	7.5				7.8	10.2	
25								3.9137									
26								3.6289									
27	32	72	59	4703	125	6.3	9	3.8315	7421	3.9	9.5				7.9	10.4	
28	53	95	60.5	4722	128	7.7	9	3.8351	6526	3.8	11.3				7.8	10.6	
Avg.	45.6	63.3	65	4856	134	7.3	11	3.8804	6735	2.8	6.5					10.3	
Max.	62	104	79.5	5329	161.77	8.1	12	4.2253	7570	5.1	11.3				7.9	10.8	
Min.	20	28	54.3	4329	103.37	6.3	9	3.5316	5767	1.6	2				7.7	**9.9**	
Data	20	20	20	20	20	20	20	28	20	20	20	0	0	0	20	20	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment	IN0021024	February	2006

3/14/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

5 March 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

FINAL EFFLUENT

Day Of Month	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease - mg/l	
1	2.217		2.8		51.802		5.9		109.16		0.0396		0.7326			
2	2.2224		3.5		64.911		8.6		159.49		0.052		0.9644			
3	2.1479		3.9		69.904		6.6		118.3		0.039		0.699			
4	2.3165	2.1551		3.68		66.034		6.96		125.35		0.0469		0.8436		
5	2.1573															
6	2.0725		2.8		48.426		3.6		62.262		0.029		0.5016			
7	1.9992		2.3		38.372		4.6		76.743		0.01		0.1668			
8	1.8688		1.3		20.274		3.5		54.583		0.041		0.6394			
9	2.1142		1.9		33.522		5.6		98.801		0.026		0.4587			
10	1.9768		1.3		21.445		2		32.993		0.026		0.4289			
11	1.99	2.02554		1.92		32.408		3.86		65.076		0.0264		0.4391		
12	2.3214															
13	2.1586		2.8		50.438		5.9		106.28		0.023		0.4143			
14	2.2201		3		55.58		6.9		127.83		0.014		0.2594			
15	1.9825		3.7		61.213		4.9		81.065		0.027		0.4467			
16	1.8062		2.4		36.175		4.4		66.32		0.018		0.2713			
17	1.9784		2.8		46.227		5.2		85.851		0.0241		0.3979			
18	1.5514	2.00266		2.94		49.927		5.46		93.47		0.0212		0.3579		
19	1.5445															
20	1.8835		2.3		36.151		5.5		86.448		0.0043		0.0676			
21	2.0672		1.6		27.601		6.8		117.31		0.014		0.2415			
22	2.1925		2.5		45.741		8.5		155.52		0.0012		0.022			
23	2.1731		4.7		85.232		10		181.35		0.0131		0.2376			
24	2.3509		3.1		60.817		9.2		180.49		0.01		0.1962			
25	2.1898	2.05736		2.84		51.108		8		144.22		0.0085		0.153		
26	2.0797															
27	2.244		4		74.905		9.7		181.64		0.007		0.1311			
28	1.9745		3.1		51.079		9.8		161.48		0.0042		0.0692			
Avg	**2.06432**		**2.8**		**48.991**		**6.4**		**112.2**		**0.02**		**0.3673**			
Max	2.3509	**2.1551**	4.7	**3.68**	85.232	**66.034**	10	**8**	181.64	**144.22**	0.052	**0.0469**	0.9644	**0.8436**		
Min	1.5445	2.00266	1.3	1.92	20.274	32.408	2	3.86	32.993	65.076	0.0012	0.0085	0.022	0.153		
Data	28	4	20	4	20	4	20	4	20	4	20	4	20	4	0	0

MONTHLY REMOVAL SUMMARY

Percent Removal	BOD5	S.S.	Ammonia	Phosphorus
Primary Treatment	26.9	-24.7		
Secondary Treatment	93.8	89.8		
Tertiary Treatment	1.6	1.7		
Overall Treatment	95.5	87.5	99.8	NA

Total Monthly Flow: (million gallons) 57.801

Percent Capacity (actual flow/design) 94%

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastew	IN0021024	February	2006

Page 4 of 4 State Form 10829 (R/12-2005)

3/14/06
(SIGNATURE OF CERTIFIED OPERATOR) (Date)

15 March 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (Date)

	SLUDGE TO DIGESTER		DIGESTER OPERATION												
			Anaerobic Only												
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	43.54														
2	43.79	10.25										36.898			
3	44.33	28.88													
4	44.38														
5	44.1														
6	43.82														
7	43.56														
8	43.42	10.78													
9	42.95	31.17													
10	42.75	10.27													
11	42	41.2													
12	43.55														
13	42.94	23.68													
14	43.03														
15	42.93	12.49													
16	43.2														
17	43.4														
18	43.65														
19	43.47														
20	43.46														
21	42.88	25.5													
22	43.4											48.483			
23	44.55	47.76										22.934			
24	51.48	14.8													
25	50.63														
26	29.74														
27	43.84	0.02													
28	42.56	44.03													
Avg.	43.477	23.141										36.105			
Max.	51.48	47.76										48.483			
Min.	29.74	0.02										22.934			
Data	28	13	0	0	0	0	0	0	0	0	0	3	0	0	

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP
ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394
FACILITY WINCHESTER MUNICIPAL WWTP
LOCATION WINCHESTER
ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM ***(NPDES)***
DISCHARGE MONITORING REPORT ***(DMR)***

Revised: ☐

MAJOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

IN0021024	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	03	01	06	TO	03	31	06

IN0021024001A0306

For Any Questions call Jessica Osburn at 317-232-3591

*** **NO DISCHARGE** ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		9.5	********	********	(19) MG/L	Ø	23/31 WEEK-DAYS	GRAB4 GRAB-3
	PERMIT REQUIREMENT	********	********	********	5.0 DAILY MN	******** DAILY AV	******** DAILY MX				
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		7.3	********	8.1	(12) SU	Ø	23/31 WEEK-DAYS	Grab GRAB
	PERMIT REQUIREMENT	********	********	********	6.0 MINIMUM	********	9.0 MAXIMUM				
SOLIDS, TOTAL SUSPENDED 00530 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	89.838	135.91	(26) LBS/DY	********	6.0	8.92	(19) MG/L	Ø	23/31 WEEK-DAYS	Comp24 COMP24
	PERMIT REQUIREMENT	548.3 MO AVG	822.4 MX WK AV		********	30 MO AVG	45 MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.4783	.6004	(26) LBS/DY	********	.03	.0425	(19) MG/L	Ø	23/31 WEEK-DAYS	Comp24 COMP24
	PERMIT REQUIREMENT	36.6 30DA AVG	54.8 7 DA AVG		********	2.0 30DA AVG	3.0 7 DA AVG				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.83832	2.0759	(03) MGD	********	********	********	********	Ø	31/31 WEEK-DAYS	TotLZ TOTALZ
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT 7 DA AVG		********	********	********				
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	48.167	55.392	(26) LBS/DY	********	3.2	3.84	(19) MG/L	Ø	23/31 WEEK-DAYS	Comp24 COMP24
	PERMIT REQUIREMENT	456.9 MO AVG	731.0 MX WK AV		********	25 MO AVG	40 MX WK AV				
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	56.988	(3R) MGAL	********	********	********	********	Ø	ONCE ONCE/MONTH	RCOTOT RCOTOT
	PERMIT REQUIREMENT	********	REPORT MO TOTAL		********	********	********				

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven D. Croyle

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
765 584-6845		04	10	06
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

MUNICIPAL MAJOR
RANDOLPH COUNTY

Winchester WWTP Influent Mass Loadings

Flow x 8.34x conc.= lbs/day

Surge Basin Influent

Month: MARCH Year: 2006

Day	Flow	CBOD/LBS (CON.)	TSS/LBS (CON.)	Ammonia-Nitrogen/LBS (CON.)
1	.25	91/189	78.5/164	NONE RAN DW DID testing
2				
3				
4				
5				
6				
7				
8				
9	.33	61/168	42/116	7.6/20.9
10				
11				
12	3.1	22.8/589.5	6.5/169	2.4/62
13	1.3	37.1/402	41/445	3.04/33
14	.35	64/187	54.5/159	4.8/14
15	.003	64/1.6	436/1.1	6.49/.019
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R/12-2005)
Page 1 of 4

Name of Facility		Permit Number	
Winchester Wastewater Treatment Plant		IN0021024	
Month	Year	Plant Design Flow	Telephone Number
March	2006	2.19 mgd	765-584-1331
Facility's e-mail address (if available):		Winchesterwwtp@verizon.net	

Certified Operator: Name	Class	Certificate Number	Expiration Date
Christopher W. Martin	III	16763	6/30/2006

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (Optional)	Total= 2.35 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE								
							Chlorine - Lbs	Lbs or Gal	Lbs or Gal	Influent Flow Rate (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Wed									0.6275	7.5	56.5	295.684	105	549.502		13.1	
2	Thu									0.8883	7.6	111	822.335	58	429.688		12.9	
3	Fri									0.8948	7.4	83	619.398	50	373.132		14.7	
4	Sat									1.036								
5	Sun									1.3114								
6	Mon			0.1						0.9073	7.7	93.8	709.774	32	242.14		15	
7	Tue			0.03						0.8486	7.5	108	764.351	33.4	236.383		10.3	
8	Wed			0.07						1.033	7.5	92	792.6	41	353.224		14	
9	Thu			0.21						1.4784	7.8	87	1072.7	52	641.153		12.2	
10	Fri			0.5						1.7928	7.7	66	986.829	122	1824.14		7.3	
11	Sat									1.4189								
12	Sun			1.11						1.8598								
13	Mon			0.06						1.6553	7.8	24.4	336.847	10.5	144.955		4.6	
14	Tue			0.04						1.6867	7.4	35.4	497.975	18	253.207		2.87	
15	Wed									1.6748	7.5	65	907.909	48	670.456		5.6	
16	Thu									1.5645	7.7	60	782.876	35.3	460.592		5.62	
17	Fri			0.01						1.3396	7.5	63	703.853	118	1318.33		6.24	
18	Sat									1.5155								
19	Sun									1.214								
20	Mon									1.2015	7.7	61	611.251	32.5	325.667		5.73	
21	Tue									1.168	7.5	76	740.325	27	263.01		10.8	
22	Wed						35	30		1.1489	7.5	83	795.292	67	641.982		11.8	
23	Thu						40	30		1.0581	7.6	65	573.596	181	1597.24		9.73	
24	Fri						40	30		0.9689	7.6	69	557.563	40	323.225		10.8	
25	Sat			0.13			40	31		0.945								
26	Sun						40	30		1.111								
27	Mon						40	30		0.9883	7.5	35	288.485	26.5	218.424		5.76	
28	Tue			0.08			40	30		0.9324	7.5	67	521.006	52	404.363		12.1	
29	Wed			0.01			40	30		0.9313	7.6	68	528.159	33	256.312		11.1	
30	Thu						40	30		0.9118	7.4	70	532.309	61	463.869		12.4	
31	Fri						40	30		1.8427	7.6	56	860.615	72	1106.5		12.8	
Average							39.5	30.1		1.22436		69	665.293	57	569.456		9.889	
Maximum				1.11			40	31		1.8598	7.8	111	1072.7	181	1824.14		15	
Minimum							35	30		0.6275	7.4	24.4	288.485	10.5	144.955		2.87	
No. of Data				12	0	0	10	10	0	31	23	23	23	23	23	0	23	0

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.

4-7-06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

10 Apr 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment Pla	IN0021024	March	2006

4-7-06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

10/12/06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

 State Form 10829 (R/12-2005)

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT					
			MIXED LIQUOR					RETURN SLUDGE									
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	114	95	69	5311	130	8.2	10	3.2863		4.2	11.9				7.7	9.9	
2	72	103	57.8	4967	116	4.5	10	4.0655	6841	4.1	9.1				7.6	10.3	
3	50	35	63.5	4956	128	7.2	10	4.3696	6754	3.1	7.7				7.5	10.5	
4								3.8036									
5								4.0054									
6	44.4	120	66.8	5089	131	5.6	11	4.0112	7127	2.9	5.9				8.1	10.4	
7	71	90.2	69.3	5302	131	1.8	13	3.9407	7128	4.1	7.6				7.8	10.2	
8	52	23	76.8	5189	148	7.0	11	4.0514	6825	3.2	6				7.8	10.5	
9	57	55	69.3	5172	134	4.8	12	4.0791	6443	3.3	5.6				7.9	9.6	
10	55	78	60	4926	122	5.4	13	4.1542	7470	2.9	5.7				7.9	9.7	
11								3.165									
12								4.4158									
13	24.2	3.3	54	4829	112	7.0	13	3.8635	7233	2	1.2				7.9	9.6	
14	33.3	63.5	52.5	5078	103	6.8	12	3.886	7034	1.9	5.1				7.8	10.2	
15	40	60	55.5	5228	106	6.6	12	4.0099	6905	2.1	7.5				7.9	10.0	
16	50	30	54.8	4514	121	6.8	11	3.7402	6908	2.5	4.4				7.8	10.1	
17	63	58	59.8	4751	126	7.2	11	3.8427	6743	2.5	7.1				7.8	10.1	
18								4.1506									
19								4.0404									
20	34	58	56	5134	109	6.8	11	3.9246	6579	3.1	6.6				7.3	10.3	
21	50	40.5	58	5128	113	6.6	11	3.9242	7015	3.5	4.3				7.8	10.6	
22	39	21	68.5	5634	122	7.3	10	3.9551	7347	3.3	6.3	0.69	0.03	12	7.8	11.6	
23	45	83	58.5	5385	109	7.0	10	3.9564	7201	3.7	5				7.8	10.1	
24	41	30	64.5	5289	122	7.8	11	3.5501	6870	2.8	4.8	1.13	0.05	105	7.9	10.3	
25								4.023				1.31	0.01	74			
26								4.3181				1.35	0.06	70			
27	47	69	68.3	5465	125	6.7	12	3.9333	7530	3.3	9	0.8	0.01	76	7.7	10.2	
28	61	118.5	63.8	6287	101	5.0	12	3.9634	7652	4.4	7.5	0.9	0.04	92	7.6	10.0	
29	50	103	66.8	5406	124	5.6	12	4.0912	6715	3.5	10.1	2	0.03	11	7.6	10.1	
30	56	77	57	5138	111	6.4	12	3.9551	6632	3.2	3.9	1.06	0.01	28	7.5	9.8	
31	54	75	59.5	5694	104	4.7	14	4.2691	6656	3.9	5.9	2.26	0.03	36	7.5	9.5	
Avg.	52.3	64.7	62	5212	120	6.2	11	3.9595	6982	3.2	6.4	1.2778	0.03	43		10.2	
Max.	114	120	76.8	6287	148.01	8.2	14	4.4158	7652	4.4	11.9	2.26	0.06	105	8.1	11.6	
Min.	24.2	3.3	52.5	4514	101.48	1.8	10	3.165	6443	1.9	1.2	0.69	0.01	11	7.3	9.5	
Data	23	23	23	23	23	23	23	31	22	23	23	9	9	9	23	23	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):
started up chlorine and sulfar dioxide on 3-22-06 to make sure system was operational and to get set up for ecoli season.

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment	IN0021024	March	2006

4-7-06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

10 Apr 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

FINAL EFFLUENT

	Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease - mg/l	
1	0.9917		3.5		28.965		10		82.757		0.01		0.0828			
2	1.8345		4.8		73.483		8.4		128.59		0.01		0.1531			
3	2.2367		2.6		48.53		6.7		125.06		0.01		0.1867			
4	1.249	1.80144		3.6		55.392		8.92		135.91		0.0082		0.1246		
5	1.704															
6	1.93		3.2		51.539		3.9		62.813		0.0402		0.6475			
7	1.8219		4.3		65.376		7.6		115.55		0.0163		0.2478			
8	1.4144		2.9		34.229		4.1		48.393		0.0281		0.3317			
9	1.8227		3.5		53.237		5.1		77.573		0.069		1.0495			
10	1.9304		3.4		54.771		7.75		124.85		0.028		0.4511			
11	1.3965	1.71713		3.46		51.83		5.69		85.835		0.0363		0.5455		
12	2.2348															
13	2.0463		2.1		35.86		2.3		39.276		0.0372		0.6352			
14	2.1325		1.3		23.134		4		71.183		0.0216		0.3844			
15	2.0575		2.1		36.057		4.2		72.113		0.0321		0.5512			
16	1.9699		2.3		37.809		4		65.755		0.0206		0.3386			
17	2.002		2.2		36.755		6.95		116.11		0.0425		0.71			
18	2.0883	2.0759		2		33.923		4.29		72.888		0.0308		0.5239		
19	1.9799															
20	2.0399		3.1		52.771		5.7		97.031		0.0654		1.1133			
21	2.081		3.2		55.571		5		86.83		0.0117		0.2032			
22	1.8091		3.3		49.82		5.9		89.072		0.0084		0.1268			
23	1.7878		4.1		61.169		7.5		111.89		0.0399		0.5953			
24	1.7811		3.2		47.562		7.2		107.02		0.0129		0.1917			
25	2.11	1.94126		3.38		53.379		6.26		98.368		0.0277		0.4461		
26	2.1082															
27	1.9527		1.3		21.184		6		97.772		0.0467		0.761			
28	1.3748		5.3		60.805		4.8		55.069		0.0419		0.4807			
29	1.733		4.6		66.525		7.6		109.91		0.0301		0.4353			
30	1.6551		3.4		46.96		5.6		77.346		0.0321		0.4434			
31	1.7122	1.756	4.6	3.84	65.726	52.24	7.3	6.26	104.3	88.88	0.0617	0.0425	0.8816	0.6004		
Avg	**1.83832**		**3.2**		**48.167**		**6.0**		**89.838**		**0.03**		**0.4783**			
Max	2.2367	**2.0759**	5.3	**3.84**	73.483	**55.392**	10	**8.92**	128.59	**135.91**	0.069	**0.0425**	1.1133	**0.6004**		
Min	0.9917	1.71713	1.3	2	21.184	33.923	2.3	4.29	39.276	72.888	0.0084	0.0082	0.0828	0.1246		
Data	31	5	23	5	23	5	23	5	23	5	23	5	23	5	0	0

MONTHLY REMOVAL SUMMARY

Percent Removal	BOD5	S.S.	Ammonia	Phosphorus
Primary Treatment	24.6	-13.2		
Secondary Treatment	93.9	90.0		
Tertiary Treatment	-1.1	7.2		
Overall Treatment	95.3	89.5	99.7	NA

Total Monthly Flow: (million gallons) 56.988

Percent Capacity (actual flow/design) 84%

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastew	IN0021024	March	2006

Page 4 of 4 State Form 10829 (R/12-2005)

4-7-06
(SIGNATURE OF CERTIFIED OPERATOR) (Date)

10 Apr 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (Date)

	SLUDGE TO DIGESTER		DIGESTER OPERATION												
			Anaerobic Only												
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	28.24														
2	42.43														
3	57.94														
4	28.75														
5	43.43														
6	43.31	32.04													
7	43.24														
8	43.21	24.19													
9	14.68	21.96													
10	49.76														
11	35.63														
12	43.23	8.64													
13	42.51	19.16													
14	42.65														
15	43.03														
16	43.53														
17	44.5												42.738		
18	43.77	57.32													
19	44.07														
20	43.9														
21	43.99														
22	43.65	20.71													
23	43.77														
24	34.87												21.235		
25	30.2														
26	30.82														
27	30.37														
28	21.27	24.95											45.3		
29	31.16	72.42													
30	48.53														
31	80.05	22.17													
Avg.	40.661	30.356											36.424		
Max.	80.05	72.42											45.3		
Min.	14.68	8.64											21.235		
Data	31	10	0	0	0	0	0	0	0	0	0	3	0	0	

