



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

April 15, 2019

Jason House
Indiana Department of Environmental Management
Office of Water Quality – Permits Branch
100 N. Senate Avenue, Mail Code 65-42
Indianapolis, Indiana 46204

Re: City of Fort Wayne
2018 CSO Great Lakes Public Notification Plan Annual Report
Allen County, NPDES Permit #IN0032191

Dear Mr. House,

The City of Fort Wayne is please to submit the 2018 Annual Report as required by the CSO Great Lakes Public Notification Plan.

Should you have questions or need additional information, please contact Brandi Wallace at (206) 427-5582 or brandi.wallace@cityoffortwayne.org.

Sincerely,

Kumar Menon
City Utilities Director

Enclosures

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City of Fort Wayne, Indiana
 2018 Great Lakes CSO Public Notification Plan Annual Report

Annual Notice. By May 1st of each calendar year beginning in 2019, City Utilities will make available to the public, the EPA and the IDEM Commissioner, an annual notice describing the CSO discharges from its identified discharge points that occurred in the previous calendar year. The annual notice will include the following information:

1. A description of the location and receiving water for each CSO discharge point.

The City of Fort Wayne is authorized to discharge from Combined Sewer Overflow (CSO) outfalls listed in Attachment A of its National Pollutant Discharge Elimination System (NPDES) permit. A list of those outfalls and location is included in Appendix 1 of this report. The receiving waters are the Maumee River, unnamed ditch to the Maumee River, Wigman Drain, St. Mary's River, St. Joseph River, Spy Run Creek, Natural Drain #4, and Baldwin Ditch as depicted in the attached map at Appendix 2.

2. For each CSO event, the date, approximate duration, and cause of each wet weather discharge that occurred in the previous calendar year. Because CSO discharges in Fort Wayne typically occur at multiple locations during the same precipitation related event, the annual report will provide an estimate of the cumulative volume discharged to each affected water body.

The City is required to submit monthly Discharge Monitoring Reports (DMR) to IDEM and EPA via the NetDMR software system. The 2018 DMRs for all 12 months are included in Appendix 3. These reports include the date, approximate duration, cause, and estimated cumulative volume discharged to each affected water body.

3. If any dry weather CSO discharges occurred in the previous calendar year, City Utilities will report the date, location, duration, volume and cause of each.

The City experienced seven Dry Weather Overflows in 2018. These Dry Weather Overflows were reported to IDEM in accordance with the NPDES Permit requirements. These incidents, including date, location, duration, volume, and cause, are identified in Table 1 below.

Table 1

<u>CSO Discharge Point</u>	<u>Date</u>	<u>Location</u>	<u>Duration (Hours)</u>	<u>Volume (gallons)</u>	<u>Cause</u>
CSO 054	1/24/2018	O23 080	11.3	18, 000	The screen at regulator became clogged.
CSO 033	6/16/2018	M10 313	0.5	.385 M	Unknown
CSO 033	7/11/2018	M10 313	0.03	.105 M	Unknown
CSO 033	8/22/2018	M10 313	22.3	2.68 M	Contractor was pumping ground water into the City's combined sewer system immediately upstream of regulator weir.

City of Fort Wayne, Indiana
 2018 Great Lakes CSO Public Notification Plan Annual Report

CSO 033	8/23/2018	M10 313	22.6	1.55 M	Overflow was found to be the result of 3 issues. The City found 2 water main breaks, large amounts of debris in the regulator's outgoing line and a hole in the bottom of the regulator structure allowing ground water to pour in.
CSO 018	11/15/2018	K11 165	7.5	.516 M	A collapse occurred at both the inlet's structure and the inlet's outgoing line sending debris into the regulator creating a blockage and causing it to overflow.
CSO 019	11/15/2018	K11 178	9.2	0.044 M	Same as above - A collapse occurred at both the inlet's structure and the inlet's outgoing line sending debris into the regulator creating a blockage and causing it to overflow.

4. A map showing the location of the receiving water for each CSO discharge point and a description of any treatment provided at the CSO discharge location – if any.

The receiving waters are the Maumee River, unnamed ditch to the Maumee River, Wigman Drain, St. Mary's River, St. Joseph River, Spy Run Creek, Natural Drain #4, and Baldwin Ditch as depicted in the attached map at Appendix 2. The City is required to construct floatables control on CSO outfalls as part of its Long-Term Control Plan (LTCP). The CSO outfalls identified in Table 2 below have screening capabilities installed. Future LTCP projects include screening on remaining outfalls as agreed to in the Consent Decree.

Table 2

CSO Outfall	Year Floatables facility was installed
17	2009
21	2009
52	2009
36	2015

City of Fort Wayne, Indiana
2018 Great Lakes CSO Public Notification Plan Annual Report

44	2015
45	2015
51	2015
68	2015
60	2017
61	2018
62	2018

5. The report will include a summary of available water monitoring data for CSO discharges for the past calendar year.

The City is required to submit monthly Discharge Monitoring Reports (DMR) to IDEM and EPA via the NetDMR software system. The 2018 DMRs for all 12 months are included in Appendix 3. These reports include the date, approximate duration, cause, and estimated cumulative volume discharged to each affected water body.

6. The report will contain a map showing public access areas potentially impacted by CSO discharges.

A map illustrating public access areas potentially impacted by CSO discharges is included at Appendix 2. The boat icon in the legend indicates official public access areas.

7. Contact information for City Utilities.

Contact information for City Utilities regarding CSO Public Notices is provided below. The contact person is also responsible for maintaining the website, or alternative information about how the annual notice is available if it is not on the website.

- Frank Suarez, Public Information Officer
Frank.suarez@cityoffortwayne.org
260-427-6051

The City's Great Lakes CSO Public Notification Plan Annual Report is located on its website, which is available at <https://www.cityoffortwayne.org/cso-notification.html>

8. A concise summary of implementation of the nine minimum controls and the status of implementation of the long-term control plan, including the following:
 - a. A description of the key milestones remaining for LTCP implementation will be provided in the City's Six-Month Status Update as required in Section XII (Reporting) of the Consent Decree.
 - b. The average annual number of CSO discharges anticipated after complete implementation of the long-term control plan is four (4) overflow events in a

City of Fort Wayne, Indiana
2018 Great Lakes CSO Public Notification Plan Annual Report

typical year on the St. Mary's and Maumee Rivers and one (1) overflow event in a typical year on the St. Joseph River.

Completed Six-Month Status Update reports are located on the City's website at <https://www.cityoffortwayne.org/utilities/162-clean-river-team/3207-consent-decree.html>

9. For each CSO discharge event, the report will include representative rain gauge data showing, to the nearest 0.1 inch, the total inches of precipitation that resulted in a CSO discharge – if precipitation was the cause.

The 2018 DMRs for all 12 months are included in Appendix 3. In addition to rain gauge data, these reports include the date, approximate duration, cause, and estimated cumulative volume discharged to each affected water body.

10. A summary of City Utilities' activities to implement the nine minimum control measures, its long term control plan and Consent Decree are prepared every six months. Summaries are posted on City Utilities' website and submitted to the US EPA, IDEM and the Department of Justice. The reports include work completed and key milestones to complete implementation of the plan and a specified level of control that is to be achieved when implementation of the plan is complete.

Each of the requirements contained in paragraph 10 of City Utilities' Public Notification Plan have been completed. Summaries of City Utilities' activities to implement the nine minimum control measures, its long term control plan, and Consent Decree have been submitted to the US EPA, IDEM and the Department of Justice and are available at <https://www.cityoffortwayne.org/utilities/162-clean-river-team/3207-consent-decree.html>. The reports include work completed and key milestones as required.

This annual notification will be posted on City Utilities website at <https://www.cityoffortwayne.org/utilities/combined-sewers.html> and a link to the notification will be submitted to NPDES_CS0@epa.gov along with contact information for the City Utilities employee who is responsible for maintaining the website. Notice that the annual report is available will also be sent via email to all subscribers to Fort Wayne's CSO notification list, to the Fort Wayne/Allen County Department of Health and to other public entities receiving CSO notification as identified elsewhere in this document.

APPENDIX 1

ATTACHMENT A

Precipitation Related Combined Sewer Overflow Discharge Requirements

I. Discharge Authorization

A. Combined Sewer Overflows are point sources subject to both technology-based and water quality-based requirements of the Clean Water Act and state law. The permittee is authorized to have wet weather discharges from outfall(s) listed below subject to the requirements and provisions of this permit, including Attachment A.

<u>Outfall</u>	<u>Location</u>	<u>Receiving Water</u>
002	Q06-104, 3,350' West of Coliseum Blvd., 3,500' South of Lake Avenue 41° 04' 50" N 85° 05' 59" W	Maumee River
003	P10-025, 900' East of Pemberton Drive, 1,600' South of Lake Avenue 41° 05' 07" N 85° 06' 32" W	Wigman Drain
004	J02-90, 210' South of bridge at W. Jefferson & St. Mary's River 41° 04' 16" N 85° 09' 44" W	Saint Mary's River
005	J11-164, 210' Southeast of Manito Blvd. & Indiana Village Blvd. 41° 02' 50" N 85° 09' 59" W	Saint Mary's River
007	K03-92, 250' Southeast of Electric Ave. & Brown St. 41° 03' 59" N 85° 09' 41" W	Saint Mary's River
011	K06-233, 230' Southeast of Main St. & Camp Allen Dr. 41° 04' 42" N 85° 09' 17" W	Saint Mary's River
012	K06-234, 230' Southeast of Main St. and Camp Allen Dr. 41° 04' 42" N 85° 09' 17" W	Saint Mary's River

013	K06-298, 80' North of Thieme Dr. & Berry St. 41° 04' 37" N 85° 09' 22" W	Saint Mary's River
017	K07-176, 130' Southwest of St. Mary's Pkwy & Waldron Circle 41° 03' 29" N 85° 09' 32" W	Saint Mary's River
018	K11-165, 150' West of Broadway & Rudisill Blvd. 41° 03' 00" N 85° 09' 28" W	Saint Mary's River
019	K11-178, 150' West of Broadway & Rudisill Blvd. 41° 03' 00" N 85° 09' 28" W	Saint Mary's River
020	K15-116, 1300' West of Hartman Rd. & Westover Rd. 41° 02' 33" N 85° 09' 41" W	Saint Mary's River
021	K19-044, 850' West of Old Mill Rd. & Fairfax Ave. 41° 01' 57" N 85° 09' 05" W	Saint Mary's River
023	L06-103, 90' Northwest of Jackson St. & Superior St. 41° 04' 47" N 85° 09' 09" W	Saint Mary's River
024	L06-420, 220' North of Superior St. & Fairfield Ave. 41° 04' 54" N 85° 08' 48" W	Saint Mary's River
025	L06-421, 220' North of Superior St. & Fairfield Ave. 41° 04' 54" N 85° 08' 49" W	Saint Mary's River
027	M10-202, 200' Southeast of Third St. & Calhoun St. 41° 05' 11" N 85° 08' 30" W	Saint Mary's River
028	M10-238, 150' East of Saint Mary's River Bridge & Spy Run Ave. 41° 05' 02" N 85° 08' 07" W	Saint Mary's River
029	M10-265, 230' East of Duck St. & Barr St. 41° 05' 02" N 85° 08' 13" W	Saint Mary's River

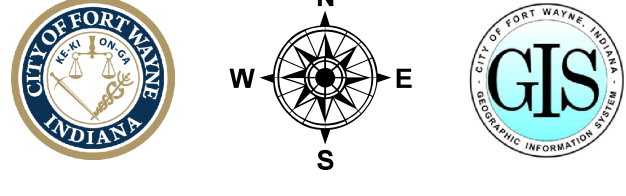
032	M10-306, 120' North of Clair St. & Harrison St. 41° 05' 01" N 85° 08' 33" W	Saint Mary's River
033	M10-313, 200' Southeast of Third St. & Calhoun St. 41° 05' 11" N 85° 08' 30" W	Saint Mary's River
036	M18-032, 520' North of State Blvd. & Westbrook Dr. 41° 05' 52" N 85° 08' 34" W	Spy Run Creek
039	N06-022, 120' North of Hanna St. & Berry St. 41° 04' 50" N 85° 07' 48" W	Maumee River
044	N22-93, 150' East of Dalgreen Ave & Spy Run Ave. 41° 06' 15" N 85° 08' 00" W	Saint Joseph River
045	N22-103, 100' East of Penn St. & Spy Run Ave. 41° 06' 19" N 85° 07' 58" W	Saint Joseph River
048	O10-252, 350' West of Edgewater & Garfield 41° 05' 10" N 85° 07' 03" W	Maumee River
050	O10-277, 100' North of Coombs St. & Herbert St. 41° 05' 03" N 85° 07' 21" W	Maumee River
051	O22-002, 120' Northwest of St. Joseph Dr. & Woodrow Ave. 41° 06' 41" N 85° 07' 03" W	Saint Joseph River
052	O22-004, 370' West of N. Anthony Blvd. & St. Joseph River Dr. 41° 06' 43" N 85° 06' 32" W	Saint Joseph River
053	O22-094, 200' East of Parnell Ave bridge & the St. Joseph River 41° 06' 32" N 85° 07' 29" W	Saint Joseph River

054	O23-080, 240' East of Mercer Ave. & Hollis Ln. 41° 01' 41" N 85° 07' 07" W	Natural Drain #4
055	P06-192, 430' North of N. Anthony Blvd. & Wayne St. 41° 04' 52" N 85° 06' 53" W	Maumee River
056	J03-313, Brown Street Pump Station 41° 05' 06" N 85° 06' 32" W	Saint Mary's River
057	P10-121, Stormwater Liftstation Wet Well 41° 05' 02" N 85° 06' 28" W	Maumee River
060	R06-31, 670' Northeast of Greenwalt Ave. & Maumee Ave. 41° 04' 37" N 85° 05' 39" W	Unnamed Ditch to Maumee River
061	R14-137, 200' West of Lavern Ave. & State Blvd. 41° 05' 50" N 85° 05' 40" W	Baldwin Ditch
062	R14-138, 200' West of Lavern Ave. & State Blvd. 41° 05' 50" N 85° 05' 40" W	Baldwin Ditch
064	S02-35, 610' Southeast of Coliseum Blvd. S. & New Haven Ave. 41° 04' 16" N 85° 05' 11" W	Unnamed Ditch to Maumee River
068	N18-254, 54' North of Northside Dr. & Glazier Ave. on east bank 41° 06' 2.5" N 85° 08' 0.09" W	St. Joseph River
080	P10-001, 250' East, NE of Pemberton Dr. & Niagra Dr. 41° 04' 57" N 85° 06' 44" W	Maumee River
081	R14-032, 200' North and 710' West of Nevada & Laverne Dr. 41° 05' 37" N 85° 05' 46" W	Baldwin Ditch

APPENDIX 2

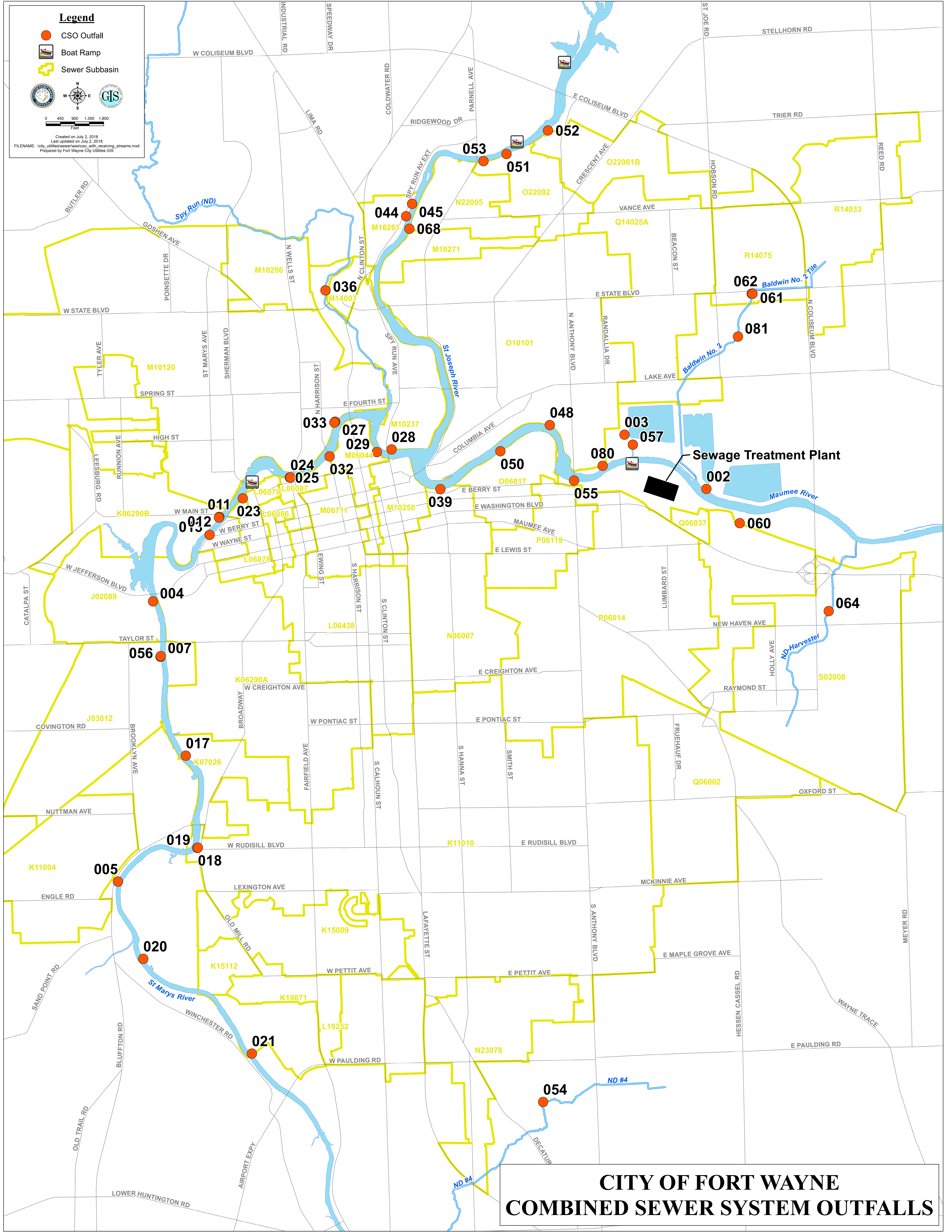
Legend

- CSO Outfall
- Boat Ramp
- Sewer Subbasin



0 450 900 1350 1800
Feet

Created on July 2, 2018
Last updated on July 2, 2018
FILENAME: c:\city_utilities\sewer\sewer\sewer_with_receiving_streams.mxd
Prepared by Fort Wayne City Utilities GIS



CITY OF FORT WAYNE COMBINED SEWER SYSTEM OUTFALLS

APPENDIX 3



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

February 23, 2018

Technical Support Branch
Office of Water Management
Department of Environmental Management
Room 1255
P. O. Box 6015
Indianapolis, IN 46206-6014

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of January 2018

We are pleased to enclose a completed CSO MRO form for the month of January 2018. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

Susan Beck
Program Manager
Water Pollution Control Maintenance

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ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection

Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts

Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff

Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps

Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine



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

State Form 52648 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		City: Fort Wayne											
Facility: Fort Wayne - P.L. Brunner WWTP		Facility: Fort Wayne - P.L. Brunner WWTP		Facility: Fort Wayne - P.L. Brunner WWTP											
Monitoring Period: 1-2018		Monitoring Period: 1-2018		Monitoring Period: 1-2018											
Design Peak Hourly Flow (MGD): 60		Design Peak Flow (MGD): 60		Design Peak Flow (MGD): 60											
Public Notification Requirements Met? Y		Public Notification Requirements Met? Y		Public Notification Requirements Met? Y											
Check box if no CSO discharge occurred for the month:		Check box if no CSO discharge occurred for the month:		Check box if no CSO discharge occurred for the month:											
Measured/Estimated (M) or Estimated (E) must be specified		Measured/Estimated (M) or Estimated (E) must be specified		Measured/Estimated (M) or Estimated (E) must be specified											
CSO Outfall No. 23		CSO Outfall No. 24		CSO Outfall No. 25											
CSO Outfall No. 60		CSO Outfall No. 60		CSO Outfall No. 60											
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (hours)	Total Daily Precip. (inches)	Peak Intensity (inches/hr)	Measure Interval (hr)	Time Discharge Began	Event Duration (hours)	Event Discharge (MG)	Time Discharge Began	Event Duration (hours)	Event Discharge (MG)	Time Discharge Began	Event Duration (hours)	Event Discharge (MG)
1	31.80	41.02				5 m									
2	30.96	35.73				5 m									
3	31.41	37.34				5 m									
4	31.75	36.67				5 m									
5	31.46	37.33				5 m									
6	31.96	41.00	1:50 PM	0.08	0.01	5 m									
7	31.28	40.32				5 m									
8	36.07	52.17	7:45 AM	1.00	0.12	5 m									
9	35.09	41.08				5 m									
10	50.59	83.08	6:25 AM	0.17	0.02	5 m									
11	72.77	81.87	5:10 PM	0.87	0.08	5 m									
12	86.81	100.26	12:05 AM	1.17	0.15	5 m									
13	55.54	70.35				5 m									
14	43.58	45.44				5 m									
15	39.95	42.94				5 m									
16	38.23	41.58				5 m									
17	37.32	41.58				5 m									
18	37.18	42.28	12:25 PM	0.08	0.01	5 m									
19	36.93	41.67	10:45 AM	0.17	0.02	5 m									
20	38.88	55.98				5 m									
21	46.12	67.42	9:20 PM	0.17	0.02	5 m									
22	63.62	82.41	12:20 AM	1.25	0.17	5 m									
23	68.56	75.99	4:20 AM	0.87	0.09	5 m									
24	52.35	60.71				5 m									
25	45.24	52.56				5 m									
26	42.21	47.31				5 m									
27	43.40	55.31	10:20 AM	0.33	0.04	5 m									
28	41.21	49.11				5 m									
29	39.47	44.58				5 m									
30	36.62	43.20				5 m									
31	37.94	41.89				5 m									
Totals:	1350.32		5.76	0.73											

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent

Susan Beck, Program Manager

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent

Susan Beck

Date (mm/dd/yyyy)

02/23/18

Telephone

260-427-5213



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

State Form 55546 (03-7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 55546 (03-7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Page 15 of 112		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Public Notification Requirements Met? Y	
Monitoring Period: (MONTH) 1-2018		Monitoring Period: (MONTH) 1-2018		Check box if no CSO discharge occurred for the month:		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85		Design Peak Hourly Flow (MGD): 85		Measured/Estimated (M) or Estimated (E) must be specified		Measured/Estimated (M) or Estimated (E) must be specified	
WWTP Influent Data		Prestabilization Data - Field Gauge		CSO Outfall No. 13		CSO Outfall No. 17	
Day of Month	Average Hourly Flow (MGD)	Time Precip. Began (am/pm)	Time Precip. Ended (am/pm)	Time Discharge Began (hours)	Time Discharge Ended (hours)	Event Duration (hours)	Event Duration (hours)
1	31.80	41.02					
2	30.86	35.73					
3	31.41	37.34					
4	31.75	36.67					
5	31.45	37.33					
6	31.95	41.00					
7	31.28	40.32					
8	33.07	52.17	12:50 AM	2:42	0:03	0:03	
9	35.09	41.08					
10	50.59	89.09	6:25 AM	0:17	0:02	0:01	
11	72.77	81.97	5:15 PM	0:17	0:02	0:01	
12	86.81	100.26	12:00 AM	0:92	0:11	0:01	
13	55.54	70.35	0:10 AM	0:08	0:08	0:08	
14	43.59	45.44					
15	39.56	42.94					
16	38.23	41.58					
17	37.32	41.58					
18	37.18	42.28	3:40 PM	0:08	0:02	0:02	
19	39.53	41.67	11:10 AM	0:33	0:05	0:02	
20	38.88	55.88					
21	46.12	67.42					
22	55.62	82.41	1:00 AM	0:67	0:09	0:02	
23	66.56	75.99	4:25 AM	0:33	0:04	0:01	
24	52.35	60.71	1:35 PM	0:08	0:01	0:01	
25	45.24	52.56	12:45 PM	0:08	0:12	0:12	
26	42.21	47.31	8:40 AM	0:17	0:25	0:24	
27	49.40	55.31	10:10 AM	0:33	0:10	0:07	
28	41.21	48.11					
29	39.47	44.58					
30	38.62	48.20					
31	37.94	41.89	1:35 PM	0:08	0:06	0:09	
Totals:	1350.32		5.91	1.33		0.00	0.00

City: Fort Wayne
 Permit Number: IN0032191
 Public Notification Requirements Met? Y

Design Peak Hourly Flow (MGD): 85
 Measured/Estimated (M) or Estimated (E) must be specified

CSO Outfall No. 13
 CSO Outfall No. 17

Event Duration (hours): 0.00
 Event Duration (hours): 0.00
 Event Duration (hours): 0.00

Totals: 1350.32
 5.91
 1.33
 0.00
 0.00

Telephone

Susan Beck, Program Manager
 260-427-6213

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, I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent
 Date: (mm/dd/yyyy)
 02/23/18



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

State Form 5656 (03/17-19)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5656 (03/17-19)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Page 1 of 12		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Public Notification Requirements Met? Y		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 1-2018		Monitoring Period: [MONTH] 1-2018		Monitoring Period: [MONTH] 1-2018		Monitoring Period: [MONTH] 1-2018	
Design Peak Hourly Flow (MGD): 85		Design Peak Hourly Flow (MGD): 85		Design Peak Hourly Flow (MGD): 85		Design Peak Hourly Flow (MGD): 85	
WWTW Influent Data		CSO Outfall No. 18		CSO Outfall No. 19		CSO Outfall No. 20	
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Begin (am/pm)	Time Discharge or Duration (hours)	Event: Discharge (MG)	Time Discharge or Duration (hours)	Event: Discharge (MG)
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Begin (am/pm)	Time Discharge or Duration (hours)	Event: Discharge (MG)	Time Discharge or Duration (hours)	Event: Discharge (MG)
1	31.80	41.02					
2	30.96	35.73					
3	31.41	37.34					
4	31.75	36.67					
5	31.45	37.33					
6	31.96	41.00					
7	31.28	40.32					
8	38.07	52.17	2:10 PM	0.33	0.40	0.37	5 m
9	35.08	41.08					
10	50.59	83.08	12:20 PM	0.08	0.03	0.03	5 m
11	72.77	81.97	5:15 PM	0.25	0.03	0.01	5 m
12	86.81	100.25	12:05 AM	1.08	0.18	0.04	5 m
13	55.54	70.35					
14	43.69	45.44					
15	39.95	42.94					
16	38.23	41.58					
17	37.32	41.58	2:15 PM	0.08	0.01	0.01	5 m
18	37.18	42.28	1:00 PM	0.08	0.01	0.01	5 m
19	36.93	41.67	1:30 PM	0.17	0.02	0.01	5 m
20	38.88	55.98					
21	45.12	67.42	5:28 PM	0.17	0.02	0.01	5 m
22	83.82	82.41	12:55 AM	1.25	0.18	0.04	5 m
23	68.56	75.99	4:05 AM	0.75	0.09	0.01	5 m
24	52.35	60.71					
25	45.24	52.56	11:55 AM	0.08	0.01	0.01	5 m
26	42.21	47.31					
27	43.40	55.31	10:10 AM	0.42	0.05	0.01	5 m
28	39.47	44.58					
29							
30	38.62	43.20					
31	37.94	41.89					
Totals:	1350.92		4.74	4.03	22.76	7.376	4
					1	2.75	0.038
					3	7.26	0.122
					2	12.58	0.214
					1	0.25	0.001
					0	0	0
					0	0	0

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent
Susan Beck, Program Manager
260-427-6213

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 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 IMPROBATION FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent
Susan Beck
02/23/18



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

State Form 50548 (R3/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50548 (R3/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page [7] of [12]		Permit Number: IN0032191		City: Fort Wayne		Page [7] of [12]		Permit Number: IN0032191		
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Monitoring Period: [MONTH] 1-2013		Facility Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Monitoring Period: [MONTH] 1-2013		
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Design Peak Flow (Hourly) (MGD): 85		Design Flow (MGD): 60		Measured/Estimated (M) or Estimated (E) must be specified		Checked box if no CSO discharge occurred for the month:		
Precipitation Data - Study Gauge		CSO Outfall No. 4		CSO Outfall No. 5		CSO Outfall No. 607		CSO Outfall No. 11		CSO Outfall No. 12		
Day of Month	Peak Hourly Flow (MGD)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inches/15 m)	Time Discharge Began	Time Discharge Ended	Time Discharge Began	Time Discharge Ended	Time Discharge Began	Time Discharge Ended	Time Discharge Began	Time Discharge Ended
1	31.80	41.02										
2	30.98	35.73										
3	31.41	37.34										
4	31.75	36.67										
5	31.45	37.33										
6	31.96	41.00										
7	31.28	40.32										
8	35.07	52.17	2.55	0.32	0.02							
9	35.09	41.08										
10	50.59	83.08	6:20 AM	0.25	0.03	0.01						
11	72.77	81.87	5:25 PM	0.50	0.06	0.01						
12	86.81	100.26	12:10 AM	1.50	0.18	0.01	7:15 AM					
13	55.54	70.35	11:55 AM	0.08	0.03	0.03						
14	43.59	45.44										
15	38.96	42.84										
16	39.23	41.58										
17	37.32	41.58										
18	37.18	42.88	2:25 PM	0.08	0.01	0.01						
19	36.93	41.67	10:45 AM	0.42	0.06	0.02						
20	39.89	55.99										
21	46.12	67.42	11:35 PM	0.08	0.01	0.01						
22	63.62	82.41	12:20 AM	1.33	0.17	0.02						
23	69.58	75.99	4:10 AM	0.89	0.08	0.02						
24	52.35	60.71										
25	45.24	52.55										
26	42.21	47.31	9:40 AM	0.08	0.01	0.01						
27	43.40	55.31	10:10 AM	0.42	0.06	0.02						
28	41.21	49.11										
29	35.47	44.59										
30	35.52	43.20										
31	37.94	41.89										
Totals:	1350.92		7.99	1.02			0	1	0	0	0	0

Signature of Principal Executive Officer or Authorized Agent
 Susan Beck, Program Manager
 Telephone: 260-427-6213
 Date (mm/dd/yyyy): 02/25/16
 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.



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

State Form 502-6 (Rev. 7/15)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 502-6 (Rev. 7/15)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Page [8] of [12]		Public Notification Requirements Met? Y		Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: 1-2018		Design Peak Flow (MGD): 60		Design Flow (MGD): 65		Public Notification Requirements Met? Y							
City: Fort Wayne		Permit Number: IN0032191		Page [8] of [12]		Public Notification Requirements Met? Y		Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: 1-2018		Design Peak Flow (MGD): 60		Design Flow (MGD): 65		Public Notification Requirements Met? Y							
City: Fort Wayne		Permit Number: IN0032191		Page [8] of [12]		Public Notification Requirements Met? Y		Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: 1-2018		Design Peak Flow (MGD): 60		Design Flow (MGD): 65		Public Notification Requirements Met? Y							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm/hr)	Precip. Duration (hours)	Total Daily Precip. (inches)	Peak Intensity (in/hr)	Measurement Intensity (in/30 m)	Time Discharge Began	Event Duration (hours)	Time Discharge Ends	CSO Outfall No.	Time Discharge Began	Event Duration (hours)	Time Discharge Ends	CSO Outfall No.
1	31.80	41.02	10:20 AM	0.08	0.01	0.01	5 m								
2	30.96	35.73					5 m								
3	31.41	37.84					5 m								
4	31.75	36.67					5 m								
5	31.46	37.93					5 m								
6	31.96	41.00					5 m								
7	31.28	40.32					5 m								
8	33.07	52.17	12:55 AM	3.25	0.41	0.02	5 m								
9	35.09	41.08					5 m								
10	50.59	83.08	6:15 AM	0.17	0.02	0.01	5 m								
11	72.77	81.97					5 m								
12	86.81	100.26					5 m								
13	55.54	70.35	9:25 AM	0.08	0.23	0.23	5 m								
14	43.59	45.44					5 m								
15	39.96	42.94					5 m								
16	39.23	41.59					5 m								
17	37.32	41.98					5 m								
18	37.18	42.28	3:10 PM	0.08	0.01	0.01	5 m								
19	35.93	41.67	1:40 PM	0.25	0.03	0.01	5 m								
20	38.88	55.98					5 m								
21	46.12	67.42	11:30 PM	0.08	0.01	0.01	5 m								
22	63.62	82.41	12:55 AM	1.42	0.20	0.03	5 m								
23	69.56	75.89	4:15 AM	0.58	0.07	0.01	5 m								
24	52.35	60.71					5 m	12:00 AM	8.25	M	0.017				
25	45.24	52.66	12:05 PM	0.08	0.01	0.01	5 m								
26	42.21	47.81	11:00 AM	0.08	0.01	0.01	5 m								
27	43.40	55.31	10:15 AM	0.42	0.05	0.01	5 m								
28	41.21	49.11					5 m								
29	39.47	44.58					5 m								
30	36.62	43.20					5 m								
31	37.94	41.89					5 m								
Totals:	1350.32			6.57	1.06			1	8.25	0.017					
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Susan Beck, Program Manager		Telephone		256-427-5213									
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 TO THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED IN ACCORDANCE WITH THE SYSTEM, I AM NOT PROVIDING THIS INFORMATION TO THE PUBLIC OR TO ANY OTHER PERSONS, INCLUDING THE MEDIA, IN A MANNER THAT WOULD BE SIGNIFICANTLY PREJUDICIAL TO THE PUBLIC INTEREST. I AM NOT PROVIDING THIS INFORMATION TO ANY OTHER PERSONS, INCLUDING THE MEDIA, IN A MANNER THAT WOULD BE SIGNIFICANTLY PREJUDICIAL TO THE PUBLIC INTEREST.															
Signature of Principal Executive Officer or Authorized Agent															
Date: 02/23/18															



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

State Form 50546 (03/7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		City: Fort Wayne		Facility: Fort Wayne - P.L. Brunner WWTP									
Monitoring Period: [MONTH] 1-2018		Public Notification Requirements Met? Y		Monitoring Period: [MONTH] 1-2018		Design Flow (MGD): 60									
Design Peak Hourly Flow (MGD): 85		Check box if no CSO discharge occurred for the month:		Design Peak Flow (Hourly) (MGD): 85		CSO Outfall No. 51									
Precipitation Data - Brentwood Gauge		Measured/Metered (M) or Estimated (E) must be specified		CSO Outfall No. 48		CSO Outfall No. 52									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inches)	Measurement Interval (hr. 30 m. 15 m.)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E
1	31.80	41.02					5 m								
2	30.96	35.73					5 m								
3	31.41	37.34					5 m								
4	31.75	36.87					5 m								
5	31.46	37.33					5 m								
6	31.98	41.00	12:35 PM	0.08	0.02	0.02	5 m								
7	31.28	40.32					5 m								
8	38.07	52.17	12:45 AM	1.50	0.18	0.01	5 m								
9	35.09	41.08					5 m								
10	50.59	83.08	7:00 AM	0.17	0.02	0.01	5 m								
11	72.77	81.97	5:15 PM	0.33	0.04	0.01	5 m								
12	86.81	100.26	12:05 AM	1.33	0.18	0.03	5 m								
13	55.54	70.35	9:50 AM	0.08	0.02	0.02	5 m								
14	43.59	45.44					5 m								
15	39.95	42.94					5 m								
16	38.23	41.58					5 m								
17	37.32	41.58					5 m								
18	37.18	42.28	12:15 PM	0.25	0.06	0.02	5 m								
19	36.93	41.67	11:50 AM	0.25	0.05	0.02	5 m								
20	38.88	55.98					5 m								
21	46.12	67.42	11:45 PM	0.08	0.01	0.01	5 m								
22	63.62	82.41	12:30 AM	1.25	0.20	0.03	5 m								
23	88.56	75.99	4:10 AM	0.50	0.07	0.02	5 m								
24	52.35	60.71					5 m								
25	45.24	52.56	11:45 AM	0.17	0.03	0.02	5 m								
26	42.21	47.31					5 m								
27	43.40	55.31	10:25 AM	0.33	0.05	0.02	5 m								
28	41.21	48.11					5 m								
29	39.47	44.58					5 m								
30	38.62	43.20					5 m								
31	37.94	41.89					5 m								
Totals:	1360.32			6.92	0.93			0	0.00	0	0.27	0	0.468	0	0.000

Telephone: _____

Signature of Principal Executive Officer or Authorized Agent: _____

Date (mm/dd/yy): 02/23/18

Signature of Principal Executive Officer or Authorized Agent: _____

Date (mm/dd/yy): _____

260-427-5213

Susan Beck, Program Manager

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.



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 50548 (R3/17-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Page [10] of [12]			Permit Number: IN0032191			Public Notification Requirements Met? <input checked="" type="checkbox"/> Y			Permit Number: IN0032191															
City: Fort Wayne									Public Notification Requirements Met? <input checked="" type="checkbox"/> Y															
Facility: Fort Wayne - P.L. Brunner WWTP									Public Notification Requirements Met? <input checked="" type="checkbox"/> Y															
Monitoring Period: [MONTH] 1-2018			Design Flow (MGD): 60			Check box if no CSO discharge occurred for the month:			Check box if no CSO discharge occurred for the month:															
Design Peak Flow (Hourly) (MGD): 85			CSO Outfall No. 60			Measured/Estimated (M) or Estimated (E) must be specified			Measured/Estimated (M) or Estimated (E) must be specified															
CSO Outfall No. 53			CSO Outfall No. 61			CSO Outfall No. 62			CSO Outfall No. 68			CSO Outfall No. 002			CSO Outfall No. 003									
Time Discharge Began	M	Event Duration (Hours)	M	Event Discharge (MG)	E	Time Discharge Began	M	Event Duration (Hours)	M	Event Discharge (MG)	E	Time Discharge Began	M	Event Duration (Hours)	M	Event Discharge (MG)	E	Time Discharge Began	M	Event Duration (Hours)	M	Event Discharge (MG)	E	
Totals:																								
Type or Printed Name and Title of Principal Executive Officer or Authorized Agent			Susan Beck Program Manager			Type or Printed Name and Title of Principal Executive Officer or Authorized Agent			Susan Beck			Telephone			261-427-6213									
I, Susan Beck, certify that the information provided in this report is true and accurate to the best of my knowledge and belief, and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowingly making such a statement.																								
Signature of Principal Executive Officer or Authorized Agent																								
Date (mm/dd/yyyy)																								
02/23/18																								



City: Fort Wayne		Permit Number: IN0032191		Public Notification Requirements Met? Y		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: 1-2018		Check box if no CSO discharge occurred for the month:		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):		Design Peak Flow (MGD):		CSO Outfall No. 33		CSO Outfall No. 35	
WWTP Influent Data		Precipitation Data - 12-15-18		CSO Outfall No. 27		CSO Outfall No. 36	
Average Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm)	Precip. Duration (hours)	Total Daily Precip. (inches)	Time Discharge Began	Event Duration (hours)	Event Discharge (MGD)
Day of Month	Maximum Intensity (in/hr)	Time Discharge Began	Event Duration (hours)	Time Discharge Began	Event Duration (hours)	Event Discharge (MGD)	Event Discharge (MGD)
1	31.80	41.02					
2	30.95	35.73					
3	31.41	37.34					
4	31.75	36.67					
5	31.48	37.33					
6	31.96	41.00					
7	31.28	40.32					
8	38.07	52.17	1.92	0.23	0.01	5 m	
9	35.09	41.08					
10	50.59	83.08	0.17	0.02	0.01	5 m	
11	72.77	81.97	5:05 PM	0.33	0.04	0.01	5 m
12	85.81	100.25	12:02 AM	1.42	0.17	0.01	5 m
13	55.54	70.35	11:45 AM	0.09	0.01	0.01	5 m
14	49.59	45.44					
15	39.96	42.94					
16	36.23	41.58					
17	37.32	41.58					
18	37.18	42.28	1:35 PM	0.17	0.02	0.01	5 m
19	35.93	41.67	10:35 AM	0.42	0.05	0.02	5 m
20	39.88	55.93					
21	45.12	87.42	11:45 PM	0.08	0.01	0.01	5 m
22	63.62	82.41	12:20 AM	0.92	0.11	0.01	5 m
23	65.56	75.99	4:00 AM	0.67	0.09	0.01	5 m
24	52.35	60.71					
25	45.24	52.56	11:35 AM	0.25	0.03	0.01	5 m
26	42.21	47.31					
27	43.40	55.31	10:30 AM	0.25	0.03	0.01	5 m
28	41.21	49.11					
29	39.47	44.59					
30	38.62	43.20					
31	37.64	41.89					
Total:	1350.92		8.69	0.81			

City: Fort Wayne
 Facility: Fort Wayne - P.L. Brunner WWTP
 Monitoring Period: 1-2018
 Design Peak Hourly Flow (MGD):
 WWTP Influent Data
 Precipitation Data - 12-15-18
 CSO Outfall No. 27
 CSO Outfall No. 36
 CSO Outfall No. 33
 CSO Outfall No. 35
 Public Notification Requirements Met? Y
 Check box if no CSO discharge occurred for the month:
 Permit Number: IN0032191
 Signature of Principal Executive Officer of Authorized Agent: Susan Beck
 Title of Principal Executive Officer of Authorized Agent: Program Manager
 Date (mm/dd/yyyy): 02/23/18
 Telephone: 260-427-1053
 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 FOR SUBMITTING FALSE INFORMATION, INCLUDING 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.



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

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Monitoring Period: 1-2018	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	Wet Weather
11	Wet Weather
12	Wet Weather
13	
14	
15	
16	
17	
18	
19	Wet Weather
20	
21	
22	Wet Weather
23	Wet Weather
24	Wet Weather
25	
26	
27	
28	
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Susan Beck, Program Manager	Telephone 260-427-6213
---	---------------------------

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent Susan Beck	Date (mm/dd/yy) 02/23/18
--	-----------------------------

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Features: 002 External Outfall
Report Dates & Status: From 01/01/18 to 01/31/18
Monitoring Period: From 01/01/18 to 01/31/18
Considerations for Form Completion: CSO - 002 POND WHEN USED AS CSO ONLY
Principal Executive Officer: Susan Beck
First Name: Susan
Last Name: Beck
Title: Program Manager
Telephone: 260-427-6213
Form NODI: No Data Indicator (NODI)

Permittee: FORT WAYNE WWTP
Permitte Address: CITY OF SQR T WAYNE
 FT WAYNE, IN 46802
Facility Location: FORT WAYNE WWTP
 P. L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Discharge: 002.C
 002 POND - WHEN USED AS CSO ONLY
DMR Due Date: 02/28/18
Status: NetDMR Validated

Code	Parameter Name	Monitoring Location System #	Param. NODI	Sample Permit Req Value NODI	Quantity or Loading Qualifier: 1 Value 1 Qualifier: 2 Value 2 Units	Quality or Concentration Value 1 Qualifier: 2 Value 2 Qualifier: 3 Value 3	Units	* of Ex. Frequency of Analysis	Sample Type
50037	Conduct			EG - Effluent Gross	0				WHDS - When Discharging RT - RCOTOT
74083	Overflow Volume (S&O Volume, CSO Volume)			EG - Effluent Gross	0				AUEV - All Events ES - ESTIMA
78887	Recipitation, monthly accumulation			EG - Effluent Gross	0				AUEV - All Events RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)			EG - Effluent Gross	0				AUEV - All Events RT - RCOTOT

Submission Note: If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Exit Check Errors: No errors.
Comments:

Attachments

Name	Type	Size
IN0032191_002C_LETTER_2018_01.pdf	pdf	217899
IN0032191_002C_CSOWRQ_2018_01.pdf	pdf	480045

Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-02-27 07:32 (Time Zone: -05:00)

Report Last Signed By: Susan Beck
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN002191
Major: Yes
Permitted Feature: 003 External Outfall
Report Dates & Status: From 01/01/18 to 01/31/18
Monitoring Period: From 01/01/18 to 01/31/18
Considerations for Form Completion: CSO - 001 POND WHEN USED AS CSO ONLY
Principal Executive Officer:
First Name:
Last Name:
Title:
Telephone:
Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2801 DWYER AVE
 FORT WAYNE, IN 46803
Discharge: 009-C
 001 POND - CSO
DMR Due Date: 02/28/18
Status: NEDMR Validated

No Data Indicator (NDD)

Form NDD1:

Parameter Name	Monitoring Location	Season	From NDD1	Sample & Permit Fee Value NDD1	Quantity or Loading	Quality or Concentration	Units	# of Ex. Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3		
50397/Condund	EG - Effluent Gross	0	--	Sample Permit Fee Value NDD1				WHDS - When Discharging	RT - RCOTOT
74093 Overflow volume [S50 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Fee Value NDD1				WHDS - When Discharging	RT - RCOTOT
78987 Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Fee Value NDD1				WHDS - When Discharging	RT - RCOTOT
84155 Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Fee Value NDD1				WHDS - When Discharging	RT - RCOTOT

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Exit Check Errors

No errors.

Comments

No attachments.

Report Last Saved By:

FORT WAYNE WWTP

User:

susan_beck@cityofortwayne.org

Name:

Susan Beck

E-Mail:

susan_beck@cityofortwayne.org

Date/Time:

2018-02-27 07:27 (Time Zone: -05:00)

Report Last Signed By:

susan_beck@cityofortwayne.org

User:

Susan Beck

Name:

Susan Beck

E-Mail:

susan_beck@cityofortwayne.org

Date/Time:

2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0021191
Major: Yes
Permitted Feature: 004 External Outfall
Report Dates & Status: From 01/01/18 to 01/31/18
Monitoring Period: From 01/01/18 to 01/31/18
Considerations for Form Completion: CSO: J02-90 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NOD): -
Form NOD1: -
Code:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2801 DWYER AVE
 FORT WAYNE, IN 46803
Discharge: DM-C
 CSO: J02-90
DMR Due Date: 02/28/18
Status: NADMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	Form NOD1	Quantity or Loading			Quality or Concentration			Units	# of ECs	Frequency of Analysis	Sample Type
					Value 1	Quantity 2	Value 3	Value 1	Quantity 2	Value 3				
5007	Duration	EG - Effluent Gross	0	-	Sample Permit Req Value NOD1			OPTION MO TOTAL, SR - Mgd				WQDS - When Discharging	RT - RCOTOT	
7483	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Req Value NOD1			C - No Discharge				WQDS - When Discharging	RT - RCOTOT	
7887	Resuspension, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req Value NOD1			OPTION MO TOTAL, SR - Mgd				WQDS - When Discharging	RT - RCOTOT	
8453	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req Value NOD1			C - No Discharge				WQDS - When Discharging	RT - RCOTOT	

Submission Note

If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User

susan_beck@cityofortwayne.org

Name

Susan Beck

E-Mail

susan_beck@cityofortwayne.org

Date/Time

2018-02-27 07:25 (Time Zone: -05:00)

Report Last Signed By

susan_beck@cityofortwayne.org

User

Susan Beck

Name

Susan Beck

E-Mail

susan_beck@cityofortwayne.org

Date/Time

2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility:	FORT WAYNE WWTP P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Major:	Yes	Permittee Address:		Facility Location:	
Permitted Feature:	005 External Outfall	Discharge:	005-C CSC: 111-164	Status:	Not DMR Validated
Report Dates & Status:	From 01/01/18 to 01/31/18	DMR Due Date:	02/28/18	Telephone:	
Monitoring Period:	From 01/01/18 to 01/31/18				
Considerations for Form Completion:					
CSC: 111-164 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer:					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Value 1	Qualifier 1	Value 2	Qualifier 2	Value 3	Qualifier 3				
30307	Dunford				EG - Effluent Gross	0				2.25	82 - hr/mo	WHQS - When Discharging	RT - RCOTOT	
74063	Overflow volume [SS0 volume, CSC volume]				EG - Effluent Gross	0				0.032	8R - Mgd	WHQS - When Discharging	RT - RCOTOT	
78897	Residuals, monthly accumulation				EG - Effluent Gross	0				1.02	8Y - hr/mo	WHQS - When Discharging	RT - RCOTOT	
94155	Discharge event observation [Visual Monitoring]				EG - Effluent Gross	0				1	8K - hr/mo	WHQS - When Discharging	RT - RCOTOT	

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-02-27 07:25 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: External Outfall
Permitted Feature: 007
Report Dates & Status: From 01/01/18 to 01/31/18
Monitoring Period: From 01/01/18 to 01/31/18
Considerations for Form Completion: CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2501 DWIGEN AVE
 FORT WAYNE, IN 46803

Discharge: 007-C
 CSO: K03-92
DMR Due Date: 02/28/18
Status: NetDIR Validated

Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity of Loading			Quality of Concentration			Units	# of Ex. Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Units Qualifier 1 Value 3	Qualifier 2 Value 2	Qualifier 3 Value 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req Value NODI							WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Req Value NODI							ES - SSTMA	
7860	Penetration, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req Value NODI							RT - RCOTOT	
84185	Discharge event observation (visual monitoring)	EG - Effluent Gross	0	-	Sample Permit Req Value NODI							RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-02-27 07:25 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: N0022191
 Major: Yes

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Facility: FORT WAYNE WWTP
 Facility Location: P. L. BRUNNER WPC
 2501 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 011
 External Outfall

Discharge: 011-C
 CSO: K06-233

Report Dates & Status: From 01/01/18 to 01/31/18

DMR Due Date: 02/28/18

Status: Not DMR Validated

Monitoring Period: From Completion
 CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer

First Name:
 Last Name:
 Title:

Telephone:

No Data Indicator (NODI)
 Form NODI:

Code	Parameter Name	Monitoring Location	Season	Form NODI	Sample Permit Req Value NODI	Quantity of Loading Quarrier 1 Value 1 Quarrier 2 Value 2 Quarrier 3 Value 3	Quality of Concentration Value 1 Value 2 Value 3	Unit	# of EA Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req Value NODI		OR Mon NO TOTAL SR - h/m			WHOS - When Discharge RT - RCOTOT
74063	Overflow volume (950 volume CSO volume)	EG - Effluent Gross	0	-	Sample Permit Req Value NODI		OR Mon NO TOTAL SR - Magd C - No Discharge			ES - ESTIMA
7887	Preprecipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req Value NODI		1, D2 OR Mon NO TOTAL SW - h/m			RT - RCOTOT RT - RCOTOT
84165	Discharge event observation (Usual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req Value NODI		OR Mon NO TOTAL 4K - h/m C - No Discharge			ALVEY - All Events RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-02-27 07:25 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #:	IN0023191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE FT WAYNE, IN 46602	Facility Location:	P. L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46603
Permitted Feature:	012 External Outfall	Discharge:	012-C CSO-K06-234	Status:	NeDMR Validated
Report Dates & Status	Monitoring Period: From 01/01/18 to 01/31/18	DMR Due Date:	02/28/18	Telephone:	
Considerations for Form Completion	CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY				
Principal Executive Officer:					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity of Loading			Quality of Concentration			Units	# of Ex. Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
30007	Durion	EG - Effluent Gross	0	--	Permit Fee Value NODI			DR Mon MO TOTAL 82 - hmo	C - No Discharge			WHOS - When Discharging	RT - RCOTOT
74063	Overflow volume [S&O volume, CSO volume]	EG - Effluent Gross	0	--	Sample Value NODI			DR Mon MO TOTAL 3R - Mgd	C - No Discharge			ALEV - All Events	ES - ESTMA
7887	Prepitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Fee Value NODI			DR Mon MO TOTAL SW - hmo	1.02			ALEV - All Events	RT - RCOTOT
94195	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Fee Value NODI			DR Mon MO TOTAL 4R - hmo	C - No Discharge			ALEV - All Events	RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Exit Check Errors
No errors.

Comments
No errors.

Attachments
No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-02-27 07:25 (Time Zone: -05:00)

Report Last Signed By: susan.beck@cityofwayne.org

User: Susan Beck

Name: susan.beck@cityofwayne.org

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0032191
 Major: Yes
 Permitted Features: 013 External Outfall
 Report Dates & Status: From 01/01/18 to 01/31/18
 Monitoring Period: Considerations for Form Completion
 CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer
 First Name: Title:
 Last Name: Telephone:
 No Data Indicator (NODI):
 Form NODI:
 Code: Parameter Name Monitoring Location Season # Permit NODI
 30397 Turbidity EG - Effluent Gross 0
 74063 Overflow Volume (SBO volume, GSC volume) EG - Effluent Gross 0
 74687 Precipitation, monthly accumulation EG - Effluent Gross 0
 94195 Discharge event observation [Visual Monitoring] EG - Effluent Gross 0

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Facility: FORT WAYNE WWTP
 Facility Location: P. L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Discharge: 013-C
 CSO: K06-298
 DMR Due Date: 02/28/18
 Status: NeedMR Validated
 Sample Type: AUEV - All Events
 RT - RCOTOT

Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Quantity or Loading	Quality or Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3						
30397	Turbidity	EG - Effluent Gross	0		Option MO TOTAL EG - hmo C - No Discharge				MHDS - when Discharging	RT - RCOTOT	
74063	Overflow Volume (SBO volume, GSC volume)	EG - Effluent Gross	0		Option MO TOTAL SR - hgal C - No Discharge				AUEV - All Events	ES - ESTIMA	
74687	Precipitation, monthly accumulation	EG - Effluent Gross	0		Option MO TOTAL SW - hmo C - No Discharge				AUEV - All Events	RT - RCOTOT	
94195	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0		Option MO TOTAL 4K - hmo C - No Discharge				AUEV - All Events	RT - RCOTOT	

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Editor Check Errors

No errors.

Comments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan_beck@cityofortwayne.org

Name:

Susan Beck

E-Mail:

susan_beck@cityofortwayne.org

Date/Time:

2018-02-27 07:23 (Time Zone: -05:00)

Report Last Signed By

susan_beck@cityofortwayne.org

User:

Susan Beck

E-Mail:

susan_beck@cityofortwayne.org

Date/Time:

2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0021191
 Major: Yes

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Facility: FORT WAYNE WWTP
 Facility Location: P. L. BRUNNER WPC
 260 DUVENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 017
 External Outfall

Discharge: 017-C
 CSO-K07-176

Report Dates & Status: Monitoring Period: From 01/01/18 to 01/31/18

DMR Due Date: 02/28/18

Status: NEDMR Validated

Considerations for Form Completion: CSO: K07-176 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Title:

Telephone:

Last Name:

No Data Indicator (NOD)

Form NOD:

Code	Parameter Name	Monitoring Location	Season	# Perm. NOD	Quantity of Loadings			Quality of Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value				
50037	Disinfection	EG - Effluent Gross	0		Sample Permit Fee Value NOD			OPTION NO TOTAL	EG - Effluent Gross			WHDS - When Discharging	RT - RCOTOT	
74093	Overflow volume (S&O volume, CSO volume)	EG - Effluent Gross	0		Sample Permit Fee Value NOD			OPTION NO TOTAL	SV - Effluent			AEV - All Events	RT - RCOTOT	
78697	Pre-precipitation, monthly accumulation	EG - Effluent Gross	0		Sample Permit Fee Value NOD			OPTION NO TOTAL	SV - Effluent			AEV - All Events	RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0		Sample Permit Fee Value NOD			OPTION NO TOTAL	DK - Minn			AEV - All Events	RT - RCOTOT	
									C - No Discharge					

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

DMR Check Errors

No errors.

Comments

No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-02-27 07:23 (Time Zone: -05:00)

Report Last Signed By: susan.beck@cityofwayne.org

User: susan.beck

Name: susan.beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0032191
 Major: Yes

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 018
 External Outfall

Discharge: 018-C
 CSO: K1-195

Report Dates & Status: Monitoring Period: From 01/01/18 to 01/31/18

DMR Due Date: 02/28/18

Status: NEDMR Validated

Considerations for Form Completion: CSO: K1-195 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer

First Name:
 Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season	# from NODI	Quantity or Loading	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	Qualifier 5 Value 5	
50037	Duration									
					Sample Permit Req					
					Value NODI					
74003	Overflow volume (ISO volume, CSO volume)				Sample Permit Req					
					Value NODI					
70007	Production, monthly accumulation				Sample Permit Req					
					Value NODI					
84195	Discharge event observation (Visual Monitoring)				Sample Permit Req					
					Value NODI					

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors

Comments

Attachments
 No attachments

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-02-27 07:23 (Time Zone: -05:00)

Report Last Signed By: susan.beck@cityofwayne.org

User: Susan Beck

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: R0002191
 Major: Yes

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE.
 FORT WAYNE, IN 46803

Permitted Feature: 019
 External Outlet

Discharge: 019-C
 CSO: K1-178

Report Dates & Status: From 01/01/18 to 01/31/18

DMR Due Date: 02/28/18

Status: NetDMR Validated

Monitoring Period: Considerations for Form Completion
 CSO: K1-178 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

Title:

Telephone:

Form NODI: No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season	Form NODI	Quantity of Loading			Quantity of Concentration			Units	# of ECs	Frequency of Analysis	Sample Type
					Value 1	Value 2	Value 3	Value 1	Value 2	Value 3				
5007	Duration	EG - Effluent Gross	0											
7006	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0											
7889	Prescription, monthly accumulation	EG - Effluent Gross	0											
8485	Discharge event observation (visual monitoring)	EG - Effluent Gross	0											

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors

Comments

No attachments

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-02-27 07:24 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN002191
Major: Yes
Permitted Features: 020 External Outfall
Report Dates & Status: From 01/01/18 to 01/31/18
Monitoring Period: From 01/01/18 to 01/31/18
Considerations for Form Completion: CSO: K15-15/MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NDD):
Form NDD1:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility: FORT WAYNE WWTP
Facility Location: P. L. BRUNNER WPC
 2601 DWIGENS AVE
 FORT WAYNE, IN 46803

Discharge: 020-C CSO-K15-116
DMR Due Date: 02/28/18
Status: NADMR Validated

Title:
Telephone:

Code	Parameter Name	Monitoring Location System #	Param. NDD1	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
				Value 1	Qualifier 2	Value 2	Qualifier 1	Value 1	Qualifier 2				
3007	Durden		EG - Effluent Gross	0					7.25	82 - time	WHOS - When Discharging	RT - RCOTOT	
			EG - Effluent Gross	0					0.122	38 - liquid	WHOS - When Discharging	RT - RCOTOT	
7063	Overflow volume (SSD volume, CSO volume)		EG - Effluent Gross	0					1.03	38 - liquid	WHOS - When Discharging	RT - RCOTOT	
7887	Precipitation, monthly accumulation		EG - Effluent Gross	0					3	4K - time	WHOS - When Discharging	RT - RCOTOT	
			EG - Effluent Gross	0					3	4K - time	WHOS - When Discharging	RT - RCOTOT	

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

Comments

Attachments

No attachments

Report Last Saved By

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

User: susan_beck@cityofortwayne.org
Name: Susan Beck
E-Mail: susan_beck@cityofortwayne.org
Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0023191
 Major: Yes

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Facility: FORT WAYNE WWTP
 Facility Location: P. L. BRUNNER WPC
 2807 DOWNGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 021
 External Outfall

Discharge: 021-C
 CSO: K19-004

Report Dates & Status: From 01/01/18 to 01/31/18

DMR Due Date: 02/28/18

Status:

NetDMR Validated

Monitoring Period: From 01/01/18 to 01/31/18
 Considerations for Form Completion
 CSO: K19-044MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer

First Name:
 Last Name:

Title:

Telephone:

No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location Section # from NODI	Quantity of Loading			Quantity of Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
			Value 1	Value 2	Value 3	Value 1	Value 2	Value 3				
50337	Duration	EG - Effluent Gross	0			12.88			0	WHOS - When Discharging	RT - RCOTOT	
74053	Overflow Volume (SSO volume, CSO volume)	EG - Effluent Gross	0			0.214			0	ALBY - All Events	ES - ESTIMA	
74897	Resuspension, monthly accumulation	EG - Effluent Gross	0			1.03			0	ALBY - All Events	RT - RCOTOT	
94153	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0			2			0	ALBY - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

EDR Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan_beck@dchyofortwayne.org
 Name: Susan Beck

E-Mail: susan.beck@dchyofortwayne.org
 Date/Time: 2018-02-27 07:24 (Time Zone: -05:00)

Report Last Signed By
 User: susan_beck@dchyofortwayne.org

Name: Susan Beck
 E-Mail: susan.beck@dchyofortwayne.org
 Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0027191
 Major: Yes

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Facility: FORT WAYNE WWTP
 Facility Location: P. L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 023
 External Outfall

Discharge: 023-C
 CSO: L06-103

Report Dates & Status: From 01/01/18 to 01/31/18

DMR Due Date: 02/28/18

Status: NetDMR Validated

Monitoring Period: From 01/01/18 to 01/31/18

Considerations for Form Completion: CSO: L06-03MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer: Title: Telephone:

Form NODI: No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season	Form NODI	Sample Permit No./Value NODI	Quantity or Loading Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	Qualifier 5 Value 5	Qualifier 6 Value 6	Qualifier 7 Value 7	Qualifier 8 Value 8	Qualifier 9 Value 9	Qualifier 10 Value 10	Quality or Concentration C - No Discharge	Value 3	Units	# of Ex. Frequency of Analysis	Sample Type
50037	Durden	EG - Effluent Gross	0	--	Sample Permit No./Value NODI											DR Mon MG TOTAL 82 - hmo			VIHOS - When Discharging	RT - RCOTOT
74093	Overflow volume (SS0 volume, CS0 volume)	EG - Effluent Gross	0	--	Sample Permit No./Value NODI											OR Mon MG TOTAL 38 - Mg/d			ALEV - All Events	ES - ESTIMA
74093	Overflow volume (SS0 volume, CS0 volume)	EG - Effluent Gross	0	--	Sample Permit No./Value NODI											OR Mon MG TOTAL 38 - Mg/d			ALEV - All Events	RT - RCOTOT
74093	Overflow volume (SS0 volume, CS0 volume)	EG - Effluent Gross	0	--	Sample Permit No./Value NODI											OR Mon MG TOTAL 38 - Mg/d			ALEV - All Events	RT - RCOTOT
74093	Overflow volume (SS0 volume, CS0 volume)	EG - Effluent Gross	0	--	Sample Permit No./Value NODI											OR Mon MG TOTAL 38 - Mg/d			ALEV - All Events	RT - RCOTOT
94153	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit No./Value NODI											OR Mon MG TOTAL 4K - hmo			ALEV - All Events	RT - RCOTOT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

EDR Check Errors: No errors.

Comments: No errors.

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-02-27 07:21 (Time Zone: -05:00)

Report Last Signed By: susan.beck@cityofwayne.org

User: Susan Beck

Name: susan.beck@cityofwayne.org

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0021191
 Major: Y05

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2501 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 024
 External Outfall

Discharge: 024C
 CSC: L06-420

Report Dates & Status: From 01/01/18 to 01/31/18

DMR Due Date: 02/28/18

Status: Not DMR Validated

Monitoring Period: From 01/01/18 to 01/31/18

Considerations for Form Completion: CSC: L06-420 MUNICIPAL MAJOR PALLAN COUNTY

Principal Executive Officer:

Title:

Telephone:

Last Name: No Data Indicator (NOD)

Form NOD: -

Code: Parameter Name Monitoring Location Season's Perm. NOD

Code	Parameter Name	Monitoring Location	Season's Perm. NOD	Sample Permit Fee Value NOD	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2	Quality or Concentration Value 3	Units	# of Ex. Frequency of Analysis	Sample Type
5007	Durbin	EG - Effluent Gross	0	0	0	0	0	WHOS - When Discharging	RT - RCOTOT
7483	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	0	0	0	0	WHOS - When Discharging	RT - RCOTOT
7887	7887 Precipitation, monthly accumulation	EG - Effluent Gross	0	0	0	0	0	WHOS - When Discharging	RT - RCOTOT
94185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	0	0	0	WHOS - When Discharging	RT - RCOTOT

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By:

FORT WAYNE WWTP

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By:

User:

Name:

E-Mail:

Date/Time:

susan.beck@cityofwayne.org

Susan Beck

susan.beck@cityofwayne.org

2018-02-27 07:21 (Time Zone: -05:00)

susan.beck@cityofwayne.org

Susan Beck

susan.beck@cityofwayne.org

2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: R00027191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location: P.L. BRUNNER WPC 2601 DWYER AVE FORT WAYNE, IN 46803
Permitted Feature: D25 External Outfall	Discharge: 025-C CSO: L06-421	Status: Need DMR Validated
Report Dates & Status: From 01/01/18 to 01/31/18	DMR Due Date: 02/28/18	Telephone:
Monitoring Period: Considerations for Form Completion		
CSO: L06-21 MUNICIPAL MAJORALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	
Last Name:		
No Data Indicator (NDD)		
Form NDD:		

Code	Parameter Name	Monitoring Location	Season	Form NDD	Quantity or Loading				Quality or Concentration		Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 4 Value	Qualifier 1 Value	Qualifier 2 Value				
5007	Duration				EG - Effluent Gross	0				DR Mon MO TOTAL	82	hr:mo	WHOS - When Discharging	RT - RCOTOT
7403	Overflow volume [S80 volume, CSO volume]				EG - Effluent Gross	0				Option MO TOTAL	SR - Mgal		ALEV - All Events	ES - ESTIMA
7887	Reclamation, monthly accumulation				EG - Effluent Gross	0				C - No Discharge	SW - bmo		ALEV - All Events	RT - RCOTOT
8416	Discharge event observation [Visual Monitoring]				EG - Effluent Gross	0				DR Mon MO TOTAL	4K - #mo		ALEV - All Events	RT - RCOTOT
										C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

EDR Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwvayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityofwvayne.org

Date/Time:

2018-02-27 07:21 (Time Zone: -05:00)

Report Last Signed By

susan.beck@cityofwvayne.org

User:

Susan Beck

Name:

susan.beck@cityofwvayne.org

E-Mail:

susan.beck@cityofwvayne.org

Date/Time:

2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0027191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location: P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature: OZT External Outfall	Discharge: 027-C CSC: WFO-202	Status: NeDMR Validated
Report Dates & Status: From 01/01/18 to 01/31/18	DMR Due Date: 02/28/18	
Monitoring Period: Considerations for Form Completion CSC: WFO-202 MUNICIPAL MAJORALLEN COUNTY		
Principal Executive Officer:	Title:	Telephone:
First Name:		
Last Name:		
No Data Indicator (NOD):		
Form NDDI:		

Code	Parameter Name	Monitoring Location	Season	Param. NDDI	Quantity of Loading			Quality of Concentration			Units	# of Ex. Frequency of Analysis	Sample Type
					Value 1	Qualifier 1	Value 2	Qualifier 2	Value 3	Qualifier 3			
3037/Barbden	EG - Effluent Gross		0									WHQS - When Discharging RT - RCOTOT	
7403/Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross		0									AL/EV - All Events ES - ESTIMA	
7468/ Precipitation, monthly accumulation	EG - Effluent Gross		0									AL/EV - All Events RT - RCOTOT	
8416/ Discharge event, observation (Visual Monitoring)	EG - Effluent Gross		0									AL/EV - All Events RT - RCOTOT	

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

No comments.

Attachments

No attachments.