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP
ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394
FACILITY WINCHESTER MUNICIPAL WWTP
LOCATION WINCHESTER
ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MAJOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

PERMIT NUMBER	DISCHARGE NUMBER
IN0021024	001A

IN0021024001A040406

For Any Questions call Jessica Osburn at 317-232-3591

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	06	TO	04	30	06

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		8.9	********	********	(19) MG/L	Ø	20/30 WEEK-DAYS	Grab GRAB-3
	PERMIT REQUIREMENT	********	********	********	5.0 DAILY MN	******** DAILY AV	******** DAILY MX				
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		7.1	********	8.9	(12) SU	Ø	20/30 WEEK-DAYS	Grab GRAB
	PERMIT REQUIREMENT	********	********	********	6.0 MINIMUM	********	9.0 MAXIMUM				
SOLIDS, TOTAL SUSPENDED 00530 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	72.302	87.333	(26) LBS/DY	********	5.5	6.72	(19) MG/L	Ø	29/30 WEEK-DAYS	comp24 COMP24
	PERMIT REQUIREMENT	548.3 MO AVG	822.4 MX WK AV		********	30 MO AVG	45 MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.6682	1.0928	(26) LBS/DY	********	.05	.0802	(19) MG/L	Ø	20/30 WEEK-DAYS	comp COMP24
	PERMIT REQUIREMENT	36.6 30DA AVG	54.8 7 DA AVG		********	2.0 30DA AVG	3.0 7 DA AVG				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.64441	1.7918	(03) MGD	********	********	********	********	Ø	30/30 WEEK-DAYS	Totalz TOTALZ
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT 7 DA AVG		********	********	********				
CHLORINE, TOTAL RESIDUAL 50060 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	.028	.05	(19) MG/L	Ø	5TMS/WK 5 TMS/ WEEK	Grab GRAB
	PERMIT REQUIREMENT	********	********	********	********	0.06 MO AVG	0.06 DAILY MX				
E.COLI, COLONY FORMING UNITS (CFU) 51041 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	18	57	(3Z) CFU/ 100ML	Ø	20/30 WEEK-DAYS	Grab GRAB
	PERMIT REQUIREMENT	********	********	********	********	125 MO GEO	235 DAILY MX				

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven D. Croyle

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

Steven D Croyle

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	584-6685	05	17	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

MUNICIPAL MAJOR
RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP
ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394
FACILITY WINCHESTER MUNICIPAL WWTP
LOCATION WINCHESTER
ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MAJOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

IN0021024	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	04	01	06	TO	04	30	06

*** NO DISCHARGE ☐ ***

For Any Questions call Jessica Osburn at 317-232-3591

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
MERCURY TOTAL RECOVERABLE 71901 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	1.7	2.0	(3M)	Ø	ONCE/2 MNTS	Grab
	PERMIT REQUIREMENT	********	********	********	********	REPORT	REPORT DAILY MX	NG/L		ONCE/ 2 MNTS	GRAB
MERCURY TOTAL RECOVERABLE 71901 G 0 1 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	********	********		********	456	456	(3M)	Ø	ONCE/2 MNTS	Grab
	PERMIT REQUIREMENT	********	********	********	********	REPORT	REPORT DAILY MX	NG/L		ONCE/ 2 MNTS	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	37.025	37.219	(26)	********	2.8	2.82	(19)	Ø	20/30	COMP
	PERMIT REQUIREMENT	456.9 MO AVG	731.0 MX WK AV	LBS/DY	********	25 MO AVG	40 MX WK AV	MG/L		WEEK-DAYS	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	49.332	(3R)	********	********	********		Ø	ONCE/ MONTH	RCOTOT
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL	********	********	********	********		ONCE/ MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven D. Croyle

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

Steven D. Croyle

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
765	584-6845	05	17	06
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

MUNICIPAL MAJOR
RANDOLPH COUNTY

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility		Permit Number	
Winchester Wastewater Treatment Plant		IN0021024	
Month	Year	Plant Design Flow	Telephone Number
April	2006	2.19 mgd	765-584-1331
Facility's e-mail address (if available):		Winchesterwwtp@verizon.net	
Certified Operator: Name		Class	Certificate Number / Expiration Date
Christopher W. Martin		III	16763 / 6/30/2006

State Form 10829 (R/12-2005)

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (Optional)	Precipitation - Inches (Total= 8.3)	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Chlorine - Lbs	CHEMICALS USED: SO2 Lbs or Gal	CHEMICALS USED: Lbs or Gal	RAW SEWAGE: Influent Flow Rate (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Sat			1.1			38	32		1.4852								
2	Sun			1.4			38	32		1.726								
3	Mon						38	32		1.7612	7.7	59	866.616	74	1086.94		5.45	
4	Tue			1.3			38	30		1.6617	7.4	44	609.777	28	388.04		4.5	
5	Wed						30	25		1.5289	7.5	46	586.547	21	267.772		5.5	
6	Thu						30	25		1.423	7.6	71.4	847.362	46	545.92		9.8	
7	Fri			0.85			30	25		1.4878	7.4	55	682.454	72	893.394		8.3	
8	Sat						30	20		1.3772								
9	Sun						30	20		1.0761								
10	Mon			0.1			25	20		1.1337	7.3	79	746.95	50	472.753		13.2	
11	Tue						25	20		1.1043	7.6	94	865.727	87	801.258		11.8	
12	Wed						25	20		1.0475	7.5	58.5	511.065	35	305.765		12.8	
13	Thu						25	20		1.1899	7.5	72	714.511	30	297.713		13.1	
14	Fri			1.2			25	24		1.337	7.6	104	1159.66	191	2129.76		11.8	
15	Sat			0.8			35	26		1.302								
16	Sun						35	26		1.4125								
17	Mon			0.3			30	22		1.4564	7.7	94.4	1146.62	60.3	732.426		17.3	
18	Tue						28	22		1.3204	7.2	51.3	564.923	32	352.388		18.9	
19	Wed									1.1653	7.5	50	485.93	47	456.774		8.1	
20	Thu						30	28		1.1454	8.3	66	630.474	58	554.053		7.9	
21	Fri									1.1326	8.4	60	566.753	45	425.065		11.5	
22	Sat						38	35		1.1281								
23	Sun						38	35		0.9491								
24	Mon						38	35		1.0067	7.2	76.5	642.285	146	1225.8		11.3	
25	Tue						37	31		1.0933	7.4	82	747.686	66	601.796		6.69	
26	Wed						38	34		1.0114	7.7	54	455.494	76	641.066		7.61	
27	Thu						34	32		0.9787	7.5	61.8	504.434	69	563.203		6.8	
28	Fri						34	32		0.9535	7.4	64	508.94	45	357.849		7.46	
29	Sat						38	34		0.9286								
30	Sun			1.25			38	34		1.159								
Average							32.786	27.536		1.24942		67	692.21	64	654.987		9.991	
Maximum				1.4			38	35		1.7612	8.4	104	1159.66	191	2129.76		18.9	
Minimum							25	20		0.9286	7.2	44	455.494	21	267.772		4.5	
No. of Data				9	0	0	28	28	0	30	20	20	20	20	20	0	20	0

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(SIGNATURE OF CERTIFIED OPERATOR) 5/17/06 (DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) 17 May 06 (DATE)

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment Pla	IN0021024	April	2006

Page 2 of 4 State Form 10829 (R/12-2005)

5/17/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

17 May 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT					
			MIXED LIQUOR					RETURN SLUDGE									
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1								3.633									
2								3.9789									
3	36	50	56.5	4652	121	7.0	13	3.9848	6473	2.7	5.2	1.21	0.01	22	7.7	9.9	
4	37	86	60.8	5049	120	6.9	13	4.106	7089	1.6	6	1.6	0.05	16	7.8	10.6	
5	42.9	59	60.3	4846	124	6.7	12	3.9545	6865	2.1	5.4	1.28	0.05	10	7.7	9.9	
6	62.4	24	62.5	5213	120	6.7		3.9777	6657	2.5	4.8	1.28	0.03	18	7.7	10.1	
7	57	116	57.5	5384	107	6.6	12	3.5989	7210	1.7	6	0.59	0.04	10	8.0	9.6	
8								4.8738									
9								3.6294									
10	29	55	61.3	5116	120	4.2	13	3.8809	7422	2.3	4.3	0.66	0.02	13	7.8	9.7	
11	67	84	61	5184	118	4.4	15	3.981	7183	3	5.7	0.52	0.01	14	7.8	9.5	
12	51.3	41	62.3	5626	111	3.9	15	3.9721	7293	2.5	6.1	0.71	0.02	17	7.8	9.6	
13	60	77	59.8	6120	98	4.3	15	4.0489	6921	2.6	3.8	0.9	0.03	4	7.3	9.9	
14								4.1209				0.58	0.05	57	7.7	8.9	
15								3.9893									
16								3.9758									
17	27.8	53.8	69	6076	114	5.3	14	3.9481	7440	1.7	4.7	0.6	0.02	6	7.8	9.2	
18	54	95	69.3	5740	121	5.4	14	3.9542	7454	2.2	6.2	1.02	0.04	3	7.7	9.5	
19	50	26	70	5551	126	4.9	14	2.6884	8102	2.4	4.4	0.58	0.05	45	7.1	9.3	
20	48	50	57.5	5629	102	3.7	16	4.1245	7110	2.9	4.4	0.65	0.04	38	7.8	9.1	
21	63	73	62.3	5790	108	2.7	16	4.1649	7707	2	5.6	0.87	0.01	19	8.9	9.1	
22								4.3416									
23								3.7007									
24	30.3	9	61	4840	126	5.3	16	4.0271	7157	2.4	4.9	0.91	0.02	25	7.6	9.4	
25	57	87	54.3	5234	104	4.1	17	4.0244	6357	2.8	4.2	0.64	0.03	41	7.6	9.0	
26	66	98	53.8	4970	108	4.1	15	4.9057	6610	3	4.5	0.92	0.01	38	7.9	9.1	
27	55.8	27	56	5756	97	5.5	15	4.1543	6234	3.1	5.8	1.22	0.02	34	7.8	9.2	
28	43	33	57.8	5139	112	5.3	16	4.182	6410	2.8	6.8	1.27	0.01	24	7.6	9.5	
29								4.2836									
30								4.2011									
Avg.	49.3	60.2	61	5364	114	5.1	15	4.0135	7037	2.4	5.2	0.9005	0.028	18		9.5	
Max.	67	116	70	6120	126.1	7	17	4.9057	8102	3.1	6.8	1.6	0.05	57	8.9	10.6	
Min.	27.8	9	53.8	4652	97.29	2.7	12	2.6884	6234	1.6	3.8	0.52	0.01	3	7.1	8.9	
Data	19	19	19	19	19	19	18	30	19	19	19	20	20	20	20	20	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

HAD STORM WHICH CAUSED LIFTSTATION THAT PUMPS TO LAGOONS TO FAIL AND OVERFLOW REPORTED AND SENT IN PAPERWORK. HAD OVERFLOW OF FILTER INFLUENT TANK ON 4-20-06 AND ALARM WAS NOT REPORTED BY POLICE DEPT. TO ON CALL OPERATOR. REPORTED AND SENT IN PAPERWORK. BOWEN ENGINEERING BEGAN WORK FOR INSTALLATION OF NEW BLOWERS, AIRLINES AND FINE BUBBLE DIFFUSIORS.

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment	IN0021024	April	2006

(SIGNATURE OF CERTIFIED OPERATOR) 5/17/06 (DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) 17 May 06 (DATE)

	FINAL EFFLUENT																	
	Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease - mg/l	
1	1.6032															
2	1.8184															
3	1.8535		3		46.402		6.1		94.351		0.01		0.1547			
4	1.9523		3		48.876		3.5		57.022		0.0303		0.4936			
5	1.6226		2		27.081		5.4		73.119		0.01		0.1354			
6	1.7373		2.3		33.345		5.6		81.188		0.01		0.145			
7	1.4567		2.5		30.39		5		60.781		0.01		0.1216			
8	2.1018	1.7918		2.56		37.219		5.12		73.292		0.0141		0.2101		
9	1.6027															
10	1.7204		2.2		31.585		3.6		51.684		0.148		2.1248			
11	1.4036		3.4		39.824		6.6		77.306		0.124		1.4524			
12	1.489		2.9		36.035		5.7		70.827		0.109		1.3544			
13	1.7005		3.3		46.829		4		56.763		0.01		0.1419			
14	1.351		2.8		31.567		1.9		21.421		0.01		0.1127			
15	1.839	1.5866		2.92		37.168		4.36		55.6		0.0802		1.0373		
16	1.7843															
17	1.7401		2.2		31.946		3.9		56.632		0.116		1.6845			
18	1.9304		2.4		38.662		3.7		59.604		0.121		1.9492			
19	1.1394		2.5		23.771		3.8		36.132		0.0298		0.2833			
20	1.5591		3.6		46.838		9		117.1		0.0586		0.7624			
21	1.5179		3.5		44.334		13.2		167.2		0.062		0.7847			
22	1.8829	1.65059		2.84		37.11		6.72		87.333		0.0775		1.0928		
23	1.7025															
24	1.6516		2.5		34.457		3.8		52.374		0.0565		0.7787			
25	1.5766		3		39.47		6.2		81.572		0.0071		0.0934			
26	1.457		2.9		35.26		4.4		53.498		0.01		0.1216			
27	1.5529		3.2		41.469		6.3		81.641		0.042		0.5443			
28	1.4914		2.6		32.359		7.7		95.832		0.01		0.1245			
29	1.4408	1.55326		2.84		36.603		5.68		72.983		0.0251		0.3325		
30	1.6535															
Avg	**1.64441**		**2.8**		**37.025**		**5.5**		**72.302**		**0.05**		**0.6682**			
Max	2.1018	**1.7918**	3.6	**2.92**	48.876	**37.219**	13.2	**6.72**	167.2	**87.333**	0.148	**0.0802**	2.1248	**1.0928**		
Min	1.1394	1.55326	2	2.56	23.771	36.603	1.9	4.36	21.421	55.6	0.0071	0.0141	0.0934	0.2101		
Data	30	4	20	4	20	4	20	4	20	4	20	4	20	4	0	0

MONTHLY REMOVAL SUMMARY				
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus
Primary Treatment	26.5	5.8		
Secondary Treatment	95.1	91.4		
Tertiary Treatment	-14.5	-5.2		
Overall Treatment	95.8	91.4	99.5	NA

Total Monthly Flow: (million gallons) 49.332

Percent Capacity (actual flow/design) 75%

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastew	IN0021024	April	2006

(SIGNATURE OF CERTIFIED OPERATOR) 5/17/06 (Date)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) 17 May 06 (Date)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	100.9													
2	44.9													
3	29.96													
4	29.86	20.02												
5	29.98													
6	30.02													
7	31.98													
8	36.42	46.49												
9	26.65													
10	31.55													
11	31.85											39.8		
12	31.66	6.67												
13	31.24	34.03												
14	31.44													
15	31.81													
16	21.1													
17	31.79													
18	32.01													
19	31.16	53.87												
20	31.44													
21	31.46	52.52												
22	42.46													
23	21.36													
24	31.92	14.89												
25	31.14	57.92												
26	30.69													
27	31.37													
28	31.21													
29	31.59													
30	31.63													
Avg.	33.752	35.801										39.8		
Max.	100.9	57.92										39.8		
Min.	21.1	6.67										39.8		
Data	30	8	0	0	0	0	0	0	0	0	0	1	0	0

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

EXECUTIVE SUMMARY - Detection Highlights

A6E010186

PARAMETER	RESULT	REPORTING LIMIT	UNITS	ANALYTICAL METHOD
SAMPLE EFF 04/27/06 10:00 001				
Mercury	2.0	0.50	ng/L	CFR136A 1631E
SAMPLE DUP 04/27/06 10:00 002				
Mercury	1.4	0.50	ng/L	CFR136A 1631E
SAMPLE INFLUENT 04/27/06 10:00 003				
Mercury	456	20.0	ng/L	CFR136A 1631E

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP
ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394
FACILITY WINCHESTER MUNICIPAL WWTP
LOCATION WINCHESTER
ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MAJOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

PERMIT NUMBER	DISCHARGE NUMBER
IN0021024	001A

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	05	01	06	TO	05	31	06

*** I N 0 0 2 1 0 2 4 0 0 1 A 0 5 0 6 ***

For Any Questions call Jessica Osburn at 317-232-3591

*** **NO DISCHARGE** ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		8.8	********	********	(19) MG/L	Ø	23/31 WEEK-DAYS	Grab-4 GRAB-3
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	********				
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		7.3	********	8.0	(12) SU	Ø	23/31 WEEK-DAYS	Grab GRAB
	PERMIT REQUIREMENT	********	********	********	6.0 MINIMUM	********	9.0 MAXIMUM				
SOLIDS, TOTAL SUSPENDED 00530 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	52.895	74.617	(26) LBS/DY	********	6.7	7.4	(19) MG/L	Ø	23/31 WEEK-DAYS	Comp24 COMP24
	PERMIT REQUIREMENT	292.4 MO AVG	438.6 MX WK AV		********	16 MO AVG	24 MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.366	12.655	(26) LBS/DY	********	.53	1.6878	(19) MG/L	Ø	23/31 WEEK-DAYS	Comp24 COMP24
	PERMIT REQUIREMENT	27.4 30DA AVG	42.0 7 DA AVG		********	1.5 30DA AVG	2.3 7 DA AVG				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.98514	1.32668	(03) MGD	********	********	********	********	Ø	31/31 WEEK-DAYS	TOTALZ TOTALZ
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT 7 DA AVG		********	********	********				
CHLORINE, TOTAL RESIDUAL 50060 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	.0313	.06	(19) MG/L	Ø	23/31 5TMS/WK 5 TMS/ WEEK	Grab GRAB
	PERMIT REQUIREMENT	********	********	********	********	0.06 MO AVG	0.06 DAILY MX				
E.COLI, COLONY FORMING UNITS (CFU) 51041 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	29	154	(3Z) CFU/ 100ML	Ø	23/31 WEEK-DAYS	Grab GRAB
	PERMIT REQUIREMENT	********	********	********	********	125 MO GEO	235 DAILY MX				

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven D. Croyle

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

Steven D. Croyle

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	584-6885	06	12	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

MUNICIPAL MAJOR
RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP
ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394
FACILITY WINCHESTER MUNICIPAL WWTP
LOCATION WINCHESTER
ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM ***(NPDES)***
DISCHARGE MONITORING REPORT ***(DMR)***

Revised: ☐

MAJOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

IN0021024	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0021024001A0506

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	05	01	06	TO	05	31	06

For Any Questions call Jessica Osburn at 317-232-3591

*** **NO DISCHARGE** ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	23.711	32.227	(26)	********	3.1	3.92	(19)	Ø	23/31	COMP
	PERMIT REQUIREMENT	182.8 MO AVG	274.1 MX WK AV	LBS/DY	********	10 MO AVG	15 MX WK AV	MG/L		WEEK-DAYS	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	30.539	(3R)	********	********	********	********	Ø	ONCE/ MONTH	RCOTOT
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL	********	********	********	********		ONCE/ MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven D Croyle

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	584-6845	06	12	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

MUNICIPAL MAJOR
RANDOLPH COUNTY

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R/12-2005)
Page 1 of 4

Name of Facility		Permit Number	
Winchester Wastewater Treatment Plant		IN0021024	
Month	Year	Plant Design Flow	Telephone Number
May	2006	2.19 mgd	765-584-1331
Facility's e-mail address (if available):		Winchesterwwtp@verizon.net	
Certified Operator: Name		Class	Certificate Number / Expiration Date
Christopher W. Martin		III	16763 / 6/30/2006