Report Last Saved By:

FORT WAYNE WWTP

User:

Susan Back

Name:

Susan Back

E-Mail:

susan.back@cityofortwayne.org

Date/Time:

2018-02-27 07:27 (Time Zone: -05:00)

Report Last Signed By:

susan.back@cityofortwayne.org

User:

Susan Back

Name:

Susan Back

E-Mail:

susan.back@cityofortwayne.org

Date/Time:

2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0032191
 Major: Yes

Permitter: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WAY
 2501 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 028 External Outfall

Discharge: 028-C
 CSO: M10-238

Report Dates & Status: Monitoring Period: From 01/01/18 to 01/31/18

DMR Due Date: 02/29/18

Status: NodDMR Validated

Considerations for Form Completion: CSO: M10-238/MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Title:

Telephone:

Last Name:

No Data Indicator (NODI)

Form NODI:

Code	Parameter Name	Monitoring Location Season 2 Program NODI	Sample Permit Fee Value NODI	Quantity of Loading Quanta: 1 to use 1	Quality of Concentration Value 1	Value 2	Value 3	Units	# of EA	Frequency of Analysis	Sample Type
90037	Duridan	EG - Effluent Gross	0		OPTION NO TOTAL	RT - hms				WHDS - When Discharging	RT - RCOTOT
74093	Duridan volume (SS0 volume, CS0 volume)	EG - Effluent Gross	0		OPTION NO TOTAL	SR - Ngal				ALEV - All Events	ES - ESTMA
74093	Duridan volume (SS0 volume, CS0 volume)	EG - Effluent Gross	0		OPTION NO TOTAL	SV - l/mg				ALEV - All Events	RT - RCOTOT
74827	regeneration, monthly accumulation	EG - Effluent Gross	0		OPTION NO TOTAL	SV - l/mg				ALEV - All Events	RT - RCOTOT
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0		OPTION NO TOTAL	4K - Mins				ALEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-02-27 07:26 (Time Zone: -0500)

Report Last Signed By: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-02-27 07:33 (Time Zone: -0500)

DMR Copy of Record

Permit #: IN0002191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location: P.L. BRUNNER WPC 260 TOWNGER AVE FORT WAYNE, IN 46803
Permitted Feature: 029 External Outfall	Discharge: 029-G CSO: M10-285	Status: Need DMR Validated
Report Dates & Status: From 01/01/18 to 01/31/18	DMR Due Date: 02/28/18	Telephone:
Monitoring Period: From Completion		
Considerations for Form Completion: CSO: M10-285/UNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer:		
First Name:		
Last Name:		
No Data Indicator (NODI):		
Form NODI:		

Code	Parameter Name	Monitoring Location Station #	Form NODI	Quantity of Loading			Quantity of Concentration			Units	# of Ex	Frequency of Analysis	Sample Type
				Value 1	Qualifier 1	Value 2	Qualifier 2	Value 3	Qualifier 3				
50037	Duration	EG - Effluent Gross	0						1.43	0	WHOS - When Discharging	RT - RCOTOT	
74693	Overflow Volume (SBO volume, CSO volume)	EG - Effluent Gross	0						0.114	0	WHOS - When Discharging	RT - RCOTOT	
79697	Pre-precipitation, monthly accumulation	EG - Effluent Gross	0						0.73	0	WHOS - When Discharging	RT - RCOTOT	
84153	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0						1	0	WHOS - When Discharging	RT - RCOTOT	

Submission Note
If a parameter row does not contain any values for the Sample, not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan_beck@cityofortwayne.org

Name: Susan Beck

E-Mail: susan_beck@cityofortwayne.org

Date/Time: 2018-02-27 07:22 (Time Zone: -05:00)

Report Last Signed By

User: susan_beck@cityofortwayne.org

Name: Susan Beck

E-Mail: susan_beck@cityofortwayne.org

Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0032191
 Major: Yes

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Facility: FORT WAYNE WWTP
 Facility Location: P.O. BRUNNER WPC
 2601 DWIGENER AVE
 FORT WAYNE, IN 46803

Permitted Feature: C32
 External Outfall

Discharge: 032-C
 CSO: M10-308

Report Dates & Status: From 01/01/18 to 01/31/18

DMR Due Date: 02/28/18

Status: NoDMR Validated

Monitoring Period: From Completion
 CSO: M10-308/MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:

Title:

Last Name:

Telephone:

No Data Indicator (NODI)

Form NODI:

Code	Parameter Name	Monitoring Location Season # Form: NODI	Quantity of Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
			Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Duration	EG - Effluent Gross	0	-	-	0.03	0.03	82 - hrmo	0	WHOS - When Discharging	RT - RCOTOT	
74033	Overflow volume (SS9 volume, CSO volume)	EG - Effluent Gross	0	-	-	0.03	0.03	82 - hrmo	0	WHOS - When Discharging	RT - RCOTOT	
78887	Resuspension, monthly accumulation	EG - Effluent Gross	0	-	-	0.73	0.73	SW - hrmo	0	WHOS - When Discharging	ES - ESTINA	
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	1	1	84 - hrmo	0	WHOS - When Discharging	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample, for Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-02-27 07:22 (Time Zone: -05:00)
 Report Last Signed By: susan.beck@cityofwayne.org
 User: Susan Beck
 Name: susan.beck@cityofwayne.org
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit: RN0022191
Permittee: FORT WAYNE WWTP
Major: Yes
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2501 DWENGER AVE
 FORT WAYNE, IN 46808

Permitted Feature: 033 External Outfall
Discharge: 033-C CSO-M10-313
DMR Due Date: 02/28/18
Status: NeedMR Validated

Report Date & Status: From 01/01/18 to 01/31/18
Monitoring Period: From 01/01/18 to 01/31/18
Considerations for Form Completion: CSO: M10-313 MUNICIPAL MAJORALLEN COUNTY
Principal/Executive Officer:

First Name: _____ **Title:** _____
Last Name: _____ **Telephone:** _____

No Data Indicator (NOD)

Code	Parameter Name	Monitoring Location	Station #	Param. NOD	Sample #	Permit Test Value NOD	Sample Permit Test Value NOD	Quantity of Loading	Quality of Concentration	Units	# of Ex	Frequency of Analyze	Sample Type
								Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50027	Duration	EG - Effluent Gross	0	-					0.35	OP Mon MO TOTAL	82 - hr/mo		WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [S&S volume, CSO volume]	EG - Effluent Gross	0	-				1.22		3P - h/d			ALEV - All Events ES - ESTIMA
7867	Regulation, monthly accumulation	EG - Effluent Gross	0	-				0.31		OP Mon MO TOTAL	3P - hr/mo		ALEV - All Events RT - RCOTOT
84153	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-						OP Mon MO TOTAL	4K - time		ALEV - All Events RT - RCOTOT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Comments:

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-02-27 07:28 (Time Zone: -05:00)

Report Last Signed By: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 036 External Outfall
Report Dates & Status: From 01/01/18 to 01/31/18
Monitoring Period: From 01/01/18 to 01/31/18
Considerations for Form Completion: CSO: M18-032AUNICIPAL MAJORFALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NOD):
Form NOD:
Code:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE, FT WAYNE, IN 46802
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WING, 2601 DWENGER AVE, FORT WAYNE, IN 46803
Discharge: DB-C, CSO: M18-032
DMR Due Date: 02/28/18
Status: **NECDMR Validated**
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	Form	NOD	Quantity of Loading			Quality of Concentration			Units	# of St. Frequency of Analysis	Sample Type	
						Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Duration	EG - Effluent Gross	0					On Mon MO TOTAL	GR - hr/mo					WHQS - When Discharging	RT - RCOTOT
74033	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0					On Mon MO TOTAL	GR - Mgal					ALEV - All Events	ES - ESTIMA
7887	Recharge/Inflow, mainly accumulation	EG - Effluent Gross	0					On Mon MO TOTAL	GR - Mgal					ALEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0					On Mon MO TOTAL	GR - Mgal					ALEV - All Events	RT - RCOTOT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors:
No errors:
Comments:
Attachments:
Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityofortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofortwayne.org
Date/Time: 2018-02-27 07:28 (Time Zone: -05:00)
Report Last Signed By: susan.beck@cityofortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofortwayne.org
Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0032191
 Major: Yes

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT. WAYNE, IN 46802

Facility: FORT WAYNE WWTP
 Facility Location: P. L. BRUNNER WPC
 2501 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: C039 External Outfall
 Report Dates & Status: From 01/10/18 to 01/13/18
 Monitoring Period: From 01/10/18 to 01/13/18
 Considerations for Form Completion: CSO: N06-022 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer:

Discharge: 039-C CSO: N06-022
 DMR Due Date: 02/28/18

Status: NedDMR Validated

No Data Indicator (NOD):
 Form NOD: -

Title:

Telephone:

Code	Parameter Name	Monitoring Location	Season	Form NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Value 1	Qualifier 1	Value 2	Qualifier 2	Value 3	Qualifier 3			
50027	Chloride	EG - Effluent Gross	0	-	Sample Permit Fee			2.33	OH Mon MO TOTAL	82 - hrmo	0	WHDS - When Discharging	RT - RCOTOT
74093	Overflow volume [SSO volume, GSD volume]	E3 - Effluent Gross	0	-	Sample Permit Fee			0.039	OH Mon MO TOTAL	SR - Hour	0	WHDS - When Discharging	RT - RCOTOT
7887	Pre-precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Fee			0.73	OH Mon MO TOTAL	SW - hrmo	0	WHDS - When Discharging	RT - RCOTOT
94195	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Fee			1	OH Mon MO TOTAL	4K - hrmo	0	WHDS - When Discharging	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan_beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan_beck@cityofwayne.org
 Date/Time: 2018-02-27 07:22 (Time Zone: -05:00)

Report Last Signed By: susan_beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan_beck@cityofwayne.org
 Date/Time: 2019-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	044 External Outfall	Discharge:	044-C CSO: N22-93	Status:	NetDMR Validated
Report Date & Status:	From 01/01/18 to 01/31/18	DMR Due Date:	02/28/18	Telephone:	
Monitoring Period:	From 01/01/18 to 01/31/18				
Considerations for Form Completion:					
CSO: N22-93 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer:					
First Name:					
Last Name:					
No Data Indicator (NODI)					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Sample Permit Fee Value NODI	Quantity of Loading	Quality of Concentration	Units	# of ECs	Frequency of Analysis	Sample Type
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Burden	EG - Effluent Gross	0	--	Sample Permit Fee Value NODI			OR Mon MC TOTAL SR - hmo		WHD5 - When Discharging	RT - RCOTOT
74063	Overflow volume (S&D volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Fee Value NODI			OR Mon MC TOTAL SR - hmo		WHD5 - When Discharging	RT - RCOTOT
78897	Pre-precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Fee Value NODI			OR Mon MC TOTAL SW - hmo		WHD5 - When Discharging	RT - RCOTOT
94153	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Fee Value NODI			OR Mon MC TOTAL 4K - hmo		WHD5 - When Discharging	RT - RCOTOT

Submission Note

If a parameter row does not contain any values for the Sample, nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan_beck@cityofwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2018-02-27 07:28 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN002191
Major: Yes
Permitted Feature: 045 External Outfall
Report Dates & Status: From 01/01/18 to 01/31/18
Monitoring Period: From 01/01/18 to 01/31/18
Considerations for Form Completion: CSO: N22-103T; JOSEPH RIVERMUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
Title:
Telephone:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE, FT WAYNE, IN 46802
Facility: FORT WAYNE WWTP
Facility Location: P. L. BRUNNER AVE, 2801 DWENGER AVE, FORT WAYNE, IN 46803

Discharge: 045-C CSO: N22-103
DMR Due Date: 02/28/18
Status: NotDMR Validated

No Data Indicator (NODI) Form NODI:

Code	Parameter Name	Monitoring Location Season & Param. NODI	Quantity of Loading			Quality of Concentration			Units	# of Ex. Frequency of Analysis	Sample Type
			Value 1	Value 2	Value 3	Qualifier 1	Qualifier 2	Qualifier 3			
30037	Duration	EG - Effluent Gross	0			On Mon MO TOTAL	02	time		WHDS - When Discharging RT - RCOTOT	
74093	Dweller volume (SS0 volume, CSO volume)	EG - Effluent Gross	0			On Mon MO TOTAL	SR	Mgd		AEV - All Events ES - ESTMA	
78887	Residuals, monthly accumulation	EG - Effluent Gross	0			On Mon MO TOTAL	SW	lbmo		AEV - All Events RT - RCOTOT	
84193	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0			On Mon MO TOTAL	4K	Ann		AEV - All Events RT - RCOTOT	

Submission Note:
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors:
 No errors.

Comments:

Attachments:
 No attachments.
Report Last Saved By: FORT WAYNE WWTP
User: susan_beck@cityofortwayne.org
Name: Susan Beck
E-Mail: susan_beck@cityofortwayne.org
Date/Time: 2018-02-27 07:28 (Time Zone: -05:00)

Report Last Signed By: susan_beck@cityofortwayne.org
User: susan_beck@cityofortwayne.org
Name: Susan Beck
E-Mail: susan_beck@cityofortwayne.org
Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location: P.L. BRUNNER WPC 2601 DIVENSER AVE FORT WAYNE, IN 46803
Permitted Feature: 048 External Outfall	Discharge: 048-C CSO: 010-252	Status: Need DMR Validated
Report Dates & Status: From 01/01/18 to 01/31/18	DMR Due Date: 02/28/18	
Considerations for Form Completion		
CSO: 010-252 MUNICIPAL MAJORALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NOD)		
Form NOD:		

Code	Parameter Name	Monitoring Location Season # Param. NOD	Quantity of Loading			Quality or Concentration			Units	# of Ex. Frequency of Analysis	Sample Type
			Qualifier 1 Value 1	Qualifier 2 Value 2	Units Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Durbin	EG - Effluent Gross	0	0	0.27	0.27	0.27	82 - hr/mo	WHOS - When Discharging	RT - RCOTOT	
74093	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	0	0.46	0.46	0.46	38 - Mgd	ALEV - All Events	ES - ESTIMA	
78837	Pre-oxidation, monthly accumulation	EG - Effluent Gross	0	0	0.93	0.93	0.93	0.93 Mon MO TOTAL SW - Mgd	ALEV - All Events	RT - RCOTOT	
64165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	0	2	2	2	0.4K - hr/mo	ALEV - All Events	RT - RCOTOT	

Submission Note

If a parameter row does not contain any values for the sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type

DMR Check Errors

No errors.

Comments

No comments.

Attachments

No attachments.

Report Last Saved By:

FORT WAYNE WWTP

User:

susan.jack@cityofwayne.org

Name:

Susan Jack

E-Mail:

susan.jack@cityofwayne.org

Date/Time:

2018-02-27 07:28 (Time Zone: -05:00)

Report Last Signed By:

susan.jack@cityofwayne.org

User:

Susan Jack

Name:

Susan Jack

E-Mail:

susan.jack@cityofwayne.org

Date/Time:

2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0002191
Major: Yes
Permittee: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46903

Permitted Features: 050
 External Outfall
Discharge: 050-C
 CSC: 01-0-277

Report Dates & Status: From 01/01/18 to 01/31/18
DMR Due Date: 02/28/18
Status: Not DMR Validated

Monitoring Period: From 01/01/18 to 01/31/18
Considerations for Form Completion: CSC: 01-0-277/MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:

First Name: _____
Last Name: _____
Title: _____
Telephone: _____

No Data Indicator (NOD): -
Form NOD: -

Code	Parameter Name	Monitoring Location	Station #	Param. NOD	Sample Permit Fee Value (NOD)	Sample Permit Fee Value (NOD)	Quantity or Loading	Quality or Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
							Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2						
8097	DuJardin	EG - Effluent Gross	0	-	Sample Permit Fee Value (NOD)	Sample Permit Fee Value (NOD)	CH Mon MG TOTAL g2 - hmg	C - No Discharge		mg/L	WHOS - When Discharging	RT - RCDTOT	
7403	Overflow volume (SS) volume, CSQ volume]	EG - Effluent Gross	0	-	Sample Permit Fee Value (NOD)	Sample Permit Fee Value (NOD)	CH Mon MG TOTAL g2 - hmg	C - No Discharge		mg/L	ALBY - All Events	ES - ESTIMA	
7887	Resuspension, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Fee Value (NOD)	Sample Permit Fee Value (NOD)	CH Mon MG TOTAL g2 - hmg	0.75	g/L	mg/L	ALBY - All Events	RT - RCDTOT	
8415	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Fee Value (NOD)	Sample Permit Fee Value (NOD)	CH Mon MG TOTAL g2 - hmg	C - No Discharge		mg/L	ALBY - All Events	RT - RCDTOT	

Submission Note
If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments
No errors.

Attachments
No attachments.

Report Last Saved By: susan.beck@cityofwayne.org
FORT WAYNE WWTP

User: Susan Beck
Name: susan.beck@cityofwayne.org

E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-02-27 07:22 (Time Zone: -0500)

Report Last Signed By: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-02-27 07:33 (Time Zone: -0500)

DMR Copy of Record

Permit #: IN0032191
 Major: Yes
 Discharge: External Outfall
 Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER W/PC
 280 DWYDNER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 051
 External Outfall
 Discharge: 051-C
 CSC: 022-002
 DMR Due Date: 02/28/18
 Status: Need DMR Validated

Report Dates & Status: From 01/01/18 to 01/31/18
 Monitoring Period: From 01/01/18 to 01/31/18
 Considerations for Form Completion: CSC: 022-002 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: Title: Telephone:

No Data Indicator (NDDI):
 Form NDDI: -
 Code: -

Code	Parameter Name	Monitoring Location Season # from NDDI	Quantity of Loading			Quality of Concentration			Units	# of Ex	Frequency of Analysis	Sample Type
			Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
5007	Duration	EG - Effluent Gross	0			0.11166	MO TOTAL	62 - hr:mo		WHQS - When Discharging	RT - RCOTOT	
7403	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0			0.03	MO TOTAL	3F - Mg/L		ALEV - All Events	ES - ESTIMA	
7687	Resuspension, monthly accumulation	EG - Effluent Gross	0			0.03	MO TOTAL	SW - hr:mo		ALEV - All Events	RT - RCOTOT	
8415	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0			0.11166	MO TOTAL	4K - hr:mo		ALEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By: FORT WAYNE WWTP
 User: susan_beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan_beck@cityofwayne.org
 Date/Time: 2018-02-27 07:28 (Time Zone: -05:00)
 Report Last Signed By: susan_beck@cityofwayne.org
 User: Susan Beck
 Name: susan_beck@cityofwayne.org
 E-Mail: susan_beck@cityofwayne.org
 Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0032191
 Major: Yes

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Facility: FORT WAYNE WWTP
 Facility Location: P. L. BRUNNER WPC
 2501 DWIGENSER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 052
 External Outfall

Discharge: 052-C
 CSC: 022-004

Report Dates & Status: From 01/01/18 to 01/31/18

DMR Due Date: 02/28/18

Status: Not DMR Validated

Monitoring Period: From 01/01/18 to 01/31/18

Considerations for Form Completion
 CSC: 022-004 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer

First Name: _____
 Last Name: _____

Title: _____

Telephone: _____

No Data Indicator (NDD) _____
 Form NDD: _____

Code	Parameter Name	Monitoring Location	Season	Param. NDD	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analyte	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				
50097	Durion	EG - Effluent Gross	0	-	Sample Permit No.		On Mon MO TOTAL	82	time		WHDS - When Discharging	RT - RCOTOT		
74063	Overflow volume [S50 volume, CSC volume]	EG - Effluent Gross	0	-	Sample Permit No.		On Mon MO TOTAL	38	kg/d		ALRY - All Events	ES - SSTMA		
7887	Penetration, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit No.		On Mon MO TOTAL	SW - beta	0.35		ALRY - All Events	RT - RCOTOT		
84105	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit No.		On Mon MO TOTAL	4K - beta			ALRY - All Events	RT - RCOTOT		

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

No errors.

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2018-02-27 07:26 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0022191
 Permittee: FORT WAYNE WWTP
 Major: Yes
 Permittee Address: CITY OF FORT WAYNE, FT. WAYNE, IN 46802
 Facility: FORT WAYNE WWTP
 Facility Location: P. L. BRUNNER WPC, 2801 DWENGER AVE, FORT WAYNE, IN 46803

Permitted Feature: 053 External Outfall
 Discharge: 053-C CSC-022-294
 Report Dates & Status: From 01/01/18 to 01/31/18
 DMR Due Date: 02/29/18
 Status: NeDMR Validated

Monitoring Period: From 01/01/18 to 01/31/18
 Considerations for Form Completion: CSC-02-09/MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 Title: [Blank]
 Telephone: [Blank]

No Data Indicator (NOD)
 Form: NOD1
 Monitoring Location: Season # Perm. NOD1
 Quantity of Loading: Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units
 # of Ex. Frequency of Analysis Sample Type

Code	Parameter Name	Monitoring Location	Season #	Perm. NOD1	Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
30037	Duridan	EG - Effluent Gross	0	-	Sample Permit Fee Value NOD1	Sample Permit Fee Value NOD1	0	0	0	0	0	1	When Discharging	RT - RCOTOT
74063	Overflow volume (S50 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Fee Value NOD1	Sample Permit Fee Value NOD1	0	0	0	0	0	1	All Events	ES - ESTIMA
78987	Penetration, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Fee Value NOD1	Sample Permit Fee Value NOD1	0	0	0	0	0	1	All Events	RT - RCOTOT
64105	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Fee Value NOD1	Sample Permit Fee Value NOD1	0	0	0	0	0	1	All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trailings, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-02-27 07:26 (Time Zone: -05:00)

Report Last Signed By: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN002191
 Major: Yes

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Facility: FORT WAYNE WWTP
 Facility Location: P. L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 45903

Permitted Feature: 054
 External Outfall

Discharge: 054-C
 CSC-023-080

Report Dates & Status: From 01/01/18 to 01/31/18

DMR Due Date: 02/28/18

Status: NetDMR Validated

Monitoring Period: From 01/01/18 to 01/31/18

Considerations for Form Completion: CSC: 023-080 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer:

First Name:

Last Name:

No Data Indicator (NOD)

Form NOD1:

Code	Parameter Name	Monitoring Location	Season #	Form NOD1	Quantity of Loadings	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3					
50037	Duration	EG - Effluent Gross	0	-		3.25	32 - hrmo	WHDS - When Discharging	RT - RCOTOT	
74093	Cheflow volume [SSD volume, CSD volume]	EG - Effluent Gross	0	-		0.07	SR - Magd	WHDS - When Discharging	RT - RCOTOT	
76987	Traps/step, monthly accumulation	EG - Effluent Gross	0	-		1.06	SW - hrmo	WHDS - When Discharging	RT - RCOTOT	
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-		1	OR Mon MD TOTAL	4K - hrmo	RT - RCOTOT	
								OR Mon MD TOTAL	4K - hrmo	RT - RCOTOT

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

No attachments

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2018-02-27 07:26 (Time Zone: -05:00)

Report Last Signed By

susan.beck@cityofwayne.org

User:

Susan Beck

Name:

susan.beck@cityofwayne.org

E-Mail:

2018-02-27 07:33 (Time Zone: -05:00)

Date/Time:

DMR Copy of Record

Permit #: IN00027191
Major: Yes
Permitted Feature: 055 External Outfall
Report Dates & Status: From 01/01/18 to 01/31/18
Monitoring Period: From 01/01/18 to 01/31/18
Considerations for Form Completion: CSC: P06-192 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE, FT WAYNE, IN 46802
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC, 2801 DWENGER AVE, FORT WAYNE, IN 46803
Discharge: 055-C, CSC: P06-192
DMR Due Date: 02/28/18
Status: NetDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Value NODI	Sample Permit Req	Quantity or Loading	Quality or Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0										
74063	Overflow volume (S80 volume, CSO volume)	EG - Effluent Gross	0										
79867	Preципitation, monthly accumulation	EG - Effluent Gross	0										
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0										

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Comments:

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan_beck@cityofortwayne.org

Name: Susan Beck

E-Mail: susan_beck@cityofortwayne.org

Date/Time: 2018-02-27 07:23 (Time Zone: -05:00)

Report Last Signed By: susan_beck@cityofortwayne.org

User: Susan Beck

Name: susan_beck@cityofortwayne.org

E-Mail: susan_beck@cityofortwayne.org

Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0027191
 Major: Yes

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Facility: FORT WAYNE WWTP
 Facility Location: P. L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 056
 External (Ditch)

Discharge: 056-C
 CSC: 003-313

Report Dates & Status: From 01/01/18 to 01/31/18

DMR Due Date: 02/28/18

Status: NetDMR Validated

Monitoring Period: Considerations for Form Completion
 CSC: 003-313(MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer

First Name:
 Last Name:

Title:

Telephone:

No Data Indicator (NDDI)
 Form NDDI:

Code	Parameter Name	Monitoring Location Station # Param. NDDI	Quantity or Loading			Quality or Concentration			Units	# of Ex. Frequency of Analysis	Sample Type
			Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duridan		EG - Effluent Gross	0			Option MO TOTAL SR - Name C - No Discharge	WHQS - When Discharging RT - RCOTOT		ES - ESTIMA	
74063	Overflow volume (SSO volume, CSO volume)		EG - Effluent Gross	0			Option MO TOTAL SR - Name C - No Discharge	ALBY - All Events RT - RCOTOT		RT - RCOTOT	
78687	Pre-cipitation, monthly accumulation		EG - Effluent Gross	0			Option MO TOTAL SW - Name C - No Discharge	ALBY - All Events RT - RCOTOT		RT - RCOTOT	
94165	Discharge event observation (Visual Monitoring)		EG - Effluent Gross	0			Option MO TOTAL KR - Name C - No Discharge	ALBY - All Events RT - RCOTOT		RT - RCOTOT	

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan_beck@cityofortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofortwayne.org

Date/Time: 2018-02-27 07:25 (Time Zone: -05:00)

Report Last Signed By: susan.beck@cityofortwayne.org

User: Susan Beck

Name: susan.beck@cityofortwayne.org

E-Mail: susan.beck@cityofortwayne.org

Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0032191
 Major: Yes

Permittee: FORT WAYNE WWTP
 Facility Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER YRPC
 2601 DWENGER AVE.
 FORT WAYNE, IN 46803

Permitted Feature: 057
 External Outfall

Discharge: 057-C
 CSC: P10-121

Status: NetDMR Validated

Report Dates & Status: From 01/01/18 to 01/31/18

DMR Due Date: 02/28/18

Status:

Monitoring Period: Considerations for Form Completion
 CSC: P10-21 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

Title:

Telephone:

No Data Indicator (NDDI)

Form NDDI: Monitoring Location Season 1 Param NDDI

CDS#	Parameter Name	Monitoring Location Season 1 Param NDDI	Quantity of Excursion			Quantity of Concentration			Units	# of ECs - Frequency of Analysis - Sample Type
			Qualifier 1 Value 1	Qualifier 2 Value 2	Units Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross 0	Sample Permit Req Value NDDI	Sample Permit Req Value NDDI	Sample Permit Req Value NDDI	Or Mon NO TOTAL 02 - hrm	C - No Discharge	MINDS - When Discharging RT - RCOTOT	ES - BRTMA	
7005	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross 0	Sample Permit Req Value NDDI	Sample Permit Req Value NDDI	Sample Permit Req Value NDDI	Or Mon NO TOTAL 3R - Mgal	C - No Discharge	ALVEV - All Events	RT - RCOTOT	
70897	Pre-precipitation, monthly accumulation	EG - Effluent Gross 0	Sample Permit Req Value NDDI	Sample Permit Req Value NDDI	Sample Permit Req Value NDDI	1.12 Or Mon NO TOTAL 5W - hrm	C - No Discharge	ALVEV - All Events	RT - RCOTOT	
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross 0	Sample Permit Req Value NDDI	Sample Permit Req Value NDDI	Sample Permit Req Value NDDI	Or Mon NO TOTAL 4K - km	C - No Discharge	ALVEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors

Comments
 No errors

Attachments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-02-27 07:21 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0002191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: FT WAYNE, IN 46802	Facility Location: P.L. BRUNNER WPC 2601 DIVENSER AVE FORT WAYNE, IN 46803
Permitted Features: 060 External Outfall	Discharge: 060-C CSO: R06-31	
Report Dates & Status: Monitoring Period: From 01/01/18 to 01/31/18	DMR Due Date: 02/28/18	Status: NeedMR Validated
Considerations for Form Completion: CSO: R06-31/MUNICIPAL MAJOR/LLEN COUNTY		
Principal Executive Officer:	Title:	Telephone:
Last Name:		
First Name:		
No Data Indicator (NOD):		
Form NOD:		

Code	Parameter Name	Monitoring Location Station #	Param. NOD	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50097	Duration	EG - Effluent Gross	0				DL Mon MO TOTAL	82	hr:mo		WHOS - When Discharging	RT - RCDTOT	
74093	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0				OP Mon MO TOTAL	SR - Mgal			ALEV - All Events	ES - ESTIM	
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0				C - No Discharge	SW - hr:mo			ALEV - All Events	RT - RCDTOT	
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0				DL Mon MO TOTAL	4K - hr:mo			ALEV - All Events	RT - RCDTOT	

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

DMR Check Errors

No errors.

Comments

No errors.

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan_beck@cityofwayne.org

Name:

Susan Beck

E-Mail:

susan_beck@cityofwayne.org

Date/Time:

2018-02-27 07:21 (Time Zone: -05:00)

Report Last Signed By

susan_beck@cityofwayne.org

User:

Susan Beck

Name:

susan_beck@cityofwayne.org

E-Mail:

2018-02-27 07:33 (Time Zone: -05:00)

Date/Time:

DMR Copy of Record

Permit #: IN0032191
 Major: Yes

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Facility: FORT WAYNE WWTP
 Facility Location: P. L. BRUNNER WPC
 200 TOWNSHIP AVE
 FORT WAYNE, IN 46803

Permitted Feature: 061
 External Outfall

Discharge: 061-C
 CSO: R14-137

Status: **Validated**

Report Dates & Status: From 01/01/18 to 01/31/18
 Monitoring Period: From Completion
 Considerations for Form Completion: CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer

DMR Due Date: 02/28/18

Telephone:

No Data Indicator (NODI)
 Form NODI: -

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex. Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Value NODI			OR Mon MO TOTAL, EG - Mono			MINOS - When Discharging	RT - RCOTOT	
74083	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Req Value NODI			OR Mon MO TOTAL, SR - Mg/L			AL/EV - All Events	ES - ESTIMA	
78897	Phosphatidol, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req Value NODI			C - No Discharge			AL/EV - All Events	RT - RCOTOT	
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req Value NODI			OR Mon MO TOTAL, SW - hr/mo			AL/EV - All Events	RT - RCOTOT	
								OR Mon MO TOTAL, 4K - hr/mo			AL/EV - All Events	RT - RCOTOT	
								C - No Discharge					

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityoffortwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityoffortwayne.org

Date/Time:

2018-02-27 07:27 (Time Zone: -05:00)

Report Last Signed By

susan.beck@cityoffortwayne.org

User:

Susan Beck

Name:

susan.beck@cityoffortwayne.org

E-Mail:

2018-02-27 07:33 (Time Zone: -05:00)

Date/Time:

DMR Copy of Record

Permit #: IN0027191
 Major: Yes

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Report Dates & Status: 062 External Detail
 From 01/01/18 to 01/31/18

Discharge: 062-C
 CSO: R14-138

Status: NetDMR Validated

Monitoring Period: From 01/01/18 to 01/31/18

DMR Due Date: 02/28/18

Telephone:

Considerations for Form Completion: CSO: R14-138 MUNICIPAL MAJORALLEN COUNTY

Title:

Principal Executive Officer:

No Data Indicator (NDDI):

Form NDDI:

Frequency of Analysis:

Code	Parameter Name	Monitoring Location	Session #	Param. NDDI	Quantity of Loading			Quality of Concentration			Units	# of Tests	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Units Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3					
50037	Duration	EG - Effluent Gross	0	-									WHOS - When Discharging	RT - RCOTOT
7408B	Overflow volume (SS0 volume, CS0 volume)	EG - Effluent Gross	0	-									OPTION MO TOTAL 9R - Negt	ES - BRTMA
7408C	Overflow volume (SS0 volume, CS0 volume)	EG - Effluent Gross	0	-									C - No Discharge	RT - RCOTOT
7408D	Overflow volume (SS0 volume, CS0 volume)	EG - Effluent Gross	0	-									OPTION MO TOTAL 9R - Negt	ES - BRTMA
7408E	Overflow volume (SS0 volume, CS0 volume)	EG - Effluent Gross	0	-									C - No Discharge	RT - RCOTOT
7408F	Overflow volume (SS0 volume, CS0 volume)	EG - Effluent Gross	0	-									OPTION MO TOTAL 9R - Negt	ES - BRTMA
7408G	Overflow volume (SS0 volume, CS0 volume)	EG - Effluent Gross	0	-									C - No Discharge	RT - RCOTOT
7408H	Overflow volume (SS0 volume, CS0 volume)	EG - Effluent Gross	0	-									OPTION MO TOTAL 9R - Negt	ES - BRTMA
7408I	Overflow volume (SS0 volume, CS0 volume)	EG - Effluent Gross	0	-									C - No Discharge	RT - RCOTOT
8418D	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-									OPTION MO TOTAL 4K - flmo	RT - RCOTOT
													C - No Discharge	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-02-27 07:27 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit: IN002191
Major: Yes
Permitted Feature: 064 External Outfall
Report Dates & Status: From 01/01/18 to 01/31/18
Monitoring Period: Considerations for Form Completion
CSO: 503-35 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NDD):
Form NDD:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE, FT WAYNE, IN 46802
Facility: FORT WAYNE WWTP
Facility Location: P. L. BRUNNER WPC, 2601 DWENGER AVE, FORT WAYNE, IN 46803
Discharge: 064-C CSO: 503-35
DMR Due Date: 02/28/18
Status: NetDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NDD	Sample Permit Req. Value NDD	Quantity or Counting	Qualifier	Quality or Concentration	Units	# of Exc.	Frequency of Analysis	Sample Type
						Value 1	Qualifier 1	Value 2	Qualifier 2	Value 3		
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NDD			Opt Mon MO TOTAL, 82 - hr/mo			WHDS - When Discharging	RT - RCOTOT
74088	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NDD			Opt Mon MO TOTAL, 3R - Mgal			ALBY - All Events	ES - ESTIMA
7889	Pre-cipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NDD			C - No Discharge			ALBY - All Events	RT - RCOTOT
								Opt Mon MO TOTAL, 5W - hr/mo			ALBY - All Events	RT - RCOTOT
								Opt Mon MO TOTAL, 4k - hr/mo			ALBY - All Events	RT - RCOTOT
								C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User:

susan.beck@cityofwayne.org

Name:

Susan Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2018-02-27 07:21 (Time Zone: -05:00)

Report Last Signed By

susan.beck@cityofwayne.org

User:

Susan Beck

Name:

Susan Beck

E-Mail:

susan.beck@cityofwayne.org

Date/Time:

2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location: P.L. BRUNNER WPC 2801 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature: 068 External Outfall	Discharge: 068-C CSC: N18-254	Status: NetDMR Validated
Report Dates & Status: From 01/01/18 to 01/31/18	DMR Due Date: 02/28/18	
Monitoring Period: Considerations for Form Completion CSC: N18-254 MUNICIPAL WALDRALLEN COUNTY		
Principal Executive Officer:	Title:	Telephone:
First Name:		
Last Name:		
No Data Indicator (NDDI)		
Form NDDI:		

Code	Parameter Name	Monitoring Location Station #	Param. NDDI	Sample Permit Req	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Units	# of EA Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	Sample Permit Req	Opt Mon MO TOTAL, 02 - Yrmo	C - No Discharge		WHDS - When Discharging	RT - RCOTOT
74035	Overflow volume B59 volume, CSO volume	EG - Effluent Gross	0	Sample Permit Req	Opt Mon MO TOTAL, 3R - Mgt	C - No Discharge		WHDS - When Discharging	ES - ESTMA
7987	Pre-precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req	Opt Mon MO TOTAL, 3W - hmo	0.93		WHDS - When Discharging	RT - RCOTOT
8405	Discharge event observation (visual monitoring)	EG - Effluent Gross	0	Sample Permit Req	Opt Mon MO TOTAL, 5W - hmo	0		WHDS - When Discharging	RT - RCOTOT
				Sample Permit Req	Opt Mon MO TOTAL, 4K - hmo			WHDS - When Discharging	RT - RCOTOT
				Sample Permit Req	Opt Mon MO TOTAL, 4K - hmo			WHDS - When Discharging	RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Exemptions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwvayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwvayne.org

Date/Time: 2018-02-27 07:27 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwvayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwvayne.org

Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN002191
Major: Yes
Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46902

Permitted Feature: 080 External Outfall
Discharge: 080-C
 CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR

Report Dates & Status: Monitoring Period: From 01/01/18 to 01/31/18
DMR Due Date: 02/28/18
Status: NetDMR Validated

Considerations for Form Completion: CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR
Principal Executive Officer: _____
First Name: _____
Last Name: _____
Telephone: _____

Form NODI: No Data Indicator (NODI)
Form NODI: _____

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Reg. Value NODI	Quantity or Loading	Qualifier 1	Qualifier 2	Qualifier 3	Qualifier 4	Qualifier 5	Unit	# of Ex.	Frequency of Analysis	Sample Type		
50097	Duration	EG - Effluent Gross	0	--	Sample Permit Reg. Value NODI							32 - hrmo	0	WHDS - When Discharging	RT - ROOTOT		
74693	Overflow volume [50 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Reg. Value NODI							Opt Mon MO TOTAL	82 - hrmo	0	WHDS - When Discharging	RT - ROOTOT	
78887	Prediction, monthly accumulation	ES - Effluent Gross	0	--	Sample Permit Reg. Value NODI							3R - Mgal	0	Opt Mon MO TOTAL	3R - Mgal	0	ES - ESTIMA
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Reg. Value NODI							1.03	0	Opt Mon MO TOTAL	SW - hrmo	0	ALEV - All Events
												1	0	Opt Mon MO TOTAL	4K - hrmo	0	ALEV - All Events

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors

Comments:

Attachments: No attachments

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-02-27 07:24 (Time Zone: -05:00)
Report Last Signed By: susan.beck@cityoffortwayne.org
User: Susan Beck
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 081 External Detail
Report Dates & Status: 081-C
Monitoring Period: From 01/01/18 to 01/31/18
Considerations for Form Completion: CSO - R1-4-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.
Principal Executive Officer:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE, FORT WAYNE, IN 46802
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC, 2801 DWENGER AVE, FORT WAYNE, IN 46803
Discharge: 081-C
CSO: R1-4-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.
DNR Due Date: 02/28/18
Status: NEDMR Validated

First Name: _____
Last Name: _____
Title: _____
Telephone: _____

No Data Indicator (NDD): -

Code	Parameter Name	Monitoring Location Station #	Param. NDD	Sample Permit Req. Value NDD	Quantity or Location	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	Qualifier 5 Value 5	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Grass	0	-	Sample Permit Req. Value NDD									WHDS - When Discharging RT - RCOOT
71063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Grass	0	-	Sample Permit Req. Value NDD									ALEV - All Events ES - ESTIMA
78897	Precipitation - monthly accumulation	EG - Effluent Grass	0	-	Sample Permit Req. Value NDD									RT - RCOOT
84665	Discharge event observation (Visual Monitoring)	EG - Effluent Grass	0	-	Sample Permit Req. Value NDD									ALEV - All Events RT - RCOOT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Comments:

Attachments: No attachments

Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-02-27 07:24 (Time Zone: -05:00)
Report Last Signed By:
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-02-27 07:33 (Time Zone: -05:00)



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

March 14, 2018

Technical Support Branch
Office of Water Management
Department of Environmental Management
Room 1255
P. O. Box 6015
Indianapolis, IN 46206-6014

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of February 2018

We are pleased to enclose a completed CSO MRO form for the month of February 2018. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Susan Beck".