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (Optional)	Total= 7.05 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Chlorine - Lbs	CHEMICALS USED: Lbs or Gal	CHEMICALS USED: Lbs or Gal	RAW SEWAGE: Influent Flow Rate (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Mon			0.8			38	35		1.264	7.5	88	927.675	173	1823.72		10.7	
2	Tue						40	35		1.0498	7.6	70	612.873	60	525.32		9.5	
3	Wed			0.5			40	35		1.0047	7.5	43	360.306	31	259.755		5.5	
4	Thu			0.2			40	35		0.6847	7.7	54	308.361	54	308.361		9.5	
5	Fri						36	35		0.6598	7.6	72	396.197	89	489.743		11.9	
6	Sat						35	30		0.84								
7	Sun						35	25		0.8778								
8	Mon						28	30		0.7858	7.7	36	235.929	32	209.714		7.5	
9	Tue						28	28		0.8757	7.8	95	693.817	65	474.717		8.12	
10	Wed			1.4			26	30		1.11	7.6	87	805.394	66	610.988		15.7	
11	Thu			1.4			30	32		0.9919	7.5	71	587.344	35	289.536		14.4	
12	Fri			0.7			40	36		1.0055	7.7	46	385.75	41	343.821		5.62	
13	Sat			0.3			34	33		1.0697								
14	Sun			0.4			34	30		0.9782								
15	Mon						38	32		0.8038	7.6	28.3	189.714	32	214.518		5.03	
16	Tue						32	32		1.2049	7.5	100.4	1008.91	79	793.86		7.96	
17	Wed						34	32		1.0288	7.6	62	531.972	20	171.604		6.48	
18	Thu						34	32		1.1352	7.4	36	340.832	32	302.962		2.24	
19	Fri						34	32		0.9902	7.4	48	396.397	38.4	317.117		4.18	
20	Sat						34	32		1.3294								
21	Sun						34	32		1.1586								
22	Mon						28	32		0.3925	7.7	42	137.485	42	137.485		3.38	
23	Tue						22	25		0.4689	7.6	42	164.246	18	70.3913		8.21	
24	Wed						5	36		0.1615	7.8	10	13.4691	68	91.5899		7.2	
25	Thu									0.9	7.7	47	352.782	46	345.276		9.71	
26	Fri			1.25			20	46		0.9886	7.6	64	527.675	29	239.103		8.94	
27	Sat			0.1			32	30		1.015								
28	Sun						32	30		1.052								
29	Mon						32	30		0.9921	7.6	74	612.284	51	421.98		9.62	
30	Tue						28	26		1.0231	7.7	104.5	891.662	48	409.567		6.88	
31	Wed						35	28		0.9775	7.6	46	375.008	71	578.817		9.6	
Average							31.933	31.867		0.92967		59	472.003	53	409.998		8.168	
Maximum				1.4			40	46		1.3294	7.8	104.5	1008.91	173	1823.72		15.7	
Minimum							5	25		0.1615	7.4	10	13.4691	18	70.3913		2.24	
No. of Data				10	0	0	30	30	0	31	23	23	23	23	23	0	23	0

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 CERTIFIED OPERATOR) 6/12/06 (DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) 12 JUN 06 (DATE)

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment Pla	IN0021024	May	2006

 State Form 10829 (R/12-2005)

(SIGNATURE OF CERTIFIED OPERATOR) (DATE) 6/12/06

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE) 12 Jun 06

Day Of Month	PRIMARY EFFLUENT		AERATION MIXED LIQUOR					AERATION RETURN SLUDGE		SECONDARY EFFLUENT		FINAL EFFLUENT					
	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	92	98	63	5331	118	5.2	16	3.2239	6332	3.5	6.5	0.52	0.02	64	7.3	8.9	
2	59	73.7	61	5385	113	5.7	17	3.1088	6003	2.8	7.1	0.94	0.03	40	7.8	9.5	
3	34	53	67.5	5087	133	5.9	16	2.4665	5792	3.2	6.4	1.29	0.04	42	7.8	9.1	
4	48	58	70.5	5004	141	5.7	17	2.1915	6607	2.5	4.4	2.08	0.03	15	7.8	9.0	
5	29	42	67	4938	136	5.9	17	1.9672	6202	2.2	4.2	2.15	0.01	20	7.7	8.8	
6								2.236									
7								2.396									
8	67	65	72	5161	140	6.2	16	2.2042	7012	3	6	0.9	0.02	36	7.9	9.0	
9	68	62	65.5	4472	146	6.4	17	2.1573	6433	3.2	4.9	1.3	0.04	70	8.0	9.2	
10	58	44	51	4718	108	6.0	17	2.2075	6796	2.3	3.7	1.19	0.01	21	7.8	8.8	
11	67	55	64	4560	140	6.9	17	2.0886	6642	2.3	5.1	0.84	0.03	154	7.8	9.0	
12	34	53	61	4582	133	7.7	15	2.144	6412	2.2	11.8	1.86	0.03	28	7.9	9.1	
13								2.2303									
14								2.1171									
15	23.7	43	60	4446	135	7.7	16	2.1256	6544	1.7	6.9	1.8	0.03	25	7.8	9.4	
16	47.7	49	57	4599	124	7.2	16	2.1883	6205	2.2	5.6	1.8	0.01	20	7.8	9.3	
17	41	20	42	3891	108	7.2	16	2.1705	6108	2.5	6.6	1.14	0.02	19	7.7	9.0	
18	34	52	34	3687	92	7.1	16	2.1969	5977	2.2	5.6	1.41	0.04	29	7.6	9.3	
19	29	43.8	45	4597	98	7.1	15	3.1585	6427	2.5	4.4	0.4	0.03	12	7.8	9.1	
20								2.1117									
21								1.9401									
22	29	40	10	981	102	9.7	15	1.2131	966	3.8	7.7	2.6	0.04	54	7.7	9.1	
23	28	24	13	1348	96	9.3	16	0.8901	1987	4	3.4	2.37	0.03	0	7.8	9.5	
24	12.5	20	13.5	1448	93	8.9	17	1.1349	2169	3.2	9.2	2.78	0.03	14	7.9	9.5	
25	37	29	16	1586	101	7.0	17	1.2287	1234	4	6	1.19	0.03	34	7.8	9.4	
26	54	74	16	1649	97	8.9	18	2.0048	2670	2.9	3.1	0.74	0.03	21	7.8	9.3	
27								2.0398									
28								1.917									
29								2.4314				2.55	0.06	38	7.5	9.3	
30	75.9	78	21	1651	127	7.5	18	3.444	2364	2.7	4.8	1.89	0.06	117	7.5	9.4	
31	54	46	16	1717	93	7.0	18	3.7341	2547	2.7	8.1	2.2	0.05	66	7.4	8.8	
Avg.	46.4	51.0	45	3674	117	7.1	16	2.2151	4974	2.8	6.0	1.5626	0.0313	29		9.2	
Max.	92	98	72	5385	146.47	9.7	18	3.7341	7012	4	11.8	2.78	0.06	154	8.0	9.5	
Min.	12.5	20	10	981	92.216	5.2	15	0.8901	966	1.7	3.1	0.4	0.01	0	7.3	8.8	
Data	22	22	22	22	22	22	22	31	22	22	22	23	23	23	23	23	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

DURING THE MONTH OF MAY WE INSTALLED NEW KAESER BLOWERS AND SANITARE FINE BUBBLE AIREATION IN OUR TANKS. WE ALSO INSTALLED NEW AIR LINES. WE ONLY RAN HALF OF OUR PLANT AT A TIME TO ALLOW FOR THESE REPAIRS. ALL TANKS ARE BACK IN OPERATION.

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment	IN0021024	May	2006

6/12/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

14 Jun 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

FINAL EFFLUENT

Day Of Month	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease - mg/l	
1	1.1362		3		28.445		7.5		71.112		0.01		0.0948			
2	1.205		3		30.167		5.1		51.284		0.0018		0.0181			
3	1.1637		3.1		30.104		7.1		68.949		0.21		2.0393			
4	0.8312		3.4		23.584		5.5		38.15		0.0127		0.0881			
5	0.7455		3.1		19.286		11.8		73.41		0.01		0.0622			
6	0.86	1.08501		3.12		26.317		7.4		60.581		0.0489		0.4605		
7	0.7982															
8	0.7635		3.4		21.663		4.6		29.308		0.01		0.0637			
9	0.9665		3.3		26.616		5.6		45.166		0.01		0.0807			
10	1.1163		2.9		27.015		5		46.578		0.01		0.0932			
11	0.9903		2.7		22.313		8		66.112		0.104		0.8595			
12	1.0002		2.9		24.205		7.4		61.765		0.0161		0.134			
13	1.0698	0.95783		3.04		24.362		6.12		49.786		0.03		0.2462		
14	1.1357															
15	0.8446		1.8		12.687		4.9		34.536		0.028		0.1973			
16	1.0891		2.2		19.995		5.8		52.714		0.01		0.0909			
17	1.1173		3.1		28.904		8.6		80.185		0.019		0.1772			
18	1.1245		2.5		23.46		7.3		68.503		0.01		0.0938			
19	0.7513		2.7		16.928		7.8		48.903		0.01		0.0627			
20	1.3362	1.05696		2.46		20.395		6.88		56.968		0.0154		0.1244		
21	1.1869															
22	0.4718		4.9		19.292		9.3		36.616		2.71		10.67			
23	0.4902		4.6		18.817		6.8		27.817		2.14		8.7541			
24	0.2984		3.9		9.7116		4.8		11.953		2.19		5.4534			
25	0.9209		2.8		21.518		5.6		43.035		0.884		6.7935			
26	0.8443		3.4		23.955		5.2		36.638		0.515		3.6285			
27	0.975	0.74107		3.92		18.659		6.34		31.212		1.6878		7.0599		
28	1.0765															
29	1.2036		3.1		31.137		9.3		93.41		1.13		11.35			
30	1.2758		3		31.94		6.9		73.461		1.1		11.711			
31	1.7508	1.32668	2.3	2.8	33.604	32.227	3.9	6.7	56.981	74.617	1.02	1.0833	14.903	12.655		
Avg	**0.98514**		**3.1**		**23.711**		**6.7**		**52.895**		**0.53**		**3.366**			
Max	1.7508	**1.32668**	4.9	**3.92**	33.604	**32.227**	11.8	**7.4**	93.41	**74.617**	2.71	**1.6878**	14.903	**12.655**		
Min	0.2984	0.74107	1.8	2.46	9.7116	18.659	3.9	6.12	11.953	31.212	0.0018	0.0154	0.0181	0.1244		
Data	31	5	23	5	23	5	23	5	23	5	23	5	23	5	0	0

MONTHLY REMOVAL SUMMARY

Percent Removal	BOD5	S.S.	Ammonia	Phosphorus
Primary Treatment	21.8	3.8		
Secondary Treatment	94.0	88.3		
Tertiary Treatment	-10.4	-11.9		
Overall Treatment	94.8	87.4	93.5	NA

Total Monthly Flow: (million gallons) 30.539

Percent Capacity (actual flow/design) 45%

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastew	IN0021024	May	2006

Page 4 of 4 State Form 10829 (R/12-2005)

(SIGNATURE OF CERTIFIED OPERATOR) 6/12/06 (Date)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) 12 Jun 06 (Date)

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	31.41	5.081												
2	20.9	39.87												
3	20.37											29.931		
4	40.91	13.76												
5	30.6													
6	31													
7	41.73													
8	30.85	45.77												
9	30.89											32.831		
10	31.17	30.11												
11	30.6													
12	29.75													
13	30.91													
14	31.18													
15	31.03													
16	30.52	37.65												
17	30.64													
18	31.31													
19	50.46													
20	40.17													
21	20.06													
22	29.67													
23	29.89											38		
24	29.77													
25	29.1													
26	29.38													
27	35.92													
28	23.95													
29	30.8													
30	31.78													
31	33.25													
Avg.	31.289	28.707										33.587		
Max.	50.46	45.77										38		
Min.	20.06	5.081										29.931		
Data	31	6	0	0	0	0	0	0	0	0	0	3	0	0

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP
ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394
FACILITY WINCHESTER MUNICIPAL WWTP
LOCATION WINCHESTER
ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MAJOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

PERMIT NUMBER	DISCHARGE NUMBER
IN0021024	001A

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	06	01	06	TO	06	30	06

IN0021024001A0606

For Any Questions call Jessica Osburn at 317-232-3591

*** **NO DISCHARGE** ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********	********	7.9	********	********	(19) MG/L	Ø	22/30 WEEK-DAYS	Grab 4 GRAB-3
	PERMIT REQUIREMENT	********	********		6.0 DAILY MN	********	********				
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********	********	7.4	********	8.1	(12) SU	Ø	22/30 WEEK-DAYS	Grab GRAB
	PERMIT REQUIREMENT	********	********		6.0 MINIMUM	********	9.0 MAXIMUM				
SOLIDS, TOTAL SUSPENDED 00530 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	83.389	92.33	(26) LBS/DY	********	7.1	7.54	(19) MG/L	Ø	22/30 WEEK-DAYS	Comp 24 COMP24
	PERMIT REQUIREMENT	292.4 MO AVG	438.6 MX WK AV		********	16 MO AVG	24 MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.3668	1.6535	(26) LBS/DY	********	.12	.015141	(19) MG/L	Ø	22/30 WEEK-DAYS	Comp24 COMP24
	PERMIT REQUIREMENT	27.4 30DA AVG	42.0 7 DA AVG		********	1.5 30DA AVG	2.3 7 DA AVG				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.38349	1.4331	(03) MGD	********	********	********	********	Ø	30/30 WEEK-DAYS	TOTALZ TOTALZ
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT 7 DA AVG		********	********	********				
CHLORINE, TOTAL RESIDUAL 50060 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********	********	********	.0364	.06	(19) MG/L	Ø	5TMS/WK 5 TMS/ WEEK	Grab GRAB
	PERMIT REQUIREMENT	********	********		********	0.06 MO AVG	0.06 DAILY MX				
E.COLI, COLONY FORMING UNITS (CFU) 51041 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********	********	********	42	98	(3Z) CFU/ 100ML	Ø	22/30 WEEK-DAYS	Grab GRAB
	PERMIT REQUIREMENT	********	********		********	125 MO GEO	235 DAILY MX				

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven D Croyle

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

Steven D Croyle

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	584-6845	07	24	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

MUNICIPAL MAJOR
RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP

ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394

FACILITY WINCHESTER MUNICIPAL WWTP

LOCATION WINCHESTER

ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MAJOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

IN0021024	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	06	01	06	TO	06	30	06

For Any Questions call Jessica Osburn at 317-232-3591

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
MERCURY TOTAL RECOVERABLE 71901 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	2.25	2.3	(3M) NG/L	Ø	ONCE/2 MNTS	Grab
	PERMIT REQUIREMENT	********	********	********	********	REPORT	REPORT DAILY MX			ONCE/ 2 MNTS	GRAB
MERCURY TOTAL RECOVERABLE 71901 G 0 1 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	********	********		********	42.2	42.2	(3M) NG/L	Ø	ONCE/2 MNTS	Grab
	PERMIT REQUIREMENT	********	********	********	********	REPORT	REPORT DAILY MX			ONCE/ 2 MNTS	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	33.601	39.835	(26)	********	2.9	3.44	(19)	Ø	22/30	Comp24
	PERMIT REQUIREMENT	182.8 MO AVG	274.1 MX WK AV	LBS/DY	********	10 MO AVG	15 MX WK AV	MG/L		WEEK-DAYS	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	41.505	(3R)	********	********	********		Ø	ONCE/ MONTH	RCOTOT
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL	********	********	********	********		ONCE/ MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven D Croyle

TYPED OR PRINTED

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 knowlege and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

Steven D Croyle

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE			DATE		
AREA CODE	NUMBER		MO	DAY	YEAR
765	584-6815		07	24	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

MUNICIPAL MAJOR
RANDOLPH COUNTY

EXECUTIVE SUMMARY - Detection Highlights

A6F290160

PARAMETER	RESULT	REPORTING LIMIT	UNITS	ANALYTICAL METHOD
EFFLUENT 06/26/06 001				
Mercury	2.3	0.50	ng/L	CFR136A 1631E
EFFL. DUPLICATE 06/26/06 002				
Mercury	2.2	0.50	ng/L	CFR136A 1631E
RAW 06/26/06 003				
Mercury	42.2	2.5	ng/L	CFR136A 1631E

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R/12-2005)

Page 1 of 4

Name of Facility		Permit Number	
Winchester Wastewater Treatment Plant		IN0021024	
Month	Year	Plant Design Flow	Telephone Number
June	2006	2.19 mgd	765-584-1331
Facility's e-mail address (if available):		Winchesterwwtp@verizon.net	

Certified Operator: Name	Class	Certificate Number	Expiration Date
Christopher W. Martin	III	16763	6/30/2006

							CHEMICALS USED			RAW SEWAGE								
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (Optional)	Total= 3.7 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Collection System Overflow ("X" If Occurred)	Chlorine - Lbs	Lbs or Gal	Lbs or Gal	Influent Flow Rate (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Thu						40	30		1.1591	7.7	51	493.012	26	251.339		8.16	
2	Fri			1.3			40	32		1.4252	7.2	56.4	670.38	92	1093.53		16.6	
3	Sat			0.3			40	32		1.4909								
4	Sun						40	32		1.09								
5	Mon						44	38		1.1593	7.7	33.2	320.996	53	512.434		10.9	
6	Tue						44	38		1.0587	7.7	79.5	701.95	42	370.841		11.4	
7	Wed						45	40		1.1747	7.7	59.1	579.003	117	1146.25		10	
8	Thu			0.3			50	44		1.0535	7.6	47	412.951	50	439.31		11.9	
9	Fri						45	32		0.9418	7.7	48	377.021	51	400.585		12.6	
10	Sat			0.4				32		1.3215								
11	Sun			0.4			40	32		1.2371								
12	Mon						40	32		1.1269	7.6	30	281.95	25	234.959		7.41	
13	Tue						45	32		1.0133	7.6	59	498.604	52	439.448		8.61	
14	Wed						45	34		0.9872	7.4	56	461.062	64	526.928		11.8	
15	Thu						45	34		0.9349	7.7	101	787.504	23	179.333		8.84	
16	Fri						45	34			7.5	79	1027.89	35	455.393		8.91	
17	Sat						48	35										
18	Sun						45	35										
19	Mon			0.4			55	32		0.982	7.6	45	368.545	59	483.203		14.6	
20	Tue						55	32		0.9681	7.6	50	403.698	77	621.694		12	
21	Wed						55	32		1.1516	7.5	78	749.139	87	835.578		12	
22	Thu						55	32		1.1198	7.5	49	457.617	44	410.922		11.9	
23	Fri			0.1			45	50		1.0617	7.5	88	779.203	82	726.075		11.8	
24	Sat						45	46		1.0477								
25	Sun						50	46		0.8019								
26	Mon						45	48		0.9277	7.7	86.6	670.026	68	526.117		9.62	
27	Tue						48	57		0.8409	7.7	89.9	630.478	126	883.651		14.3	
28	Wed						57	42		0.9789	7.6	58	473.514	57	465.349		12.3	
29	Thu			0.5			60	38		0.8967	7.4	116	867.503	73	545.929		14.1	
30	Fri						60	38		0.9234	7.5	67	515.977	45	346.552		13.5	
Average							47.276	37.033		1.06943		65	569.455	61	540.701		11.51	
Maximum				1.3			60	57		1.4909	7.7	116	1027.89	126	1146.25		16.6	
Minimum							40	30		0.8019	7.2	30	281.95	23	179.333		7.41	
No. of Data				8	0	0	29	30	0	27	22	22	22	22	22	0	22	0

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.