Susan Beck
Program Manager
Water Pollution Control Maintenance

ENGAGE • INNOVATE • PERFORM

CITIZENS SQUARE

200 E. Berry St. • Fort Wayne, Indiana • 46802 • www.cityoffortwayne.org
An Equal Opportunity Employer

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V -- Visual Inspection

Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C -- Model Charts

Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S -- Storm Runoff

Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P -- Pumps

Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F -- This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC -- This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC -- This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS -- This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD -- This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE -- This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL -- Flood

NM -- No Meter

UD -- Unable to determine



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

State Form 50546 (RS) 7-13
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50546 (RS) 7-13
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Page [1] of [12]		Permit Number: IN0032191											
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: 2-2018		Public Notification Requirements Met? Y		Public Notification Requirements Met? Y											
Design Peak Hourly Flow (MGD): 60		Design Peak Flow (MGD): 85		Check box if no CSO discharge occurred for the month:		Check box if no CSO discharge occurred for the month:											
WWTW Influent Data		Precipitation Data - Adams Gauge		Measured/Inferred (M) or Estimated (E) must be specified		Measured/Inferred (M) or Estimated (E) must be specified											
Div. of Month	Average Daily Discharge (MGD)	Peak Daily Discharge (MGD)	Total Daily Precip. (inches)	Time Precip. Begins (mm)	Time Precip. Ends (mm)	Time Discharge Begins (hr:min)	Time Discharge Ends (hr:min)	Event Duration (Hours)	M	E	CSO Outfall No.	Time Discharge Begins (hr:min)	Time Discharge Ends (hr:min)	Event Duration (Hours)	M	E	CSO Outfall No.
1	36.48	40.94															
2	40.13	54.88															
3	34.60	43.43															
4	34.63	44.04	0.25	0.03	0.01	5 m											
5	33.81	39.28	8:45 AM	0.08	0.01	5 m											
6	33.85	39.23	11:25 AM	0.58	0.08	5 m											
7	29.58	70.28	1:45 PM	0.08	0.02	5 m											
8	32.96	37.13				5 m											
9	38.74	69.52	12:40 PM	0.82	0.24	5 m											
10	35.54	44.10				5 m											
11	33.30	49.44				5 m											
12	33.84	41.76	12:00 PM	0.17	0.02	5 m											
13	32.95	37.54				5 m											
14	25.98	48.69				5 m											
15	55.59	90.39	12:55 AM	1.75	0.28	5 m											
16	88.95	90.49	7:35 AM	0.17	0.03	5 m											
17	55.28	77.93				5 m											
18	48.31	59.68	1:20 PM	0.25	0.07	5 m											
19	84.59	101.10	4:10 AM	4.92	0.81	5 m											
20	101.00	101.31	4:25 AM	1.83	0.38	5 m											
21	101.00	101.41	1:15 AM	4.87	0.72	5 m											
22	101.00	101.39	3:50 AM	0.58	0.07	5 m											
23	101.00	101.25	5:40 AM	1.87	0.28	5 m											
24	101.00	101.28	5:15 AM	1.83	0.25	5 m											
25	101.00	101.21	3:00 AM	0.33	0.05	5 m											
26	97.82	101.30				5 m											
27	91.06	100.03				5 m											
28	89.91	101.19	5:35 AM	1.08	0.18	5 m											
29																	
30																	
31																	
Totals:	1723.49		21.18	3.50													

City: Fort Wayne
Facility: Fort Wayne - P.L. Brunner WWTP
Monitoring Period: 2-2018
Design Peak Hourly Flow (MGD): 60
Design Peak Flow (MGD): 85
Permit Number: IN0032191
Public Notification Requirements Met? Y
Measured/Inferred (M) or Estimated (E) must be specified
CSO Outfall No. 80
CSO Outfall No. 85
CSO Outfall No. 50
CSO Outfall No.

Signature of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
Date (mm/dd/yyyy): 03/14/18

Signature of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
Date (mm/dd/yyyy): 03/14/18

Signature of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
Date (mm/dd/yyyy): 03/14/18



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

State Form 55946 (03/7-03)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 55946 (03/7-03)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Page [2] of [12]		Public Notification Requirements Met? Y	
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: (MONTH) 2-2018		Design Peak Flow (MGD): 80		Check box if no CSO discharge occurred for the month:	
WVTP Inflow Data		Prescription Data - Bump Gauge		CSO Outfall No. 57		CSO Outfall No. 64	
Day of Month	Hour	Peak Flow (MGD)	Peak Inflow (MGD)	Time (mm)	Time (mm)	Time (mm)	Time (mm)
1	35:48	40.84					
2	40:13	54.88					
3	34:60	43.43					
4	34:63	44.04	0.33	0.04			
5	33:81	39.29	0.08	0.01			
6	33:95	37.95	1:10 AM	1.08	0.13		
7	39:55	70.28					
8	32:95	37.13					
9	38:74	63.52	10:00 AM	0.58	0.18	0.04	
10	35:54	44.10					
11	33:30	43.44					
12	33:84	41.76	11:00 AM	0.17	0.04		
13	32:95	37.54					
14	35:98	45.69	7:15 PM	0.08	0.01		
15	65:59	90.39	12:15 PM	1.57	0.27	0.06	
16	88:56	90.49	10:40 AM	0.08	0.02		
17	55:29	77.93					
18	48:31	59.65	12:15 PM	0.42	0.09	0.02	
19	84:59	101.10	4:15 AM	5.83	1.20	0.08	
20	101:00	101.31	4:15 AM	2.59	0.58	0.09	
21	101:00	101.41	12:30 AM	3.08	0.42	0.03	
22	101:00	101.39	3:45 AM	0.59	0.07	0.01	
23	101:00	101.25	12:15 AM	1.57	0.25	0.02	
24	101:00	101.28	3:50 AM	1.58	0.25	0.04	
25	101:00	101.21	2:30 AM	0.42	0.10	0.05	
26	97:52	101.30					
27	91:55	100.03					
28	89:91	101.19	5:20 AM	1.33	0.22	0.03	
29							
30							
31							
Totals:	1728:49			21:56	3.95	0.00	0.00

Signature of Principal Executive Officer of Authorized Agent: Susan Beck, Program Manager
Date (mm/dd/yyyy): 03/14/18
Telephone: 260-27-2213

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. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.



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

State Form 5046 (03/7-19)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Facility: Fort Wayne - P.L. Brunner WWTP					
Monitoring Period: [MONTH] 2-2018		Public Notification Requirements Met? Y		Monitoring Period: [MONTH] 2-2018					
Design Peak Hourly Flow (MGD): 85		Check box if no CSO discharge occurred for the month:		Design Peak Flow (Hourly) (MGD): 85					
WWTP Influent Data		Precipitation Data - City/County Gauge		Design Flow (MGD): 60					
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (empty)	Precip. Duration (Hours)	Time Discharge Began	Event Discharge (MG)	Event Duration (Hours)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)
Day of Month	Peak Hourly Flow (MGD)	Time Discharge Began	Event Discharge (MG)	Time Discharge Began	Event Discharge (MG)	Event Duration (Hours)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)
1	36.48	40.84							
2	40.13	54.88							
3	34.90	43.43							
4	34.63	44.04	0.04	0.01	5 m				
5	33.81	39.29							
6	33.85	37.95	0.03	0.02	5 m				
7	39.55	70.28							
8	32.96	37.13							
9	38.74	63.62	0.02	0.01	5 m				
10	35.54	44.10							
11	33.30	43.44							
12	33.84	41.78	0.01	0.01	5 m				
13	32.95	37.54							
14	35.98	45.69	0.02	0.01	5 m				
15	65.59	90.39	2.08	0.32	5 m	8:05 PM	0.42	M	0.009
16	88.55	90.49							
17	55.28	77.93							
18	48.31	59.66	0.33	0.05	5 m				
19	84.59	101.10	5.67	1.24	5 m	4:55 AM	3.75	M	1.107
20	101.00	101.31	2.75	0.56	5 m	10:00 AM	0.42	M	0.087
21	101.00	101.41	3.33	0.54	5 m	2:05 AM	0.50	M	0.084
22	101.00	101.39	0.17	0.02	5 m				
23	101.00	101.25	1.33	0.19	5 m	8:35 AM	0.17	M	0.015
24	101.00	101.28	1.00	0.13	5 m	3:35 AM	0.08	M	0.01
25	101.00	101.21	2:50 AM	0.50	5 m				
26	97.82	101.30							
27	91.06	100.03							
28	89.91	101.19	1.17	0.18	5 m				
29									
30									
31									
Totals:	1723.49		19.25	3.42		5	5.34	1.292	0.548

City: Fort Wayne		Permit Number: IN0032191		Facility: Fort Wayne - P.L. Brunner WWTP					
Monitoring Period: [MONTH] 2-2018		Public Notification Requirements Met? Y		Monitoring Period: [MONTH] 2-2018					
Design Peak Hourly Flow (MGD): 85		Check box if no CSO discharge occurred for the month:		Design Peak Flow (Hourly) (MGD): 85					
WWTP Effluent Data		Precipitation Data - City/County Gauge		Design Flow (MGD): 60					
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (empty)	Precip. Duration (Hours)	Time Discharge Began	Event Discharge (MG)	Event Duration (Hours)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)
Day of Month	Peak Hourly Flow (MGD)	Time Discharge Began	Event Discharge (MG)	Time Discharge Began	Event Discharge (MG)	Event Duration (Hours)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)
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									
Totals:									

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: _____ Date (mm/dd/yyyy): 03/14/18

Signature of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager Telephone: 265-427-5213



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

State Form 30546 (R3 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Page [4] of [12]		Permit Number: IN0032191		City: Fort Wayne			
Public Notification Requirements Met? Y				Facility: Fort Wayne - P.L. Brunner-WWTP			
Check box if no CSO discharge occurred for the month: [MONTH] 2-2018							
Measured/Measured (M) or Estimated (E) must be specified				Design Peak Flow (Hourly) (MGD): 85			
CSO Outfall No.: 32				CSO Outfall No.: 50			
CSO Outfall No.: 39				CSO Outfall No.: 55			
Time Discharge or Duration (Hours)	M	E	(MG)	Time Discharge or Duration (Hours)	M	E	(MG)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15	5:55 PM	M	2.17	5:55 PM	M	3.00	0.062
16							
17							
18							
19	4:50 AM	M	7.75	4:50 AM	M	15.25	1.88
20	12:00 AM	M	23.67	12:00 AM	M	14.83	0.557
21	12:00 AM	M	23.92	1:15 AM	M	18.17	0.942
22	12:00 AM	M	24				
23	12:00 AM	M	23.75	7:50 AM	M	3.00	0.084
24	7:35 PM	M	4.42	8:30 PM	M	2.50	0.022
25	12:00 AM	M	7.08	3:20 AM	M	1.00	0.03
26							
27							
28	7:10 AM	M	0.25				
29							
30							
31							
9	Da	Ps	117.01	7	Da	Ps	57.75
			37.271				3.577
Totals:				2	Da	Ps	2.50
			0.243				0.243
			42.17				3.941

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: _____ Telephone: _____
 Signature of Principal Executive Officer or Authorized Agent: _____ Date (mm/dd/yyyy): 02/14/18
 I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION AND ATTACHMENTS WERE PREPARED UNDER MY DIRECT SUPERVISION AND 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.



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

State Form 5066 (03/7-03)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5066 (03/7-03)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Page [5] of [12]		Public Notification Requirements Met? Y		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: [MONTH] 2018		Design Peak Hourly Flow (MGD): 80		Check box if no CSO discharge occurred for the month:		Facility: Fort Wayne - P.L. Brunner WWTP	
Monitoring Period: [MONTH] 2018		Precipitation Date - Fairfield Gauge		Design Peak Flow (MGD): 80		Measured/Estimated (M) or Estimated (E) must be specified		Monitoring Period: [MONTH] 2018	
Design Peak Hourly Flow (MGD): 80		Time		Design Peak Flow (MGD): 80		Measured/Estimated (M) or Estimated (E) must be specified		Monitoring Period: [MONTH] 2018	
WWTW Influent Data		Time		Design Peak Flow (MGD): 80		Measured/Estimated (M) or Estimated (E) must be specified		Monitoring Period: [MONTH] 2018	
Day of Month	Average Daily Flow (MGD)	Time	Precip. Duration (Minutes)	Time	Event Duration (Hours)	Time	Event Duration (Hours)	Time	Event Duration (Hours)
1	36.48	40.84							
2	40.13	54.88							
3	34.60	43.43							
4	34.63	44.04	10:05 AM 0.17	0.03	0.02				
5	33.81	39.29	8:30 AM 0.08	0.16	0.16				
6	33.85	37.95	10:50 AM 0.83	0.41	0.28				
7	39.95	70.29							
8	32.96	37.13							
9	38.74	69.52	12:10 PM 0.58	0.34	0.09				
10	35.54	44.10	8:15 PM 0.08	0.01	0.01				
11	33.30	43.44	2:15 PM 0.08	0.28	0.28				
12	33.84	41.76	1:05 PM 0.08	0.01	0.01				
13	32.95	37.54							
14	35.96	45.69	8:55 PM 0.08	0.01	0.01				
15	65.59	90.38	12:25 PM 1.08	0.19	0.06				
16	88.56	90.49	10:40 AM 0.08	0.08	0.08				
17	55.28	77.93							
18	48.31	58.66	12:35 PM 0.33	0.08	0.03				
19	84.59	101.10	4:05 AM 3.83	0.67	0.04				
20	101.00	101.31	4:15 AM 2.17	0.32	0.03				
21	101.00	101.41	1:15 AM 2.82	0.45	0.03				
22	101.00	101.39	4:15 AM 0.25	0.08	0.06				
23	101.00	101.25	5:45 AM 1.00	0.15	0.02				
24	101.00	101.28	3:55 AM 0.83	0.10	0.01				
25	101.00	101.21	2:50 AM 0.33	0.14	0.11				
26	97.82	101.30							
27	91.06	100.03							
28	89.91	101.19	6:20 AM 1.00	0.13	0.02				
29									
30									
Totals:	1729.49		15.80	3.65		4	36.18	5.152	0.527

Day of Month	Event Duration (Hours)	Time	Event Duration (Hours)	Time	Event Duration (Hours)	Time	Event Duration (Hours)	Time	Event Duration (Hours)
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									
Totals:									

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Telephone: 260-427-5213
 I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.
 Signature of Principal Executive Officer or Authorized Agent: Susan Beck
 Date (mm/dd/yyyy): 03/14/18



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

State Form 5564 (03/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5564 (03/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page [7 of 12]		Permit Number: IN0032191		City: Fort Wayne		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Facility: Fort Wayne - P.L. Brunner WWTP	
Monitoring Period: (MONTH)		2-2018		Monitoring Period: (MONTH)		2-2018		Monitoring Period: (MONTH)	
Design Peak Hourly Flow (MGD):		55		Design Peak Flow (MGD):		95		Design Flow (MGD):	
Wastewater Inflow Data		Prescribed Data - Study Gauge:		CSO Outfall No. 4		CSO Outfall No. 5		CSO Outfall No. 11	
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Duration (minutes)	Total Daily Precip. Intensity (inches)	Measurement Interval (hr:30 m)	Time Discharge or Discharge Began (Hours)	Event Duration or Discharge (Hours)	Event Discharge (MG)	Time Discharge or Discharge Began (Hours)	Event Duration or Discharge (Hours)
1	36.48	40.84		5 m					
2	40.13	54.88		5 m					
3	34.80	43.43		5 m					
4	34.63	44.04	0.25	0.01	10:00 AM				
5	33.81	39.28	9:10 AM	0.08	0.01	5 m			
6	33.85	37.95	10:40 AM	1.00	0.16	0.02	5 m		
7	39.59	70.28	11:45 AM	0.08	0.02	5 m			
8	32.95	37.13		5 m					
9	38.74	63.52	12:30 PM	0.33	0.14	0.08	5 m		
10	35.54	44.10		5 m					
11	33.30	43.44		5 m					
12	33.84	41.76	11:15 AM	0.42	0.07	5 m			
13	32.95	37.54		5 m					
14	35.88	45.69	3:55 PM	0.08	0.01	0.01	5 m		
15	65.59	90.39	2:00 AM	1.50	0.26	0.04	5 m		
16	89.56	90.49	2:55 AM	0.17	0.03	0.02	5 m		
17	55.28	77.98		5 m					
18	48.31	59.66	10:50 AM	0.50	0.07	0.02	5 m		
19	84.59	101.10	4:30 AM	4.67	0.96	0.15	5 m		
20	101.00	101.31	4:10 AM	2.92	0.45	0.02	5 m		
21	101.00	101.41	1:15 AM	4.08	0.82	0.05	5 m		
22	101.00	101.39	9:55 AM	0.50	0.06	0.01	5 m		
23	101.00	101.25	5:00 AM	1.67	0.27	0.03	5 m		
24	101.00	101.28	5:15 AM	2.00	0.28	0.03	5 m		
25	101.00	101.21	2:35 AM	0.33	0.08	0.05	5 m		
26	97.82	101.30	9:10 AM	0.08	0.01	0.01	5 m		
27	91.08	100.03		5 m					
28	89.81	101.19	5:25 AM	1.25	0.17	0.02	5 m		
29									
30									
Totals:	1723.49		21.61	3.80	5	172.74	6.577	5	3.202

City: Fort Wayne		Page [7 of 12]		Permit Number: IN0032191		City: Fort Wayne		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Facility: Fort Wayne - P.L. Brunner WWTP	
Monitoring Period: (MONTH)		2-2018		Monitoring Period: (MONTH)		2-2018		Monitoring Period: (MONTH)	
Design Peak Hourly Flow (MGD):		55		Design Peak Flow (MGD):		95		Design Flow (MGD):	
Wastewater Inflow Data		Prescribed Data - Study Gauge:		CSO Outfall No. 4		CSO Outfall No. 5		CSO Outfall No. 11	
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Duration (minutes)	Total Daily Precip. Intensity (inches)	Measurement Interval (hr:30 m)	Time Discharge or Discharge Began (Hours)	Event Duration or Discharge (Hours)	Event Discharge (MG)	Time Discharge or Discharge Began (Hours)	Event Duration or Discharge (Hours)
1	36.48	40.84		5 m					
2	40.13	54.88		5 m					
3	34.80	43.43		5 m					
4	34.63	44.04	0.25	0.01	10:00 AM				
5	33.81	39.28	9:10 AM	0.08	0.01	5 m			
6	33.85	37.95	10:40 AM	1.00	0.16	0.02	5 m		
7	39.59	70.28	11:45 AM	0.08	0.02	5 m			
8	32.95	37.13		5 m					
9	38.74	63.52	12:30 PM	0.33	0.14	0.08	5 m		
10	35.54	44.10		5 m					
11	33.30	43.44		5 m					
12	33.84	41.76	11:15 AM	0.42	0.07	5 m			
13	32.95	37.54		5 m					
14	35.88	45.69	3:55 PM	0.08	0.01	0.01	5 m		
15	65.59	90.39	2:00 AM	1.50	0.26	0.04	5 m		
16	89.56	90.49	2:55 AM	0.17	0.03	0.02	5 m		
17	55.28	77.98		5 m					
18	48.31	59.66	10:50 AM	0.50	0.07	0.02	5 m		
19	84.59	101.10	4:30 AM	4.67	0.96	0.15	5 m		
20	101.00	101.31	4:10 AM	2.92	0.45	0.02	5 m		
21	101.00	101.41	1:15 AM	4.08	0.82	0.05	5 m		
22	101.00	101.39	9:55 AM	0.50	0.06	0.01	5 m		
23	101.00	101.25	5:00 AM	1.67	0.27	0.03	5 m		
24	101.00	101.28	5:15 AM	2.00	0.28	0.03	5 m		
25	101.00	101.21	2:35 AM	0.33	0.08	0.05	5 m		
26	97.82	101.30	9:10 AM	0.08	0.01	0.01	5 m		
27	91.08	100.03		5 m					
28	89.81	101.19	5:25 AM	1.25	0.17	0.02	5 m		
29									
30									
Totals:	1723.49		21.61	3.80	5	172.74	6.577	5	3.202

Signature of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Telephone: 260-427-6213
 Date: (mm/dd/yyyy) 03/14/18

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.



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

State Form 50046 (03/17-18)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50046 (03/17-18)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Page 13 of 13		Public Notification Requirements Met? Y		Permit Number: IN0032191						
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: (MONTH) 2-2018		Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: (MONTH) 2-2018		Public Notification Requirements Met? Y						
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Design Peak Flow (MGD): 85		Design Flow (MGD): 60		Measured (M) or Estimated (E) must be specified						
WWTP Influent Data		Prescription Data - Inflow Gauge		CSO Outfall No. 54		CSO Outfall No. 54		CSO Outfall No. 60						
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Precip. Intensity (Inches/Minute)	Measurement Interval (ft. 30 in. 15 in. 5 in.)	Time of Discharge or Event (M/D)	Event Duration (Hours)	Time of Discharge or Event (M/D)	Event Duration (Hours)	Time of Discharge or Event (M/D)	Event Duration (Hours)	Time of Discharge or Event (M/D)	Event Duration (Hours)
1	36.48	40.84				5 m								
2	40.13	54.88				5 m								
3	34.60	43.43				5 m								
4	34.93	44.04	0.25	0.03	0.01	5 m								
5	33.81	39.28	0.06	0.01	0.01	5 m								
6	33.85	37.95	1.17	0.20	0.04	5 m								
7	39.56	70.28	10:35 AM	0.08	0.01	5 m								
8	32.96	37.13				5 m								
9	38.74	63.62	11:50 AM	0.67	0.18	0.05	5 m							
10	35.54	44.10				5 m								
11	33.30	43.44				5 m								
12	33.84	41.76	8:20 AM	0.42	0.07	0.02	5 m							
13	32.95	37.54				5 m								
14	35.99	45.99	3:15 PM	0.08	0.01	0.01	5 m							
15	65.59	90.39	12:45 AM	1.75	0.25	0.03	5 m							
16	83.56	90.49	10:40 AM	0.08	0.01	0.01	5 m							
17	55.28	77.93				5 m								
18	48.31	69.68	11:15 AM	0.33	0.05	0.02	5 m							
19	84.59	101.10	4:25 AM	4.62	0.97	0.06	5 m							
20	101.00	101.31	4:35 AM	2	0.36	0.04	5 m							
21	101.00	101.41	1:15 AM	4.26	0.71	0.05	5 m							
22	101.00	101.39	4:00 AM	0.50	0.06	0.01	5 m							
23	101.00	101.25	5:40 AM	1.52	0.28	0.03	5 m							
24	101.00	101.28	3:55 AM	2.08	0.26	0.02	5 m							
25	101.00	101.21	2:35 AM	0.42	0.06	0.02	5 m							
26	97.82	101.30				5 m								
27	91.06	100.03				5 m								
28	89.91	101.19	6:30 AM	1.08	0.14	0.02	5 m							
29														
30														
31														
Totals:	1723.49		22.09	3.65			1	0	4.17	0.73				

Yield or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
Telephone: 260-427-6213

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 BEST OF MY KNOWLEDGE AND BELIEF, I BELIEVE THE INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM NOT PROVIDING THIS INFORMATION TO AVOID THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Beck
Date: 03/14/18



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

State Form 5656 (04/17/18)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5656 (04/17/18)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Fort Wayne										Fort Wayne										
Facility: Fort Wayne - P.L. Brunner WWTP					Facility: Fort Wayne - P.L. Brunner WWTP					Permit Number: IN0032191					Permit Number: IN0032191					
Monitoring Period: MONTH 2-2018					Monitoring Period: MONTH 2-2018					Public Notification Requirements Met? Y					Public Notification Requirements Met? Y					
Design Peak Hourly Flow (MGD): 85					Design Peak Hourly Flow (MGD): 85					Design Flow (MGD): 60					Design Flow (MGD): 60					
WWTW Influent Data					WWTW Effluent Data					CSO Outfall No. 27					CSO Outfall No. 44					
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm/hr)	Precip. Duration (hours)	Total Daily Precip. (inches)	Peak Intensity (inches)	Measurement Interval (30 min)	Time Discharge Began	Event Duration (hours)	Event Discharge (MG)	M	Event Duration (hours)	Event Discharge (MG)	M	Event Duration (hours)	Event Discharge (MG)	M	Event Duration (hours)	Event Discharge (MG)	M	
1	36.48	40.84				5 m														
2	40.13	54.88				5 m														
3	34.60	43.43				5 m														
4	34.63	44.04	10:20 AM	0.17	0.02	0.01	5 m													
5	33.81	39.29	9:40 AM	0.08	0.01	0.01	5 m													
6	38.95	37.85	11:15 AM	0.25	0.03	0.01	5 m													
7	39.56	70.28	1:15 PM	0.17	0.02	0.01	5 m													
8	32.96	37.13				5 m														
9	39.74	63.62	1:45 PM	0.17	0.02	0.01	5 m													
10	35.54	44.10				5 m														
11	33.30	43.44				5 m														
12	33.84	41.76	11:55 AM	0.25	0.03	0.01	5 m													
13	32.95	37.54				5 m														
14	35.98	45.89	3:15 PM	0.08	0.01	0.01	5 m													
15	65.59	90.39	3:15 AM	2.17	0.56	0.10	5 m													
16	89.66	90.49	1:15 AM	0.08	0.01	0.01	5 m													
17	55.28	77.93				5 m														
18	48.31	59.65	11:55 AM	0.42	0.06	0.02	5 m													
19	84.59	101.10	4:25 AM	4.58	0.95	0.09	5 m													
20	101.00	101.31	4:20 AM	3.08	0.49	0.04	5 m													
21	101.00	101.41	12:40 AM	4.58	0.76	0.04	5 m													
22	101.00	101.39	3:40 AM	0.50	0.06	0.01	5 m													
23	101.00	101.28	6:00 AM	1.42	0.26	0.06	5 m													
24	101.00	101.28	5:20 AM	1.75	0.22	0.02	5 m													
25	101.00	101.21	3:20 AM	0.17	0.05	0.04	5 m													
26	97.82	101.30				5 m														
27	91.06	100.03				5 m														
28	89.91	101.19	5:20 AM	1.42	0.18	0.02	5 m													
29																				
30																				
31																				
Totals:	1723.49			21.34	3.75															

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 BEST OF MY KNOWLEDGE OF THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
Date: 03/14/18

Signature of Principal Executive Officer or Authorized Agent: Susan Beck
Date: 03/14/18



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

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Monitoring Period: 2-2018	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	Wet Weather
16	Wet Weather
17	
18	
19	Wet Weather
20	Wet Weather
21	Wet Weather
22	Wet Weather
23	Wet Weather
24	Wet Weather
25	Wet Weather
26	Wet Weather
27	
28	Wet Weather
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Susan Beck, Program Manager	Telephone 260-427-6213
---	---------------------------

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent Susan Beck	Date (mm/dd/yy) 03/14/18
--	-----------------------------

DMR Copy of Record

Permit
 Permit #: IN0032181
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 48003

Permitted Feature: 002 External Outfall
 Discharge: 002-C POND - WHEN USED AS CSO ONLY
 Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 02/01/18 to 02/28/18
 CSO - 002 POND WHEN USED AS CSO ONLY
 Considerations for Form Completion

Principal Executive Officer
 First Name: Susan Beck
 Last Name: Susan Beck
 Title: Program Manager
 Telephone: 260-427-5213

No Data Indicator (NODI)
 Form NODI: --

Code	Parameter Name	Monitoring Location	Success #	Perms	NODI	Quantity or Loading	Quality or Concentration	# of EA	Frequency of Analysis	Sample Type
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3		
5007	Duration	EG - Effluent Gross	0	--		73.83	Opt Mon MO TOTAL	22	hr:mo	WHDS - When Discharging RT - RCOTOT
7495	Overflow volume [ESD volume, CSO volume]	EG - Effluent Gross	0	--		163.85	Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--		4.22	Opt Mon MO TOTAL	5W - Inflow		AL/EV - All Events RT - RCOTOT
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--		4	Opt Mon MO TOTAL	4K - Inflow		AL/EV - All Events RT - RCOTOT

Submission Note
 if a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_LETTER_2018_02.pdf	pdf	217500
IN0032191_002C_CSOIRO_2018_02.pdf	pdf	552079

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-03-15 10:07 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Features: 003 External Outfall
Report Dates & Status: From 02/01/18 to 02/28/18
Monitoring Period: From 02/01/18 to 02/28/18
Considerations for Form Completion: CSO - 001 POND WHEN USED AS CSO ONLY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NOD):
Form NOD1:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
Discharge: 003-C
 001 POND - CSO
DMR Due Date: 03/28/18
Status: NetDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Station #	Param. NOD1	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50037	Duration	EG - Effluent Gross	0	-	0.18			32 - hr/mo	WHDS - When Discharging RT - RCOTOT
74065	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	0.411			3R - Magal	ALVEY - All Events ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	4.22			5W - In/Imo	ALVEY - All Events RT - RCOTOT
84165	Discharge event, observation [Visual Monitoring]	EG - Effluent Gross	0	-	1			4K - #/mo	ALVEY - All Events RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-03-15 10:01 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Features: 004 External Outfall
Report Dates & Status
 Monitoring Period: From 02/01/18 to 02/28/18
 Considerations for Form Completion
 CSC: J02-90 MUNICIPAL MAJOR ALLEN COUNTY
 Principal/Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Discharge: 004-C
 CSC: J02-90
DMR Due Date: 03/28/18
Status: NetDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	#	Permit NODI	Quantity of Loading			Quality or Concentration			Units	F of Es	Frequency of Analysis	Sample Type	
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3					
5037	Duration	EG - Effluent Gross	0	--	--	Sample Permit Req Value NODI										
7405	Overflow volume (550 volume, CSD volume)	EG - Effluent Gross	0	--	--	Sample Permit Req Value NODI										
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	--	Sample Permit Req Value NODI										
8415	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	--	Sample Permit Req Value NODI										

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-03-15 09:57 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 005 External Outfall
 Report Dates & Status: From 02/01/18 to 02/28/18
 Monitoring Period: From 02/01/18 to 02/28/18
 Considerations for Form Completion: CSC: J11-164 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NOD): [Blank]
 Form NOD: [Blank]

Permittee: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46902
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Discharge: 005-C
 CSC: J11-164
DMR Due Date: 03/28/18
Status: NetDMR Validated

Title: [Blank]
Telephone: [Blank]

Parameter Name	Monitoring Location	Season #	Param. NOD	Sample Permit Req. Value (NOD)	Sample Value (NOD)	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
5037 Duration	EG - Effluent Gross	0	-	-	-	33.67				62 - hr:mo	WHDS - When Discharging	RT - RCOTOT	
74053 Dvortflow volume (650 volume, CSO volume)	EG - Effluent Gross	0	-	-	-	3.202				3R - Mgpl	ALVEY - All Events	ES - ESTIMA	
78877 Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	3.9				SW - hr:mo	ALVEY - All Events	RT - RCOTOT	
84165 Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	-	5				4K - hr:mo	ALVEY - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 08:57 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46603
 Discharge: 007-C
 CSO: K03-92
 Status: NetDWR Validated
Report Dates & Status
 Monitoring Period: From 02/01/18 to 02/28/18
 Considerations for Form Completion: NetDWR Validated
 CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI):
 Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Prism	NODI	Quantity of Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type	
Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3	Value 1	Value 2	Value 3	Units		
5033	Duration	EG - Effluent Gross	0	-	-	Opt Mon MO TOTAL	62 - Inflow			WHDS - When Discharging	RT - RCOTOT
7465	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	-	C - No Discharge				ALVEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	Opt Mon MO TOTAL	3P - Inflow			ALVEV - All Events	RT - RCOTOT
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	-	Opt Mon MO TOTAL	4K - Inflow			ALVEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-03-15 09:58 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032791
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 011-External Outfall
 Discharge: 011-C
 CSO: K06-233

Report Dates & Status
 Monitoring Period: From 02/01/18 to 02/28/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal/Executive Officer
 First Name:
 Last Name:
 Title:

No Data Indicator (NOD)
 Form NOD:

Code	Parameter Name	Monitoring Location	Season	# Param. NOD	Quantity of Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
5003	Duration	EG - Effluent Gross	0	-	Permit Req. Value NOD	Sample Value NOD	Permit Req. Value NOD	Sample Value NOD	Permit Req. Value NOD	Sample Value NOD	Units	WHDS - When Discharging RT - RCOTOT	
7400	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Permit Req. Value NOD	Sample Value NOD	Permit Req. Value NOD	Sample Value NOD	Permit Req. Value NOD	Sample Value NOD	3R - Meq	WHDS - When Discharging RT - RCOTOT	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req. Value NOD	Sample Value NOD	Permit Req. Value NOD	Sample Value NOD	Permit Req. Value NOD	Sample Value NOD	SW - Intro	WHDS - When Discharging RT - RCOTOT	
8465	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit Req. Value NOD	Sample Value NOD	Permit Req. Value NOD	Sample Value NOD	Permit Req. Value NOD	Sample Value NOD	4K - Intro	WHDS - When Discharging RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 09:58 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 012 External Outfall
 Report Dates & Status: From 02/01/18 to 02/28/18
 Monitoring Period: 03/28/18
 Considerations for Form Completion: NetDMR Validated
 CSC: K06-234
 Principal/Executive Officer: Title:
 First Name: Telephone:
 Last Name:
 No Data Indicator (NODI):
 Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
5037	Duration	EG - Effluent Gross	0	-	Permit Req. Value NODI	Sample	Opt Mon MO TOTAL	82 - hrmo	C - No Discharge	WHDS - When Discharging	RT - RCOTOT		
7405	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Permit Req. Value NODI	Sample	Opt Mon MO TOTAL	3R - Magal	C - No Discharge	ALVEY - All Events	ES - ESTMA		
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req. Value NODI	Sample	Opt Mon MO TOTAL	5W - hrmo	C - No Discharge	ALVEY - All Events	RT - RCOTOT		
8415	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Permit Req. Value NODI	Sample	Opt Mon MO TOTAL	4K - hrmo	C - No Discharge	ALVEY - All Events	RT - RCOTOT		

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2/18-03-15 09:58 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2/18-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 013 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 013-C
 CSC: K06-298

DMR Due Date: 03/28/18
Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 02/01/18 to 02/28/18

Considerations for Form Completion
 CSC: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NOD):
 Form NOD:

Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Perm. NOD	Quantity of Loading			Quality of Concentration			Units	% of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
5037	Duration	EG - Effluent Gross	0	-	36.18							WHDS - When Discharging WHDS - When Discharging RT - RCOTOT RT - RCOTOT		
74053	Overflow volume [SS volume, CSO volume]	EG - Effluent Gross	0	-	5.192							ALVEY - All Events ALVEY - All Events ES - ESTIMA ES - ESTIMA		
7987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	3.65							ALVEY - All Events ALVEY - All Events RT - RCOTOT RT - RCOTOT		
84185	Discharge event observation [Visual Monitoring]	ES - Effluent Gross	0	-	4							ALVEY - All Events ALVEY - All Events RT - RCOTOT RT - RCOTOT		

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-03-15 09:53 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 017 External Outfall
 Report Dates & Status: From 02/01/18 to 02/28/18
 Monitoring Period: From 02/01/18 to 02/28/18
 Considerations for Form Completion: CSO: K07-176 MUNICIPAL MAJORALLEN COUNTY
 Principal/Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NODI): [Blank]
 Form NODI: [Blank]