C. W. M. — 7/24/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Stan D Cox — 24 July 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment Pla	IN0021024	June	2006

7/24/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

24 July 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

 State Form 10829 (R/12-2005)

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT					
			MIXED LIQUOR					RETURN SLUDGE									
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	70	27	19	2203	86	6.7	19	4.17	3368	3.9	9.3	0.98	0.01	48	7.9	8.5	
2	51	86	24	3264	74	5.7	19	4.218	3544	1.5	5.7	1.42	0.01	58	7.5	8.3	
3								4.4555									
4								3.4765									
5	27.3	165	32.5	3618	90	6.4	18	4.1046	4622	1.2	5.5	1.45	0.04	43	8.1	8.8	
6	51.2	86	34	3872	88	6.4	18	4.0449	4574	1.7	4.4	1.36	0.05	68	7.5	8.8	
7	36.2	107	34.3	4139	83	6.1	19	3.9627	4464	2.5	5.6	1.8	0.03	98	7.6	8.5	
8	38	59	36	4151	87	6.0	18	4.0147	4116	2.1	9.4	1.13	0.05	42	7.9	9.1	
9	31	52	37.8	3894	97	5.8		3.7033	5129	2	5.9	2	0.01	32	7.9	8.7	
10								4.046									
11								3.9583									
12	2.3	79	42.8	4566	94	6.9	18	3.986	4449	2.3	5.4	1.22	0.06	24	7.5	8.9	
13	44	99	45.5	4151	110	6.3	18	3.9335	4864	3.1	4.1	1.3	0.06	30	7.7	8.6	
14	44	110	43.3	3944	110	6.2	19	3.842	4917	4.3	5.4	1.09	0.05	40	7.6	8.7	
15	81	27	52.5	3986	132	6.0	18	3.8786	4575	3	3.5	1.32	0.02	28	7.8	8.8	
16	54	71	36	4298	84	5.7	19	3.4302	4540	3.4	4.7	0.91	0.06	46	7.4	8.5	
17								3.905									
18								4.2078									
19	49	66	45	4063	111	6.0	20	3.8876	5144	2.8	8.3	2	0.06	22	7.7	8.9	
20	33	33	44.5	4156	107	5.9	20	3.9037	4431	3.1	6.8	1.21	0.01	38	7.5	8.3	
21	54	75	43	4526	95	6.0		3.9721	5486	3	9.5	1.14	0.03	58	7.9	8.5	
22	49	70	43	3976	108	6.0	20	3.9844	4958	3	8	0.89	0.04	11	7.9	8.3	
23	66	91	47.8	4009	119	4.1		4.001	4978	2.5	5.9	1.21	0.04	97	7.9	8.3	
24								4.4653									
25								3.4249									
26	57.6	61	54.5	4330	126	5.7	20	3.9879	5872	3.6	5.1	0.54	0.04	49	7.9	7.9	
27	57	92	55	4559	121	5.5	20	4.0454	5397	2.5	6.1	1.63	0.05	40	7.9	8.1	
28	48	79	59	4622	128	5.4	21	3.9119	5452	2.5	7.9	1.38	0.02	67	7.9	8.1	
29	54	54	55.5	4860	114	6.0	20	3.946	5583	2.6	7.2	2.51	0.01	79	7.7	8.4	
30	64	53	59	4787	123	6.0	21	4.4409	5398	2.5	7.2	1.97	0.05	24	7.9	8.2	
Avg.	48.3	74.6	42.9	4090	104	5.9	19	3.977	4812	2.7	6.4	1.3845	0.0364	42		8.5	
Max.	81	165	59	4860	131.71	6.9	21	4.4653	5872	4.3	9.5	2.51	0.06	98	8.1	9.1	
Min.	2.3	27	19	2203	73.529	4.1	18	3.4249	3368	1.2	3.5	0.54	0.01	11	7.4	7.9	
Data	22	22	22	22	22	22	19	30	22	22	22	22	22	22	22	22	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

FROM 6/16/06THRU 6/18/06 RAW INFLUENT METER NOT WORKING PROPERLY WE CLEANED THE CONE FOR THE ULTRA SONIC PROBE.

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment	IN0021024	June	2006

CBO. MS 7/24/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

Steve Lyle 24 July 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

	FINAL EFFLUENT																	
	Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease - mg/l	
1	1.5703		4.1		53.727		6.9		90.419		0.555		7.2728			
2	1.6749		2.5		34.943		9.2		128.59		0.0619		0.8652			
3	1.7167															
4	1.2564															
5	1.451		1.1		13.319		5.9		71.441		0.058		0.7023			
6	1.4804		1.8		22.237		9.5		117.36		0.109		1.3466			
7	1.5954		2.5		33.284		7.7		102.51		0.0157		0.209			
8	1.4346		2.6		31.127		8.1		96.971		0.0961		1.1505			
9	1.3954		2		23.289		6.3		73.361		0.0886		1.0317			
10	1.4185	1.4331		2		24.651		7.5		92.33		0.0735		0.888		
11	1.2021															
12	1.3491		2.6		29.271		5.5		61.92		0.184		2.0715			
13	1.2334		2.3		23.673		6		61.756		0.0737		0.7586			
14	1.2229		4		40.82		5.6		57.149		0.0682		0.696			
15	1.4911		4.6		57.239		4.1		51.017		0.0365		0.4542			
16	1.5601		3.7		48.17		8.1		105.45		0.039		0.5077			
17	1.01	1.29553		3.44		39.835		5.86		67.459		0.0803		0.8976		
18	1.8302															
19	1.2607		3.4		35.77		8.9		93.633		0.118		1.2414			
20	1.3777		3.7		42.539		10.2		117.27		0.331		3.8055			
21	1.1389		2.5		23.76		5.5		52.273		0.14		1.3306			
22	1.4459		3.3		39.818		6.6		79.636		0.085		1.0256			
23	1.2478		2.3		23.95		6.5		67.684		0.083		0.8643			
24	1.3448	1.378		3.04		33.167		7.54		82.099		0.1514		1.6535		
25	1.0427															
26	1.641		2.2		30.127		7.2		98.598		0.14		1.9172			
27	1.2843		3.1		33.224		8.1		86.812		0.026		0.2787			
28	1.3035		3.1		33.721		5.1		55.476		0.0824		0.8963			
29	1.197		3.2		31.965		7		69.923		0.078		0.7791			
30	1.3279	1.2994	3	2.92	33.244	32.456	8.6	7.2	95.299	81.222	0.078	0.0809	0.8643	0.9471		
Avg	**1.38349**		**2.9**		**33.601**		**7.1**		**83.389**		**0.12**		**1.3668**			
Max	1.8302	**1.4331**	4.6	**3.44**	57.239	**39.835**	10.2	**7.54**	128.59	**92.33**	0.555	**0.1514**	7.2728	**1.6535**		
Min	1.01	1.29553	1.1	2	13.319	24.651	4.1	5.86	51.017	67.459	0.0157	0.0735	0.209	0.888		
Data	30	4	22	4	22	4	22	4	22	4	22	4	22	4	0	0

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 41.505
Primary Treatment	25.6	-21.8			
Secondary Treatment	94.4	91.4			Percent Capacity
Tertiary Treatment	-7.6	-11.1			(actual flow/design) 63%
Overall Treatment	95.5	88.4	99.0	NA	

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewa	IN0021024	June	2006

Page 4 of 4 State Form 10829 (R/12-2005)

(SIGNATURE OF CERTIFIED OPERATOR) 7/24/06 (Date)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) 27 July 06 (Date)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION												
			Anaerobic Only												
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	77.51														
2	166.37														
3	200.074														
4	152.68														
5	172.52												39.688		
6	181.31														
7	175.63														
8	181.59														
9	161.87														
10	180.49														
11	186.23														
12	183.88														
13	166.91	47.3													
14	189.38												37.916		
15	185.82														
16	171.29														
17	195.88														
18	195.88														
19	176.46														
20	181.31														
21	172.93														
22	174.2														
23	188.1														
24	218.64														
25	157.51														
26	199.53														
27	142.68	96.89													
28	192.08														
29	208.55												51.395		
30	212.96														
Avg.	178.342	72.095											43		
Max.	218.64	96.89											51.395		
Min.	77.51	47.3											37.916		
Data	30	2	0	0	0	0	0	0	0	0	0	3	0	0	

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP
ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394
FACILITY WINCHESTER MUNICIPAL WWTP
LOCATION WINCHESTER
ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MAJOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

PERMIT NUMBER	DISCHARGE NUMBER
IN0021024	001A

* I N 0 0 2 1 0 2 4 0 0 1 A 0 7 0 6 *

For Any Questions call Dan Knowles at 317-232-0019

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	07	01	06	TO	07	31	06

*** **NO DISCHARGE** ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		7.0	********	********	(19) MG/L	Ø	20/31	Grab-4
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	******** DAILY AV	******** DAILY MX			5 TMS/ WEEK	GRAB-4
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		7.4	********	8.2	(12) SU	Ø	20/31	GRAB
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX			5 TMS/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	124.19	151.97	(26) LBS/DY	********	10.9	12.24	(19) MG/L	Ø	21/31	Comp24
	PERMIT REQUIREMENT	292.4 MO AVG	438.6 MX WK AV		********	16.0 MO AVG	24.0 MX WK AV			5 TMS/ WEEK	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.7308	.9653	(26) LBS/DY	********	.06	.0892	(19) MG/L	Ø	21/31	Comp24
	PERMIT REQUIREMENT	27.4 MO AVG	42.0 MX WK AV		********	1.5 MO AVG	2.3 MX WK AV			5 TMS/ WEEK	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.31193	1.44907	(03) MGD	********	********	********	********	Ø	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		********	********	********			5 TMS/ WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	.0319	.06	(19) MG/L	Ø	21/31	Grab
	PERMIT REQUIREMENT	********	********	********	********	0.06 MO AVG	0.06 DAILY MX			5 TMS/ WEEK	GRAB
E.COLI, COLONY FORMING UNITS (CFU) 51041 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	27	101	(3Z) CFU/ 100ML	Ø	21/31	Grab
	PERMIT REQUIREMENT	********	********	********	********	125.0 MO GEOMN	235.0 DAILY MX			5 TMS/ WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven D. Croyle

TYPED OR PRINTED

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 or imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	584-6845	8	23	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

7-14-06 PLANT DOWN DURING OPERATOR ATTENDANCE FOR TANK CLEANING.

MUNICIPAL MAJOR
RANDOLPH COUNTY

C.M. 9-22-06

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP
ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394
FACILITY WINCHESTER MUNICIPAL WWTP
LOCATION WINCHESTER
ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM ***(NPDES)***
DISCHARGE MONITORING REPORT ***(DMR)***

Revised: ☐

MAJOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

IN0021024	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	07	01	06	**TO**	07	31	06

*I N 0 0 2 1 0 2 4 0 0 1 A 0 7 0 6 *

For Any Questions call Dan Knowles at 317-232-0019

*** **NO DISCHARGE** ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	28.745	36.937	(26)	********	2.6	2.92	(19)	Ø	21/31	Comp-24
80082 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	182.8 MO AVG	274.1 MX WK AV	LBS/DY	********	10.0 MO AVG	15.0 MX WK AV	MG/L		5 TMS/ WEEK	COMP24
FLOW, TOTAL	SAMPLE MEASUREMENT	********	40.67	(80)	********	********	********		Ø	ONCE/month	RCOTOT
82220 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL/ MONTH	********	********	********	********		ONCE/ MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven D. Croyle

TYPED OR PRINTED

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 or imprisonment for knowing violations.

Steven D. Croyle

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
765	584-6815	8	23	06
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

MUNICIPAL MAJOR
RANDOLPH COUNTY

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R/12-2005)

Name of Facility		Permit Number	
Winchester Wastewater Treatment Plant		IN0021024	
Month	Year	Plant Design Flow	Telephone Number
July	2006	2.19 mgd	765-584-1331
Facility's e-mail address (if available):		Winchesterwwtp@verizon.net	
Certified Operator: Name		Class	Certificate Number / Expiration Date
Christopher W. Martin		III	16763 / 6/30/2008

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (Optional)	Total= 3.1 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Collection System Overflow ("X" If Occurred)	CHEMICALS USED: Chlorine - Lbs	CHEMICALS USED: Lbs or Gal	CHEMICALS USED: Lbs or Gal	RAW SEWAGE: Influent Flow Rate (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Sat						60	38		0.7649								
2	Sun						60	38		0.9784								
3	Mon			0.3			60	38		1.0237	7.6	96	819.615	93	794.002		8.14	
4	Tue			0.3			70	40		1.0421	7.5	113	982.096	111	964.714		11.5	
5	Wed						60	38		0.928	7.5	62	479.85	138	1068.05		13.1	
6	Thu						42	44		0.8504	7.5	59	418.448	85	602.849		13.5	
7	Fri						60	38		0.7985	7.4	71	472.824	43	286.358		15.3	
8	Sat						62	42		0.8481								
9	Sun						58	42		0.762								
10	Mon						46	38		0.792	7.2	88.3	583.246	109	719.976		19.7	
11	Tue						42	38		0.8865	7.4	103.8	767.436	40	295.736		15.4	
12	Wed			0.3			39	36		0.8008	7.2	69	460.828	57	380.684		15.9	
13	Thu			0.1			38	34		0.252	7.2	59	123.999	109	229.083		12.3	
14	Fri									0.6626		63	348.143	71	392.352		15.7	
15	Sat						42	36		0.8447								
16	Sun						42	36		0.6954								
17	Mon						40	36		0.7565	7.7	56.3	355.209	96	605.684		11	
18	Tue						40	36		0.6996	7.8	80.7	470.857	102	595.136		11.2	
19	Wed						45	38		0.6371	7.5	97	515.401	97	515.401		21.4	
20	Thu						45	38		0.7135	7.4	88	523.652	49	291.579		15.5	
21	Fri						40	38		0.5083	7.5	91	385.769	58	245.875		26	
22	Sat			0.9			40	38		0.8119								
23	Sun						40	38		0.9064								
24	Mon						50	44		0.8946	7.7	53	395.431	31	231.29		6.26	
25	Tue						50	44		0.8312	7.4	64	443.661	46	318.882		13.3	
26	Wed						52	44		0.9737	7.5	95	771.463	83	674.015		10.3	
27	Thu			0.3			55	40		1.0434	7.5			78	678.753		14.6	
28	Fri			0.9			57	44		0.9497	7.5	89	704.924	57	451.468		9.84	
29	Sat						55	42		1.238								
30	Sun						54	42		0.9573								
31	Mon						55	36		0.9948	7.4	31	257.196	38	315.272		5.42	
Average							49.967	39.133		0.83375		76	514.002	76	507.484		13.59	
Maximum				0.9			70	44		1.238	7.8	113	982.096	138	1068.05		26	
Minimum							38	34		0.252	7.2	31	123.999	31	229.083		5.42	
No. of Data				7	0	0	30	30	0	31	20	20	20	21	21	0	21	0

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.

C. W. M. 8/22/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

23 Aug 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment Pla	IN0021024	July	2006

8/22/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

23 Aug 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

 State Form 10829 (R/12-2005)

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT					
			MIXED LIQUOR					RETURN SLUDGE									
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1								4.2422									
2								3.4105									
3	81	53	56	4497	125	6.1	21	4.0838	5568	3.2	8.7	1.59	0.05	46	7.8	8.6	
4	42	62						3.8756		2.1	10.2	1.3	0.01	40	7.5	8.3	
5	50	65	55	4517	122	6.1	21	3.8723	5583	2.3	8.1	1.37	0.04	75	7.7	8.6	
6	45	17	56.5	4599	123	5.9	21	3.9754	6085	2.5	6.2	1.87	0.01	25	7.7	8.5	
7	38	77	54	4835	112	5.5	22	3.8806	6339	2.7	9.9	0.9	0.01	11	7.6	8.3	
8								4.284									
9								3.8372									
10	54.6	71	64.5	5255	123	5.5	21	3.9026	5942	2.7	9.8	1.27	0.01	18	7.5	8.4	
11	63	102	55.5	5147	108	5.6	21	4.1072	5291	1.9	10.3	1.28	0.05	31	7.7	8.2	
12	49	58	64	5076	126	5.8	21	4.0903	5576	3.1	10.9	1.61	0.02	37	7.7	8.3	
13	34	43	56.5	5048	112	5.4	22	2.1784	5687	1.9	7.4	1.7	0.05	20	7.4	8.4	
14	49	61	61.3	5208	118	6.3	23	3.6625	5536	3	5.8						
15								4.339									
16								3.6747									
17	52.4	76	56.5	5049	112	5.0	23	3.9585	5830	1.8	7.6	1.23	0.05	44	8.1	7.8	
18	61.6	65	56	4922	114	4.9	21	3.9806	6333	1.1	7.5	0.78	0.02	26	8.2	8.1	
19	58	40	60.5	5162	117	4.8	22	4.0459	6037	2.3	10.2	1.16	0.05	21	7.8	8.2	
20	61	49	58.5	5172	113	4.1		3.986	6784	1.7	11	1.4	0.04	30	7.6	7.7	
21	47	63	65	5559	117	3.5	23	4.2699	7179	1.8	11.4	0.67	0.06	101	7.9	7.0	
22								3.6016				0.98	0.03	77			
23								4.143									
24	43	56	62.5	4856	129	5.0	21	3.9316	6309	2.6	9.1	1.27	0.02	10	7.8	8.5	
25	44	56	64.5	5149	125	4.4	22	4.1027	5935	2.2	7.7	1.08	0.04	30	7.7	8.3	
26	57	63	58	4651	125	4.4	22	3.9786	5674	2.3	11	1.08	0.04	12	7.8	8.1	
27	63	72	59.5	5150	116	3.6	24	4.0781	6382	2.4	12	0.8	0.02	15	7.8	7.6	
28	60	52	63	5227	121	5.8	22	3.4373	6982	3.5	14.4	1	0.04	12	7.7	7.7	
29								4.125									
30								4.3077									
31	40	72	56	5166	108	5.6	23	3.9475	6048	2.6	6.9	0.91	0.01	19	7.6	7.5	
Avg.	52.0	60.6	59	5012	118	5.2	22	3.9132	6055	2.4	9.3	1.2024	0.0319	27		8.1	
Max.	81	102	65	5559	128.71	6.3	24	4.339	7179	3.5	14.4	1.87	0.06	101	8.2	8.6	
Min.	34	17	54	4497	107.83	3.5	21	2.1784	5291	1.1	5.8	0.67	0.01	10	7.4	7	
Data	21	21	20	20	20	20	19	31	20	21	21	21	21	21	20	20	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

PLANT DOWN DURING OPERATOR ATTENDANCE FOR TANK CLEANING ON 7-14-06

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment	IN0021024	July	2006

(SIGNATURE OF CERTIFIED OPERATOR) 8/22/06 (DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) 23 Aug 06 (DATE)

FINAL EFFLUENT

Day Of Month	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease - mg/l	
1	0.8361															
2	0.9089															
3	1.1516		3.5		33.635		12.4		119.17		0.01		0.0961			
4	1.3964		2.3		26.802		10		116.53		0.0942		1.0977			
5	1.3882		2.8		32.437		6.3		72.983		0.0631		0.731			
6	1.798		2.4		36.01		12.3		184.55		0.0062		0.093			
7	1.8574		3.6		55.8		17.2		266.6		0.052		0.806			
8	1.643	1.44907		2.92		36.937		11.64		151.97		0.0451		0.5648		
9	1.2684															
10	1.2104		3.3		33.333		12.7		128.28		0.046		0.4646			
11	1.2423		2.5		25.917		10.9		113		0.01		0.1037			
12	1.1119		3		27.836		11.7		108.56		0.01		0.0928			
13	0.5298		2		8.8424		8.1		35.812		0.05		0.2211			
14	1.002		2.8		23.413		10.4		86.962		0.0585		0.4892			
15	1.2538	1.08837		2.72		23.868		10.76		94.523		0.0349		0.2743		
16	1.2023															
17	1.3706		2.7		30.882		6.6		75.489		0.021		0.2402			
18	1.3542		2.1		23.732		9.8		110.75		0.036		0.4068			
19	1.335		2.3		25.623		7.9		88.011		0.076		0.8467			
20	1.7177		2.3		32.969		13		186.34		0.107		1.5338			
21	1.4469		1.8		21.734		11.1		134.03		0.107		1.292			
22	1.1749	1.37166		2.24		26.988		9.68		118.92		0.0694		0.8639		
23	1.4911															
24	1.4192		2		23.686		14		165.81		0.153		1.812			
25	1.4071		2.5		29.356		8.8		103.33		0.032		0.3758			
26	1.3605		3.4		38.601		10		113.53		0.0189		0.2146			
27	1.4459		2.2		26.545		11.1		133.93		0.0373		0.4501			
28	1.154		2		19.26		17.3		166.6		0.205		1.9742			
29	1.08	1.33683		2.42		27.49		12.24		136.64		0.0892		0.9653		
30	1.6286															
31	1.4836		2.2		27.237		7.9		97.807		0.162		2.0057			
Avg	**1.31193**		**2.6**		**28.745**		**10.9**		**124.19**		**0.06**		**0.7308**			
Max	1.8574	**1.44907**	3.6	**2.92**	55.8	**36.937**	17.3	**12.24**	266.6	**151.97**	0.205	**0.0892**	2.0057	**0.9653**		
Min	0.5298	1.08837	1.8	2.24	8.8424	23.868	6.3	9.68	35.812	94.523	0.0062	0.0349	0.0928	0.2743		
Data	31	4	21	4	21	4	21	4	21	4	21	4	21	4	0	0

MONTHLY REMOVAL SUMMARY

Percent Removal	BOD5	S.S.	Ammonia	Phosphorus
Primary Treatment	31.9	20.0		
Secondary Treatment	95.5	84.6		
Tertiary Treatment	-8.0	-17.0		
Overall Treatment	96.7	85.6	99.5	NA

Total Monthly Flow: (million gallons) 40.67

Percent Capacity (actual flow/design) 60%

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastew	IN0021024	July	2006

 State Form 10829 (R/12-2005)

8/22/06
(SIGNATURE OF CERTIFIED OPERATOR) (Date)

23 Aug 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (Date)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	20.036													
2	15.739													
3	20.318													
4	19.206													
5	18.752													
6	42.24													
7	29.64													
8	29.13													
9	29.07													
10	28.78	39.57												
11	28.64													
12	28.75													
13	14.78											44.365		
14	49.65													
15	40.09													
16	20.22													
17	30.12													
18	30.17													
19	30.24													
20	30													
21	39.64	62.57										42.385		
22	19.9													
23	30.25													
24	30.25													
25	30.31													
26	30.18													
27	30.11													
28	26.62	24.76												
29	32													
30	30.77													
31	30													
Avg.	28.568	42.3										43.375		
Max.	49.65	62.57										44.365		
Min.	14.78	24.76										42.385		
Data	31	3	0	0	0	0	0	0	0	0	0	2	0	0

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP
ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394
FACILITY WINCHESTER MUNICIPAL WWTP
LOCATION WINCHESTER
ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MAJOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

IN0021024	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	08	01	06	TO	08	31	06

IN0021024001A0806

For Any Questions call Dan Knowles at 317-232-0019

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		7.3	********	********	(19) MG/L	Ø	23/31	Grab
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	******** DAILY AV	******** DAILY MX			5 TMS/ WEEK	GRAB-4
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		7.5	********	8.4	(12) SU	Ø	23/31	Grab
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX			5 TMS/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	59.186	114.01	(26) LBS/DY	********	8.1	12.44	(19) MG/L	Ø	23/31	Comp24
	PERMIT REQUIREMENT	292.4 MO AVG	438.6 MX WK AV		********	16.0 MO AVG	24.0 MX WK AV			5 TMS/ WEEK	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.883	1.3604	(26) LBS/DY	********	.13	.1774	(19) MG/L	Ø	23/31	Comp24
	PERMIT REQUIREMENT	27.4 MO AVG	42.0 MX WK AV		********	1.5 MO AVG	2.3 MX WK AV			5 TMS/ WEEK	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.86112	1.1732	(03) MGD	********	********	********	********	Ø	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		********	********	********			5 TMS/ WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	.0491	.06	(19) MG/L	Ø	23/31	Grab
	PERMIT REQUIREMENT	********	********	********	********	0.06 MO AVG	0.06 DAILY MX			5 TMS/ WEEK	GRAB
E.COLI, COLONY FORMING UNITS (CFU) 51041 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	24	79	(3Z) CFU/ 100ML	Ø	23/31	Grab
	PERMIT REQUIREMENT	********	********	********	********	125.0 MO GEOMN	235.0 DAILY MX			5 TMS/ WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven D Croyle

TYPED OR PRINTED

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 or imprisonment for knowing violations.

Steven D Croyle

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
765 584-6845		09	28	06
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

MUNICIPAL MAJOR
RANDOLPH COUNTY

MUNICIPAL MAJOR, RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP
ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394
FACILITY WINCHESTER MUNICIPAL WWTP
LOCATION WINCHESTER
ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

IN0021024	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	08	01	06	TO	08	31	06

MAJOR
F - FINAL EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

IN0021024001A0806

For Any Questions call Dan Knowles at 317-232-0019

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
MERCURY TOTAL RECOVERABLE 71901 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	********	4.5	(3M)	Ø	ONCE/2 MNTS	Grab
	PERMIT REQUIREMENT	********	********	********	********	********	REPORT DAILY MX	NG/L		ONCE/ 2 MNTS	GRAB
MERCURY TOTAL RECOVERABLE 71901 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	********	********		********	********	80	(3M)	Ø	ONCE/2 MNTS	Grab
	PERMIT REQUIREMENT	********	********	********	********	********	REPORT DAILY MX	NG/L		ONCE/ 2 MNTS	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	20.364	32.191	(26)	********	2.8	3.54	(19)	Ø	23/31	Comp24
	PERMIT REQUIREMENT	182.8 MO AVG	274.1 MX WK AV	LBS/DY	********	10.0 MO AVG	15.0 MX WK AV	MG/L		5 TMS/ WEEK	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	26.695	(80)	********	********	********		Ø	ONCE/ MONTH	RCOTOT
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL/ MONTH	********	********	********	********		ONCE/ MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven D Croyle

TYPED OR PRINTED

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 or imprisonment for knowing violations.

Steven D Croyle

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
765 584 4845		09	28	06
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

MUNICIPAL MAJOR
RANDOLPH COUNTY

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R/12-2005)

Name of Facility		Permit Number	
Winchester Wastewater Treatment Plant		IN0021024	
Month	Year	Plant Design Flow	Telephone Number
August	2006	2.19 mgd	765-584-1331
Facility's e-mail address (if available):		Winchesterwwtp@verizon.net	
Certified Operator: Name		Class	Certificate Number / Expiration Date
Christopher W. Martin		III	16763 / 6/30/2008

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (Optional)	Total= 5 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Collection System Overflow ("X" If Occurred)	CHEMICALS USED: Chlorine - Lbs	Lbs or Gal	Lbs or Gal	RAW SEWAGE: Influent Flow Rate (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Tue						55	36		0.8647	7.5	79	569.716	125	901.45		8.96	
2	Wed						50	36		0.8203	7.3	125	855.163	37	253.128		13.8	
3	Thu						48	30		1.198	7.4	132	1318.85	107	1069.07		14.8	
4	Fri			0.5			48	30		0.8499	7.5	84	595.406	28	198.469		10.1	
5	Sat						45	30		0.9								
6	Sun						45	30		0.839								
7	Mon						15	34		0.8103	7.8	52.2	352.762	51	344.653		8.48	
8	Tue						50	32		0.878	7.8	51.3	375.645	69	505.254		23.2	
9	Wed						48	32		0.775	7.3	67	433.055	30	193.905		17.7	
10	Thu						50	32		0.85	7.7	48	340.272	80	567.12		18.1	
11	Fri			0.5			48	24		0.8313	7.7	44	305.054	30	207.991		16	
12	Sat						45	24		0.5782								
13	Sun						45	24		0.8051								
14	Mon						45	25		0.9226	7.6	112	861.782	165.4	1272.67		13.5	
15	Tue			0.5			50	30		0.7708	7.7	102	655.704	42	269.996		16.1	
16	Wed						36	30		0.6516	8.0	105	570.606	122	662.99		13.8	
17	Thu						36	30		0.6898	7.7	96	552.281	57	327.917		14.8	
18	Fri						40	38		0.6859	7.8	91	520.557	65	371.826		12.8	
19	Sat						40	38		0.599								
20	Sun						40	38		0.6576								
21	Mon						40	38		0.6516	7.5	145	787.98	78	423.879		9.6	
22	Tue						30	42		0.6273	7.6	105	549.327	59	308.669		17.6	
23	Wed						30	40		0.6941	7.5	16	92.6207	46	266.285		14.9	
24	Thu						21	32		0.6513	7.5	105	570.343	37	200.978		17.8	
25	Fri						21	32		0.6094	7.5	157	797.936	38	193.131		18.1	
26	Sat						21	36		1.2546								
27	Sun			3			21	40		1.1965								
28	Mon			0.4			40	50		1.2594	7.6	53.5	561.932	48	504.163		8.59	
29	Tue						40	46		1.1266	7.5	69	648.313	35	328.855		7.67	
30	Wed			0.1			40	50		0.949	7.6	120.5	953.717	50	395.733		10	
31	Thu						35	43		0.846	7.5	104	733.787	38	268.114		14.5	
Average							39.29	34.581		0.83364		90	608.818	62	436.358		13.95	
Maximum				3			55	50		1.2594	8.0	157	1318.85	165.4	1272.67		23.2	
Minimum							15	24		0.5782	7.3	16	92.6207	28	193.131		7.67	
No. of Data				6	0	0	31	31	0	31	23	23	23	23	23	0	23	0

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.

9-25-06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

28 Sept 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment Pla	IN0021024	August	2006

 State Form 10829 (R/12-2005)

9-25-06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

28 Sept 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT					
			MIXED LIQUOR					RETURN SLUDGE									
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	61	76	60	5468	110	5.3	23	3.9531	6138	3.1	16.7	1.07	0.03	21	7.7	7.3	
2	69	45	52.5	5023	105	5.8	23	3.8171	5555	3.3	13.6	1.62	0.06	17	7.5	8.0	
3	50	46	51	4712	108	5.6	24	3.9228	5586	2.3	9.2	1.72	0.06	22	7.7	7.8	
4	63	43	44	4927	89	6.2	23	3.468	5544	2.1	7.5	1.78	0.06	15	7.9	8.1	
5								4.063									
6								4.2949									
7	82.4	72	49.5	5054	98	6.3	23	3.9856	5121	2.8	12.8	0.94	0.05	21	8.0	8.0	
8	61.6	104	54.8	4693	117	6.1	23	4.0176	5689	1.9	9	1.66	0.06	25	8.4	8.2	
9	50	52	50.8	4826	105	5.9	23	3.9536	5469	2.1	6.7	1.25	0.02	13	7.7	7.5	
10	48	109	54.8	5060	108	5.5	23	3.3668	5213	3.8	12.1	1.74	0.02	43	8.2	8.0	
11	81	92	66	5544	119	5.2	23	4.3268	6247	3.1	9.3	1.21	0.05	64	8.0	8.0	
12								3.2736									
13								4.3081									
14	219	48	56.5	5664	100	5.9	22	3.8625	5875	2.4	9.3	2.43	0.06	79	7.8	8.2	
15	70	75	62	5120	121	6.2	23	4.0823	5149	1	7.1	2.02	0.05	32	7.9	8.3	
16	59	27	70.5	5971	118	2.2	23	3.9568	3595	1.5	7.7	2.14	0.06	7	8.1	8.0	
17	75	22	52.5	5008	105	6.2	23	4.1022	5929	1.6	7.5	2.39	0.05	42	8.1	8.6	
18	73	29	57.5	5038	114	6.0	23	4.2505	5401	1.4	4	1.53	0.06	31	8.0	7.8	
19								3.7264									
20								4.2745									
21	79.2	66	58	5089	114	5.6	21	4.0381	5585	1.8	6.8	2.62	0.06	30	7.9	8.0	
22	62.7	80	53.3	5030	106	5.8	22	4.1723	5404	1.9	7.1	1.41	0.06	26	8.0	7.3	
23	60	43	37	5597	66	6.0	23	4.0496	5324	1.4	7.4	1.74	0.06	37	7.8	8.1	
24	80	27	54.3	4695	116	5.9	24	4.1507	5275	2	8	1.02	0.01	16	7.9	8.5	
25	92	49	61.8	5262	117	5.9		3.8412	5009	3.9	5.6	1.26	0.06	11	7.9	8.1	
26								4.4108									
27								3.7346									
28	14.3	45	54.3	4584	118	6.5	23	4.1004	5848	1	4.5	0.54	0.03	41	7.8	8.4	
29	34.1	50	52	4789	109	6.6	22	3.6873	5194	2.5	5.6	1.14	0.06	15	7.9	7.8	
30	48.8	24	50	4855	103	6.2	23	4.1533	5213	1.9	6.6	2.4	0.06	23	7.8	8.3	
31	39	25	50.3	4408	114	6.4	23	4.1206	5402	2.1	6.5	2.03	0.04	21	7.8	8.9	
Avg.	68.4	54.3	54	5062	108	5.8	23	3.9827	5425	2.2	8.3	1.6374	0.0491	24		8.1	
Max.	219	109	70.5	5971	121.09	6.6	24	4.4108	6247	3.9	16.7	2.62	0.06	79	8.4	8.9	
Min.	14.3	22	37	4408	66.107	2.2	21	3.2736	3595	1	4	0.54	0.01	7	7.5	7.3	
Data	23	23	23	23	23	23	22	31	23	23	23	23	23	23	23	23	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment	IN0021024	August	2006

9-25-06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

28 Sept 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

FINAL EFFLUENT

	Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease - mg/l	
1	1.1706		4.8		46.89		19.4		189.51		0.166		1.6216			
2	1.0734		4.5		40.309		8.3		74.347		0.029		0.2598			
3	1.0779		3		26.985		11.3		101.64		0.01		0.09			
4	0.8359		2.8		19.532		15.3		106.73		0.171		1.1928			
5	0.92	1.17		3.46		32.191		12.44		114.01		0.1076		1.034		
6	1.0426															
7	0.9695		2.7		21.844		8.5		68.769		0.214		1.7314			
8	1.228		3		30.743		7.6		77.882		0.171		1.7523			
9	0.8907		2.9		21.555		7.9		58.72		0.066		0.4906			
10	0.8336		4.6		31.999		8		55.651		0.154		1.0713			
11	0.7463		4.5		28.025		7		43.595		0.282		1.7563			
12	0.4958	0.88664		3.54		26.833		7.8		60.923		0.1774		1.3604		
13	0.5646															
14	0.7068		1.9		11.207		9.8		57.803		0.142		0.8376			
15	0.5879		1.6		7.8496		4.9		24.04		0.137		0.6721			
16	0.5503		1.9		8.7253		9.9		45.463		0.184		0.845			
17	0.6986		2.7		15.741		6.6		38.477		0.091		0.5305			
18	0.5621		1.7		7.9742		6.8		31.897		0.027		0.1266			
19	0.48	0.5929		1.96		10.299		7.6		39.536		0.1162		0.6024		
20	0.6436															
21	0.7176		2.2		13.174		7.2		43.116		0.221		1.3234			
22	0.6565		2.2		12.053		5.1		27.94		0.172		0.9423			
23	0.6036		1.6		8.0593		5.3		26.696		0.0694		0.3496			
24	0.7889		1.9		12.508		7.3		48.059		0.0724		0.4766			
25	0.6745		4.3		24.203		8.5		47.844		0.0558		0.3141			
26	1.3095	0.7706		2.44		14		6.68		38.731		0.1181		0.6812		
27	1.338															
28	1.4181		1.3		15.384		4.2		49.703		0.0768		0.9089			
29	1.2704		2.7		28.624		5.6		59.368		0.0962		1.0199			
30	0.9685		1.9		15.356		5.9		47.685		0.0664		0.5367			
31	0.871	1.1732	2.7	2.15	19.625	19.747	5	5.175	36.342	48.275	0.201	0.1101	1.461	0.9816		
Avg	**0.86112**		**2.8**		**20.364**		**8.1**		**59.186**		**0.13**		**0.883**			
Max	1.4181	**1.1732**	4.8	**3.54**	46.89	**32.191**	19.4	**12.44**	189.51	**114.01**	0.282	**0.1774**	1.7563	**1.3604**		
Min	0.48	0.5929	1.3	1.96	7.8496	10.299	4.2	5.175	24.04	38.731	0.01	0.1076	0.09	0.6024		
Data	31	5	23	5	23	5	23	5	23	5	23	5	23	5	0	0

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 26.695
Primary Treatment	23.8	13.1			
Secondary Treatment	96.8	84.7			Percent Capacity
Tertiary Treatment	-24.6	2.7			(actual flow/design) 39%
Overall Treatment	96.9	87.1	99.1	NA	

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastew	IN0021024	August	2006

Page 4 of 4 State Form 10829 (R/12-2005)

9-25-06
(SIGNATURE OF CERTIFIED OPERATOR) (Date)

28 Sept 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (Date)

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	29.75	45.03												
2	29.39													
3	30.18													
4	24.91													
5	30													
6	35.13													
7	30.28													
8	30.56											51.685		
9	30.98											28.663		
10	30.9													
11	40.91													
12	20.5													
13	30.61													
14	30.63													
15	28.89													
16	30.3													
17	31.09													
18	41.41													
19	20.58													
20	30.88													
21	30.71													
22	30.69													
23	31.03													
24	39.96													
25	50.46													
26	50.53													
27	38.55													
28	40.04	37.93												
29	40.85													
30	40.83													
31	40.89													
Avg.	33.626	41.48										40.174		
Max.	50.53	45.03										51.685		
Min.	20.5	37.93										28.663		
Data	31	2	0	0	0	0	0	0	0	0	0	2	0	0

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

EXECUTIVE SUMMARY - Detection Highlights

A6I070215

PARAMETER	RESULT	REPORTING LIMIT	UNITS	ANALYTICAL METHOD
RAW SAMPLE #1 09/05/06 001				
Mercury	80.0	5.0	ng/L	CFR136A 1631E
EFFLUENT SAMPLE #1 09/05/06 002				
Mercury	4.4	0.50	ng/L	CFR136A 1631E
EFFLUENT SAMPLE #2 09/05/06 003				
Mercury	4.5	0.50	ng/L	CFR136A 1631E
FIELD BLANK 09/05/06 004				
Mercury	0.70	0.50	ng/L	CFR136A 1631E

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP
ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394
FACILITY WINCHESTER MUNICIPAL WWTP
LOCATION WINCHESTER
ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MAJOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

IN0021024	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	09	01	06	TO	09	30	06