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE, FT WAYNE, IN 46802
Discharge: 017-C
 CSO: K07-176
DMR Due Date: 03/28/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC, 2801 DWENGER AVE, FORT WAYNE, IN 46803
Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			Units	% of EL	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Duration	EG - Effluent Gross	0		Permit Req. Value NODI	Sample Value NODI	5.33	Opt Mon MO TOTAL	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT		
74953	Overflow volume (SSD volume, CSD volume)	EG - Effluent Gross	0		Permit Req. Value NODI	Sample Value NODI	0.527	Opt Mon MO TOTAL	3R - Mg/d	0	AL/EV - All Events	ES - EST/IA		
78867	Precipitation, monthly accumulation	EG - Effluent Gross	0		Permit Req. Value NODI	Sample Value NODI	3.66	Opt Mon MO TOTAL	5W - hr/mo	0	AL/EV - All Events	RT - RCOTOT		
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0		Permit Req. Value NODI	Sample Value NODI	1	Opt Mon MO TOTAL	4K - hr/mo	0	AL/EV - All Events	RT - RCOTOT		

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 [Blank]

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-03-15 09:54 (Time Zone: -04:00)

Report Last Signed By
 susan.beck@cityoffortwayne.org

User: Susan Beck

Name: susan.beck@cityoffortwayne.org

E-Mail: 2018-03-15 10:10 (Time Zone: -04:00)

Date/Time: [Blank]

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 019 External Outfall
 Discharge: 019-C
 CSO: K11-178

Report Dates & Status
 Monitoring Period: From 02/01/18 to 02/28/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSC: K11-178 MUNICIPAL MAJORALLEN COUNTY

Principal Executive's Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)
 Form NODI: -

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
80037	Duration	EG - Effluent Gross	0	-	15.92			Opt Mon MO TOTAL	B2 - hrmo	0	WHDS - When Discharging	RT - RCOTOT
74093	Overflow volume (BSO volume, CSO volume)	EG - Effluent Gross	0	-	1.038			Opt Mon MO TOTAL	3R - Mgal	0	AJEV - All Events	ES - ESTMA
78987	Precipitation, manly accumulation	EG - Effluent Gross	0	-	3.46			Opt Mon MO TOTAL	5W - hrmo	0	AJEV - All Events	RT - RCOTOT
84165	Discharge event characteristic (Visual Monitoring)	EG - Effluent Gross	0	-	5			Opt Mon MO TOTAL	4K - hrmo	0	AJEV - All Events	RT - RCOTOT

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 09:56 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Permitted Feature: 020
 External Outfall
 Discharge: 020-C
 CSC: K16-116
 Report Dates & Status: From 02/01/18 to 02/28/18
 Monitoring Period: 03/28/18
 NetDMR Validated
 Considerations for Form Completion: From 02/01/18 to 02/28/18
 CSC: K16-116 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 Title:
 First Name:
 Last Name:
 Telephone:
 No Data Indicator (NODI)
 Form NODI:

Code	Parameter Name	Monitoring Location	Status	Param. NODI	Quantity of Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
5037	Duration	EG - Effluent Grass	0		27.42			27.42			82 - hrmo	WHDS - When Discharging	RT - RCOTOT
74053	Overflow volume (SSO volume, CSO volume)	EG - Effluent Grass	0		2.937			2.937			3R - Megal	ALEV - All Events	ES - ESTIMA
76807	Precipitation, monthly accumulation	EG - Effluent Grass	0		3.48			3.48			5W - hrmo	ALEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Grass	0		1			1			4K - hrmo	ALEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 09:56 (Time Zone: -04:00)

Report Last Signed By
 susan.beck@cityofwayne.org

User: Susan Beck

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 021 External Outfall
Report Dates & Status: From 02/01/18 to 02/28/18
Monitoring Period: From 02/01/18 to 02/28/18
Considerations for Form Completion: CSD: K19-044 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
5007	Duration	EG - Effluent Gross	0		72.58			82 - hr/mo	WHDS - When Discharging	RT - RCOTOT
7403	Overflow volume [SS0 volume, CSD volume]	EG - Effluent Gross	0		6.993			3R - Mgal	ALIEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0		3.46			5W - in/mo	ALIEV - All Events	RT - RCOTOT
8415	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0		0			4K - B/mo	ALIEV - All Events	RT - RCOTOT

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
Discharge: 021-C
CSO: K19-044
DMR Due Date: 03/28/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Telephone:

Quantity or Loading: Value 1 Value 2 Value 3
Quality or Concentration: Value 1 Value 2 Value 3
Units: 82 - hr/mo 3R - Mgal 5W - in/mo 4K - B/mo
of Ex.: Opt Mon MO TOTAL 82 - hr/mo 0 Opt Mon MO TOTAL 3R - Mgal 0 Opt Mon MO TOTAL 5W - in/mo 0 Opt Mon MO TOTAL 4K - B/mo 0
Frequency of Analysis: WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT ALIEV - All Events ES - ESTIMA ALIEV - All Events RT - RCOTOT ALIEV - All Events RT - RCOTOT ALIEV - All Events RT - RCOTOT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors:
No errors:
Comments:
Attachments: No attachments.
Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2/18/03-15 09:58 (Time Zone: -04:00)
Report Last Signed By:
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2/18-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 023 External Outfall
 Report Dates & Status: From 02/01/18 to 02/28/18
 Monitoring Period: From 02/01/18 to 02/28/18
 Considerations for Form Completion: CSO: L05-103 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46602
 Discharge: 023-C
 CSC: L05-103
 DMR Due Date: 02/28/18
 Status: NetDMR Validated
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46603

Title:
 Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0		5.34				82 - hr/mo		WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (550 volume, CSO volume)	EG - Effluent Gross	0		1.292				3R - Magl		AJEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0		3.42				5W - hr/mo		AJEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0		8				4K - hr/mo		AJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors

Comments

Attachments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 09:50 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 024 External Outfall
Report Dates & Status: From 02/01/18 to 02/28/18
Monitoring Period: From 02/01/18 to 02/28/18
Considerations for Form Completion: CSC: L06-420/MUNICIPAL MAJORALLEN COUNTY
Principal/Executive Officer:
First Name:
Last Name:
No Data Indicator (NDD):
Form NDD: -

Code	Parameter Name	Monitoring Location	Season #	Param. NDD	Quantity of Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
5037	Duration	EG - Effluent Gross	0	--				4.17				WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT	
7405	Overflow volume (BSO volume, CSO volume)	EG - Effluent Gross	0	--				0.648				ALVEY - All Events ALVEY - All Events	
7897	Precipitation, monthly accumulation	EG - Effluent Gross	0	--				3.42				ALVEY - All Events ALVEY - All Events	
8416	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--				3				ALVEY - All Events ALVEY - All Events	

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE, FT WAYNE, IN 46802
Discharge: 024-C, CSC: L06-420
DWR Due Date: 03/28/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC, 2601 DWENGER AVE, FORT WAYNE, IN 46803
Title:
Telephone:

Sample Value NDD:
Permit Req. Value NDD:
Sample Value NDD:
Permit Req. Value NDD:

Submission Note:
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors:
 No errors.

Comments:

Attachments:
 No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-03-15 09:50 (Time Zone: -04:00)

Report Last Signed By: susan.beck@cityoffortwayne.org
User: Susan Beck

Name: susan.beck@cityoffortwayne.org
E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Permitted Feature: 025
 External Outfall
Discharge: D25-C
 CSC: L06-421
Report Dates & Status: From 02/01/18 to 02/28/18
Monitoring Period: 03/28/18
Status: NetDMR Validated
Considerations for Form Completion: CSC: L06-421 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Value (NODI)	Permit Rec. Value (NODI)	Sample Permit Rec. Value (NODI)	Quality or Concentration	Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	-	-	-	-	2.42	Opt Mon MO TOTAL	B2 - hrmo					B2 - hrmo	WHDS - When Discharging	RT - RCOTOT	
74063	Overflow volume (SSO volume, CSC volume)	EG - Effluent Gross	0	-	-	-	-	0.228	Opt Mon MO TOTAL	3R - Megal					3R - Megal	ALVEY - All Events	ES - ESTMA	
7867	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	-	3.43	Opt Mon MO TOTAL	SW - hrmo					SW - hrmo	ALVEY - All Events	RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	-	-	2	Opt Mon MO TOTAL	4K - hrmo					4K - hrmo	ALVEY - All Events	RT - RCOTOT	

Submission Note:
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors:
 No errors.

Comments:
 No attachments.

Attachments:
 No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-03-15 09:51 (Time Zone: -04:00)

Report Last Signed By: susan.beck@cityofwayne.org
User: Susan Beck

Name: susan.beck@cityofwayne.org
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 027 External Outfall
 Report Dates & Status: From 02/01/18 to 02/28/18
 Monitoring Period: From 02/01/18 to 02/28/18
 Considerations for Form Completion: CSC: M10-002 MUNICIPAL MAJOR ALLEN COUNTY
 Principal/Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NODI): -
 Form NODI: -

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE, FT. WAYNE, IN 46802
 Discharge: 027-C
 CSO: M10-202
 DMR Due Date: 03/28/18
 Status: NetDMR Validated
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC, 2601 DWENGER AVE, FORT WAYNE, IN 46803

Title: [Blank]
 Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season #	From: (NODI)	Sample Permit Req Value (NODI)	Sample Value (NODI)	Permit Req Value (NODI)	Sample Permit Req Value (NODI)	Sample Value (NODI)	Quantity of Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	-	-	-	-	-	Opt Mon MO TOTAL, 22 - hr/mo					WHDS - When Discharging	RT - RCOTOT		
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	-	-	-	-	-	Opt Mon MO TOTAL, 3R - Mail C - No Discharge					ALIEV - All Events	ES - ESTIMA		
79687	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	-	-	-	3.75 Opt Mon MO TOTAL, 5W - hr/mo 0					ALIEV - All Events	RT - RCOTOT		
84165	Discharge event detector (Visual Monitoring)	EG - Effluent Gross	0	-	-	-	-	-	-	Opt Mon MO TOTAL, 4K - hr/mo C - No Discharge					ALIEV - All Events	RT - RCOTOT		

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-03-15 10:02 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 028 External Outfall
Discharge: 028-C
 CSC: M10-238

Report Dates & Status
 Monitoring Period: From 02/01/18 to 02/28/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSC: M10-238 MUNICIPAL MAJORALLEN COUNTY

Principal/Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	-	43.32				82 - hrmo	WHDS - When Discharging	RT - RCOTDT	
7408	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	11.375				3R - Meal	ALVEV - All Events	ES - ESTIMA	
7887	Predication, monthly accumulation	EG - Effluent Gross	0	-	4.22				5W - hrmo	ALVEV - All Events	RT - RCOTDT	
8416	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	7				4K - hrmo	ALVEV - All Events	RT - RCOTDT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Exclusions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 09:59 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 029 External Outfall
Report Dates & Status: From 02/01/18 to 02/28/18
Monitoring Period: From 02/01/18 to 02/28/18
Considerations for Form Completion: CSC: M10-265/MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NOD):
Form NOD:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 029-C
 CSC: M10-265
DMR Due Date: 03/28/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	% of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	--	89.83				82 - hr:mo	WHDS - When Discharging	RT - RCOTOT	
7405	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	21.088				3R - Mgal	ALVEY - All Events	ES - ESTIMA	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	3.42				SW - hr:mo	ALVEY - All Events	RT - RCOTOT	
8465	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	7				4K - hr:mo	ALVEY - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 08:52 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Permitted Feature: 032 External Outfall
 Discharges: 032-C
 CSC: M10-306
 Report Dates & Status: From 02/01/18 to 02/28/18
 Monitoring Period: 03/28/18
 Status: NetDWR Validated
 Considerations for Form Completion: CSC: M10-306 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 Title: [Blank]
 Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season #	Prizm: NDDI	Quantity or Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	-	Permit Req Value (NDDI)	117.01	32 - hr/mo	Opt Mon MO TOTAL	82 - hr/mo	0	WHDS - When Discharging	RT - RCOOT	
74083	Overflow volume (BSO volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Req Value (NDDI)	37.271	3R - Mgpl	Opt Mon MO TOTAL	3R - Mgpl	0	AL/EV - All Events	ES - ESTIMA	
79487	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req Value (NDDI)	3.43	5W - hr/mo	Opt Mon MO TOTAL	5W - hr/mo	0	AL/EV - All Events	RT - RCOOT	
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req Value (NDDI)	9	4K - hr/mo	Opt Mon MO TOTAL	4K - hr/mo	0	AL/EV - All Events	RT - RCOOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors

Comments
 No comments

Attachments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 09:52 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 033 - External Outfall
Report Dates & Status: From 02/01/18 to 02/28/18
Monitoring Period: From 02/01/18 to 02/28/18
Considerations for Form Completion: CSO: M10-313 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI: -

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 033-C
 CSO: M10-313
DMR Due Date: 03/28/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Title:
Telephone:

Code	Premise Name	Monitoring Location	Season	Permit NODI	Quantity of Loading	Quality of Concentration	% of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Units		
50637	Duration	EG - Effluent Gross	0	-	48.71	82 - hrmo	82 - hrmo	WHDS - When Discharging	RT - RCOTOT
74053	Overflow volume [SS volume, CSO volume]	EG - Effluent Gross	0	-	104.245	3R - Meq	3R - Meq	ALEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	3.75	SW - hrmo	SW - hrmo	ALEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	11	4K - hrmo	4K - hrmo	ALEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-03-15 10:02 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 036 External Outfall
 Report Dates & Status: From 02/01/18 to 02/28/18
 Monitoring Period:
 Considerations for Form Completion: CSC: M18-032 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46602
 Discharge: 036-C
 CSC: M18-032
 DMR Due Date: 02/28/18
 Status: NetDMR Validated
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46603
 Title:
 Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading			Quality or Concentration			# of EL	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
5007	Duration	EG - Effluent Gross	0						11.03			WHFDS - When Discharging WHFDS - When Discharging RT - RCOTOT RT - RCOTOT	
7465	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0						0.07			AL/EV - All Events AL/EV - All Events ES - ESTIMA ES - ESTIMA	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0						3.75			AL/EV - All Events AL/EV - All Events RT - RCOTOT RT - RCOTOT	
8455	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0						3			AL/EV - All Events AL/EV - All Events RT - RCOTOT RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-03-15 10:02 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 039 External Outfall
 Report Dates & Status: From 02/01/18 to 02/28/18
 Monitoring Period: From 02/01/18 to 02/28/18
 Considerations for Form Completion: CSO: N06-022 MUNICIPAL MAJORALLEN COUNTY
 Principal/Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NDDI): [Blank]
 Form NODI: [Blank]

Permittee: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Facility Location: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 039-C
 CSO: N06-022

DMR Due Date: 03/28/18
Status: NetDMR Validated

Title: [Blank]
Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season	Param. NDDI	Sample Permit Rec. Value NDDI	Sample Value NDDI	Permit Rec. Value NDDI	Sample Permit Rec. Value NDDI	Quantity or Loading Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50097	Duration	EG - Effluent Gross	0	-	-	-	-	-	57.75	Opt Mon MO TOTAL	82 - Inflow	WHDS - When Discharging	RT - RCOTOT	0	WHDS - When Discharging	RT - RCOTOT
74003	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	-	-	-	-	3.577	Opt Mon MO TOTAL	3R - Majl	ALIEV - All Events	ES - ESTIMA	0	ALIEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	-	-	3.42	Opt Mon MO TOTAL	5W - Inflow	ALIEV - All Events	RT - RCOTOT	0	ALIEV - All Events	RT - RCOTOT
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	-	-	-	-	7	Opt Mon MO TOTAL	4K - Inflow	ALIEV - All Events	RT - RCOTOT	0	ALIEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 [Blank]

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-03-15 09:53 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 044 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee
 Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 044-C
 CSO: N22-93

Report Dates & Status
 Monitoring Period: From 02/01/18 to 02/28/18
 Status: NetDWR Validated
 Considerations for Form Completion: 03/28/18
 CSO: N22-93 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)
 Form NODI: -

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Recd. Value NODI	Sample Permit Recd. Value NODI	Sample Permit Recd. Value NODI	Sample Permit Recd. Value NODI	Quantity of Loading Qualifier 1 Value 1	Quantity of Loading Qualifier 2 Value 2	Quantity of Concentration Qualifier 1 Value 1	Quantity of Concentration Qualifier 2 Value 2	Quality of Concentration Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	-	Permit Recd. Value NODI	Sample Permit Recd. Value NODI	Sample Permit Recd. Value NODI	Sample Permit Recd. Value NODI	Opt Mon MO TOTAL 82 - hrmo					C - No Discharge		WHDS - When Discharging	RT - RCOTOT
7406S	Overflow volume (SS volume, CSO volume)	EG - Effluent Gross	0	-	Permit Recd. Value NODI	Sample Permit Recd. Value NODI	Sample Permit Recd. Value NODI	Permit Recd. Value NODI	Opt Mon MO TOTAL 3R - Mgal					C - No Discharge		AL/EV - All Events	ES - ESTIMA
7887	Predisslolen, monthly accumulation	EG - Effluent Gross	0	-	Permit Recd. Value NODI	Sample Permit Recd. Value NODI	Sample Permit Recd. Value NODI	Permit Recd. Value NODI	3.75					SW - hrmo		AL/EV - All Events	RT - RCOTOT
8415S	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Permit Recd. Value NODI	Sample Permit Recd. Value NODI	Sample Permit Recd. Value NODI	Permit Recd. Value NODI	Opt Mon MO TOTAL 5W - hrmo 0					C - No Discharge		AL/EV - All Events	RT - RCOTOT

Submission Note
 if a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-08-15 10:02 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 045 External Outfall
Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE IN 46802
Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE IN 46803

Discharge: 045-C
 CSO: N22-103
DMR Due Date: 03/28/18
Status: NetDMR Validated

Monitoring Period: From 02/01/18 to 02/28/18
Considerations for Form Completion: CSO: N22-103T, JOSEPH RIVERMUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity of Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
5037	Duration	EG - Effluent Gross	0	-	Permit Req Value NODI	Sample Value NODI	Permit Req Value NODI	Sample Value NODI	Permit Req Value NODI	Sample Value NODI	Permit Req Value NODI	Sample Value NODI	Permit Req Value NODI	Sample Value NODI
7403	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Permit Req Value NODI	Sample Value NODI	Permit Req Value NODI	Sample Value NODI	Permit Req Value NODI	Sample Value NODI	Permit Req Value NODI	Sample Value NODI	Permit Req Value NODI	Sample Value NODI
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req Value NODI	Sample Value NODI	Permit Req Value NODI	Sample Value NODI	Permit Req Value NODI	Sample Value NODI	Permit Req Value NODI	Sample Value NODI	Permit Req Value NODI	Sample Value NODI
8416	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Permit Req Value NODI	Sample Value NODI	Permit Req Value NODI	Sample Value NODI	Permit Req Value NODI	Sample Value NODI	Permit Req Value NODI	Sample Value NODI	Permit Req Value NODI	Sample Value NODI

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors
No errors
Comments

Attachments: No attachments.
Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-03-15 10:03 (Time Zone: -04:00)
Report Last Signed By:
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
 Permitted Feature: C45 External Outfall
 Report Dates & Status: 048-C
 Monitoring Period: From 02/01/18 to 02/28/18
 Considerations for Form Completion: DMR Due Date: 03/28/18
 CSC: 010-252 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: Discharge: 048-C
 CSC: 010-252
 First Name: Title:
 Last Name: Telephone:
 No Data Indicator (NOD)
 Form NOD:

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading	Quality of Concentration	\$ of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3		
30837	Duration	EG - Effluent Gross	0	-	7.25			WH/DS - When Discharging	RT - RCOTOT
74053	Overflow volume [850 volume, CSD volume]	EG - Effluent Gross	0	-	9.538			WH/DS - When Discharging	RT - RCOTOT
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	4.23			WH/DS - When Discharging	RT - RCOTOT
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	7			WH/DS - When Discharging	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-03-15 10:00 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032181
Major: Yes
Permitted Feature: 050 External Outfall
Report Dates & Status: From 02/01/18 to 02/28/18
Monitoring Period: From 02/01/18 to 02/28/18
Considerations for Form Completion: CSC: 01D-277MUNICIPAL MAJORALLEN COUNTY
Principal/Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 050-C
 CSC: 010-277
DMR Due Date: 03/28/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
Telephone:

Code	Parameter Name	Monitoring Location	Seasons & Param.	NODI	Quantity at Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	-	Permit Req'd Value NODI	Sample Value	Permit Req'd Value NODI	Sample Value	Permit Req'd Value NODI	Sample Value	WHDS - When Discharging RT - RCOTOT	RT - RCOTOT	
74053	Overflow volume [SSD volume, CSD volume]	EG - Effluent Gross	0	-	Permit Req'd Value NODI	Sample Value	Permit Req'd Value NODI	Sample Value	Permit Req'd Value NODI	Sample Value	ALVEY - All Events	ES - ESTIMA	
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req'd Value NODI	Sample Value	Permit Req'd Value NODI	Sample Value	Permit Req'd Value NODI	Sample Value	ALVEY - All Events	RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Permit Req'd Value NODI	Sample Value	Permit Req'd Value NODI	Sample Value	Permit Req'd Value NODI	Sample Value	ALVEY - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample per Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 09:53 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 051 External Outfall
Report Dates & Status: From 02/01/18 to 02/28/18
Monitoring Period: NetDMR Validated
Considerations for Form Completion: CSD: 022-002 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Discharge: 051-C
 CSD: 022-002
DMR Due Date: 03/28/18
Status: NetDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Session #	Param. NODI	Sample Permit Recd Value NODI	Sample Value NODI	Quantity or Loading Qualifier:1 Value 1	Qualifier:2 Value 2	Qualifier:3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	--	Permit Recd Value NODI	Sample Value NODI	Opt Mon MO TOTAL	82 - Inflow	C - No Discharge			WHDS - When Discharging	RT - RCOTOT
74093	Overflow volume (SS volume, CSD volume)	EG - Effluent Gross	0	--	Permit Recd Value NODI	Sample Value NODI	Opt Mon MO TOTAL	3R - Major	C - No Discharge			AL/EV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Recd Value NODI	Sample Value NODI	Opt Mon MO TOTAL	5W - Inflow	C - No Discharge			AL/EV - All Events	RT - RCOTOT
84185	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	--	Permit Recd Value NODI	Sample Value NODI	Opt Mon MO TOTAL	4K - Inflow	C - No Discharge			AL/EV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-03-15 10:00 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 052 External Outfall
 Report Dates & Status: From 02/01/18 to 02/28/18
 Monitoring Period:
 Considerations for Form Completion: CSO: 022-004 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI: -

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46602
 Discharge: 052-C
 CSO: 022-004
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46603

DMR Due Date: 03/28/18
Status: NetDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Perm. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
5007	Duration	EG - Effluent Gross	0	-	Opt Mon MO TOTAL 82 - hrmp	C - No Discharge			WHFDS - When Discharging RT - RCOTOT
7405	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Opt Mon MO TOTAL 3R - Mgpl	C - No Discharge			AEVY - All Events ES - ESTMA
7987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	4.22			SW - hrmp	AEVY - All Events RT - RCOTOT
8416	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Opt Mon MO TOTAL 5W - hrmp	C - No Discharge			AEVY - All Events RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors

Comments
 No comments

Attachments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-03-15 10:00 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 053 External Outfall
 Report Dates & Status: From 02/01/18 to 02/28/18
 Monitoring Period: 02/28/18
 Considerations for Form Completion: NetDWR Validated
 CSO: 022-094/MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer:
 First Name:
 Last Name:
 No Data Indicator (NODI):
 Form NODI:

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46002
 Discharge: 053-C
 CSO: 022-094
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
 Status: NetDWR Validated
 Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Rec. Value NODI	Sample Same	Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Quantity of Loading Qualifier 1 Value 1	Quantity of Loading Qualifier 2 Value 2	Quality or Concentration Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0							Opt Mon MO TOTAL 82 - Inflow					WHDS - When Discharging	RT - RCOTOT
74003	Overflow volume BSS volume, CSO volume	EG - Effluent Gross	0							C - No Discharge					AL/EV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0							Opt Mon MO TOTAL 3R - Inflow					AL/EV - All Events	RT - RCOTOT
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0							Opt Mon MO TOTAL 9W - Inflow					AL/EV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors
 No errors.
Comments
Attachments
 No attachments.
Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-03-15 10:00 (Time Zone: -04:00)
Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 054- External Outfall
 Report Dates & Status: From 02/01/18 to 02/28/18
 Monitoring Period: NetDWR Validated
 Considerations for Form Completion: CSO: 035-080 MUNICIPAL MAJORALLEN COUNTY
 Principal/Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NODI): [Blank]
 Form NODI: [Blank]

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 054-C
 CSO: 028-080
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Status: NetDWR Validated
 Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Duration	EG - Effluent Gross	0	-				4.17			62 - hrmo	WHDS - When Discharging	RT - RCOTOT	
74003	Overflow volume [SS volume, CSO volume]	EG - Effluent Gross	0	-				0.175			3R - Meq	ALVEV - All Events	ES - ESTIMA	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-				3.68			5W - hrmo	ALVEV - All Events	RT - RCOTOT	
84155	Discharge event observation [Visual Monitoring]	ES - Effluent Gross	0	-				1			4K - hrmo	ALVEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Exclusions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 [Blank]

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 09:59 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 055 External Outfall
 Report Dates & Status: From 02/01/18 to 02/28/18
 Monitoring Period: Considerations for Form Completion
 CSO: P06-192 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI: -

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 055-C
 CSO: P06-192
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 260 J DWENGER AVE
 FORT WAYNE, IN 46803
 Status: NetDMR Validated
 Telephone:

Code	Parameter Name	Monitoring Location	Station #	Param. NODI	Quantity of Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	42.17				Opt Mon MO TOTAL	82 - hrmo	0	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (550 volume, CSO volume)	EG - Effluent Gross	0	-	3.941				Opt Mon MO TOTAL	3R - Meq	0	ALVEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	3.43				Opt Mon MO TOTAL	5W - hrmo	0	ALVEV - All Events	RT - RCOTOT
84165	Discharge wash observation (Visual Monitoring)	EG - Effluent Gross	0	-	8				Opt Mon MO TOTAL	4K - hrmo	0	ALVEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 09:53 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Permitted Feature: 055 External Outfall
 Report Dates & Status: 03/28/18 NetDMR Validated
 Monitoring Period: From 02/01/18 to 02/28/18
 Considerations for Form Completion: CSC: J03-313 MUNICIPAL MAJORALLEN COUNTY
 Principal/Executive Officer: Title:
 First Name: Title:
 Last Name: Telephone:
 Form (NOD):
 No Data Indicator (NOD):
 Form (NOD):

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Sample Permit Req. Value (NOD)	Sample Permit (NOD) Value (NOD)	Quantity of Loading Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	-			16.03						82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
7400	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-			22.12					3R - Magal	0	0	ALVEY - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-			3.8					SW - Intro	0	0	ALVEY - All Events	RT - RCOTOT
8416	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-			8					4K - #/mo	0	0	ALVEY - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 08:59 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN00327191
 Major: Yes
 Permitted Feature: 057 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2607 DWENGER AVE
 FORT WAYNE, IN 46603

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46602
Discharge: 057-C
 CSO: P10-121

DMR Due Date: 03/28/18
Status: NetDMR Validated

Title:
Title:

Monitoring Location: 057 External Outfall
Monitoring Location Screen # Param. NDDI: From 02/01/18 to 02/28/18
Considerations for Form Completion: CSO: P10-121 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NDDI):

Code	Parameter Name	Monitoring Location	Screen #	Param. NDDI	Sample Permit Recd. Value NDDI	Sample Permit Recd. Value NDDI	Sample Permit Recd. Value NDDI	Sample Permit Recd. Value NDDI	Sample Permit Recd. Value NDDI	Quality of Concentration	Quantity of Loading	Quantity of Loading	Quantity of Loading	Quantity of Loading	Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	Qualifier 5 Value 5	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	Qualifier 5 Value 5				
5037	Duration	EG - Effluent Gross	0	-											Dpt Mon MO TOTAL 82 - Inflow		WHDS - When Discharging	RT - RCOTOT
7495	Overflow volume (SS volume, CSO volume)	EG - Effluent Gross	0	-											Dpt Mon MO TOTAL 3R - Major C - No Discharge		ALVEY - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-											Dpt Mon MO TOTAL 5W - Inflow C - No Discharge		ALVEY - All Events	RT - RCOTOT
8416	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-											Dpt Mon MO TOTAL 4K - #Inflow C - No Discharge		ALVEY - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-03-15 09:49 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 060 External Outfall
 Report Dates & Status: From 02/01/18 to 02/28/18
 Monitoring Period: NetDMR Validated
 Considerations for Form Completion: CSC: R06-31 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: Title:
 First Name: Telephone:
 Last Name: Title:
 No Data Indicator (NODI):
 Form NODI: -

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Discharge: 060-C
 CSC: R06-31

DMR Due Date: 03/28/18
Status: NetDMR Validated

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity of Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
5097	Duration	EG - Effluent Gross	0	-	Permit Recd Value NODI			Opt Mon MO TOTAL 62 - hrmo	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [590 volume, CSD volume]	EG - Effluent Gross	0	-	Permit Recd Value NODI			Opt Mon MO TOTAL 3R - Magal C - No Discharge	ES - ESTMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Recd Value NODI			3.5 SW - Inflow Opt Mon MO TOTAL 5W - Inflow 0	RT - RCOTOT RT - RCOTOT
84163	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Permit Recd Value NODI			Opt Mon MO TOTAL 4K - #mo C - No Discharge	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-03-15 09:49 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 061 - External Outfall
 Report Dates & Status: From 02/01/18 to 02/28/18
 Monitoring Period: From 02/01/18 to 02/28/18
 Considerations for Form Completion: CSC: R14-137 MUNICIPAL MAJORALLEN COUNTY
 Principal/Executive Officer:
 First Name:
 Last Name:
 No Data Indicator (NOD):
 Form NOD:

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 061-C
 CSC: R14-137
 DMR Due Date: 03/28/18
 Status: NetDMR Validated
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Title:
 Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
5007	Duration	EG - Effluent Gross	0		Sample Permit Req. Value (NOD)	20.15	82 - hr/mo	Opt Mon MD TOTAL	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT	
7465	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0		Sample Permit Req. Value (NOD)	1.052	3R - Mgal	Opt Mon MD TOTAL	3R - Mgal	0	ALVEY - AI Events	ES - ESTIMA	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0		Sample Permit Req. Value (NOD)	4.22	5W - in/mo	Opt Mon MD TOTAL	5W - in/mo	0	ALVEY - AI Events	RT - RCOTOT	
8415	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0		Sample Permit Req. Value (NOD)	4	4K - #/mo	Opt Mon MD TOTAL	4K - #/mo	0	ALVEY - AI Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 10:00 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Y 85
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature:
 062
 External Outfall
 Discharge: 062-C
 CSC: R14-138

Report Dates & Status
 Monitoring Period: From 02/01/18 to 02/28/18
 Status: NetDMR Validated
 Considerations for Form Completion
 CSC: R14-198 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer

Form NODI:
 No Data Indicator (NODI)
 Form NODI: --

Permittee:
 Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Telephone: _____

Code	Parameter Name	Monitoring Location (Season # Param. NODI)	Quantity of Loading			Quantity of Concentration			# of Ex.	Frequency of Analysis	Sample Type
			Qualifier 1 Value 1	Qualifier 2 Value 2	Units Qualifier 1	Qualifier 2 Value 1	Qualifier 2 Value 2	Units Qualifier 2			
5037	Duration	EG - Effluent Gross	0	0	20.03	0	0	0	WHDS - When Discharging	RT - RCOTOT	
7405	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	0	1.051	0	0	0	AL/EV - All Events	ES - ESTIMA	
7987	Predispulsion, monthly accumulation	EG - Effluent Gross	0	0	4.22	0	0	0	AL/EV - All Events	ES - ESTIMA	
8416	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	4	0	0	0	AL/EV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors

Comments
 No comments

Attachments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 10:01 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Y65
 Permitted Feature: 064 External Outfall
 Report Dates & Status: From 02/01/18 to 02/28/18
 Monitoring Period: From 02/01/18 to 02/28/18
 Considerations for Form Completion: CSC: S02-35 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NODI): [Blank]
 Form NODI: [Blank]

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 064-C
 CSC: S02-35
 DMR Due Date: 03/28/18
 Status: NetDMR Validated
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803

Title: [Blank]
 Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season	Param	NODI	Quantity or Loading			Quality or Concentration			Units	% of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
5037	Duration	EG - Effluent Gross	0			Sample Permit Req. Value (NODI)			Opt Mon MO TOTAL 82 - hrmo					WHDS - When Discharging	RT - RCOTDT
7465	Overflow volume (850 volume, CSO volume)	EG - Effluent Gross	0			Sample Permit Req. Value (NODI)			Opt Mon MO TOTAL 3R - Mgal					ALVEY - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0			Sample Permit Req. Value (NODI)			3.68					ALVEY - All Events	RT - RCOTDT
8416	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0			Sample Permit Req. Value (NODI)			Opt Mon MO TOTAL 3H - hrmo					ALVEY - All Events	RT - RCOTDT
									Opt Mon MO TOTAL 4K - hrmo					ALVEY - All Events	RT - RCOTDT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-03-15 09:49 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 068 External Outfall
 Report Dates & Status: From 02/01/18 to 02/28/18
 Monitoring Period: From 02/01/18 to 02/28/18
 Considerations for Form Completion: NetDMR Validated
 CSC: N19-254 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: Title:
 Last Name: Title:
 No Data Indicator (NODI):
 Form NODI:

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 068-C
 CSC: N19-254
 DMR Due Date: 03/28/18
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity of Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Value 1	Value 2	Value 3	Qualifier 1	Qualifier 2	Qualifier 3			
50037	Duration	EG - Effluent Gross	0	--	Permit Req. Value (NODI)							WHDS - When Discharging RT - RCOTOT	
74653	Overflow volume (SSD volume, CSD volume)	EG - Effluent Gross	0	--	Permit Req. Value (NODI)							ES - ESTIMA	
79487	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req. Value (NODI)							RT - RCOTOT	
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Permit Req. Value (NODI)							RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Exclusions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User
 Name: susan.beck@cityoffortwayne.org
 E-Mail: Susan Beck
 Date/Time: 2018-03-15 10:01 (Time Zone: -04:00)

Report Last Signed By
 User:
 Name: susan.beck@cityoffortwayne.org
 E-Mail: Susan Beck
 Date/Time: 2018-03-15 10:10 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 081- External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: CITY OF FORT WAYNE, FT WAYNE, IN 46802
 Facility: FORT WAYNE WWTP
 Facility Location: F.L. BRUNNER WPC, 2801 DWENGER AVE, FORT WAYNE, IN 46803
 Report Dates & Status: 081-C
 Monitoring Period: From 02/01/16 to 02/28/18
 Discharge: 081-C
 CSD: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.
 DMR Due Date: 03/28/18
 Status: NetDMR Validated
 Considerations for Form Completion: CSD - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.
 Principal/Executive Officer: Title: Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NDDI	Sample Permit Req. Value NDDI	Sample Permit Req. Value LODI	Sample Permit Req. Value NDDI	Sample Permit Req. Value LODI	Quantity or Loading Qualifier 1 Value 1	Quantity or Loading Qualifier 2 Value 2	Quantity or Concentration Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--								Opt Mon MO TOTAL 82 - Inflow C - No Discharge	WHDS - When Discharging	RT - ROOTOT	RT - ROOTOT
74063	Overflow volume (SSO volume, CSD volume)	EG - Effluent Gross	0	--								Opt Mon MO TOTAL 3R - Regal C - No Discharge	ALIEV - All Events	ES - ESTNA	ES - ESTNA
7687	Precipitation, monthly accumulation	EG - Effluent Gross	0	--								3-46 Opt Mon MO TOTAL 3W - Inflow 0	ALIEV - All Events ALIEV - All Events	RT - ROOTOT RT - ROOTOT	RT - ROOTOT RT - ROOTOT
8165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--								Opt Mon MO TOTAL 4K - Inflow C - No Discharge	ALIEV - All Events	RT - ROOTOT	RT - ROOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors
 No errors.
Comments
 No attachments.
Attachments
 Report Last Saved By: FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2016-03-15 09:57 (Time Zone: -04:00)
 Report Last Signed By: susan.beck@cityofwayne.org
 User: Susan Beck
 Name: susan.beck@cityofwayne.org
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2016-03-15 10:10 (Time Zone: -04:00)



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

April 23, 2018

Technical Support Branch
Office of Water Management
Department of Environmental Management
Room 1255
P. O. Box 6015
Indianapolis, IN 46206-6014

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of March 2018

We are pleased to enclose a completed CSO MRO form for the month of March 2018. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Susan Beck".