IN0021024001A0906

For Any Questions call Dan Knowles at 317-232-0019

*** **NO DISCHARGE** ☐ ***
NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		7.7	********	********	(19) MG/L	Ø	21/30	Grab 4
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	******** DAILY AV	******** DAILY MX			5 TMS/ WEEK	GRAB-4
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		7.5	********	8.0	(12) SU	Ø	21/30	Grab
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX			5 TMS/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	62.65	132.01	(26) LBS/DY	********	7.4	12.44	(19) MG/L	Ø	21/30	comp24
	PERMIT REQUIREMENT	292.4 MO AVG	438.6 MX WK AV		********	16.0 MO AVG	24.0 MX WK AV			5 TMS/ WEEK	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.6143	.8959	(26) LBS/DY	********	.09	.1478	(19) MG/L	Ø	21/30	comp24
	PERMIT REQUIREMENT	27.4 MO AVG	42.0 MX WK AV		********	1.5 MO AVG	2.3 MX WK AV			5 TMS/ WEEK	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.9333	1.22377	(03) MGD	********	********	********	********	Ø	30/30	Totalz
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		********	********	********			5 TMS/ WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	.0381	.06	(19) MG/L	Ø	21/30	GrAB
	PERMIT REQUIREMENT	********	********	********	********	0.06 MO AVG	0.06 DAILY MX			5 TMS/ WEEK	GRAB
E.COLI, COLONY FORMING UNITS (CFU) 51041 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	21	56	(3Z) CFU/ 100ML	Ø	21/30	GrAB
	PERMIT REQUIREMENT	********	********	********	********	125.0 MO GEOMN	235.0 DAILY MX			5 TMS/ WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven D. Croyle

TYPED OR PRINTED

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 or imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	5584848	10	16	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

MUNICIPAL MAJOR
RANDOLPH COUNTY

CM 10-16-06

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP
ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394
FACILITY WINCHESTER MUNICIPAL WWTP
LOCATION WINCHESTER
ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MAJOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

IN0021024	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	09	01	06	TO	09	30	06

IN0021024001A0906

For Any Questions call Dan Knowles at 317-232-0019

*** **NO DISCHARGE** ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	19.518	28.38	(26)	********	2.5	2.62	(19)	Ø	21/30	COMP24
	PERMIT REQUIREMENT	182.8 MO AVG	274.1 MX WK AV	LBS/DY	********	10.0 MO AVG	15.0 MX WK AV	MG/L		5 TMS/ WEEK	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	27.999	(80)	********	********	********		Ø	ONCE/ MONTH	RCOTOT
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL/ MONTH	********	********	********	********		ONCE/ MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven D Croyle

TYPED OR PRINTED

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Steven D Croyle

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
765 5846845		10	16	06
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

MUNICIPAL MAJOR
RANDOLPH COUNTY

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R/12-2005)
Page 1 of 4

Name of Facility		Permit Number	
Winchester Wastewater Treatment Plant		IN0021024	
Month	Year	Plant Design Flow	Telephone Number
September	2006	2.19 mgd	765-584-1331
Facility's e-mail address (if available):		Winchesterwwtp@verizon.net	
Certified Operator: Name		Class	Certificate Number / Expiration Date
Christopher W. Martin		III	16763 / 6/30/2008

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (Optional)	Total= 1.8	Bypass At Plant Site ("X" If Occurred)	Collection System Overflow ("X" If Occurred)	CHEMICALS USED			RAW SEWAGE								
				Precipitation - Inches			Chlorine - Lbs	Lbs or Gal	Lbs or Gal	Influent Flow Rate (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Fri			0.1			30	38		0.7938	7.5	128	847.397	86	569.345		11.61	
2	Sat						30	38		0.7259								
3	Sun						30	35		0.6847								
4	Mon						40	30		0.6886	7.5	39	223.974	29	166.545		10.5	
5	Tue						30	38		0.692	7.4	56	323.192	16	92.3405		9.94	
6	Wed						25	30		0.696	7.5	113	655.924	50	290.232		18.5	
7	Thu						30	32		0.672	7.8	173	969.575	42	235.388		15.6	
8	Fri						30	32		0.622	7.7	119	617.31	51	264.561		17.3	
9	Sat						30	30		0.64								
10	Sun						20	30		0.69								
11	Mon						25	32		0.686	7.4	46	263.177	34.5	197.383		10.7	
12	Tue			0.5			35	45		0.986	7.4	123	1011.46	37	304.26		18.8	
13	Wed						40	49		0.535	7.5	147	655.899	33	147.243		17.6	
14	Thu						40	49		0.595	7.6	102	506.155	33	163.756		11.8	
15	Fri						35	45		0.6246	7.5	99	515.707	207.1	1078.82		17.8	
16	Sat						40	48		0.6433								
17	Sun						35	50		0.6871								
18	Mon						38	50		0.722	7.5	69	415.482	43	258.924		7.11	
19	Tue			0.6			44	50		0.6201	7.7	140	724.029	76	393.044		16.2	
20	Wed						35	46		0.6309	7.4	76	399.89	100	526.171		14.2	
21	Thu						40	50		0.651	7.5	93	504.929	97	526.646		16.4	
22	Fri						32	43		0.859	7.6	95	680.586	52	372.531		16.4	
23	Sat						35	30		0.93								
24	Sun						25	30		0.793								
25	Mon						30	42		0.707	7.4	80	471.71	38	224.062		9.17	
26	Tue						30	60		0.698	7.3	165	960.518	48	279.423		15.2	
27	Wed						28	47		0.846	7.5	78	550.34	39	275.17		17.2	
28	Thu			0.6			27	46		0.756	7.5	100	630.504	36	226.981		18.4	
29	Fri						27	48		0.723	7.4	104	627.101	30	180.895		16.4	
30	Sat						27	47		0.648								
Average							32.1	41.333		0.7082		102	597.85	56	322.558		14.61	
Maximum				0.6			44	60		0.986	7.8	173	1011.46	207.1	1078.82		18.8	
Minimum							20	30		0.535	7.3	39	223.974	16	92.3405		7.11	
No. of Data				4	0	0	30	30	0	30	21	21	21	21	21	0	21	0

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 CERTIFIED OPERATOR) 10/16/06 (DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) 16 Oct 2006 (DATE)

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment Pla	IN0021024	September	2006

10-16-06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

16 Oct 2006
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

 State Form 10829 (R/12-2005)

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT					
			MIXED LIQUOR					RETURN SLUDGE									
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	56	57	48.8	4458	109	7.0	23	4.2402	4821	2	4.6	1.25	0.05	41	7.8	8.4	
2								4.0613									
3								4.1897									
4								4.1859				1.35	0.06	25	7.6	8.2	
5	29	49	56	4418	127	6.5	21	4.1923	4863	2	5.7	1.62	0.04	6	8.0	7.7	
6	50	54	46.5	4049	115	6.5	22	4.1422	4171	1.4	5.2	1.13	0.03	23	7.7	8.5	
7	78	39	43.5	4478	97	6.8	23	4.186	4402	2	5.8	1.76	0.06	16	8.0	8.6	
8	72	65	43.5	4051	107	6.2	21	3.7665	4136	1.9	10	1.73	0.05	18	8.0	8.3	
9								4.172									
10								4.589									
11	89	38	45	4349	103	6.7	21	4.1398	4203	1.6	7.2	1.54	0.04	8	7.8	8.3	
12	78	77.5	46.3	4290	108	6.6	21	4.1407	3939	1.9	11.8	0.95	0.05	43	7.8	8.3	
13	55	25	45	4506	100	7.3		4.1252	4523	3.1	5.7	0.99	0.02	14	7.8	8.2	
14	49	29	42.5	4144	103	7.2	21	4.1316	4403	1.9	6.4	1.16	0.04	25	7.9	7.9	
15	54	70.4	62.5	4676	134	4.8		3.9435	4036	2.7	7.3	0.85	0.01	12	7.5	8.1	
16								4.1073									
17								4.316									
18	48	48	42.5	4683	91	6.8	22	4.0941	4240	3.6	7.3	1	0.04	38	7.8	8.3	
19	86	81	43.5	4106	106	6.8	21	4.0809	4482	2.3	6.3	1.73	0.02	19	7.8	8.1	
20	48	58	47	3715	127	7.0	19	4.1703	4609	3	7.8	2.06	0.04	33	7.7	8.2	
21	62	74	49.8	3928	127	7.1	19	4.1154	4288	2	5.9	2.1	0.06	8	7.7	8.3	
22	50	23	45	4420	102	7.0	20	3.6182	3629	3	6.5	1.39	0.02	15	7.7	8.2	
23								4.11									
24								4.6406									
25	76	59	45	3772	119	6.1	19	4.0568	3778	2.2	8.1	1.72	0.03	32	7.8	7.8	
26	73	77	46.3	3323	139	6.4	20	4.2019	3971	1.3	4.1	2.01	0.04	56	7.7	8.4	
27	88	63	42.5	4864	87	7.0	20	4.1986	3673	2.4	7.1	1.12	0.04	23	7.9	8.2	
28	74	26	38.8	3770	103	6.8	20	4.1364	3773	1.8	5.4	0.91	0.03	32	7.8	8.2	
29	63	57	42.5	3692	115	6.7	20	4.3484	4439	2.4	5.1	1.23	0.03	29	7.8	8.2	
30								4.274									
Avg.	63.9	53.5	46	4185	111	6.7	21	4.1558	4219	2.2	6.7	1.4095	0.0381	21		8.2	
Max.	89	81	62.5	4864	139.33	7.3	23	4.6406	4863	3.6	11.8	2.1	0.06	56	8.0	8.6	
Min.	29	23	38.8	3323	87.377	4.8	19	3.6182	3629	1.3	4.1	0.85	0.01	6	7.5	7.7	
Data	20	20	20	20	20	20	18	30	20	20	20	21	21	21	21	21	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment	IN0021024	September	2006

(SIGNATURE OF CERTIFIED OPERATOR) 10-16-06 (DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) 16 Oct 2006 (DATE)

 State Form 10829 (R/12-2005)

FINAL EFFLUENT

Day Of Month	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease - mg/l	
1	0.9262		1.7		13.14		3.1		23.96		0.1274		0.9847			
2	0.8038															
3	0.6742															
4	0.7188		3.4		20.395		5.1		30.592		0.506		3.0352			
5	0.751		1.6		10.027		5.3		33.216		0.203		1.2722			
6	0.633		2		10.565		4.5		23.771		0.01		0.0528			
7	0.637		2.3		12.226		4.7		24.984		0.01		0.0532			
8	0.794		2.3		15.24		3.5		23.191		0.01		0.0663			
9	0.86	0.724		2.32		13.691		4.62		27.151		0.1478		0.8959		
10	0.95															
11	1.263		2.5		26.349		34.5		363.62		0.01		0.1054			
12	1.45		2.8		33.881		7.1		85.912		0.01		0.121			
13	1.352		3.3		37.232		5.7		64.31		0.01		0.1128			
14	1.2474		1.8		18.737		4.9		51.007		0.088		0.916			
15	1.1406		2.7		25.699		10		95.183		0.0322		0.3065			
16	1.1634	1.22377		2.62		28.38		12.44		132.01		0.03		0.3124		
17	1.1296															
18	1.049		2		17.508		4.7		41.143		0.0212		0.1856			
19	0.9262		2.9		22.415		7.1		54.877		0.0491		0.3795			
20	0.9368		2.2		17.199		5.6		43.779		0.0647		0.5058			
21	0.856		2.3		16.43		8		57.147		0.129		0.9215			
22	0.937		3.2		25.022		8		62.554		0.01		0.0782			
23	1.15	0.9978		2.52		19.714		6.68		51.9		0.0548		0.4141		
24	1.084															
25	0.863		2.9		20.885		8.1		58.334		0.0149		0.1073			
26	0.8		1.8		12.017		7.9		52.74		0.01		0.0668			
27	0.875		2.8		20.445		7.9		57.685		0.042		0.3067			
28	0.777		2.9		18.804		5.6		36.311		0.21		1.3617			
29	0.751		2.5		15.668		5		31.335		0.313		1.9616			
30	0.5	0.80714		2.58		17.564		6.9		47.281		0.118		0.7608		
Avg	**0.9333**		**2.5**		**19.518**		**7.4**		**62.65**		**0.09**		**0.6143**			
Max	1.45	**1.22377**	3.4	**2.62**	37.232	**28.38**	34.5	**12.44**	363.62	**132.01**	0.506	**0.1478**	3.0352	**0.8959**		
Min	0.5	0.724	1.6	2.32	10.027	13.691	3.1	4.62	23.191	27.151	0.01	0.03	0.0528	0.3124		
Data	30	4	21	4	21	4	21	4	21	4	21	4	21	4		

MONTHLY REMOVAL SUMMARY

Percent Removal	BOD5	S.S.	Ammonia	Phosphorus
Primary Treatment	37.4	4.6		
Secondary Treatment	96.5	87.5		
Tertiary Treatment	-11.1	-11.7		
Overall Treatment	97.6	86.7	99.4	NA

Total Monthly Flow: (million gallons) 27.999

Percent Capacity (actual flow/design) 43%

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastew	IN0021024	September	2006

Page 4 of 4 State Form 10829 (R/12-2005)

(SIGNATURE OF CERTIFIED OPERATOR) 10-16-06 (Date)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) 16 Oct 2006 (Date)

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	40.06													
2	41.68													
3	41.19													
4	40.86													
5	40.25	94.55												
6	40.85													
7	40.42													
8	31.5											36		
9	50													
10	41.5													
11	41.4													
12	41.3													
13	41.5													
14	41.45													
15	41.73													
16	41.5													
17	41.52													
18	41.3													
19	41													
20	41.1													
21	41.1													
22	40.6													
23	41													
24	39.5													
25	39.5													
26	40.1	62.46												
27	39.8													
28	39.9													
29	40.7													
30	49.3													
Avg.	41.12	78.505										36		
Max.	50	94.55										36		
Min.	31.5	62.46										36		
Data	30	2	0	0	0	0	0	0	0	0	0	1	0	0

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP
ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394
FACILITY WINCHESTER MUNICIPAL WWTP
LOCATION WINCHESTER
ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MAJOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

IN0021024	001A
PERMIT NUMBER	DISCHARGE NUMBER

* I N 0 0 2 1 0 2 4 0 0 1 A 1 0 0 6 *

MONITORING PERIOD

	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	01	06	TO	10	31	06

For Any Questions call Dan Knowles at 317-232-0019

*** **NO DISCHARGE** ☐ ***

NOTE: Read Instructions before completing this form

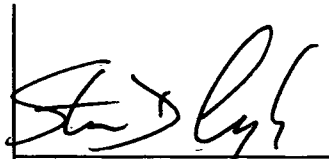
PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		7.8	********	********	(19) MG/L	Ø	22/31	Grab-4
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	******** DAILY AV	******** DAILY MX			5 TMS/ WEEK	GRAB-4
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		7.4	********	7.9	(12) SU	Ø	22/31	Grab-4
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX			5 TMS/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	50.383	68.247	(26) LBS/DY	********	6.1	7.94	(19) MG/L	Ø	22/31	Comp 24
	PERMIT REQUIREMENT	292.4 MO AVG	438.6 MX WK AV		********	16.0 MO AVG	24.0 MX WK AV			5 TMS/ WEEK	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.5205	1.0916	(26) LBS/DY	********	0.06	0.0943	(19) MG/L	Ø	22/31	Comp 24
	PERMIT REQUIREMENT	27.4 MO AVG	42.0 MX WK AV		********	1.5 MO AVG	2.3 MX WK AV			5 TMS/ WEEK	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.03081	1.33861	(03) MGD	********	********	********	********	Ø	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		********	********	********			5 TMS/ WEEK	TOTALZ
CHLORINE, TOTAL RESIDUAL 50060 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	0.0395	.06	(19) MG/L	Ø	22/31	Grab
	PERMIT REQUIREMENT	********	********	********	********	0.06 MO AVG	0.06 DAILY MX			5 TMS/ WEEK	GRAB
E.COLI, COLONY FORMING UNITS (CFU) 51041 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	17	147	(3Z) CFU/ 100ML	Ø	22/31	Grab
	PERMIT REQUIREMENT	********	********	********	********	125.0 MO GEOMN	235.0 DAILY MX			5 TMS/ WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven D Croyle

TYPED OR PRINTED

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 or imprisonment for knowing violations.



SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	584-6845	11	15	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

MUNICIPAL MAJOR
RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP
ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394
FACILITY WINCHESTER MUNICIPAL WWTP
LOCATION WINCHESTER
ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MAJOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

IN0021024	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0021024001A1006

For Any Questions call Dan Knowles at 317-232-0019

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	10	01	06	TO	10	31	06

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
MERCURY TOTAL RECOVERABLE 71901 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	********	3.05	(3M) NG/L	Ø	ONCE/2 MNTS	Grab
	PERMIT REQUIREMENT	********	********	********	********	********	REPORT DAILY MX			ONCE/ 2 MNTS	GRAB
MERCURY TOTAL RECOVERABLE 71901 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	********	********		********	********	142	(3M) NG/L	Ø	ONCE/2 MNTS	Grab
	PERMIT REQUIREMENT	********	********	********	********	********	REPORT DAILY MX			ONCE/ 2 MNTS	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	17.173	22.526	(26)	********	2.1	2.24	(19)	Ø	22/31	Comp 24
	PERMIT REQUIREMENT	182.8 MO AVG	274.1 MX WK AV	LBS/DY	********	10.0 MO AVG	15.0 MX WK AV	MG/L		5 TMS/ WEEK	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	31.955	(80)	********	********	********		Ø	ONCE/ month	RCOTOT
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL/ MONTH	********	********	********	********		ONCE/ MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven D Croyle

TYPED OR PRINTED

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 or imprisonment for knowing violations.

Steven D Croyle

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
765	5846	11	15	06
AREA CODE	NUMBER	MO	DAY	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

MUNICIPAL MAJOR
RANDOLPH COUNTY

EXECUTIVE SUMMARY - Detection Highlights

A6J270221

PARAMETER	RESULT	REPORTING LIMIT	UNITS	ANALYTICAL METHOD
SAMPLE EFF 10/25/06 13:00 001				
Mercury	3.0	0.50	ng/L	CFR136A 1631E
SAMPLE EFF DUP 10/25/06 13:00 002				
Mercury	3.1	0.50	ng/L	CFR136A 1631E
SAMPLE RAW INF. 10/25/06 13:00 003				
Mercury	142	10.0	ng/L	CFR136A 1631E

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility		Permit Number	
Winchester Wastewater Treatment Plant		IN0021024	
Month	Year	Plant Design Flow	Telephone Number
October	2006	2.19 mgd	765-584-1331
Facility's e-mail address (if available):		Winchesterwwtp@verizon.net	
Certified Operator: Name		Class	Certificate Number / Expiration Date
Christopher W. Martin		III	16763 / 6/30/2008

State Form 10829 (R/12-2005)

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (Optional)	Precipitation - Inches (Total= 6.1)	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Chlorine - Lbs	CHEMICALS USED: Lbs or Gal	CHEMICALS USED: Lbs or Gal	RAW SEWAGE: Influent Flow Rate (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Sun						30	50		0.62								
2	Mon			0.2			28	50		0.658	7.7	94	515.846	101.5	557.004		12.4	
3	Tue						28	50		0.681	7.6	86	488.44	105	596.352		17.1	
4	Wed						25	48		0.721	7.5	110	661.445	53	318.696		16.8	
5	Thu			1			35	55		0.7612	7.5	122	774.506	37	234.891		16.6	
6	Fri						35	55		0.4978	7.5	77	319.677	110	456.682		8.57	
7	Sat						35	55		1.11								
8	Sun						35	55		0.867								
9	Mon						35	38		0.779	7.4	121	786.12	63.5	412.551		9.17	
10	Tue						30	36		0.773	7.4	219	1411.85	69	444.831		16	
11	Wed			0.2			35	36		0.873	7.5	116	844.575	50	364.041		15.5	
12	Thu						28	33		0.788	7.5	116	762.343	37	243.161		16.7	
13	Fri						30	32		0.7372	7.4	48	295.116	39	239.782		10.1	
14	Sat						25	28		0.7223								
15	Sun						25	28		0.6905								
16	Mon						15	32		1.166	7.4	63	612.64	31	301.458		9.7	
17	Tue			2.3			40	52		1.479	7.4	73	900.445	31	382.381		17.5	
18	Wed			0.2			45	55		1.243	7.4	41	425.031	21	217.699		2.11	
19	Thu						40	52		1.2292	7.6	55	563.834	18	184.528		6.44	
20	Fri			0.4			30	50		1.1628	7.4	50	484.888	40	387.91		8.08	
21	Sat						35	50		1.15								
22	Sun						30	50		1.238								
23	Mon						32	48		0.966	7.4	57	459.217	34	273.919		4.31	
24	Tue						22	36		0.915	7.7	84	641.012	52	396.817		11.6	
25	Wed						22	35		0.874	7.6	97	707.049	35	255.121		15.7	
26	Thu						22	35		0.8785	7.7	102	747.322	19	139.207		15	
27	Fri			0.3			20	34		1.2069	7.5	91	915.965	54	543.539		14.8	
28	Sat						22	25		1.2066								
29	Sun			1.5			22	25		1.209								
30	Mon						30	31		1.224	7.6	61	622.698	21	214.371		6	
31	Tue						26	31		1.237	7.6	49	505.512	61	629.311		11.7	
Average							29.419	41.613		0.9569		88	656.615	49	354.284		11.9	
Maximum				2.3			45	55		1.479	7.7	219	1411.85	110	629.311		17.5	
Minimum							15	25		0.4978	7.4	41	295.116	18	139.207		2.11	
No. of Data				8	0	0	31	31	0	31	22	22	22	22	22	0	22	0

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 CERTIFIED OPERATOR) — (DATE) 15 Nov 06

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) — (DATE) 15 Nov 2006

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment Pla	IN0021024	October	2006

15 Nov 06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

15 Nov 2006
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

 State Form 10829 (R/12-2005)

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT					
			MIXED LIQUOR					RETURN SLUDGE									
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1								3.8883									
2	95	74	50	3673	136	6.4	19	3.3291	4304	2	7.8	1.39	0.06	20	7.9	8.2	
3	76	40	40	4154	96	5.9	20	4.0197	4574	2.2	5.9	1	0.05	27	7.8	7.8	
4	92	59	38.8	3952	98			4.0096	4094	2.8	8.2	1.73	0.05	147	7.8	7.8	
5	107	28	37.5	3762	100	6.9	19	4.1822	3628	3.1	5.6	1.73	0.05	26	7.8	8.1	
6	94	29	34.5	3457	100	6.8	19	3.8224	4252	1.9	7.7	1.43	0.03	10	7.7	8.6	
7								4.108									
8								4.6037									
9	106	36	45.5	3943	115	6.9	19	4.1189	4698	1.8	6.9	1.88	0.06	8	7.9	8.4	
10	133	27	43	4188	103	5.0	19	3.742	4199	1.9	6	3.35	0.03	22	7.8	8.6	
11	65	38	39	3600	108	5.3	20	4.0821	3930	3	8.8	1.75	0.03	26	7.7	8.5	
12	80	30	46.5	4062	114	5.4	19	4.0344	4128	2.2	6.2	1.76	0.06	12	7.8	8.7	
13	81	35	41.3	4145	100			3.8307	4204	1.9	4.2	2.29	0.06	10	7.7	8.4	
14								4.1072									
15								4.0371									
16	74	31	46.3	3984	116	6.0	19	3.9675	3779	2.3	6	0.96	0.02	23	7.4	8.7	
17	73	31	55	3513	157	6.4	19	4.0461	4995	1.5	4.5	0.97	0.04	40	7.7	8.6	
18	31	21	46.5	3790	123	7.1	18	3.9419	5313	1.8	4.6	1.35	0.02	13	7.7	8.3	
19	36	50	38.5	3388	114	8.0	19	3.9498	3702	1.4	5.1	1.58	0.01	21	7.8	8.4	
20	36	25	41.3	2869	144	9.0	19	3.6178	3151	1.2	8.2	0.81	0.05	32	7.8	8.4	
21								3.937									
22								4.6868									
23	43	69	41.3	3380	122	9.0	18	3.9933	4119	2.2	4.6	1.02	0.02	11	7.9	9.2	
24	40	45	41.3	3475	119	7.7	16	4.0577	3449	2.5	5.3	1.39	0.06	10	7.8	9.1	
25	52	35	42.5	3418	124	7.7	16	4.0334	4557	1.9	5.2	1.1	0.06	8	7.8	9.1	
26	44	29	47.5	3596	132	8.6	17	4.0299	3894	1.8	3.4	0.97	0.06	15	7.8	8.9	
27	48	45	45	3498	129	8.6	17	3.9249	4119	1.8	5.5	0.97	0.03	16	7.8	8.8	
28								4.0672									
29								4.2677									
30	38	19	50.3	3475	145	9.2	16	4.0294	4319	2	4.8	0.73	0.02	6	7.8	9.4	
31	48	48	46.5	3534	132	8.9	17	4.0553	4840	2	5.2	1.01	0	12	7.8	8.9	
Avg.	67.8	38.4	44	3675	119	7.2	18	4.0168	4193	2.1	5.9	1.4168	0.0395	17		8.6	
Max.	133	74	55	4188	156.56	9.2	20	4.6868	5313	3.1	8.8	3.35	0.06	147	7.9	9.4	
Min.	31	19	34.5	2869	96.293	5	16	3.3291	3151	1.2	3.4	0.73	0	6	7.4	7.8	
Data	22	22	22	22	22	20	20	31	22	22	22	22	22	22	22	22	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment	IN0021024	October	2006

15 Nov 06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

15 Nov 2006
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

 State Form 10829 (R/12-2005)

FINAL EFFLUENT

	Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease - mg/l	
1	0.616															
2	0.599		2.3		11.497		5.8		28.992		0.046		0.2299			
3	0.698		2.2		12.815		9.6		55.918		0.143		0.8329			
4	0.782		1.7		11.094		8.3		54.164		0.0833		0.5436			
5	0.5768		2.8		13.478		7.4		35.619		0.024		0.1155			
6	0.3982		2.2		7.3106		8.6		28.578		0.0538		0.1788			
7	0.63	0.61429		2.24		11.239		7.94		40.654		0.07		0.3802		
8	0.747															
9	0.725		2.3		13.915		5.4		32.671		0.076		0.4598			
10	0.658		1.6		8.7856		4.8		26.357		0.0812		0.4459			
11	0.779		2.5		16.252		5.4		35.104		0.0541		0.3517			
12	0.661		2.7		14.893		6.2		34.199		0.0268		0.1478			
13	0.7391		2.1		12.952		5.1		31.456		0.0282		0.1739			
14	0.7606	0.72424		2.24		13.36		5.38		31.957		0.0533		0.3158		
15	0.7463															
16	1.249		1.9		19.804		4.2		43.776		0.216		2.2513			
17	1.577		1.8		23.688		5.2		68.432		0.109		1.4344			
18	1.478		1.7		20.968		4.6		56.736		0.0383		0.4724			
19	1.5305		2.4		30.653		5.9		75.355		0.0341		0.4355			
20	1.3995		1.5		17.518		8.3		96.934		0.074		0.8642			
21	1.39	1.33861		1.86		22.526		5.64		68.247		0.0943		1.0916		
22	1.521															
23	1.163		2.3		22.322		4.5		43.674		0.0632		0.6134			
24	1.146		2.1		20.083		7.4		70.769		0.0572		0.547			
25	0.959		1.8		14.405		7.3		58.421		0.0242		0.1937			
26	1.0644		2.1		18.653		4.7		41.747		0.0459		0.4077			
27	1.4913		1.8		22.401		8.2		102.05		0.01		0.1244			
28	1.4548	1.25707		2.02		19.573		6.42		63.332		0.0401		0.3772		
29	1.4635															
30	1.474		2.5		30.751		3		36.902		0.041		0.5043			
31	1.478		1.1		13.567		4.1		50.569		0.01		0.1233			
Avg	**1.03081**		**2.1**		**17.173**		**6.1**		**50.383**		**0.06**		**0.5205**			
Max	1.577	**1.33861**	2.8	**2.24**	30.751	**22.526**	9.6	**7.94**	102.05	**68.247**	0.216	**0.0943**	2.2513	**1.0916**		
Min	0.3982	0.61429	1.1	1.86	7.3106	11.239	3	5.38	26.357	31.957	0.01	0.0401	0.1155	0.3158		
Data	31	4	22	4	22	4	22	4	22	4	22	4	22	4	0	0

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 31.955
Primary Treatment	22.8	22.0			
Secondary Treatment	97.0	84.6			Percent Capacity
Tertiary Treatment	-0.4	-3.3			(actual flow/design) 47%
Overall Treatment	97.7	87.6	99.5	NA	

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastew	IN0021024	October	2006

Page 4 of 4 State Form 10829 (R/12-2005)

15 Nov 06
(SIGNATURE OF CERTIFIED OPERATOR) (Date)

15 Nov 2006
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (Date)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	29.5													
2	40													
3	39.7													
4	39.9													
5	39.77													
6	24.38													
7	56													
8	39.1													
9	39.8													
10	39.4	54.72										45.331		
11	40.1													
12	40													
13	40.55													
14	40.43													
15	40.32													
16	40.4													
17	39.9													
18	40.5	0.776												
19	39.96	24.76												
20	39.54													
21	40													
22	40.8													
23	40.3													
24	40.4													
25	40.3													
26	40.34													
27	40.21													
28	40.26													
29	42.39													
30	0.82											31.484		
31	35.7													
Avg.	38.412	26.752										38.408		
Max.	56	54.72										45.331		
Min.	0.82	0.776										31.484		
Data	31	3	0	0	0	0	0	0	0	0	0	2	0	0

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP
ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394
FACILITY WINCHESTER MUNICIPAL WWTP
LOCATION WINCHESTER
ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MAJOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

IN0021024	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	11	01	06	TO	11	30	06

IN0021024001A1106

For Any Questions call Dan Knowles at 317-232-0019

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		8.3	********	********	(19) MG/L	Ø	22/30	GRAB-4
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	******** DAILY MX			5 TMS/ WEEK	GRAB-4
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		7.6	********	8.0	(12) SU	Ø	22/30	GRAB
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX			5 TMS/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	87.149	117.8	(26)	********	6.6	8.66	(19)	Ø	22/30	COMP 24
	PERMIT REQUIREMENT	292.4 MO AVG	438.6 MX WK AV	LBS/DY	********	16.0 MO AVG	24.0 MX WK AV	MG/L		5 TMS/ WEEK	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.27	0.6243	(26)	********	0.02	0.0433	(19)	Ø	22/30	COMP24
	PERMIT REQUIREMENT	27.4 MO AVG	42.0 MX WK AV	LBS/DY	********	1.5 MO AVG	2.3 MX WK AV	MG/L		5 TMS/ WEEK	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.56232	1.64768	(03)	********	********	********		Ø	30/30 sc 28	TOTALZ
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	********	********	********	********		5 TMS/ WEEK	TOTALZ
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	28.693	32.034	(26)	********	2.2	2.34	(19)	Ø	22/30	COMP24
	PERMIT REQUIREMENT	182.8 MO AVG	274.1 MX WK AV	LBS/DY	********	10.0 MO AVG	15.0 MX WK AV	MG/L		5 TMS/ WEEK	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	46.87	(80)	********	********	********		Ø	ONCE/ MONTH	RCOTOT
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL/ MONTH	********	********	********	********		ONCE/ MONTH	RCOTOT

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven D. Croyle

TYPED OR PRINTED

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 or imprisonment for knowing violations.

Steven D. Croyle

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	584-6866	12	11	06

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

ON 11-14-06 OUR EFFLUENT Meter WAS Blown Do TO A Power SURGE. Contacted HURST TECH SERVICES to Order NEW Meter. Notified Andy Schmidt IDEM ABOUT ISSUE. WE ARE USING OUR RAW TO Primary meter READING. THIS Includes all FLOWS From Lagoons and Recirculation and Mirrors OUR EFF.

12/11/06

MUNICIPAL MAJOR RANDOLPH COUNTY

MUNICIPAL MAJOR RANDOLPH COUNTY

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

State Form 10829 (R/12-2005)

Page 1 of 4

Name of Facility		Permit Number	
Winchester Wastewater Treatment Plant		IN0021024	
Month	Year	Plant Design Flow	Telephone Number
November	2006	2.19 mgd	765-584-1331
Facility's e-mail address (if available):		Winchesterwwtp@verizon.net	
Certified Operator: Name	Class	Certificate Number	Expiration Date
Christopher W. Martin	III	16763	6/30/2008

							CHEMICALS USED			RAW SEWAGE								
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (Optional)	Total= 2.4 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs or Gal	Lbs or Gal	Influent Flow Rate (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Wed			0.2						1.113	7.6	53	491.968	33	306.32		8.32	
2	Thu									1.032	7.6	29	249.6	38	327.061		10.4	
3	Fri									0.9	7.5	55	412.83	48	360.288		12.8	
4	Sat									0.9								
5	Sun									0.974								
6	Mon			0.3						0.912	7.6	43	327.061	56	425.94		10.4	
7	Tue									1.124	7.4	98.9	927.104	31	290.599		18.4	
8	Wed									0.962	7.5	51	409.177	20	160.462		10.3	
9	Thu									0.905	7.4	68	513.244	17.5	132.085		13.2	
10	Fri									0.9328	7.5	46	357.859	25	194.489		10.8	
11	Sat			0.2						0.8825								
12	Sun									0.8085								
13	Mon									0.8542	7.7	33.3	237.23	66	470.186		13.5	
14	Tue			0.1						0.84	7.4	90	630.504	17	119.095		10.3	
15	Wed			1.3						1.256	7.4	104	1089.4	32	335.201		11.1	
16	Thu			0.2						1.545	7.4	59	760.233	21	270.591		9.66	
17	Fri									1.3431	7.5	36	403.252	11	123.216		3.02	
18	Sat									1.616								
19	Sun									1.1549								
20	Mon									1.198	7.6	57.5	574.501	55.5	554.518		7.04	
21	Tue									1.13	7.5	55.7	524.928	47	442.937		8.49	
22	Wed									1.1109	7.7	86	796.782	38	352.066		10.2	
23	Thu									0.9791	7.5	96	783.907	87.4	713.682		11.2	
24	Fri									0.9494	7.5	51	403.818	37.9	300.092		7.5	
25	Sat									0.8996								
26	Sun									0.877								
27	Mon									0.881	7.6	34	249.816	33.5	246.143		7.44	
28	Tue									0.838	7.6	77	538.147	27	188.701		15.4	
29	Wed									0.733	7.5	63	385.133	43	262.868		13.6	
30	Thu			0.1						1.5509	7.5	55	711.398	28	362.166		14.2	
Average										1.04006		61	535.359	37	315.396		10.79	
Maximum				1.3						1.616	7.7	104	1089.4	87.4	713.682		18.4	
Minimum										0.733	7.4	29	237.23	11	119.095		3.02	
No. of Data				7	0	0	0	0	0	30	22	22	22	22	22	0	22	0

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.

C W. M 12/12/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

11 Dec 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment Pla	IN0021024	November	2006

Page 2 of 4 State Form 10829 (R/12-2005)

12/7/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

11 Dec 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT					
			MIXED LIQUOR					RETURN SLUDGE									
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	47	18	49	3560	138	8.7	18	3.7926	3672	2.3	5.3				7.9	8.4	
2	56	50	43.5	3836	113	8.6	16	3.7719	4157	2.1	3.6				7.9	8.3	
3	57	58	50	3507	143	8.5	15	3.4808	4317	1.8	4.6				7.8	8.5	
4								3.814									
5								4.1681									
6	46	59	43.5	3375	129	9.4		3.8105	4318	1.9	4.4				7.7	9.9	
7	30.6	59	40	3912	102	7.5		3.7994	4027	2	4.4				7.9	9.9	
8	45	30	57.5	3549	162	7.8	17	3.8307	4498	2.3	5.4				8.0	9.5	
9	47	34	43.8	3504	125	6.6	18	3.8238	3850	2.3	4.1				7.8	9.0	
10	35	18	56	3445	163	8.0	17	4.0604	4166	1.9	4.1				8.0	8.9	
11								3.8305									
12								3.579									
13	26	48	51	4122	124	7.9	15	3.8132	4554	1.1	5.1				7.8	9.8	
14	49.6	23	46	3604	128	7.8	16	3.9504	4461	1.9	3				7.8	9.6	
15	52	18	50	3638	137	8.1	15	3.9428	5011	2.8	4.6				7.6	9.7	
16	66	20	47.5	3673	129	7.5	15	3.9745	4771	3.1	3.1				7.8	9.7	
17	29	9	56	3767	149	8.1	15	3.6853	4777	2.2	5.4				7.8	9.4	
18								4.6434									
19								3.5592									
20	75.8	65	43.8	3868	113	8.1	15	3.9508	4801	2.6	4.2				7.8	9.1	
21	55.5	66.5	57.5	3790	152		16	3.9226	4476	3	5.4				7.9	9.3	
22	49	56	54	3402	159	8.1	14	3.8548	4601	2.1	6.7				7.9	8.9	
23								3.6127							7.7	9.5	
24								3.8421							7.7	9.4	
25								3.8742									
26								4.0119									
27	24	4.4	57	3485	164	7.7	15	3.7587	4792	1.5	4.4				7.8	8.9	
28	41	42	52	3995	130	7.7	15	3.7751	4764	1.5	5.9				7.8	9.4	
29	30	42	52	3914	133	7.3	15	3.7653	4620	1.9	4.4				7.8	9.2	
30	38	33	40.5	3756	108	7.4	16	3.8192	4603	2.1	10.1				7.8	8.5	
Avg.	45.0	37.6	50	3685	135	7.9	16	3.8506	4462	2.1	4.9					9.2	
Max.	75.8	66.5	57.5	4122	163.56	9.4	18	4.6434	5011	3.1	10.1				8.0	9.9	
Min.	24	4.4	40	3375	102.25	6.6	14	3.4808	3672	1.1	3				7.6	8.3	
Data	20	20	20	20	20	19	18	30	20	20	20	0	0	0	22	22	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

ON 11-14-06 OUR EFF. METER WAS BLOWN DO TO A POWER SURGE. CONTACTED HURST TECH. SERVICES TO ORDER NEW UNIT. CONTACTED ANDY SCHMIDT ABOUT ISSUE. WE USED WHAT IS OUR RAW TO PRIMARY METER READING WHICH MIRRORS OUR EFF. METER READING. THE RAW TO PRIMARY METER TELLS US WHAT IS PUMPED INTO OUR PRIMARY TANKS. THIS INCLUDES ANY FLOW FROM LAGOONS AND RECIRCULATION WATER.