Susan Beck
Program Manager
Water Pollution Control Maintenance

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CITIZENS SQUARE

200 E. Berry St. • Fort Wayne, Indiana • 46802 • www.cityoffortwayne.org
An Equal Opportunity Employer

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection

Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts

Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff

Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps

Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine



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

State Form 50546 (03/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne
Facility: Fort Wayne - P.L. Brunner WWTP
Monitoring Period: (MONTH) 3-2018
Permit Number: IN0032191
Public Notification Requirements Met? Y

Page 1 of 12
Design Peak Hourly Flow (MGD): 85
Design Flow (MGD): 60
CSD Outfall No. 85
CSD Outfall No. 60

Check box if no CSO discharge occurred for the month: Measured/Estimated (M) or Estimated (E) must be specified

Day of Month	WWTW Influent Data				Precipitation Data - Adams Gauge				CSD Outfall No. 85				CSD Outfall No. 60			
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Begins (mm/hr)	Time Precip. Ends (mm/hr)	Total Daily Precip. (inches)	Peak Intensity (inches)	Measurement Interval (hr, 30 m, 45 m)	Time Discharge Began (M, E)	Event Duration (Hours)	Time Discharge Began (M, E)	Event Duration (Hours)	Time Discharge Began (M, E)	Event Duration (Hours)	Time Discharge Began (M, E)	Event Duration (Hours)	
1	99.83	102.54	12:05 AM		4.00	0.80	5 m									
2	101.00	101.39	8:40 AM		0.06	0.01	5 m									
3	98.56	102.16					5 m									
4	86.17	93.19					5 m									
5	84.68	89.69					5 m									
6	84.01	89.46	8:50 AM		0.58	0.10	5 m									
7	78.43	85.08	8:40 AM		0.17	0.03	5 m									
8	71.60	79.21					5 m									
9	47.84	52.46					5 m									
10	46.52	54.63					5 m									
11	46.07	52.51					5 m									
12	34.92	70.17					5 m									
13	50.46	70.24	3:05 PM		0.17	0.04	5 m									
14	39.49	44.77					5 m									
15	37.92	42.70					5 m									
16	37.30	41.66					5 m									
17	37.34	46.25	11:45 AM		0.08	0.01	5 m									
18	36.79	44.37					5 m									
19	36.67	41.10					5 m									
20	35.94	40.27					5 m									
21	29.84	70.20	10:45 AM		0.33	0.06	5 m									
22	45.58	63.26					5 m									
23	39.85	36.91					5 m									
24	33.87	41.58					5 m									
25	33.88	41.17					5 m									
26	27.29	75.19	10:20 PM		0.06	0.01	5 m									
27	80.11	91.85	12:20 AM		2.92	0.55	5 m									
28	55.51	70.17					5 m									
29	77.89	95.18	2:05 AM		4.42	0.89	5 m									
30	67.18	95.25	11:00 AM		0.08	0.01	5 m									
31	59.06	92.48	1:00 PM		0.42	0.13	5 m									
Totals:	1760.90				13.33	2.51										

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
Telephone: 260-427-9713
Signature of Principal Executive Officer or Authorized Agent: [Signature]
Date: 04/23/18

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.



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

State Form 5524 (03/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5524 (03/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		City: Fort Wayne	
Facility: Fort Wayne - P.L. Brunner WWTP		Facility: Fort Wayne - P.L. Brunner WWTP	
Monitoring Period: (MONTH) 3-2018		Monitoring Period: (MONTH) 3-2018	
Design Peak Hourly Flow (MGD): 80		Design Peak Hourly Flow (MGD): 80	
Precipitation Data		Precipitation Data	
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Begins (MGD)	Time Precip. Ends (MGD)
1 99.83	102.54	12:35 AM	3:67
2 101.00	101.39	9:00 AM	0.08
3 98.66	102.16		
4 86.17	93.19		
5 84.58	88.69		
6 84.01	89.46	8:50 AM	0.50
7 76.43	86.08	8:45 AM	0.08
8 71.60	79.21		
9 47.84	52.45		
10 46.52	54.63		
11 45.07	52.51		
12 34.92	70.17		
13 50.46	70.24	5:35 PM	0.08
14 39.49	44.77		
15 37.02	42.70		
16 37.30	41.55		
17 37.34	46.25	11:55 AM	0.25
18 36.79	44.37		
19 36.57	41.10		
20 35.94	40.27		
21 28.84	70.20	10:35 AM	0.17
22 45.58	63.26		
23 33.85	38.91		
24 33.87	41.59		
25 33.88	41.17		
26 27.29	75.18	10:20 PM	0.17
27 80.11	91.65	1:00 AM	3.75
28 55.61	70.17		
29 77.69	95.18	2:15 AM	4.17
30 67.19	95.25	11:50 AM	0.06
31 89.06	92.48	12:50 PM	0.75
Totals:	1760.90		13.75

Page 2 of 12		Page 2 of 12	
Public Notification Requirements Met? Y		Public Notification Requirements Met? Y	
Check box if no CSO discharge occurred for the month:		Check box if no CSO discharge occurred for the month:	
Measured/Estimated (M) or Estimated (E) must be specified		Measured/Estimated (M) or Estimated (E) must be specified	
CSO Outfall No. 57		CSO Outfall No. 60	
Time Discharge Began	Time Discharge Ended	Time Discharge Began	Time Discharge Ended
1	2	1	2
3	4	3	4
5	6	5	6
7	8	7	8
9	10	9	10
11	12	11	12
13	14	13	14
15	16	15	16
17	18	17	18
19	20	19	20
21	22	21	22
23	24	23	24
25	26	25	26
27	28	27	28
29	30	29	30
31	Totals:	31	Totals:

Signature of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
Date (mm/dd/yyyy): 04/23/18
Telephone: 260-477-6013

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER THE DIRECTION AND SUPERVISION OF AN OFFICER WITH THE SYSTEMS DESIGN AND CONSTRUCTION DIVISION OF THE STATE OF INDIANA AND I HAVE EVALUATED THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE BEST OF MY KNOWLEDGE AND BELIEF TO BE 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.



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

State Form 59546 (RS) (7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Fort Wayne										Fort Wayne										
Facility: Fort Wayne - P.L. Brunner WWTP					Permit Number: IN0032191					City: Fort Wayne					Facility: Fort Wayne - P.L. Brunner WWTP					
Monitoring Period: [MONTH] 3-2019					Public Notification Requirements Met? Y					Monitoring Period: [MONTH] 3-2018					Design Flow (MGD): 60					
Design Peak Hourly Flow (MGD): 85					Check box if no CSO discharge occurred for the month:					Design Peak Flow (Hourly) (MGD): 85					Design Flow (MGD): 60					
Precipitation Data - City/County Gauge					CSO Outfall No. 23					CSO Outfall No. 24					CSO Outfall No. 25					
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm/yr)	Precip. Duration (hours)	Total Daily Precip. (inches)	Peak Intensity (inches)	Measurement Interval (ft. 30 in. / 15 m)	Time Discharge Began	Duration (hours)	Event or Discharge (MG)	Time Discharge Began	Duration (hours)	Event or Discharge (MG)	Time Discharge Began	Duration (hours)	Event or Discharge (MG)	Time Discharge Began	Duration (hours)	Event or Discharge (MG)		
1	99.83	102.54	12:50 AM	2.83	0.46	5 m	12:25 PM	0.25	M	0.034	12:40 PM	0.58	M	0.043	M	12:45 PM	0.08	M	0.002	
2	101.00	101.39				5 m														
3	98.66	102.16				5 m														
4	86.17	93.19				5 m														
5	84.68	89.69				5 m														
6	84.01	89.46	4:15 PM	0.17	0.02	5 m														
7	76.43	86.08	8:40 AM	0.08	0.01	5 m														
8	71.60	79.21				5 m														
9	47.84	52.45				5 m														
10	46.52	54.63				5 m														
11	45.07	52.51				5 m														
12	34.92	70.17				5 m														
13	50.46	70.24				5 m														
14	39.49	44.77				5 m														
15	37.02	42.70				5 m														
16	37.30	41.55				5 m														
17	37.34	46.25	1:00 PM	0.08	0.01	5 m														
18	36.79	44.37				5 m														
19	36.67	41.10				5 m														
20	35.94	40.27				5 m														
21	28.84	70.20				5 m														
22	45.58	63.26				5 m														
23	33.85	38.91				5 m														
24	33.87	41.58				5 m														
25	33.88	41.17				5 m														
26	27.29	75.19	10:20 PM	0.08	0.01	5 m														
27	80.11	91.65	1:00 AM	3.33	0.72	5 m	5:35 AM	1.00	M	0.021	M									
28	55.61	70.17				5 m														
29	77.89	95.18	2:10 AM	4.00	0.63	5 m	2:50 PM	1.83	M	0.076	M									
30	57.18	95.25				5 m														
31	89.06	92.48	12:55 PM	0.33	0.13	5 m														
Totals:	1760.90			10.90	1.96		3	3.08	0.131	1	0.59	0.043				3	0.08	0.002		

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager, 260-427-6213

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Beck Date (mm/dd/yy): 04/23/18



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

State Form 56246 (03 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 56246 (03 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Fort Wayne - P.L. Brunner WWTP										Fort Wayne - P.L. Brunner WWTP											
Monitoring Period: MONTH 3-2018					Monitoring Period: MONTH 3-2018					Monitoring Period: MONTH 3-2018					Monitoring Period: MONTH 3-2018						
Design Peak Hourly Flow (MGD): 60					Design Peak Hourly Flow (MGD): 60					Design Peak Hourly Flow (MGD): 60					Design Peak Hourly Flow (MGD): 60						
WWTW Influent Data					Precipitation Data - Fairfield Gauge					CSO Outfall No. 13					CSO Outfall No. 17						
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. (mm)	Precip. (inches)	Total Daily Precip. (inches)	Peak Hourly Precip. (inches)	Measurement Interval (min)	Time of Day (M)	Event Duration (Hours)	Event Type (M)	Event Duration (Hours)	Event Type (M)	Event Duration (Hours)	Event Type (M)	Event Duration (Hours)	Event Type (M)	Event Duration (Hours)	Event Type (M)	Event Duration (Hours)	Event Type (M)	
1	99.93	102.54	1:15 AM	2.08	0.42	0.06	5 m	12:50 PM	8:25	M	1:268	M	12:50 PM	0.08	M	0.015	M				
2	101.00	101.39	8:00 AM	0.08	0.18	0.18	5 m														
3	98.66	102.16					5 m														
4	85.17	93.19					5 m														
5	84.56	89.63					5 m														
6	84.01	89.46	8:40 AM	0.58	0.13	0.03	5 m														
7	76.43	86.08	8:05 AM	0.17	0.14	0.13	5 m														
8	71.60	79.21					5 m														
9	47.84	52.45					5 m														
10	46.52	54.53					5 m														
11	45.07	52.51					5 m														
12	34.92	70.17					5 m														
13	50.46	70.24					5 m														
14	39.49	44.77					5 m														
15	37.02	42.70					5 m														
16	37.30	41.55					5 m														
17	37.34	46.25	11:50 AM	0.17	0.02	0.01	5 m														
18	36.79	44.37					5 m														
19	36.67	41.10					5 m														
20	35.94	40.27					5 m														
21	28.84	70.20	10:30 AM	0.17	0.03	0.02	5 m														
22	45.58	63.26					5 m														
23	33.85	38.91					5 m														
24	33.87	41.58					5 m														
25	33.88	41.17					5 m														
26	27.29	75.19	11:05 PM	0.08	0.01	0.01	5 m														
27	80.11	91.85	4:05 AM	2.42	0.39	0.04	5 m	8:15 AM	1:92	M	0.093	M									
28	55.61	70.17					5 m														
29	77.89	95.18	2:00 AM	3.25	0.48	0.03	5 m	2:30 PM	6:33	M	0.685	M	2:25 AM	5:33	M	0.127	M				
30	67.18	95.25	11:15 AM	0.08	0.14	0.14	5 m														
31	89.06	92.48	12:50 PM	0.42	0.15	0.06	5 m														
Totals:	1760.90			9.50	2.09			3	16.50	2.046			2	5.41	0.142						

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: _____
 Signature of Principal Executive Officer or Authorized Agent: _____
 Date (mm/dd/yyyy): 04/23/18
 Telephone: _____
 Title: _____
 Sustain Back Program Manager: _____
 280-427-6713
 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 AN INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THE PERSONS WHO OPERATE THE SYSTEM, AND THAT THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.



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

State Form 5020 (03/17-19)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5020 (03/17-19)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Fort Wayne														Fort Wayne																																									
City: Fort Wayne							Permit Number: IN0032191							Page [8] of [12]							Permit Number: IN0032191																																		
Facility: Fort Wayne - P.L. Brunner WWTP							Public Notification Requirements Met? Y							Public Notification Requirements Met? Y							Public Notification Requirements Met? Y																																		
Monitoring Period: (MONTH) 3-2018							Monitoring Period: (MONTH) 3-2018							Monitoring Period: (MONTH) 3-2018							Monitoring Period: (MONTH) 3-2018																																		
Design Peak Hourly Flow (MGD): 60							Design Peak Hourly Flow (MGD): 18							Design Peak Hourly Flow (MGD): 21							Design Peak Hourly Flow (MGD): 50																																		
WWTW Inflow Data														CSO Outfall No. 18														CSO Outfall No. 21														CSO Outfall No. 50													
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. (inches)	Precip. Duration (hours)	Total Daily Precip. (inches)	Peak Intensity (inches)	Measurement Interval (ft. x m. x 15 m.)	Time of Day	Event M	Event M	Event M	Time of Day	Event M	Event M	Event M	Time of Day	Event M	Event M	Event M	Time of Day	Event M	Event M	Event M	Time of Day	Event M	Event M	Event M																													
1 99.93	102.54	12:20 AM	3.75	0.74	0.04	5 m	12:40 PM	5.83	M	10:55	M	6:55 AM	4.25	M	6:30 AM	14.42	M	18:47	M	10:15 AM	12.58	M	0:887	M																															
2 101.00	101.39					5 m																																																	
3 98.86	102.16					5 m																																																	
4 86.17	93.19					5 m																																																	
5 84.68	89.89					5 m																																																	
6 84.01	89.46	8:45 AM	0.42	0.07	0.03	5 m																																																	
7 76.43	85.08	9:20 AM	0.17	0.02	0.01	5 m																																																	
8 71.80	79.21					5 m																																																	
9 47.84	52.45					5 m																																																	
10 46.52	54.63					5 m																																																	
11 45.07	52.51					5 m																																																	
12 34.92	70.17					5 m																																																	
13 50.46	70.24					5 m																																																	
14 39.49	44.77					5 m																																																	
15 37.02	42.70					5 m																																																	
16 37.30	41.55					5 m																																																	
17 37.34	46.25	12:00 PM	0.25	0.03	0.01	5 m																																																	
18 36.73	44.37					5 m																																																	
19 36.87	41.10					5 m																																																	
20 35.94	40.27					5 m																																																	
21 28.84	70.20	10:10 AM	0.33	0.04	0.01	5 m																																																	
22 45.58	63.26					5 m																																																	
23 33.85	39.91					5 m																																																	
24 33.87	41.58					5 m																																																	
25 33.88	41.17					5 m																																																	
26 27.29	75.19	10:15 PM	0.06	0.01	0.01	5 m																																																	
27 80.11	81.85	12:05 AM	3.58	0.64	0.04	5 m																																																	
28 55.61	70.17					5 m																																																	
29 77.89	85.18	2:10 AM	4.58	0.87	0.05	5 m																																																	
30 67.18	85.25					5 m																																																	
31 59.05	82.48	12:45 PM	0.67	0.13	0.06	5 m																																																	
Totals:	4760.90		13.83	2.55			5	39.92		37.428		2	9.93		0.639																																								

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent
 Telephone
 Signature of Principal Executive Officer or Authorized Agent
 Date (mm/dd/yyyy)
 Susan Beck
 04/23/18
 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 OATHER 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.



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

State Form 50548 (03/7/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50548 (03/7/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne				City: Fort Wayne				City: Fort Wayne				City: Fort Wayne			
Facility: Fort Wayne - P.L. Brunner WWTP				Facility: Fort Wayne - P.L. Brunner WWTP				Facility: Fort Wayne - P.L. Brunner WWTP				Facility: Fort Wayne - P.L. Brunner WWTP			
Monitoring Period: 3-2018				Monitoring Period: 3-2018				Monitoring Period: 3-2018				Monitoring Period: 3-2018			
Design Peak Hourly Flow (MGD): 85				Design Peak Hourly Flow (MGD): 60				Design Peak Hourly Flow (MGD): 60				Design Peak Hourly Flow (MGD): 60			
Weather Data - Study Gauge				Weather Data - Study Gauge				Weather Data - Study Gauge				Weather Data - Study Gauge			
Time	Precip	Temp	Wind	Time	Precip	Temp	Wind	Time	Precip	Temp	Wind	Time	Precip	Temp	Wind
(mm/in)	(inches)	(inches)	(inches)	(mm/in)	(inches)	(inches)	(inches)	(mm/in)	(inches)	(inches)	(inches)	(mm/in)	(inches)	(inches)	(inches)
Peak	Peak	Peak	Peak	Peak	Peak	Peak	Peak	Peak	Peak	Peak	Peak	Peak	Peak	Peak	Peak
Flow	Intensity	Wet	Wet	Flow	Intensity	Wet	Wet	Flow	Intensity	Wet	Wet	Flow	Intensity	Wet	Wet
(MGD)	(inches)	(inches)	(inches)	(MGD)	(inches)	(inches)	(inches)	(MGD)	(inches)	(inches)	(inches)	(MGD)	(inches)	(inches)	(inches)
Day of Month	Time	Time	Time	Day of Month	Time	Time	Time	Day of Month	Time	Time	Time	Day of Month	Time	Time	Time
1	99.83	102.54	12:00 AM	1	11:05 AM	12:35 AM	15.50	2	12:35 AM	1:04 M	15.50	3	12:35 AM	1:04 M	15.50
2	101.00	101.39	9:05 AM	2	12:35 AM	1:04 M	15.50	4	12:35 AM	1:04 M	15.50	5	12:35 AM	1:04 M	15.50
3	98.66	102.16	5 m	3	1:04 M	1:04 M	15.50	6	1:04 M	1:04 M	15.50	7	1:04 M	1:04 M	15.50
4	86.17	95.19	5 m	4	1:04 M	1:04 M	15.50	8	1:04 M	1:04 M	15.50	9	1:04 M	1:04 M	15.50
5	84.58	89.69	5 m	5	1:04 M	1:04 M	15.50	10	1:04 M	1:04 M	15.50	11	1:04 M	1:04 M	15.50
6	84.01	89.46	0.33	6	1:04 M	1:04 M	15.50	12	1:04 M	1:04 M	15.50	13	1:04 M	1:04 M	15.50
7	75.43	86.06	0.17	7	1:04 M	1:04 M	15.50	14	1:04 M	1:04 M	15.50	15	1:04 M	1:04 M	15.50
8	71.60	79.21	5 m	8	1:04 M	1:04 M	15.50	16	1:04 M	1:04 M	15.50	17	1:04 M	1:04 M	15.50
9	47.84	52.45	5 m	9	1:04 M	1:04 M	15.50	18	1:04 M	1:04 M	15.50	19	1:04 M	1:04 M	15.50
10	46.52	54.63	5 m	10	1:04 M	1:04 M	15.50	20	1:04 M	1:04 M	15.50	21	1:04 M	1:04 M	15.50
11	45.07	52.51	5 m	11	1:04 M	1:04 M	15.50	22	1:04 M	1:04 M	15.50	23	1:04 M	1:04 M	15.50
12	34.92	70.17	5 m	12	1:04 M	1:04 M	15.50	24	1:04 M	1:04 M	15.50	25	1:04 M	1:04 M	15.50
13	50.46	70.24	0.08	13	1:04 M	1:04 M	15.50	26	1:04 M	1:04 M	15.50	27	1:04 M	1:04 M	15.50
14	39.49	44.77	5 m	14	1:04 M	1:04 M	15.50	28	1:04 M	1:04 M	15.50	29	1:04 M	1:04 M	15.50
15	37.02	42.70	5 m	15	1:04 M	1:04 M	15.50	30	1:04 M	1:04 M	15.50	31	1:04 M	1:04 M	15.50
16	37.30	41.55	5 m	16	1:04 M	1:04 M	15.50	31	1:04 M	1:04 M	15.50	Total:	1760.90	14.74	2.86
17	37.34	46.25	11:45 AM	17	1:04 M	1:04 M	15.50	31	1:04 M	1:04 M	15.50	Total:	1760.90	14.74	2.86
18	36.79	44.37	5 m	18	1:04 M	1:04 M	15.50	31	1:04 M	1:04 M	15.50	Total:	1760.90	14.74	2.86
19	35.67	41.10	5 m	19	1:04 M	1:04 M	15.50	31	1:04 M	1:04 M	15.50	Total:	1760.90	14.74	2.86
20	35.94	40.27	5 m	20	1:04 M	1:04 M	15.50	31	1:04 M	1:04 M	15.50	Total:	1760.90	14.74	2.86
21	28.84	70.20	10:15 AM	21	1:04 M	1:04 M	15.50	31	1:04 M	1:04 M	15.50	Total:	1760.90	14.74	2.86
22	45.56	63.26	5 m	22	1:04 M	1:04 M	15.50	31	1:04 M	1:04 M	15.50	Total:	1760.90	14.74	2.86
23	33.85	35.91	5 m	23	1:04 M	1:04 M	15.50	31	1:04 M	1:04 M	15.50	Total:	1760.90	14.74	2.86
24	33.57	41.58	5 m	24	1:04 M	1:04 M	15.50	31	1:04 M	1:04 M	15.50	Total:	1760.90	14.74	2.86
25	33.88	41.17	5 m	25	1:04 M	1:04 M	15.50	31	1:04 M	1:04 M	15.50	Total:	1760.90	14.74	2.86
26	27.29	75.19	10:20 PM	26	1:04 M	1:04 M	15.50	31	1:04 M	1:04 M	15.50	Total:	1760.90	14.74	2.86
27	80.11	91.85	1:00 AM	27	1:04 M	1:04 M	15.50	31	1:04 M	1:04 M	15.50	Total:	1760.90	14.74	2.86
28	55.61	70.17	5 m	28	1:04 M	1:04 M	15.50	31	1:04 M	1:04 M	15.50	Total:	1760.90	14.74	2.86
29	77.89	95.18	2:25 AM	29	1:04 M	1:04 M	15.50	31	1:04 M	1:04 M	15.50	Total:	1760.90	14.74	2.86
30	67.18	95.25	11:50 AM	30	1:04 M	1:04 M	15.50	31	1:04 M	1:04 M	15.50	Total:	1760.90	14.74	2.86
31	89.06	92.49	12:50 PM	31	1:04 M	1:04 M	15.50	31	1:04 M	1:04 M	15.50	Total:	1760.90	14.74	2.86

City: Fort Wayne
Facility: Fort Wayne - P.L. Brunner WWTP
Monitoring Period: 3-2018
Design Peak Hourly Flow (MGD): 85
Weather Data - Study Gauge

City: Fort Wayne
Facility: Fort Wayne - P.L. Brunner WWTP
Monitoring Period: 3-2018
Design Peak Hourly Flow (MGD): 60
Weather Data - Study Gauge

City: Fort Wayne
Facility: Fort Wayne - P.L. Brunner WWTP
Monitoring Period: 3-2018
Design Peak Hourly Flow (MGD): 60
Weather Data - Study Gauge

City: Fort Wayne
Facility: Fort Wayne - P.L. Brunner WWTP
Monitoring Period: 3-2018
Design Peak Hourly Flow (MGD): 60
Weather Data - Study Gauge

Signature of Principal Executive Officer of Authorized Agent
Susan Beck

Date (mm/dd/yyyy)
04/23/18



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

State Form 5654 (03/17-19)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5654 (03/17-19)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0032191
 Facility: Fort Wayne - P.L. Brunner WWTP Monitoring Period: (MONTH) 3-2018
 Design Peak Hourly Flow (MGD): 85 Design Flow (MGD): 60
 Public Notification Requirements Met? Y
 Check box if no CSO discharge occurred for the month:
 Measured (Measured (M) or Estimated (E) must be specified)

Day of Month	Peak Hourly Flow (MGD)		Precipitation Data - In situ gauge		Total Daily Precip. (inches)		Peak Intensity (in/hr)		Maximum Intensity (in/hr)		Design Peak Hourly Flow (MGD)		Event Duration (Hours)		Event Discharge (MG)		Event Discharge (MG)											
	Average Daily Flow (MGD)	Hourly Peak Flow (MGD)	Time Began (mm/yy)	Time Ended (mm/yy)	Time Began (mm/yy)	Time Ended (mm/yy)	Time Began (mm/yy)	Time Ended (mm/yy)	Time Began (mm/yy)	Time Ended (mm/yy)	Time Began (mm/yy)	Time Ended (mm/yy)	Time Began (mm/yy)	Time Ended (mm/yy)	Time Began (mm/yy)	Time Ended (mm/yy)	Time Began (mm/yy)	Time Ended (mm/yy)										
1	99.93	102.54	12:10 AM		4.25	0.80	0.01	0.01	5 m																			
2	101.00	101.39	8:25 AM		0.08	0.01	0.01		5 m																			
3	98.66	102.16							5 m																			
4	86.17	98.19							5 m																			
5	84.68	89.69							5 m																			
6	84.01	89.46	9:05 AM		0.42	0.11	0.06		5 m																			
7	76.43	86.08	4:50 AM		0.17	0.02	0.01		5 m																			
8	71.60	79.21							5 m																			
9	47.84	50.45							5 m																			
10	46.52	54.63							5 m																			
11	45.07	52.51							5 m																			
12	34.92	70.17							5 m																			
13	50.46	70.24	3:25 PM		0.08	0.02	0.02		5 m																			
14	39.49	44.77							5 m																			
15	37.02	42.70							5 m																			
16	37.30	41.55							5 m																			
17	37.34	46.25	11:55 AM		0.17	0.03	0.02		5 m																			
18	36.79	44.37							5 m																			
19	36.87	41.10							5 m																			
20	35.94	40.27							5 m																			
21	28.64	70.20	10:15 AM		0.33	0.06	0.02		5 m																			
22	45.96	63.26							5 m																			
23	33.85	39.91							5 m																			
24	33.87	41.58							5 m																			
25	33.88	41.17							5 m																			
26	27.29	73.19	10:20 PM		0.17	0.05	0.01		5 m																			
27	80.11	91.85	1:10 AM		3.67	0.60	0.05		5 m																			
28	55.51	70.17							5 m																			
29	77.89	95.18	2:05 AM		4.57	0.88	0.07		5 m																			
30	67.13	95.25	11:00 AM		0.08	0.02	0.02		5 m																			
31	89.06	92.48	12:55 PM		0.67	0.14	0.06		5 m																			
Totals:											0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager, 260-427-6213
 Signature of Principal Executive Officer or Authorized Agent: _____ Date (mm/dd/yy): 04/23/18

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.



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

State Form 50546 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne										Permit Number: IN0032191									
Facility: Fort Wayne - P.L. Brunner WWTP										Facility: Fort Wayne - P.L. Brunner WWTP									
Monitoring Period: 3-2018										Monitoring Period: 3-2018									
Design Peak Hourly Flow (MGD): 60										Design Peak Hourly Flow (MGD): 60									
Design Average Flow (MGD): 60										Design Average Flow (MGD): 60									
Precipitation Data - Brentwood Gauge										Precipitation Data - Brentwood Gauge									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Begins (am/pm)	Precip. Duration (hours)	Total Daily Precip. (inches)	Peak Intensity (inches/hr)	Measuremen Interval (hr, 30 m, 15 m)	Time Discharge Began	Event Duration (hours)	Event Discharge (MG)	Day of Month	Time Discharge Began	Event Duration (hours)	Event Discharge (MG)	Day of Month	Time Discharge Began	Event Duration (hours)	Event Discharge (MG)	
1	89.83	102.54	12:15 AM	4.00	0.85	0.08	5 m	12:45 PM	1.05	M	0.313	M	10:25 AM	1.27	M	2.059	M		
2	101.00	101.39	10:40 AM	0.08	0.01	0.01	5 m												
3	98.66	102.16					5 m												
4	86.17	93.19					5 m												
5	84.68	89.69					5 m												
6	84.01	89.46	8:50 AM	0.50	0.07	0.02	5 m												
7	76.43	85.08	8:55 AM	0.17	0.03	0.02	5 m												
8	71.60	79.21					5 m												
9	47.84	52.45					5 m												
10	46.52	54.63					5 m												
11	45.07	52.51					5 m												
12	34.92	70.17					5 m												
13	50.46	70.24					5 m												
14	39.49	44.77					5 m												
15	37.02	42.70					5 m												
16	37.30	41.55					5 m												
17	37.34	46.25	11:50 AM	0.17	0.03	0.02	5 m												
18	36.79	44.37					5 m												
19	36.67	41.10					5 m												
20	35.94	40.27					5 m												
21	28.84	70.20	10:40 AM	0.17	0.04	0.02	5 m												
22	46.58	63.26					5 m												
23	33.85	38.91					5 m												
24	33.87	41.58					5 m												
25	33.88	41.17					5 m												
26	27.29	75.19	10:25 PM	0.17	0.02	0.01	5 m												
27	80.11	91.85	1:05 AM	3.42	0.59	0.04	5 m												
28	55.61	70.17					5 m												
29	77.89	95.18	2:00 AM	3.92	0.87	0.07	5 m												
30	67.18	95.25	12:35 PM	0.08	0.02	0.02	5 m												
31	89.06	92.48	12:55 PM	0.33	0.11	0.08	5 m												
Totals:	1760.80			13.01	2.84			2	1.12	0.33		3	2.29	3.716		0	0.00	0	0.000

Check box if no CSO discharge occurred for the month: Y N

Measured/Estimated (M) or Estimated (E) must be specified

CSO Outfall No. 28 CSO Outfall No. 48 CSO Outfall No. 51 CSO Outfall No. 60

Telephone: 260-427-5213

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Beck
Date (mm/dd/yyyy): 04/23/18



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

State Form 5656 (03/17-18)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Page [10] of [12] Permit Number: IN0032191
City: Fort Wayne
Facility: Fort Wayne - P.L. Brunner WWTP

Public Notification Requirements Met? Y
Public Notification Requirements Met? Y
Check box if no CSO discharge occurred for the month:
Check box if no CSO discharge occurred for the month:

Design Peak Flow Hourly (MGD): 60				Design Flow (MGD): 60				CSO Outfall No. 002				CSO Outfall No. 003			
Monitoring Period: (MONTH) 3-2018				Monitoring Period: (MONTH) 3-2018				CSO Outfall No. 002				CSO Outfall No. 003			
Design Peak Flow Hourly (MGD): 60				Design Flow (MGD): 60				CSO Outfall No. 002				CSO Outfall No. 003			
Time Discharge or Duration (Hours)	M (MG)	E (MG)	Event	Time Discharge or Duration (Hours)	M (MG)	E (MG)	Event	Time Discharge or Duration (Hours)	M (MG)	E (MG)	Event	Time Discharge or Duration (Hours)	M (MG)	E (MG)	Event
1				1:00 PM	1.00	0.232	M								
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
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19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29				3:25 PM	1.19	0.005	M								
30															
31															
Totals				2	6.43	0.237		0	0.00	0		0	0.00	0	0.00

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent
Susan Beck, Program Manager
Signature of Principal Executive Officer or Authorized Agent
Date: 04/23/18
Telephone: 260-427-6213

I hereby certify that the information provided on this report is true and accurate to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowingly falsifying information.