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment	IN0021024	November	2006

12/7/06
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

11 Dec 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

FINAL EFFLUENT

	Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease - mg/l	
1	1.368		2.2		25.115		4.6		52.513		0.0151		0.1724			
2	1.29273		2.4		25.891		5		53.939		0.01		0.1079			
3	1.63865		1.9		25.982		6.3		86.15		0.01		0.1367			
4	1.2977	1.43037		2.02		24.261		4.6		56.015		0.0172		0.2089		
5	1.81174															
6	1.82874		2		30.522		5.5		83.935		0.01		0.1526			
7	1.32		2.4		26.437		6.5		71.6		0.01		0.1102			
8	1.182		2.7		26.632		6		59.183		0.01		0.0986			
9	1.289		1.7		18.286		4.4		47.33		0.01		0.1076			
10	1.6207		1.8		24.345		7.5		101.44		0.01		0.1352			
11	1.6014	1.52194		2.12		25.244		5.98		72.696		0.01		0.1208		
12	1.451															
13	1.63824		1.8		24.608		6.1		83.394		0.0188		0.257			
14	1.66934		1.8		25.075		8		111.45		0.0261		0.3636			
15	1.69748		2.8		39.663		3.2		45.33		0.0489		0.6927			
16	1.69047		2.8		39.5		3.3		46.553		0.01		0.1411			
17	1.50156		2.5		31.326		7.9		98.991		0.01		0.1253			
18	1.81138	1.63707		2.34		32.034		5.7		77.142		0.0228		0.3159		
19	1.27702															
20	1.40496		2.3		26.966		3.8		44.553		0.0051		0.0598			
21	1.73774		2		29.003		8.4		121.81		0.0252		0.3654			
22	1.83444		1.9		29.086		6.4		97.974		0.01		0.1531			
23	1.58357		2.6		34.359		13.4		177.08		0.01		0.1321			
24	1.56498		2.76		36.045		11.3		147.58		0.01		0.1306			
25	1.51833	1.56015		2.312		31.092		8.66		117.8		0.0121		0.1682		
26	1.49419															
27	1.75539		3.15		46.143		7.1		104.01		0.0601		0.8804			
28	1.79025		1.6		23.903		10.9		162.84		0.021		0.3137			
29	1.39445		1.7		19.782		4.2		48.874		0.024		0.2793			
30	1.80413	1.64768	1.5	1.9875	22.583	28.103	4.7	6.725	70.761	96.621	0.068	0.0433	1.0238	0.6243		
Avg	**1.56232**		**2.2**		**28.693**		**6.6**		**87.149**		**0.02**		**0.27**			
Max	1.83444	**1.64768**	3.15	**2.34**	46.143	**32.034**	13.4	**8.66**	177.08	**117.8**	0.068	**0.0433**	1.0238	**0.6243**		
Min	1.182	1.43037	1.5	1.9875	18.286	24.261	3.2	4.6	44.553	56.015	0.0051	0.01	0.0598	0.1208		
Data	30	5	22	5	22	5	22	5	22	5	22	5	22	5	0	0

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:	
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)	46.87
Primary Treatment	26.2	-1.9				
Secondary Treatment	95.3	87.0			Percent Capacity	
Tertiary Treatment	-3.6	-33.8			(actual flow/design)	71%
Overall Treatment	96.4	82.2	99.8	NA		

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastew	IN0021024	November	2006

Page 4 of 4 State Form 10829 (R/12-2005)

12/7/06
(SIGNATURE OF CERTIFIED OPERATOR) (Date)

11 Dec 06
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (Date)

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	36.6													
2	40.4													
3	40.1													
4	39	38.34												
5	39													
6	39													
7	38.9													
8	40.5													
9	38.3													
10	49.65													
11	39.66													
12	33.05													
13	36.44													
14	40.3													
15	39.2													
16	39.4													
17	39.32													
18	49.23													
19	32.95													
20	44.1													
21	31.1													
22	38.81	89.08												
23	38.43													
24	38.52													
25	38.38													
26	37.96													
27	38.4													
28	38.6											65.298		
29	37.8	51.01												
30	41.98	29.93												
Avg.	39.169	52.09										65.298		
Max.	49.65	89.08										65.298		
Min.	31.1	29.93										65.298		
Data	30	4	0	0	0	0	0	0	0	0	0	1	0	0

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP
ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394
FACILITY WINCHESTER MUNICIPAL WWTP
LOCATION WINCHESTER
ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MAJOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

IN0021024	001A
PERMIT NUMBER	DISCHARGE NUMBER

IN0021024001A1206

For Any Questions call Dan Knowles at 317-232-0019

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	01	06	TO	12	31	06

*** NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		9.0	********	********	(19) MG/L	Ø	21/31	Grab 4
	PERMIT REQUIREMENT	********	********	********	5.0 DAILY MN	******** DAILY AV	******** DAILY MX			5 TMS/ WEEK	GRAB-4
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		7.7	********	8.0	(12) SU	Ø	21/31	Grab
	PERMIT REQUIREMENT	********	********	********	6.0 DAILY MN	********	9.0 DAILY MX			5 TMS/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	103.46	135.79	(26) LBS/DY	********	7.8	9.575	(19) MG/L	Ø	20/31	Comp24
	PERMIT REQUIREMENT	548.3 MO AVG	822.4 MX WK AV		********	30.0 MO AVG	45.0 MX WK AV			5 TMS/ WEEK	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.3303	1.9352	(26) LBS/DY	********	.10	.155	(19) MG/L	Ø	20/31	Comp24
	PERMIT REQUIREMENT	36.6 MO AVG	54.8 MX WK AV		********	2.0 MO AVG	3.0 MX WK AV			5 TMS/ WEEK	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.56842 ~~1.3303~~ 1.3303 am	1.73877 ~~1.9352~~ 1.9352 cm	(03) MGD	********	********	********	********	Ø	31/31	TOTALZ
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		********	********	********			5 TMS/ WEEK	TOTALZ
MERCURY TOTAL RECOVERABLE 71901 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	********	4.15	(3M) NG/L	Ø	ONCE/2 MNTS	Grab
	PERMIT REQUIREMENT	********	********	********	********	********	REPORT DAILY MX			ONCE/ 2 MNTS	GRAB
MERCURY TOTAL RECOVERABLE 71901 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	********	********		********	********	8.0	(3M) NG/L	Ø	ONCE/2 MNTS	GRAB
	PERMIT REQUIREMENT	********	********	********	********	********	REPORT DAILY MX			ONCE/ 2 MNTS	GRAB

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven D Croyle

TYPED OR PRINTED

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 or imprisonment for knowing violations.

Steven D Croyle

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	584-6845	01	15	07

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

DURING MONTH OF DEC. OUR EFF. Flow meter WAS DOWN DUE TO POWER SURGE. USED RAW TO Primary READING Which mirrors EFF. Readings. NEW meter Installed 1-4-07

MUNICIPAL MAJOR
RANDOLPH COUNTY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME WINCHESTER MUNICIPAL STP
ADDRESS WINCHESTER CITY HALL
113 E WASHINGTON ST
WINCHESTER IN 47394
FACILITY WINCHESTER MUNICIPAL WWTP
LOCATION WINCHESTER
ATTN: HON. STEVEN CROYLE, MAYOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Revised: ☐

MAJOR
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

IN0021024	001A
PERMIT NUMBER	DISCHARGE NUMBER

* I N 0 0 2 1 0 2 4 0 0 1 A 1 2 0 6 *

MONITORING PERIOD	MO	DAY	YEAR		MO	DAY	YEAR
FROM	12	01	06	TO	12	31	06

For Any Questions call Dan Knowles at 317-232-0019

*** **NO DISCHARGE** ☐ ***

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	33.265	42.586	(26)	********	2.5	2.94	(19)	Ø	2I/3I	COMP24
	PERMIT REQUIREMENT	456.9 MO AVG	731.0 MX WK AV	LBS/DY	********	25.0 MO AVG	40.0 MX WK AV	MG/L		5 TMS/ WEEK	COMP24
FLOW, TOTAL 82220 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	48.621	(80)	********	********	********	********	Ø	ONCE/ MONTH	RCOTOT
	PERMIT REQUIREMENT	********	REPORT MO TOTAL	MGAL/ MONTH	********	********	********	********		ONCE/ MONTH	RCOTOT
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
znone	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTVE OFFICER OR AUTHORIZED AGENT

Steven D. Croyle

TYPED OR PRINTED

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 or imprisonment for knowing violations.

Steven D Croyle

SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	MO	DAY	YEAR
765	584-6811	01	15	07

COMMENTS AND EXPLANATION OF ANY VIOLATION *(Reference all attachments here)*

MUNICIPAL MAJOR
RANDOLPH COUNTY

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number
Winchester Wastewater Treatment Plant	IN0021024

Month	Year	Plant Design Flow	Telephone Number
December	2006	2.19 mgd	765-584-1331

Facility's e-mail address (if available): Winchesterwwtp@verizon.net

Certified Operator: Name	Class	Certificate Number	Expiration Date
Christopher W. Martin	III	16763	6/30/2008

State Form 10829 (R/12-2005)

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (Optional)	Total= 6.3 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Collection System Overflow ("X" If Occurred)	CHEMICALS USED: Chlorine - Lbs	CHEMICALS USED: Lbs or Gal	CHEMICALS USED: Lbs or Gal	RAW SEWAGE: Influent Flow Rate (MGD)	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Fri			3.6						1.1631	7.5	52	504.413	31	300.708		10.7	
2	Sat									1.67								
3	Sun									1.729								
4	Mon									1.652	7.3	26	358.22	24	330.664		7.3	
5	Tue									1.46	7.6	51	620.996	21	255.704		6.6	
6	Wed									1.317	7.5	60.5	664.519	45	494.27		6.66	
7	Thu									1.19	7.5	55	545.853	60	595.476		9.12	
8	Fri									1.1067	7.6	76	701.471	53	489.184		8.87	
9	Sat									1.0324								
10	Sun									0.9949								
11	Mon									0.967	7.6	33	266.138	56.5	455.66		6.65	
12	Tue									1.315	7.4	87.5	959.621	65	712.862		9.68	
13	Wed			0.5						1.305	7.4	71	772.743	48	522.418		8.76	
14	Thu									1.2622	7.5	47	494.757	45	473.704		7.77	
15	Fri									1.2454	7.5	67	695.905	31	321.986		13.7	
16	Sat									1.1504								
17	Sun									1.103								
18	Mon			0.3						1.235	7.5	73	751.893	69	710.693		13.1	
19	Tue									1.139	7.4	95	902.43	51	484.462		8.98	
20	Wed			0.3						1.21	7.5	58	585.301	48	484.387		0.093	
21	Thu			0.6						1.586	7.4	42	555.544	55	727.498		11.4	
22	Fri			0.2						1.6	7.5	77	1027.49	94	1254.34		6.78	
23	Sat									1.471								
24	Sun									1.4572								
25	Mon									1.4898	7.8	47	583.972	24	298.198		5.5	
26	Tue			0.8						1.567	7.4	84	1097.78	40	522.751		6.13	
27	Wed									1.567	7.7	16.8	219.556	32	418.201		3.83	
28	Thu									1.5473	7.7	45	580.702	81	1045.26		4.08	
29	Fri									1.2387	7.4	53	547.53				8.88	
30	Sat									1.3335								
31	Sun									1.9381								
1	Mon	Fill in January's effluent data on page 3 as needed for weekly average calculations.								1.5901								
2	Tue									1.5823								
3	Wed									1.648								
Average										1.35622		58	639.849	49	544.921		7.837	
Maximum				3.6						1.9381	7.8	95	1097.78	94	1254.34		13.7	
Minimum										0.967	7.3	16.8	219.556	21	255.704		0.093	
No. of Data				7	0	0	0	0	0	31	21	21	21	20	20	0	21	0

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 CERTIFIED OPERATOR) 1-15-07 (DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) 15 Jan 2007 (DATE)

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment Pla	IN0021024	December	2006

Page 2 of 4 State Form 10829 (R/12-2005)

1-15-07
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

15 Jan 2007
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

Day Of Month	PRIMARY EFFLUENT		AERATION MIXED LIQUOR					AERATION RETURN SLUDGE		SECONDARY EFFLUENT		FINAL EFFLUENT					
	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	38	21	52	3791	137	8.6	9	3.4296	5193	3	7.9				7.8	9.7	
2								3.902									
3								4.1179									
4	28	24	25	2540	98	9.9	15	3.7157	3353	3.1	7.7				7.8	9.7	
5	35	60	40	3010	133	9.8	14	3.7065	4367	1.5	7.5				7.8	10.1	
6	46	49	45	3492	129	8.8	14	3.824	4407	2.4	6				7.7	9.5	
7	40	60	37.5	3392	111	8.9	14	3.5943	4514	2.1	4.9				7.8	9.9	
8	59	54	33	2789	118	9.4	13	2.0776	3697	1.5	7.6				7.8	10.3	
9								2.1272									
10								2.1935									
11	16.4	48	40	3755	107	10.1	15	3.3606	4444	1.3	3.9				7.7	9.0	
12	55.5	63.5	41	3204	128	8.4	15	3.5206	3945	2.8	7.2				7.7	9.5	
13	67	53	45	3173	142	8.7	15	3.5164	4153	2.3	6.1				7.8	9.7	
14	30	39	46.5	3110	150	8.7	15	3.5041	4032	1.8	6.8				7.8	9.4	
15	44	69	35.5	3041	117	8.6	15	3.7147	3970	2.3	5.9				7.8	9.1	
16								3.551									
17								3.2391									
18	34	53	42	3408	123	8.4	15	3.4855	4511	1.8	5.3				7.8	9.4	
19	50	66	56.5	3372	168	9.4	15	3.5596	4318	2.3	6.1				7.7	9.1	
20	40	40	55	2558	215	8.4	14	3.5342	4055	2.6	7.8				7.8	9.6	
21	34	66	44	2800	157	8.4	15	3.518	4791	3.4	7.4				7.8	9.4	
22								3.7227							7.8	9.7	
23								3.5971									
24								3.2368									
25								3.6253							7.7	9.3	
26	2.3	40	49	3241	151	8.7	14	3.52	4472	1.6	5.8				7.7	9.4	
27	4.8	20	51	3209	159		14	3.5258	3588	2.3	4.1				8.0	9.5	
28	39	36	52	3526	147	8.6	14	3.4413	4531	3	16				7.9	9.6	
29								2.9582							7.8	9.7	
30								3.2402									
31								4.3967									
Avg.	36.8	47.9	44	3190	138	8.9	14	3.4341	4241	2.3	6.9					9.6	
Max.	67	69	56.5	3791	215.01	10.1	15	4.3967	5193	3.4	16				8.0	10.3	
Min.	2.3	20	25	2540	98.425	8.4	9	2.0776	3353	1.3	3.9				7.7	9	
Data	18	18	18	18	18	17	18	31	18	18	18	0	0	0	21	21	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

During the month of December our Eff. Flow meter was down due to a power surge in November. We used our Raw to Primary reading for Our eff. It mirrors our Eff. Flow.The new meter was installed on 1-4-07.

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastewater Treatment	IN0021024	December	2006

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1-15-07
(SIGNATURE OF CERTIFIED OPERATOR) (DATE)

15 Jan 2007
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

FINAL EFFLUENT

Day Of Month	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease - mg/l	
1	1.38062		2.2		25.347		3.7		42.629		0.0068		0.0783			
2	1.64535															
3	1.71677															
4	1.57518		3.3		43.378		7.3		95.958		0.0601		0.79			
5	1.50093		1.8		22.546		3.8		47.596		0.0235		0.2943			
6	1.47733		1.7		20.958		4.8		59.176		0.629		7.7545			
7	1.66842		2.4		33.415		4.7		65.438		0.0524		0.7296			
8	1.29206		1.8		19.408		6.3		67.928		0.01		0.1078			
9	1.19819	1.48984		2.2		27.941		5.38		67.219		0.155		1.9352		
10	1.16192															
11	1.20984		1.2		12.115		6		60.577		0.01		0.101			
12	1.64496		2.8		38.436		10.9		149.63		0.4582		6.2898			
13	1.57164		1.8		23.608		6.5		85.25		0.0296		0.3882			
14	1.53281		2.2		28.141		5.7		72.911		0.0314		0.4016			
15	1.49555		2.9		36.193		13.2		164.74		0.01		0.1248			
16	1.37704	1.42768		2.18		27.699		8.46		106.62		0.1078		1.4611		
17	1.28485															
18	1.77075		2.1		31.032		4.6		67.974		0.0316		0.467			
19	1.87651		2.3		36.017		9		140.94		0.0029		0.0454			
20	1.84027		2.2		33.786		7		107.5		0.093		1.4282			
21	2.07231		3		51.88		7.8		134.89		0.101		1.7466			
22	1.75995		4.1		60.216		15.5		227.65		0.0482		0.7079			
23	1.56677	1.73877		2.74		42.586		8.78		135.79		0.0553		0.879		
24	1.80664															
25	1.3405		5		55.932		20.1		224.85		0.0729		0.8155			
26	1.68807		1.3		18.313		5.8		81.704		0.104		1.465			
27	1.66096		2.5		34.652		3.2		44.354		0.115		1.594			
28	1.66035		2.9		40.181		9.2		127.47		0.0921		1.2761			
29	1.31899		3		33.021											
30	1.41038	1.55513		2.94		36.42		9.575		119.59		0.096		1.2877		
31	2.11524															
1	1.73728															
2	1.79223															
3	1.804															
Avg	**1.56842**		**2.5**		**33.265**		**7.8**		**103.46**		**0.10**		**1.3303**			
Max	2.11524	**1.73877**	5	**2.94**	60.216	**42.586**	20.1	**9.575**	227.65	**135.79**	0.629	**0.155**	7.7545	**1.9352**		
Min	1.16192	1.42768	1.2	2.18	12.115	27.699	3.2	5.38	42.629	67.219	0.0029	0.0553	0.0454	0.879		
Data	31	4	21	4	21	4	20	4	20	4	20	4	20	4	0	0

MONTHLY REMOVAL SUMMARY

Percent Removal	BOD5	S.S.	Ammonia	Phosphorus
Primary Treatment	36.4	1.7		
Secondary Treatment	93.8	85.6		
Tertiary Treatment	-9.5	-12.6		
Overall Treatment	95.7	84.1	98.7	NA

Total Monthly Flow: (million gallons) 48.621

Percent Capacity (actual flow/design) 72%

Monthly Report of Operation
Activated Sludge Type
Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
Winchester Wastew	IN0021024	December	2006

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1-15-07
(SIGNATURE OF CERTIFIED OPERATOR) (Date)

15 Jan 2007
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (Date)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			Anaerobic Only											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
1	36.02	37.58												
2	40													
3	42													
4	38.1													
5	39.02													
6	39.38													
7	39.1													
8	39.5													
9	39.51													
10	41.39													
11	39.3													
12	40.4													
13	39.9													
14	44.98													
15	45.71													
16	39.55													
17	30.86													
18	39.7													
19	37.4	41.8												
20	39.5													
21	39.7													
22	49.6													
23	39.7													
24	33.06													
25	36.8													
26	41.34													
27	39.1													
28	40.61													
29	40.69													
30	30.5													
31	50.62													
Avg.	39.775	39.69												
Max.	50.62	41.8												
Min.	30.5	37.58												
Data	31	2	0	0	0	0	0	0	0	0	0	0	0	0

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

EXECUTIVE SUMMARY - Detection Highlights

A6L280157

PARAMETER	RESULT	REPORTING LIMIT	UNITS	ANALYTICAL METHOD
RAW 12/26/06 08:15 001				
Mercury	8.0	5.0	ng/L	CFR136A 1631E
EFFLUENT 12/26/06 08:20 002				
Mercury	4.3	0.50	ng/L	CFR136A 1631E
EFFLUENT(DUP) 12/26/06 08:25 003				
Mercury	4.0	0.50	ng/L	CFR136A 1631E