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

State Form 5046 (03/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5046 (03/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Public Notification Requirements Met? Y														
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: (MONTH) 3-2018		Check box if no CSO discharge occurred for the month:														
Design Peak Hourly Flow (MGD): 60		Design Peak Flow (MGD): 60		Measured (M) or Estimated (E) must be specified														
WVTP Influent Data		Precipitation Data - Price Gauge		CSO Outfall No. 27														
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (hours)	Total Daily Precip. (inches)	Peak Intensity (inches/hr. 30 m. interval)	Time Discharge Began	Event Duration (Hours)	M	E	Time Discharge Began	Event Duration (Hours)	M	E	Time Discharge Began	Event Duration (Hours)	M	E	
1	95.83	102.54	12:10 AM	3.59	0.71	0.08	5 m			1:07 AM	6:22 M	13,255 M						
2	101.00	101.39	9:45 AM	0.08	0.01	0.01	5 m			12:02 AM	0.98 M	2.15 M						
3	95.56	102.16					5 m			2:32 AM	0.22 M	0.445 M						
4	86.17	93.19					5 m			2:49 PM	0.05 M	0.09 M						
5	84.68	89.89					5 m											
6	84.01	89.46	9:15 AM	0.93	0.05	0.03	5 m											
7	76.43	86.08	9:40 AM	0.17	0.03	0.02	5 m											
8	71.60	79.21					5 m											
9	47.84	52.45					5 m											
10	46.52	54.53					5 m											
11	45.07	52.51					5 m											
12	34.92	70.17					5 m											
13	50.45	70.24					5 m											
14	38.49	44.77					5 m											
15	37.02	42.70					5 m											
16	37.30	41.55					5 m											
17	37.34	46.25	11:45 AM	0.33	0.07	0.03	5 m											
18	36.79	44.37					5 m											
19	36.67	41.10					5 m											
20	35.94	40.27					5 m											
21	28.84	70.30					5 m											
22	45.58	53.26					5 m											
23	33.85	38.91					5 m											
24	33.87	41.58					5 m											
25	33.88	41.17					5 m											
26	27.29	75.19	10:40 PM	0.08	0.01	0.01	5 m											
27	80.11	91.85	3:50 AM	3.17	0.51	0.04	5 m			8:23 AM	1.18 M	2.42 M						
28	55.61	70.17					5 m											
29	77.89	95.18	1:55 AM	4.42	0.93	0.07	5 m			5:47 AM	3.78 M	7.745 M						
30	67.18	95.25	11:45 AM	0.08	0.01	0.01	5 m			12:10 AM	0.57 M	1.16 M						
31	89.08	92.48	12:50 PM	0.50	0.13	0.07	5 m			9:37 PM	0.12 M	0.245 M						
Totals:	1760.90			12.74	2.37					8	13:12	27,510						
Type of Principal Name and Title of Principal Executive Officer or Authorized Agent		Telephone		Date (mm/dd/yyyy)		CSO Outfall No. 44		CSO Outfall No. 45										
Susan Beck, Program Manager		260-427-5213		04/29/18														

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 BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Beck
Date (mm/dd/yyyy): 04/29/18



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

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Monitoring Period: 3-2018	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	Wet Weather
2	Wet Weather
3	Wet Weather
4	Wet Weather
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	Wet Weather
27	Wet Weather
28	Wet Weather
29	Wet Weather
30	Wet Weather
31	Wet Weather

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Susan Beck, Program Manager	Telephone 260-427-6213
---	---------------------------

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent Susan Beck	Date (mm/dd/yy) 04/23/18
--	-----------------------------

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 002 External Outfall
 Report Dates & Status: From 03/01/18 to 03/31/18
 Monitoring Period: 002-C 002 POND - WHEN USED AS CSO ONLY
 Considerations for Form Completion: DMR Due Date: 04/28/18
 CSO - 002 POND WHEN USED AS CSO ONLY
 Principal Executive Officer: susan beck
 First Name: susan
 Last Name: beck
 No Data Indicator (NODI): --
 Form NODI: --
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Status: NetDMR Validated
 Telephone: 250-427-5213
 Title: program manager

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value (NODI)	Sample Value (NODI)	Quantity of Leading Qualifier 1 Value 1	Quantity of Concentration Qualifier 2 Value 2	Quality of Concentration Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	--			Opt Mon MO TOTAL 82 - hrmo			C - No Discharge		WHDS - When Discharging	RT - RCOTOT
7495	Overflow volume (BSO volume, CSO volume)	EG - Effluent Gross	0	--			Opt Mon MO TOTAL 3R - Mgal			C - No Discharge		AUEV - All Events	ES - ESTIMA
7887	Predispotion, monthly accumulation	EG - Effluent Gross	0	--			2.64 SW - hrmo			C - No Discharge		AUEV - All Events	RT - RCOTOT
8415	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--			Opt Mon MO TOTAL 4K - hrmo			C - No Discharge		AUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_LETTER_2018_03.pdf	pdf	218060
IN0032191_002C_CSOMRO_2018_03.pdf	pdf	503252

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-04-23 14:03 (Time Zone: -04:00)
Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 003 External Outfall
 Report Dates & Status: From 03/01/18 to 03/31/18
 Monitoring Period: From 03/01/18 to 03/31/18
 Considerations for Form Completion: CSO - 001 POND WHEN USED AS CSO ONLY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NODI): [Blank]
 Form NODI: [Blank]

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 003-C
 001 POND - CSO
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
 Status: NetDMR Validated
 Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity of Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
3037	Duration	EG - Effluent Gross	0	-	Permit Req. Value (NODI)			Opt Mon MO TOTAL	82	hr:mo	WHDS - When Discharging	RT - RCOOT		
74953	Overflow volume [550 volume, CSO volume]	EG - Effluent Gross	0	-	Permit Req. Value (NODI)			Opt Mon MO TOTAL	3R	Mgal	AUEV - All Events	ES - ESTIMA		
7867	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req. Value (NODI)			Opt Mon MO TOTAL	5W	in:mo	AUEV - All Events	RT - RCOOT		
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Permit Req. Value (NODI)			Opt Mon MO TOTAL	4K	#/mo	AUEV - All Events	RT - RCOOT		

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-04-23 13:54 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: 004 - External Outfall
Permitted Feature: From 03/01/18 to 03/31/18
Report Dates & Status: Monitoring Period: From 03/01/18 to 03/31/18
Considerations for Form Completion: CSO: J02-90 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form MODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 004-C
 CSO: J02-90
DMR Due Date: 04/28/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. MODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50097	Duration	EG - Effluent Gross	0		Permit Req. Value NODI						82 - hrmo	WHDS - When Discharging	RT - RCOTOT	
74063	Overflow volume (BSO volume, CSO volume)	EG - Effluent Gross	0		Permit Req. Value NODI						3R - Mgal	WHDS - When Discharging	RT - RCOTOT	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0		Permit Req. Value NODI						5W - hrmo	WHDS - When Discharging	RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0		Permit Req. Value NODI						4K - hrmo	WHDS - When Discharging	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 13:47 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 005 External Outfall
Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: From 03/01/18 to 03/31/18
Considerations for Form Completion: CSO, J11-154 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NDDI):
Form NDDI: -

Code	Parameter Name	Monitoring Location	Season #	Param. NDD	Sample Permit Req. Value (NDD)	Sample Permit Req. Value (NDD)	Sample Permit Rec. Value (NDD)	Sample Permit Rec. Value (NDD)	Quantity or Loading Qualifier 1 Value 1	Quantity or Loading Qualifier 2 Value 2	Quantity or Concentration Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analyze	Sample Type
50037	Duration	EG - Effluent Gross	0	-					Opt Mon MO TOTAL	82	hrmo	0	WHDS - When Discharging	RT - RCOTOT	
74685	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-					Opt Mon MO TOTAL	3R	Mgal	0	AL/EV - All Events	ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-					Opt Mon MO TOTAL	5W	hrmo	0	AL/EV - All Events	RT - RCOTOT	
84166	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-					Opt Mon MO TOTAL	4K	hrmo	0	AL/EV - All Events	RT - RCOTOT	

Facility: FORT WAYNE WWTP
Facility Location: P. L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 005-C
 CSC, J11-164

DMR Due Date: 04/28/18
Status: NetDMR Validated

Title:
Telephone:

Submission Note:
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analyze, and Sample Type.

Edit Check Errors:
 No errors.

Attachments:
 No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 13:47 (Time Zone: -04:00)

Report Last Signed By:

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 007 External Outfall
Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: 04/28/18
Considerations for Form Completion: NetDMR Validated
CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NDDI):
Form NDDI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
Discharge: 007-C
 CSC: K03-92
DMR Due Date: 04/28/18
Status: NetDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NDDI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
30037	Duration	EG - Effluent Gross	0	-	Permit Rec. Value NDDI			WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Permit Rec. Value NDDI			Opt Mon MO TOTAL 3R - Mgal C - No Discharge	ES - ESTMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Rec. Value NDDI			Opt Mon MO TOTAL 5W - Inmo C - No Discharge	RT - RCOTOT
8r165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit Rec. Value NDDI			Opt Mon MO TOTAL 4K - Inmo C - No Discharge	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-04-23 13:46 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 011 External Outfall
Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: From 03/01/18 to 03/31/18
Considerations for Form Completion: CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NDDI):
Form MODI: -

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 011-C
 CSO: K06-233
DMR Due Date: 04/28/18
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Status: NetDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. MODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Rec: Value NDDI							WHDS - When Discharging RT - RCOTOT	
74085	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Rec: Value LODI							AL/EV - All Events ES - ESTIMA	
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec: Value NDDI							AL/EV - All Events RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Rec: Value NDDI							AL/EV - All Events RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-04-23 13:48 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Discharge: 012-C
 Discharge Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 012-C
 Discharge Address: FT WAYNE, IN 46802
 DMR Due Date: 04/28/18
 Status: NetDMR Validated
 Title: _____
 Telephone: _____

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	0	Permit Req. Value NOD			Opt Mon MO TOTAL 62 - hrmo			WHDS - When Discharging	RT - RCOTOT	
74063	Overflow volume (BSO volume, CSC volume)	EG - Effluent Gross	0	0	Permit Req. Value NOD			Opt Mon MO TOTAL 3R - Mgal			ALVEV - All Events	ES - ESTIMA	
78857	Precipitation, monthly accumulation	ES - Effluent Gross	0	0	Permit Req. Value NOD			2.8			ALVEV - All Events	RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	Permit Req. Value NOD			Opt Mon MO TOTAL 5W - hrmo			ALVEV - All Events	RT - RCOTOT	
								Opt Mon MO TOTAL 4K - #mo			ALVEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent, Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-04-23 13:48 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 013- External Outfall
 Report Dates & Status: From 03/01/18 to 03/31/18
 Monitoring Period: From 03/01/18 to 03/31/18
 Considerations for Form Completion: NetDMR Validated
 CSO: K05-298
 Principal Executive Officer: Title:
 First Name: Telephone:
 Last Name:
 No Data Indicator (NODI):
 Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	% of EA	Frequency of Analysis	Sample Type
8037	Duration	EG - Effluent Gross	0	--	18.5			82 - hrmo	82 - hrmo	0	WHDS - When Discharging	RT - RCOTOT
74663	Overflow volume [SS volume, CSO volume]	EG - Effluent Gross	0	--	2.046			3R - Mgpl	3R - Mgpl	0	ALVEY - All Events	ES - ESTMA
7887	Predipitation, monthly accumulation	EG - Effluent Gross	0	--	2.09			5W - hrmo	5W - hrmo	0	ALVEY - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	3			4K - hrmo	4K - hrmo	0	ALVEY - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample not Effluent Trading, then note of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Attachments
 Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-04-23 13:44 (Time Zone: -04:00)

Report Last Signed By: susan.beck@cityofwayne.org
 User: Susan Beck
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46002

Discharge: 013-C
 CSO: K05-298

DMR Due Date: 04/28/18

Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803

Status: NetDMR Validated

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWINGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 017 - External Outfall
Discharge: 017-C
 CSC: K07-176

Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: 04/28/18
DMR Due Date: NetDMR Validated

Considerations for Form Completion:

Principal/Executive Officer:

First Name: _____
Last Name: _____
Title: _____
Telephone: _____

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	0	Permit Req. Value NODI	Sample Value NODI	82 - hrmo	5.41	Opt Mon MO TOTAL	82 - hrmo	0	WHDS - When Discharging RT - RCOTOT	
74683	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	0	Permit Req. Value NODI	Sample Value NODI	3R - Mgal	0.142	Opt Mon MO TOTAL	3R - Mgal	0	ALIEV - All Events ES - ESTIMA	
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	Permit Req. Value NODI	Sample Value NODI	SW - hrmo	2.08	Opt Mon MO TOTAL	SW - hrmo	0	ALIEV - All Events RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	Permit Req. Value NODI	Sample Value NODI	4K - hrmo	2	Opt Mon MO TOTAL	4K - hrmo	0	ALIEV - All Events RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-04-23 13:44 (Time Zone: -04:00)

Report Last Signed By
 susan.beck@cityoffortwayne.org

User: Susan Beck

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: D18
 External Outfall

Report Dates & Status
 Monitoring Period: From 03/01/18 to 03/31/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: K11-165MUNICIPAL MAJORALLEN COUNTY

Principal/Executive Officer
 First Name:
 Last Name:
 No. Data Indicator (NODI):
 Title:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT. WAYNE, IN 46802
Discharge: 018-C
 CSO: K11-165

DMR Due Date: 04/28/18

Code	Parameter Name	Monitoring Location	Station #	Param. NODI	Quantity or Loading	Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0		Permit Req. Value NODI				38.82			38 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0		Permit Req. Value NODI				37.425			3R - Mgal	0	ALJEV - All Events	ES - ESTIMA
78097	Precipitation, monthly accumulation	EG - Effluent Gross	0		Permit Req. Value NODI				2.65			SW - hr/mo	0	ALJEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0		Permit Req. Value NODI				5			4K - hr/mo	0	ALJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-04-23 13:45 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 019-C
 External Outfall
 Discharge: 019-C
 CSC: K11-178

Report Dates & Status
 Monitoring Period: From 03/01/18 to 03/31/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: K11-178 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. MOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units
50037	Duration	EG - Effluent Gross	0	1						9.83			WHDS - When Discharging	RT - RCOTOT
74683	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	1						0.439			ALVEY - All Events	ES - ESTIMA
78087	Residuals, monthly accumulation	EG - Effluent Gross	0	1						2.55			ALVEY - All Events	ES - ESTIMA
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	1						2			ALVEY - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Attachments
 Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-04-23 13:45 (Time Zone: -04:00)

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 020 External Outfall
 Report Dates & Status: From 03/01/18 to 03/31/18
 Monitoring Period: From 03/01/18 to 03/31/18
 Considerations for Form Completion: NetDMR Validated
 CSO: K15-115 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer:
 Last Name:
 First Name:
 No Data Indicator (NODI):
 Form NODI:
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2501 DWENGER AVE
 FORT WAYNE, IN 46803
 Discharge: 020-C
 CSO: K15-115
 DMR Due Date: 04/28/18
 Status: NetDMR Validated
 Title:
 Telephone:

Code	Parameter	Monitoring Location	Season	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
30037	Duration	EG - Effluent Gross	0		31.31			Opt Mon MO TOTAL	82 - hrmo	0	WHDS - When Discharging	RT - RCOTOT
74963	Overflow volume [SS volume, CSO volume]	EG - Effluent Gross	0		2.683			Opt Mon MO TOTAL	3R - Mgal	0	ALIEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0		2.55			Opt Mon MO TOTAL	5W - hrmo	0	ALIEV - All Events	RT - RCOTOT
8416S	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0		5			Opt Min MO TOTAL	4K - hrmo	0	ALIEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-04-23 13:46 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 021 External Outfall
Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: From 03/01/18 to 03/31/18
Considerations for Form Completion: CSO: K19-044 MUNICIPAL MAJORALLEN COUNTY
Principal/ Executive Officer:
First Name:
Last Name:
No. Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
Facility Location: FT WAYNE, IN 46802
Discharge: 021-C
CSO: K19-044
DMR Due Date: 04/28/18
Status: NetDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3				
5037	Duration	EG - Effluent Gross	0	-	Permit Req.	Sample	Value NODI	48.58	82	h/mmo	0	WHDS - When Discharging	RT - RCOTOT	
7463	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Permit Req.	Sample	Value NODI	2.08	3R	Mgal	0	AL/EV - All Events	ES - ESTIMA	
7687	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req.	Sample	Value NODI	2.65	SW	h/mmo	0	AL/EV - All Events	RT - RCOTOT	
84	ES Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit Req.	Sample	Value NODI	4	4K	h/mo	0	AL/EV - All Events	RT - RCOTOT	

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Comments:

Attachments: No attachments

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-04-23 13:46 (Time Zone: -04:00)

Report Last Signed By:

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 023 External Outfall
 Report Dates & Status
 Monitoring Period: From 03/01/18 to 03/31/18
 Considerations for Form Completion
 CSO: L08-103 MUNICIPAL MAJORALLEN COUNTY

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 023-C
 CSC: L08-103

Facility Location: FORT WAYNE WWTP
 P.L. BRUNER, WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

DMR Due Date: 04/28/18
Status: NetDMR Validated

Title:

Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. MODI	Sample Value (MODI)	Permit Req. Value (MODI)	Sample	Permit Req. Value (MODI)	Sample	Permit Req. Value (MODI)	Sample	Permit Req. Value (MODI)	Sample	Permit Req. Value (MODI)	Sample	Permit Req. Value (MODI)
50037	Duration	EG - Effluent Gross	0	-	-	-	0.131	0.131	3R - Legal	3R - Legal	0	0	0	0	0	0
74683	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	-	-	-	1.99	1.99	SW - hmo	SW - hmo	0	0	0	0	0	0
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	3	3	4K - hmo	4K - hmo	0	0	0	0	0	0
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	-	-	-	4K - hmo	4K - hmo	0	0	0	0	0	0

Quantity or Loading: Opt Mon MO TOTAL 82 - hmo 0
Quality of Concentration: Opt Mon MO TOTAL 3R - Legal 0
WHDS - When Discharging: WHDS - When Discharging RT - ROOTOT
Frequency of Analyts: ALEV - All Events
Sample Type: ES - ESTIMA

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments

Attachments
 Report Last Saved By FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-04-23 13:40 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 024 External Outfall
Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: From 03/01/18 to 03/31/18
Considerations for Form Completion: CSO: L05-020/MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form MODI: -

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 024-C
 CSO: L06-420
DMR Due Date: 04/28/18
Status: NetDMR Validated
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Telephone:

Code	Parameter Name	Monitoring Location	Session #	Param. MODI	Quantity of Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50037	Duration	EG - Effluent Gross	0	-	0.58			82 - hr:mo	WHDS - When Discharging RT - RCOTOT
74083	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	0.043			3R - Mgal	ALVEV - All Events ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	1.89			SW - Inflow	ALVEV - All Events RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	1			4K - Rino	ALVEV - All Events RT - RCOTOT

Submission Note:
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors:
 No errors.

Comments:

Attachments:
 No attachments.

Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 13:41 (Time Zone: -04:00)

Report Last Signed By:
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: 025 External Outfall
Permitted Feature: From 03/01/18 to 03/31/18
Report Dates & Status: Monitoring Period: From 03/01/18 to 03/31/18
Considerations for Form Completion: CSO: L05-421 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 025-C
 CSO: L06-421
DMR Due Date: 04/28/18
Status: NetDMR Validated
Title: Telephone:

Form NODI	Parameter Name	Monitoring Location	Seasons	Param. NODI	Quantity or Loading	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
Code					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	Qualifier 5 Value 5	
30037	Duration	EG - Effluent Gross	0	--	0.08					WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	0.002					ALIEV - All Events ES - ESTMA ALIEV - All Events ES - ESTMA
76867	Prescription, monthly accumulation	EG - Effluent Gross	0	--	1.99					ALIEV - All Events RT - RCOTOT ALIEV - All Events RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	1					ALIEV - All Events RT - RCOTOT ALIEV - All Events RT - RCOTOT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors: No errors.
Comments:

Attachments: No attachments.
Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 13:41 (Time Zone: -04:00)

Report Last Signed By:
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMIR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 027
 External Outfall
Report Dates & Status
 Monitoring Period: From 03/01/18 to 03/31/18
 Considerations for Form Completion
 CSC: M10-202 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NDI)
Form NDDI:

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 027-C
 CSC: M10-202
 DMR Due Date: 04/28/18
 Status: NetDMR Validated
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Title:
 Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NDDI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
80037	Duration	EG - Effluent Gross	0	-	Opt Mon MO TOTAL C - No Discharge		g2 - hrmo		WHDS - When Discharging	RT - RCOTOT
74683	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	-	Opt Mon MO TOTAL C - No Discharge		3R - Mgal		ALIEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Opt Mon MO TOTAL C - No Discharge		5W - Inmo		ALIEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Opt Mon MO TOTAL C - No Discharge		4K - #mo		ALIEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-04-23 13:54 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 028 External Outfall
Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: From 03/01/18 to 03/31/18
Considerations for Form Completion: CSO: M10-238 MUNICIPAL MAJORALLEN COUNTY
Principal/ Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form MODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 028-C
 CSO: M10-238
DMR Due Date: 04/28/18
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
Status: NetDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. MODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3					Qualifier 4
50037	Duration	EG - Effluent Gross	0	-	Permit Rec.	Value NODI	Sample	Value NODI	Permit Rec.	Value NODI	Sample	Value NODI	Permit Rec.	Value NODI	Sample
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Permit Rec.	Value NODI	Sample	Value NODI	Permit Rec.	Value NODI	Sample	Value NODI	Permit Rec.	Value NODI	Sample
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Rec.	Value NODI	Sample	Value NODI	Permit Rec.	Value NODI	Sample	Value NODI	Permit Rec.	Value NODI	Sample
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit Rec.	Value NODI	Sample	Value NODI	Permit Rec.	Value NODI	Sample	Value NODI	Permit Rec.	Value NODI	Sample

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments

Attachments
 Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-04-23 13:46 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 023 External Outfall
 Discharge: 023-C
 CSC: M10-265

Report Dates & Status
 Monitoring Period: From 03/01/18 to 03/31/18
 Status: NetDMR Validated
 Considerations for Form Completion: DMR Due Date: 04/28/18
 CSC: M10-265 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

Code	Parameter Name	Monitoring Location	Seasons	Param. NOD	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0		13.58				82 - hr/mo		WHDS - When Discharging	RT - RCOTOT
7483	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0		0.427				3R - Mgal		ALIEV - All Events	ES - ESTMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0		1.98				SW - In/mo		ALIEV - All Events	RT - RCOTOT
8465	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0		3				4K - #/mo		ALIEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-04-23 13:42 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 032 External Outfall
Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: From 03/01/18 to 03/31/18
Considerations for Form Completion: NetDMR Validated
CSC: M10-306 MUNICIPAL MAJORALLEN COUNTY
Principal/Executive Officer:
First Name:
Last Name:
No Data Indicator (NDDI):
Form NDDI: -

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Discharge: 032-C
 CSC: M10-306
DWR Due Date: 04/28/18
Status: NetDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NDDI	Quantity or Loading			Quality of Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3					
50937	Duration	EG - Effluent Gross	0	-	Permit Rec. Value NDDI			50.33			Opt Mon MO TOTAL	62 - hrmo	0	WHDS - When Discharging WHDS - When Discharging	RT - ROOTOT RT - ROOTOT
74683	Overflow volume (SSO volume, CSD volume)	EG - Effluent Gross	0	-	Permit Rec. Value NDDI			13.629			Opt Mon MO TOTAL	3R - Mgal	0	ALVEV - All Events ALVEV - All Events	ES - ESTMA ES - ESTMA
76897	Precipitation monthly accumulation	EG - Effluent Gross	0	-	Permit Rec. Value NDDI			1.89			Opt Mon MO TOTAL	5W - hrmo	0	ALVEV - All Events ALVEV - All Events	RT - ROOTOT RT - ROOTOT
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit Rec. Value NDDI			5			Opt Mon MO TOTAL	4K - hrmo	0	ALVEV - All Events ALVEV - All Events	RT - ROOTOT RT - ROOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 13:43 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 033 External Outfall
Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: From 03/01/18 to 03/31/18
Considerations for Form Completion: CSC: M10-313/MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
Mo Data Indicator (NODI):
Form NODI: --

Permittee: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Facility Location: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 033-C
 CSC: M10-313
DMR Due Date: 04/28/18
Status: NotDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Seasons #	Param. NODI	Quantity or Loading			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NODI	13.12	82	h-mmo	0	WH/DS - When Discharging RT - RCOTOT WH/DS - When Discharging RT - RCOTOT	RT - RCOTOT
74063	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	--	Permit Req. Value NODI	27.51	3R - Mgpl	0	0	AL/EV - All Events AL/EV - All Events	ES - ESTMA ES - ESTMA
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req. Value NODI	2.37	5W - h-mmo	0	0	AL/EV - All Events AL/EV - All Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Permit Req. Value NODI	9	4K - h-mmo	0	0	AL/EV - All Events AL/EV - All Events	RT - RCOTOT RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Attachments
 No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 13:54 (Time Zone: -04:00)

Report Last Signed By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Permit Major: Yes
Permitted Feature: 036 External Outfall
Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: 04/28/18
Considerations for Form Completion: NetDMR Validated
CSO: M18-032/MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No. Date Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
Discharge: 036-C
DMR Due Date: 04/28/18
Facility Location: P.L. BRUNNER WPC
Status: NetDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3		
50037	Duration	EG - Effluent Gross	0	--				WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--				AUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--				AUEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--				AUEV - All Events	RT - RCOTOT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors: No errors.
Comments:
Attachments: No attachments.
Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-04-23 13:55 (Time Zone: -04:00)
Report Last Signed By: susan.beck@cityofwayne.org
User: Susan Beck
Name: susan.beck@cityofwayne.org
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 039 External Outfall
Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: From 03/01/18 to 03/31/18
Considerations for Form Completion: CSO: N06-022 MUNICIPAL MAJORALLEN COUNTY
Principal/ Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 039-C
 CSO: N06-022
DMR Due Date: 04/28/18
Status: NetDMR Validated
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Permit Req. Value (NODI)	27.25	Opt Mon MO TOTAL	82	h/mmo	0	WHDS - When Discharging	RT - RCOTOT	
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Permit Req. Value (NODI)	1.402	Opt Mon MO TOTAL	3R - Mgal	0	ALIEV - All Events	ES - ESTIMA		
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req. Value (NODI)	1.99	Opt Mon MO TOTAL	SW - h/mmo	0	ALIEV - All Events	RT - RCOTOT		
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit Req. Value (NODI)	3	Opt Mon MO TOTAL	4K - #/mo	0	ALIEV - All Events	RT - RCOTOT		

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-04-23 13:43 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: D44 External Outfall
Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: NetDMR Validated
Considerations for Form Completion: CSO: N22-93MUNICIPAL MAJORALLEN COUNTY
Principals/ Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Farm NODI: -

Code	Parameter Name	Monitoring Location	Session #	Permit NODI	Quantity or Loading			Quality of Concentration	# of Ex	Frequency of Analyze	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50437	Duration	EG - Effluent Gross	0	-	Permit Req. Value NODI	Sample	Opt Non MO TOTAL 82 - Inflow C - No Discharge	WHDS - When Discharging	RT - RCOTOT		
74083	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Permit Req. Value NODI	Sample	Opt Non MO TOTAL 38 - Inflow C - No Discharge	AUEV - All Events	ES - ESTIMA		
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req. Value NODI	Sample	Opt Non MO TOTAL 5W - Inflow C - No Discharge	AUEV - All Events	RT - RCOTOT		
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit Req. Value NODI	Sample	Opt Non MO TOTAL 4K - Inflow C - No Discharge	AUEV - All Events	RT - RCOTOT		

Submission Note
 If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-04-23 13:55 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Susan Beck

Name: susan.beck@cityoffortwayne.org

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 044-C
 CSO: N22-93

DWR Due Date: 04/28/18

Telephone:

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 045 External Outfall
 Report Dates & Status: From 03/01/18 to 03/31/18
 Monitoring Period: 04/28/18
 Considerations for Form Completion: NetDMR Validated
 CSO: N22-103T-JOSEPH RIVERMUNICIPAL MAJORALLEN COUNTY
 Principal/Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NODI): [Blank]
 Form NODI: [Blank]

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality of Concentration			# of EQ	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
30037	Duration	EG - Effluent Gross	0	0	Permit Req. Value NODI							WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	0	Permit Req. Value NODI							AL/EV - All Events ES - ESTIMA	
7897	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	Permit Req. Value NODI							AL/EV - All Events RT - RCOTOT	
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	Permit Req. Value NODI							AL/EV - All Events RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 13:55 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature
 048
 External Outfall
 Discharge: 048-C
 CSO: 010-252

Report Dates & Status
 Monitoring Period: From 03/01/18 to 03/31/18
 DMR Due Date: 04/28/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: 010-252 MUNICIPAL MAJORALLEN COUNTY

Principal/Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Title:
 Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	-	Permit Rec. Value NODI	2.29	Opt Mon MO TOTAL	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT		
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Permit Rec. Value NODI	3.716	Opt Mon MO TOTAL	3R - Mgal	0	AJEV - All Events	ES - ESTMA		
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Rec. Value NODI	2.64	Opt Mon MO TOTAL	SW - hr/mo	0	AJEV - All Events	RT - RCOTOT		
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit Rec. Value NODI	3	Opt Mon MO TOTAL	4K - hr/mo	0	AJEV - All Events	RT - RCOTOT		

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments

Attachments
 Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-04-23 13:50 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: 050 External Outfall
Permitted Feature: 050-C CSO: C10-277
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
DMR Due Date: 04/28/18
Status: NetDMR Validated
Discharge: 050-C CSO: C10-277
Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
DMR Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: From 03/01/18 to 03/31/18
Considerations for Form Completion: CSO: 010-277 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI: -
Monitoring Location: Season # Param. NODI
Parameter Name: EG - Effluent Gross 0 -
Sample Permit Reg. Value (NODI):
Sample Permit Reg. Value (NODI):
Sample Permit Reg. Value (NODI):
Sample Permit Reg. Value (NODI):

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex. Units	Frequency of Analysis	Sample Type			
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3						
50037	Duration	EG - Effluent Gross	0	-	Opt Mon	MO TOTAL	82 - hr/mo	0	0.82	Opt Mon	MO TOTAL	82 - hr/mo	0	0	WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Reg. Value (NODI)	0.011	3R - Mgal	0	0.011	Opt Mon	MO TOTAL	3R - Mgal	0	0	ALIEV - All Events ALIEV - All Events	ES - ESTIMA ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Reg. Value (NODI)	1.99	SW - h/mo	0	1.99	Opt Mon	MO TOTAL	SW - h/mo	0	0	ALIEV - All Events ALIEV - All Events	RT - RCOTOT RT - RCOTOT
8165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Reg. Value (NODI)	1	4K - #/mo	0	1	Opt Mon	MO TOTAL	4K - #/mo	0	0	ALIEV - All Events ALIEV - All Events	RT - RCOTOT RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 13:43 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: External Outfall
Permitted Feature: 051 External Outfall
Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: From 03/01/18 to 03/31/18
Considerations for Form Completion: CSO: 022-002 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI: -

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50027	Duration	EG - Effluent Gross	0	-	Permit Req. Value (NODI)							WHDS - When Discharging RT - RCOTOT	
7405	Overflow volume (580 volume, CSO volume)	EG - Effluent Gross	0	-	Permit Req. Value (NODI)							ES - ESTIMA	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req. Value (NODI)							ALIEV - All Events	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit Req. Value (NODI)							ALIEV - All Events	

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 051-C
 CSO: 022-002

DMR Due Date: 04/28/18
Status: NetDMR Validated

Title:
Telephone:

Submission Note:
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors:
 No errors.

Comments:

Attachments:
 No attachments.

Report Last Saved By:
FORT WAYNE WWTP
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 13:50 (Time Zone: -04:00)

Report Last Signed By:
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Permittee: FORT WAYNE WWTP
Major: Yes
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Permitted Feature: 052 External Outfall
Discharge: 052-C
 CSO: 022-004
DMR Due Date: 04/28/18
Status: NotDMR Validated
Telephone:

Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: From 03/01/18 to 03/31/18
Considerations for Form Completion: CSO: 022-004 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI: -

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Quality of Concentration	Qualifier 1	Qualifier 2	Qualifier 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Permit Req. Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	Opt Mon MO TOTAL B2 - Inflow C - No Discharge						WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	Permit Req. Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	Opt Mon MO TOTAL 3R - Inflow C - No Discharge						ALJEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req. Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	2.64 Opt Mon MO TOTAL SW - Inflow C - No Discharge						ALJEV - All Events	RT - RCOTOT
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit Req. Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	Opt Mon MO TOTAL 4R - Inflow C - No Discharge						ALJEV - All Events	RT - RCOTOT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors:
No errors.
Comments:
Attachments:
No attachments.
Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 13:51 (Time Zone: -04:00)
Report Last Signed By:
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 053 External Outfall
Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: From 03/01/18 to 03/31/18
Considerations for Form Completion: CSO: 022-094/MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI)
Form NODI: -

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 053-C
 CSO: 022-094
DMR Due Date: 04/28/18
Status: NotDMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Title:
Telephone:

Cobc	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration	# of EL	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Opt Mon MO TOTAL BZ - Inflow C - No Discharge			WHDS - When Discharging RT - RCOTDT	
74883	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Opt Mon MO TOTAL BR - Ygal C - No Discharge			ALIEV - All Events	ES - ESTMA
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		2.64 Opt Mon MO TOTAL SW - Inflow 0			ALIEV - All Events	RT - RCOTDT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI		Opt Mon MO TOTAL 4K - Inflow C - No Discharge			ALIEV - All Events	RT - RCOTDT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Comments:

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-04-23 13:51 (Time Zone: -04:00)

Report Last Signed By: susan.beck@cityofwayne.org
User: Susan Beck

Name: susan.beck@cityofwayne.org

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 054 External Outfall
Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: From 03/01/18 to 03/31/18
Considerations for Form Completion: CSO-023-080 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No. Date Indicator (NODI):
Form NODI: -
Monitoring Location: Season # Param. NODI
Parameter Name:
Monitoring Location: Season # Param. NODI
Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 054-C
 CSO: 023-080
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
DMR Due Date: 04/28/18
Status: NotDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value (NODI)	Quantity of Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type	
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				Units
50097	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value (NODI)				Opt Mon MO TOTAL	82	l/rimo			WH/DS - When Discharging	RT - RCOTDT
74083	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Req. Value (NODI)				Opt Mon MO TOTAL	36	Mgal			AJ/EV - All Events	ES - ESTIMA
7897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value (NODI)				C - No Discharge	2	71			AJ/EV - All Events	RT - RCOTDT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req. Value (NODI)				Opt Mon MO TOTAL	4K	l/rimo			AJ/EV - All Events	RT - RCOTDT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-04-23 13:46 (Time Zone: -04:00)
Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 055 External Outfall
Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: NetDMR Validated
Considerations for Form Completion:
 CSC: P06-192 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI: -

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
5007	Duration	EG - Effluent Gross	0	-	Permit Req. Value NODI			16.67			82 - hr/mo	0	WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT	
7493	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			1.267			3R - Mgal	0	AL/EV - All Events ES - ESTMA AL/EV - All Events ES - ESTMA	
7897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			1.99			SW - hr/mo	0	AL/EV - All Events RT - RCOTOT AL/EV - All Events RT - RCOTOT	
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			3			4K - hr/mo	0	AL/EV - All Events RT - RCOTOT AL/EV - All Events RT - RCOTOT	

Telephone:

Title:

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 055-C
 CSC: P06-192

DWR Due Date: 04/28/18

Monitoring Location: EG - Effluent Gross

Season #: 0

Param. NODI: -

Sample Permit Req. Value NODI: -

Sample Permit Req. Value NODI: -

Sample Permit Req. Value NODI: -

Sample Permit Req. Value NODI: -

Sample Permit Req. Value NODI: -

Sample Permit Req. Value NODI: -

Sample Permit Req. Value NODI: -

Sample Permit Req. Value NODI: -

Sample Permit Req. Value NODI: -

Sample Permit Req. Value NODI: -

Sample Permit Req. Value NODI: -

Sample Permit Req. Value NODI: -

Sample Permit Req. Value NODI: -

Sample Permit Req. Value NODI: -

Sample Permit Req. Value NODI: -

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors:

No errors.

Comments:

Attachments:

No attachments.

Report Last Saved By:

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-04-23 13:44 (Time Zone: -04:00)

Report Last Signed By:

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 056 External Outfall
Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: Considerations for Form Completion
CSO J03-313 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer
First Name:
Last Name:
No Data Indicator (NODI): -
Form NODI: -

Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 056-C
 CSO: J03-313
DMR Due Date: 04/28/18
Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWINGER AVE
 FORT WAYNE, IN 46803
Status: NetDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Duration	EG - Effluent Gross	0	-	Opt Mon MO TOTAL	82	-hr:mo	0	WHDS - When Discharging	RT - RCOTOT	
74065	Overflow volume (500 volume CSO volume)	EG - Effluent Gross	0	-	Opt Mon MO TOTAL	3R	-legal	0	AJEV - All Events	ES - ESTINA	
78987	Pre-Pluplation, monthly accumulation	EG - Effluent Gross	0	-	Opt Mon MO TOTAL	5W	-hr:mo	0	AJEV - All Events	RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Opt Mon MO TOTAL	4K	-hr:mo	0	AJEV - All Events	RT - RCOTOT	

Submission Note
 if a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 13:49 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Permit Major: Yes
Permitted Feature: 057 External Outfall
Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: From 03/01/18 to 03/31/18
Considerations for Form Completion: CSO: P10-121 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No. Date Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 057-C
 CSO: P10-121
DMR Due Date: 04/28/18
Status: NotDMR Validated

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration Value 2	Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
30037	Duration	EG - Effluent Gross	0	1	Permit Req. Value NODI						Opt Mon MO TOTAL 82 - ltrmo C - No Discharge		WHQDS - When Discharging RT - RCOTOT	RT - RCOTOT
74683	Dewater volume (SSD volume, CSO volume)	EG - Effluent Gross	0	1	Sample Permit Req. Value NODI						Opt Mon MO TOTAL 3R - Mgal C - No Discharge		AJLEV - All Events AJLEV - All Events	ES - ESTIMA RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	1	Sample Permit Req. Value NODI						279 Opt Mon MO TOTAL 3M - ltrmo C - No Discharge		AJLEV - All Events AJLEV - All Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	1	Sample Permit Req. Value NODI						Opt Mon MO TOTAL 4K - ltrmo C - No Discharge		AJLEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofortwayne.org
Date/Time: 2018-04-23 13:38 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofortwayne.org
Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Permit Major: Yes
Permitted Feature: 060 External Outfall
Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: From 03/01/18 to 03/31/18
Considerations for Form Completion: CSO: R06-3/MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
Discharge: 060-C
DMR Due Date: 04/28/18
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
Status: NetDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analyt.	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50037	Duration	EG - Effluent Gross	0	--	Permit Rec. Value NODI			Dpi Mon MO TOTAL 8Z - Hrmo C - No Discharge	WHDS - When Discharging RT - RCOTOT
76083	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI			Opt Mon MO TOTAL 3R - Mgal C - No Discharge	ALIEV - All Events ES - ESTMA
76087	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI			2.51 Opt Mon MO TOTAL 3W - Hrmo 0	ALIEV - All Events RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Rec. Value NODI			Dpi Mon MO TOTAL 4K - Hrmo C - No Discharge	ALIEV - All Events RT - RCOTOT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Comments:

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-04-23 13:38 (Time Zone: -04:00)

Report Last Signed By:

User: susan.beck@cityoffortwayne.org
Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Discharge: 061-C
 CSD: R14-137
 DMR Due Date: 04/28/18
 Status: NetDMR Validated
 Title: Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Sample's	Permit Rec. Value NOD	Quantity or Loading	Quality of Concentration	% of EL	Frequency of Analysis	Sample Type
					Permit Rec. Value NOD	Permit Rec. Value NOD	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	0	0	0	Opt Mon MO TOTAL 82 - Inflow C - No Discharge	Opt Mon MO TOTAL 82 - Inflow C - No Discharge		WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (BSO volume, CSD volume)	EG - Effluent Gross	0	0	0	0	Opt Mon MO TOTAL 3R - Mgal C - No Discharge	Opt Mon MO TOTAL 3R - Mgal C - No Discharge		ALIEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	0	0	2.64 SW - Inflow Opt Mon MO TOTAL SW - Inflow 0	2.64 SW - Inflow Opt Mon MO TOTAL SW - Inflow 0		ALIEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	0	0	Opt Non MO TOTAL 4K - #hmo C - No Discharge	Opt Non MO TOTAL 4K - #hmo C - No Discharge		ALIEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-04-23 13:52 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 062-External Outfall
 Discharge: 062-C
 CSC: R14-128

Report Dates & Status
 Monitoring Period: From 03/01/18 to 03/31/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSC: R14-138 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value (NODI)	Sample Value (NODI)	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration	Units	# of EA	Frequency of Analysis	Sample Type
30037	Duration	EG - Effluent Gross	0	-	-	-	6.43	-	-	Opt Mon MO TOTAL	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	-	-	0.237	-	-	Opt Mon MO TOTAL	3R - Mg/d	0	AJEV - All Events	ES - ESTIMA
78807	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	2.64	-	-	Opt Non MO TOTAL	5W - hr/mo	0	AJEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	-	-	2	-	-	Opt Mon MO TOTAL	4K - #/mo	0	AJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-04-23 13:53 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 064 External Outfall
 Report Dates & Status: From 03/01/18 to 03/31/18
 Monitoring Period: NetDMR Validated
 Considerations for Form Completion: CSO: S02-35 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer: Title:
 First Name: Telephone:
 Last Name: Title:
 No Data Indicator (NODI):
 Form NODI:

Facility:
 Facility Location:
 FORT WAYNE WWTP
 P. L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee:
 Permittee Address:
 Discharge:
 FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 054-C
 CSO: S02-35

DMR Due Date: 04/28/18
 Status: NetDMR Validated

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value (NODI)	Sample Permit Req. Value (NODI)	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 3	Quality or Concentration Value 1 Value 2 Value 3	Units	# of Ex	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Permit Req. Value (NODI)	Permit Req. Value (NODI)	Opt Mon MO TOTAL 82 - hr:mo C - No Discharge	Opt Mon MO TOTAL 82 - hr:mo C - No Discharge	82 - hr:mo		WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSD) volume, CSO volume	EG - Effluent Gross	0	-	Permit Req. Value (NODI)	Permit Req. Value (NODI)	Opt Mon MO TOTAL 3R - Mgal C - No Discharge	Opt Mon MO TOTAL 3R - Mgal C - No Discharge	3R - Mgal		ALVEY - All Events	ES - ESTMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req. Value (NODI)	Permit Req. Value (NODI)	Opt Mon MO TOTAL 5W - in:mo C - No Discharge	Opt Mon MO TOTAL 5W - in:mo C - No Discharge	5W - in:mo		ALVEY - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit Req. Value (NODI)	Permit Req. Value (NODI)	Opt Mon MO TOTAL 4K - #mo C - No Discharge	Opt Mon MO TOTAL 4K - #mo C - No Discharge	4K - #mo		ALVEY - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then note of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 13:39 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 063 External Outfall
Report Dates & Status: From 03/01/18 to 03/31/18
Monitoring Period: From 03/01/18 to 03/31/18
Considerations for Form Completion: CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NDDI):
Form NDDI: -

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 068-C
 CSC: N18-254
DMR Due Date: 04/28/18
Facility Location: FORT WAYNE WWTP
 P. L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Status: NetDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NDDI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
30037	Duration	EG - Effluent Gross	0	-	Permit Req. Value NDDI	Sample	Permit Req. Value NDDI	Sample	Opt Non MO TOTAL 82 - Inflow	Units	WFHDS - When Discharging	RT - RCOTOT	
74053	Overflow volume (BSO volume, CSO volume)	EG - Effluent Gross	0	-	Permit Req. Value NDDI	Sample	Permit Req. Value NDDI	Sample	Opt Non MO TOTAL 3R - Legal	Units	ALIEV - All Events	ES - ESTIMA	
78497	Presipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req. Value NDDI	Sample	Permit Req. Value NDDI	Sample	C - No Discharge	Units	ALIEV - All Events	RT - RCOTOT	
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit Req. Value NDDI	Sample	Permit Req. Value NDDI	Sample	Opt Non MO TOTAL 3W - Inflow	Units	ALIEV - All Events	RT - RCOTOT	

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Comments:

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-04-23 13:53 (Time Zone: -04:00)

Report Last Signed By: susan.beck@cityoffortwayne.org

User: Susan Beck

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P. L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
 Discharge: 080-C
 CSD: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR
 Status: NetDMR Validated
 Discharge: External Outfall
 DMR Due Date: 04/28/18
Report Dates & Status
 Monitoring Period: From 03/01/18 to 03/31/18
 Considerations for Form Completion
 CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR
Principal/Executive Officer
 First Name: _____ Title: _____
 Last Name: _____ Telephone: _____
 No Data Indicator (NDDI) _____
 Form NDDI: _____

Code	Parameter Name	Monitoring Location	Season	# Param. NDDI	Sample Permit Req. Value NDDI	Quantity or Loading Qualifier:1 Value 1 Qualifier:2 Value 2 Qualifier:3	Quality or Concentration Value 1 Value 2 Value 3	# of Ex. Units	Frequency of Analysis	Sample Type
30037	Duration	EG - Effluent Gross	0	0	Sample Permit Req. Value NDDI		Opt Mon MO TOTAL, 82 - Inflow C - No Discharge		WHPS - When Discharging	RT - RCOTOT
74883	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	0	Sample Permit Req. Value NDDI		Opt Mon MO TOTAL, 3R - Aqal C - No Discharge		AUEV - All Events	ES - ESTMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	Sample Permit Req. Value NDDI		Opt Mon MO TOTAL, SW - Inflow C - No Discharge		AUEV - All Events	RT - RCOTOT
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	Sample Permit Req. Value NDDI		Opt Mon MO TOTAL, 4K - Inflow C - No Discharge		AUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Tracing, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-04-23 13:46 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Permit Major: Yes
Permitted Feature: 081- External Outfall
Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE, FT WAYNE, IN 46802
Facility Location: FORT WAYNE WWTP, P.L. BRUNNER WPC, 2601 DWINGER AVE, FORT WAYNE, IN 46803

Discharge: 081-C
CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.
DMR Due Date: 04/28/18
Status: NetDMR Validated

Monitoring Period: From 03/01/18 to 03/31/18
Considerations for Form Completion: CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.
Principal/Executive Officer:

Form Name: _____
Monitoring Location: _____
Season: _____
Param: NODI

Code	Parameter Name	Monitoring Location	Season	Param	NODI	Sample	Permit Rec. Value NODI	Sample	Permit Rec. Value NODI	Quantity or Loading	Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Stopla Type		
50037	Duration	EG - Effluent Gross	0	--	--	Sample															WHDS - When Discharging	RT - RCOTOT
74053	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	--	Sample															WHDS - When Discharging	RT - RCOTOT
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	--	Sample															WHDS - When Discharging	RT - RCOTOT
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	--	Sample															WHDS - When Discharging	RT - RCOTOT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors: No errors.
Comments:

Attachments: No attachments.
Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 13:46 (Time Zone: -04:00)

Report Last Signed By: susan.beck@cityoffortwayne.org
User: Susan Beck
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-04-23 14:04 (Time Zone: -04:00)



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

May 17, 2018

Technical Support Branch
Office of Water Management
Department of Environmental Management
Room 1255
P. O. Box 6015
Indianapolis, IN 46206-6014

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of April 2018.

We are pleased to enclose a completed CSO MRO form for the month of April 2018. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Susan Beck'.

Susan Beck
Program Manager
Water Pollution Control Maintenance

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CITIZENS SQUARE

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ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection

Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts

Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff

Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps

Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine



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

State Form 50546 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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

State Form 50546 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne				City: Fort Wayne				City: Fort Wayne					
Facility: Fort Wayne - P.L. Brunner WWTWP				Facility: Fort Wayne - P.L. Brunner WWTWP				Facility: Fort Wayne - P.L. Brunner WWTWP					
Monitoring Period: (MONTH) 4-2018				Monitoring Period: (MONTH) 4-2018				Monitoring Period: (MONTH) 4-2018					
Design Peak Hourly Flow (MGD): 85				Design Peak Hourly Flow (MGD): 85				Design Peak Hourly Flow (MGD): 85					
WWTWP Influent Data				WWTWP Influent Data				WWTWP Influent Data					
Day of Month	Average Daily Flow (MG)	Peak Hourly Flow (MG)	Peak Daily Flow (MG)	Time Precip. Begins (EST)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Precip. Intensity (Inches/Day)	Measurement Intervals (In, 10 min)	Time Discharge Begins	Event Duration (Hours)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)
1	82.93	92.34	0.08	9:55 AM	0.08	0.01	0.01	5 m					
2	71.72	79.31						5 m					
3	84.35	101.26	3.33	3:30 AM	3.33	0.75	0.08	5 m					
4	101.00	102.11	3:40 AM	0.33	0.05	0.02	5 m						
5	83.68	101.82	9:25 PM	0.25	0.03	0.01	5 m						
6	83.09	98.29	12:25 AM	0.67	0.09	0.02	5 m						
7	58.37	65.16						5 m					
8	54.79	61.72						5 m					
9	53.71	73.54						5 m					
10	47.20	60.98						5 m					
11	44.93	49.70						5 m					
12	50.02	64.65	4:25 AM	0.25	0.03	0.01	5 m						
13	42.91	48.62						5 m					
14	86.67	101.42	3:20 AM	3.00	0.79	0.06	5 m						
15	100.98	101.31	1:00 AM	3.33	0.66	0.07	5 m						
16	97.97	101.42	1:45 PM	0.08	0.01	0.01	5 m						
17	91.61	101.61						5 m					
18	78.71	93.61	5:50 PM	0.08	0.02	0.02	5 m						
19	58.74	64.52	12:10 AM	1.00	0.14	0.02	5 m						
20	52.31	57.85						5 m					
21	48.67	57.67						5 m					
22	49.36	68.47						5 m					
23	60.06	71.43						5 m					
24	45.78	63.99	4:15 PM	0.08	0.01	0.01	5 m						
25	42.73	50.53	9:45 AM	0.08	0.01	0.01	5 m						
26	42.17	47.25						5 m					
27	41.25	47.68	12:45 PM	0.25	0.03	0.01	5 m						
28	46.14	72.09	12:05 AM	0.67	0.22	0.05	5 m						
29	38.90	45.22						5 m					
30	38.76	45.73						5 m					
31								5 m					
Totals	1889.51		13.48	2.86					0	0.00	0		

Permit Number: IN0032191
Public Notification Requirements Met? Y

City: Fort Wayne
Facility: Fort Wayne - P.L. Brunner WWTWP
Monitoring Period: (MONTH) 4-2018
Design Peak Hourly Flow (MGD): 85
CSD Outfall No.: 60

Signature of Principal Executive Officer or Authorized Agent: _____
Date (mm/dd/yyyy): 05/17/18

Signature of Principal Executive Officer or Authorized Agent: _____
Date (mm/dd/yyyy): 05/17/18

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 BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE AND ACCURATE. THERE ARE NO SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.



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

State Form 50246 (03/17/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50246 (03/17/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Page [2] of [12]																			
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Public Notification Requirements Met? Y																			
Monitoring Period: (MONTH) 4-2018		Monitoring Period: (MONTH) 4-2018		Check box if no CSO discharge occurred for the month:																			
Design Peak Hourly Flow (MGD): 85		Design Peak Hourly Flow (MGD): 85		Measured/Measured (M) or Estimated (E) must be specified.																			
WWTP Influent Data		Precipitation Data - Brinche Gauge		CSO Outfall No. 57																			
Day of Month	Peak Hourly Flow (MGD)	Time Peak Flow Began (mm/PM)	Time Peak Flow Ended (mm/PM)	Duration (hours)	Total Precip. (inches)	Peak Inlet Flow (inches/hr)	Measurement (ft. or in.)	Time Discharge Began	Time Discharge Ended	Duration (hours)	Event Discharge (MGD)	Event Duration (hours)	Time Discharge Began	Time Discharge Ended	Duration (hours)	Event Discharge (MGD)	Event Duration (hours)	Time Discharge Began	Time Discharge Ended	Duration (hours)	Event Discharge (MGD)	Event Duration (hours)	
1	82.93	9:23 AM	9:25 AM	0.08	0.01	0.01	5 m																
2	71.72	7:31					5 m																
3	84.35	10:26	3:30 AM	3.00	0.80	0.11	5 m																
4	101.00	10:21	5:50 AM	0.17	0.02	0.01	5 m																
5	93.68	10:62	9:15 PM	0.25	0.03	0.01	5 m																
6	83.03	9:29	12:25 AM	0.75	0.11	0.03	5 m																
7	89.37	6:16					5 m																
8	54.79	6:72					5 m																
9	83.71	7:54					5 m																
10	47.20	6:38					5 m																
11	44.95	4:70					5 m																
12	50.02	6:45	4:25 AM	0.25	0.03	0.01	5 m																
13	42.91	4:62					5 m																
14	86.67	10:42	3:20 AM	2.75	0.83	0.09	5 m																
15	100.98	10:51	1:10 AM	2.92	0.70	0.14	5 m																
16	97.97	10:42	1:45 PM	0.08	0.01	0.01	5 m																
17	81.61	10:51					5 m																
18	78.71	9:81	5:10 PM	0.25	0.03	0.01	5 m																
19	88.74	6:42	12:40 AM	0.92	0.13	0.02	5 m																
20	82.31	5:78					5 m																
21	48.67	5:77					5 m																
22	49.38	6:47					5 m																
23	60.06	7:43					5 m																
24	45.78	6:39	3:55 AM	0.25	0.03	0.01	5 m																
25	42.73	5:53	10:15 AM	0.08	0.01	0.01	5 m																
26	42.17	4:25					5 m																
27	41.25	4:69	1:35 PM	0.17	0.02	0.01	5 m																
28	45.14	7:08	12:05 AM	0.68	0.14	0.05	5 m																
29	38.90	4:22					5 m																
30	38.76	4:73					5 m																
31							5 m																
Totals:		1889.51		42.50	2.89	2.89		0		0.00	0.00	0.00	0		0	0.00	0.00	0		0	0	0	0

City: Fort Wayne Permit Number: IN0032191 Page [2] of [12]

Facility: Fort Wayne - P.L. Brunner WWTP Public Notification Requirements Met? Y

Monitoring Period: (MONTH) 4-2018 Monitoring Period: (MONTH) 4-2018 Check box if no CSO discharge occurred for the month:

Design Peak Hourly Flow (MGD): 85 Design Peak Hourly Flow (MGD): 85 Measured/Measured (M) or Estimated (E) must be specified.

WWTP Influent Data Precipitation Data - Brinche Gauge CSO Outfall No. 57 CSO Outfall No. 64 CSO Outfall No. 80

Type of Printer Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager Telephone: 266-477-6313

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Beck Date (mm/dd/yyyy): 05/17/18



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

State Form 50348 (03/77-02)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		City: Fort Wayne																	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Facility: Fort Wayne - P.L. Brunner WWTP																	
Monitoring Period: (MONTH) 4-2018		Check box if no CSO discharge occurred for the month:		Monitoring Period: (MONTH) 4-2018																	
Design Peak Hourly Flow (MGD): 60		Design Peak Flow (Hourly) (MGD): 85		Design Flow (MGD): 60																	
WWTP Influent Data		Design Average Flow (MGD): 60		CSO Outfall No. 24																	
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (min:sec)	Precip. Duration (hours)	Total Daily Precip. (inches)	Peak Intensity (inches)	Maximum Intensity (inches)	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	Day of Month	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	Day of Month	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	Day of Month			
1	62.93	02:34				5 m				1				1				1			
2	71.72	79:31				5 m				2				2				2			
3	84.95	101:26	2:33	0.74	0.17	5 m	1:30 PM	1:55 PM	1.67	0.231	3	1:35 PM	0.58	0.028	3	1:35 PM	4.08	0.464	3		
4	101.00	102:11	5:45	0.42	0.07	0.02	5 m				4				4	5:35 AM	0.23	0.001	4		
5	93.68	101:62	9:20	0.17	0.02	0.01	5 m				5				5				5		
6	83.09	98:29	12:20	0.75	0.10	0.02	5 m				6				6				6		
7	89.37	65:16				5 m					7				7				7		
8	54.79	61:72				5 m					8				8				8		
9	53.71	73:54				5 m					9				9				9		
10	47.20	60:38				5 m					10				10				10		
11	44.93	49:70				5 m					11				11				11		
12	50.02	84:65	5:55	0.08	0.01	0.01	5 m				12				12				12		
13	42.91	48:62				5 m					13				13				13		
14	86.67	101:42	3:20	2.08	0.45	0.05	5 m	4:55 AM	2.50	0.105	14	6:00 AM	0.92	0.015	14	6:00 AM	3.50	0.313	14		
15	100.98	101:31	1:45	1.50	0.25	0.05	5 m	8:40 AM	0.83	0.088	15				15	1:40 AM	4.87	0.138	15		
16	97.97	101:42				5 m					16				16				16		
17	91.61	101:61				5 m					17				17				17		
18	78.71	93:81	5:35	0.17	0.02	0.01	5 m				18				18				18		
19	88.74	84:52	2:05	0.58	0.08	0.02	5 m				19				19				19		
20	52.31	57:88				5 m					20				20				20		
21	48.67	57:57				5 m					21				21				21		
22	49.36	68:47				5 m					22				22				22		
23	60.06	71:43				5 m					23				23				23		
24	45.78	63:39	7:40	0.08	0.01	0.01	5 m				24				24				24		
25	42.73	50:59				5 m					25				25				25		
26	42.17	47:25				5 m					26				26				26		
27	41.25	47:69	11:45	0.08	0.01	0.01	5 m				27				27				27		
28	46.14	72:08	12:05	0.42	0.17	0.05	5 m	12:40 AM	0.83	0.007	28				28	12:20 AM	0.92	0.03	28		
29	38.90	45:22				5 m					29				29				29		
30	38.76	43:73				5 m					30				30				30		
31											31				31				31		
Totals:	1869.51		8:65	1.94					5.49	0.705	4		5.01	0.445	3	2	1.50	0.043	5	13.42	0.946

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Telephone: 260-427-6213
 I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.
 Signature of Principal Executive Officer or Authorized Agent: Susan Beck
 Date (mm/dd/yyyy): 05/17/18



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

State Form 56246 (03/17/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Page 1 of 12 Permit Number: IN0032191 City: Fort Wayne

Facility: Fort Wayne - F.L. Brunner WWTP

Monitoring Period: [M/D/Y] 4-2018

Design Peak Flow (MGD): 60

CSO Outfall No. 32 CSO Outfall No. 39 CSO Outfall No. 50 CSO Outfall No. 55

Check box if no CSO discharge occurred for the month: <input type="checkbox"/> Y																	
Measured/Metered (M) or Estimated (E) must be specified																	
CSO Outfall No. 32					CSO Outfall No. 39					CSO Outfall No. 50	CSO Outfall No. 55						
Time Discharge or Begin	Event Duration (Hours)	Event Discharge (MG)	Time Discharge or Begin	Event Duration (Hours)	Event Discharge (MG)	Time Discharge or Begin	Event Duration (Hours)	Event Discharge (MG)	Time Discharge or Begin	Event Duration (Hours)	Event Discharge (MG)	Time Discharge or Begin	Event Duration (Hours)	Event Discharge (MG)			
Day of Month	Day of Month	Day of Month	Day of Month	Day of Month	Day of Month	Day of Month	Day of Month	Day of Month	Day of Month	Day of Month	Day of Month	Day of Month	Day of Month	Day of Month			
6:15 AM	M	0.288	M	12:75 AM	M	0.665	M	0.148	M	5:10 AM	M	8:58	M	0.743	M		
										5:30 AM	M	0.42	M	0.01	M		
4:45 AM	M	0.095	M	4:35 AM	M	0.783	M	1.92	M	0.126	M	4:50 AM	M	3.50	M	0.458	M
1:50 AM	M	0.141	M	1:55 AM	M	0.644	M	0.42	M	0.086	M	1:45 AM	M	9.25	M	0.621	M
12:30 AM	M	0.017	M	12:35 AM	M	0.75	M	0.33	M	0.006	M	12:30 AM	M	0.58	M	0.041	M
4	Da	10.5		5	Da	25.74		4	Da	3.17		5	Da	22.33		1.871	

Signature of Principal Executive Officer or Authorized Agent: _____ Telephone: _____

Date (mm/dd/yyyy): 05/17/18

I, the undersigned, certify that I am the Principal Executive Officer or Authorized Agent of the facility named herein, and that I have read and understand the information provided herein, and that I have authorized the person(s) named herein to submit this information on my behalf. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowingly falsifying information.

Signature of Principal Executive Officer or Authorized Agent: _____ Telephone: _____

Date (mm/dd/yyyy): _____



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

Indiana Department of Environmental Management
 State Form 55246 (R3/7-13)



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

Indiana Department of Environmental Management
 State Form 55246 (R3/7-13)

City: Fort Wayne Permit Number: IN0032191
 Facility: Fort Wayne - P.L. Brunner WWTP
 Monitoring Period: [MONTH] 4-2013
 Design Peak Hourly Flow (MGD): 60
 Design Flow (MGD): 60
 WWTW Influent Data
 Precipitation Data - Fairfield Gauge
 WWTW Effluent Data
 CSO Outfall No. 13
 CSO Outfall No. 17
 CSO Outfall No. 60
 CSO Outfall No. 65
 CSO Outfall No. 60
 CSO Outfall No. 65

Day of Month	WWTW Influent Data			Precipitation Data - Fairfield Gauge			WWTW Effluent Data			CSO Outfall No. 13			CSO Outfall No. 17			CSO Outfall No. 60			CSO Outfall No. 65			CSO Outfall No. 60			CSO Outfall No. 65			
	Flow (MGD)	Flow (MGD)	Flow (MGD)	Time (mm:hh)	Depth (inches)	Flow (MGD)	Time (mm:hh)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Time (mm:hh)	Flow (MGD)	Time (mm:hh)	Flow (MGD)	Time (mm:hh)	Flow (MGD)	Time (mm:hh)	Flow (MGD)	Time (mm:hh)	Flow (MGD)	Time (mm:hh)	Flow (MGD)	Time (mm:hh)	Flow (MGD)	Time (mm:hh)	Flow (MGD)	Time (mm:hh)	
1	82.93	92.34	12:00 AM	0.17	0.19	0.16	5 m																					
2	71.72	79.31					5 m																					
3	84.35	101.28	3:35 AM	2.42	0.46	0.08	5 m																					
4	101.00	102.11	3:40 AM	0.25	0.10	0.08	5 m																					
5	83.68	101.62	8:25 PM	0.17	0.02	0.01	5 m																					
6	83.08	96.29	12:05 AM	0.87	0.22	0.15	5 m																					
7	58.37	65.16					5 m																					
8	54.78	61.72					5 m																					
9	53.71	73.54					5 m																					
10	47.20	60.38					5 m																					
11	44.93	48.70					5 m																					
12	50.02	64.65	6:00 AM	0.17	0.02	0.01	5 m																					
13	42.91	48.62					5 m																					
14	66.67	101.42	3:15 AM	2.00	0.47	0.10	5 m																					
15	100.98	101.31	1:25 AM	1.87	0.40	0.18	5 m																					
16	97.97	101.42					5 m																					
17	91.61	101.61					5 m																					
18	78.71	95.81	11:45 PM	0.08	0.01	0.01	5 m																					
19	58.74	64.52	2:15 AM	0.58	0.22	0.18	5 m																					
20	52.31	57.88					5 m																					
21	48.67	57.57					5 m																					
22	49.36	59.47					5 m																					
23	60.06	71.43					5 m																					
24	45.78	63.39					5 m																					
25	42.73	50.53					5 m																					
26	42.17	47.25					5 m																					
27	41.25	47.69	11:40 PM	0.09	0.01	0.01	5 m																					
28	46.14	72.08	12:00 AM	0.53	0.18	0.11	5 m																					
29	33.90	45.22					5 m																					
30	38.76	43.73					5 m																					
31																												
Totals:	1689.51			9.59	2.30						1.434		0.83		0.11													

Signature of Principal Executive Officer or Authorized Agent: Susan Beck, Process Manager
 Title: Principal Executive Officer or Authorized Agent
 Telephone: 360-427-5313
 Date (mm/dd/yyyy): 05/17/16
 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 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.



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

State Form 526-66 (03/7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 526-66 (03/7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Page [6] of [12]		Permit Number: IN0032191																						
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Public Notification Requirements Met? Y		Public Notification Requirements Met? Y																						
Monitoring Period: [MONTH] 4-2018		Design Peak Flow (MGD): 85		Design Peak Flow (MGD): 60		Design Peak Flow (MGD): 60																						
WVTP Influent Data		Precipitation Data - Harrison Gaug.		CSD Outfall No. 18		CSD Outfall No. 19		CSD Outfall No. 20		CSD Outfall No. 21		CSD Outfall No. 89		CSD Outfall No. 87														
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Peak Flow Began (mm/dd)	Time Peak Flow Ended (mm/dd)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inches)	Measuremnt Intensity (Inches)	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)								
1	92.83	92.34																										
2	71.72	79.31																										
3	84.35	101.26	3:39 AM		3.42	0.77	0.07	5 m	6:35 AM	13.75	M 13.07	M 3:30 AM	3.50	M 0.114	M													
4	101.00	102.11	3:05 AM		0.95	0.03	0.01	5 m	12:00 AM	0.17	M 0.128	M																
5	93.68	101.62	9:40 PM		0.25	0.03	0.01	5 m																				
6	93.09	98.29	12:10 AM		0.75	0.09	0.01	5 m																				
7	58.37	65.16						5 m																				
8	54.79	61.72						5 m																				
9	53.71	73.54						5 m																				
10	47.20	60.38						5 m																				
11	44.93	49.70						5 m																				
12	50.02	64.65	4:35 AM		0.08	0.01	0.01	5 m																				
13	42.91	48.62						5 m																				
14	66.67	101.42	3:35 AM		2.58	0.77	0.08	5 m	5:00 AM	16.42	M 12.46	M																
15	100.98	101.31	1:15 AM		2.83	0.85	0.05	5 m	1:40 AM	22.29	M 27.2	M 5:25 PM	6.50	M 0.104	M													
16	97.97	101.42						5 m	12:00 AM	0.25	M 0.116	M 12:15 AM	0.60	M 0.011	M													
17	91.61	101.61						5 m																				
18	78.71	93.81	5:05 PM		0.17	0.02	0.01	5 m																				
19	69.74	64.52	1:28 AM		1.00	0.14	0.02	5 m																				
20	62.31	57.88						5 m																				
21	48.67	57.57						5 m																				
22	49.38	68.47						5 m																				
23	60.06	71.43	10:10 PM		0.08	0.01	0.01	5 m																				
24	45.78	63.39						5 m																				
25	42.73	50.53						5 m																				
26	42.17	47.25						5 m																				
27	41.25	47.69						5 m																				
28	46.14	72.08	12:00 AM		0.58	0.15	0.04	5 m	12:55 AM	1.50	M 0.346	M																
29	38.90	45.22						5 m																				
30	38.76	43.73						5 m																				
31																												
Totals:	1889.51				11.59	2.87			6	56.34	59.316	3	10.50	0.229				5	30.84	1.278	5	67.42	1.932	1	0.08	0.001	0	0.00

Signature of Principal Executive Officer or Authorized Agent: Susan Beck
 Title or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Telephone: 365-677-6913
 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 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.



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

State Form 5546 (04/12-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5546 (04/12-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Page 171 of 172		City: Fort Wayne		Permit Number: IN0032191			
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: 4-2018		Public Notification Requirements Met? Y		Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: 4-2018		Public Notification Requirements Met? Y	
Design Peak Hourly Flow (MGD): 80		Design Average Flow (MGD): 45		Design Peak Flow (hourly) (MGD): 85		Design Flow (MGD): 60		Design Peak Flow (hourly) (MGD): 85		Design Flow (MGD): 60	
WWTP Influent Data		Precipitation Data - Study Gauge		CSO Outfall No. 4		CSO Outfall No. 5		CSO Outfall No. 11		CSO Outfall No. 12	
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (HH:MM)	Time Precip. Ended (HH:MM)	Total Daily Precip. (Inches)	Peak Intensity (Inches/Hour)	Time Discharge Began (HH:MM)	Time Discharge Ended (HH:MM)	Event Duration (Hours)	Time Discharge Began (HH:MM)	Time Discharge Ended (HH:MM)	Event Duration (Hours)
1	82.93	9:45 AM	0:01	0.01	0.01						
2	71.72	3:30 AM	0:01	0.01	0.01						
3	84.95	10:26 AM	3:42	0.93	0.15	6:05 AM	13:59 M	0.472 M			
4	101.00	10:21 AM	0:17	0.02	0.01	12:00 AM	0:10 M	0.451 M			
5	93.68	10:12 AM	0:25	0.03	0.01						
6	83.09	9:29 AM	0:22	0.11	0.01						
7	58.37	9:16 AM	0:16	0.01	0.01						
8	54.79	8:17 AM	0:16	0.01	0.01						
9	53.71	7:54 AM	0:16	0.01	0.01						
10	47.20	8:03 AM	0:16	0.01	0.01						
11	44.93	4:15 AM	0:25	0.04	0.02						
12	50.02	4:15 AM	0:25	0.04	0.02						
13	42.91	4:15 AM	0:25	0.04	0.02						
14	96.67	10:42 AM	2:50	0.83	0.11	5:50 AM	4:55 AM	4.42 M	0.252 M		
15	100.98	10:31 AM	3:75	0.65	0.03	8:30 AM	8:75 AM	16.00 M	0.279 M		
16	97.97	10:42 AM	3:75	0.65	0.03						
17	91.61	10:41 AM	3:75	0.65	0.03						
18	78.71	9:38 AM	10:50 PM	0.25	0.03						
19	58.74	6:42 AM	12:20 AM	1.08	0.14						
20	52.31	5:78 AM	12:20 AM	1.08	0.14						
21	48.87	5:77 AM	12:20 AM	1.08	0.14						
22	49.95	6:47 AM	12:20 AM	1.08	0.14						
23	60.06	7:45 AM	12:20 AM	1.08	0.14						
24	45.78	6:33 AM	3:55 AM	0.25	0.03						
25	42.73	5:53 AM	9:40 AM	0.08	0.02						
26	42.17	4:25 AM	11:35 PM	0.17	0.03						
27	41.25	4:25 AM	11:35 PM	0.17	0.03						
28	46.14	12:05 AM	0:50	0.19	0.06	12:40 AM	1:92 AM	0.42 M	0.009 M		
29	38.90	4:22 AM	0:16	0.01	0.01						
30	38.76	4:23 AM	0:16	0.01	0.01						
31											
Totals:	1899.51		13.67	3.06		30.00	2.625	5	45.84	1.453	0.983

Typical or Printed Name and Title of Principal Executive Officer of Authorized Agent: Susan Beck, Program Manager, Telephone: 260-427-6213

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 BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, COMPLETE AND FAIR. THESE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPROBATION FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: _____ Date (mm/dd/yyyy): _____

Susan Beck 05/17/18



**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
State Form 50646 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**
State Form 50646 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne **Permit Number:** IN0032191 **Page [8] of [12]** **Permit Number:** IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP **Monitoring Period:** [MONTH] 4-2018 **Facility:** Fort Wayne - P.L. Brunner WWTP **Public Notification Requirements Met?** Y **Y**
Design Peak Hourly Flow (MGD): 60 **Design Peak Flow (MGD):** 65 **Design Flow (MGD):** 90 **Measured/Estimated (M) or Estimated (E) must be specified**
WWTP Influent Data **CSO Outfall No. 54** **CSO Outfall No. 55** **CSO Outfall No. 56**

Day of Month	Precipitation Data - In-rain Gage		Peak Intensity		Total Daily Precip.		Peak Intensity		Time Discharge Began (mm/yr)	Time Discharge Ended (mm/yr)	Time Discharge Began (hours)		Time Discharge Ended (hours)		M	E	M	E	M	E	M	E	M	E	M	E		
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Precip. Duration (Hours)	Precip. Intensity (inches)	Precip. Intensity (inches)	Total Daily Precip. (inches)	Precip. Intensity (inches)	Precip. Intensity (inches)			Time Discharge Began (hours)	Time Discharge Ended (hours)	Time Discharge Began (hours)	Time Discharge Ended (hours)														
1	82.93	92.34	8:35 AM	0.08	0.01	0.01	0.01	5 m																				
2	71.72	79.31						5 m																				
3	84.35	101.26	3:30 AM	3.08	0.81	0.12	5 m																					
4	101.00	102.11	5:45 AM	0.17	0.03	0.02	5 m																					
5	93.68	101.62	9:15 PM	0.25	0.03	0.01	5 m																					
6	83.05	98.29	12:15 AM	0.82	0.11	0.01	5 m																					
7	58.37	65.16					5 m																					
8	54.79	61.72					5 m																					
9	53.71	73.54					5 m																					
10	47.20	60.33					5 m																					
11	44.93	49.70					5 m																					
12	50.02	64.55	4:35 AM	0.17	0.02	0.01	5 m																					
13	42.81	48.62					5 m																					
14	86.67	101.42	3:20 AM	2.50	0.84	0.13	5 m																					
15	100.98	101.31	1:00 AM	3.25	0.77	0.08	5 m																					
16	87.97	101.42	1:45 PM	0.08	0.01	0.01	5 m																					
17	91.61	101.61					5 m																					
18	78.71	93.81	4:50 PM	0.25	0.03	0.01	5 m																					
19	59.74	64.92	12:15 AM	1.00	0.14	0.02	5 m																					
20	52.31	57.88					5 m																					
21	48.67	57.57					5 m																					
22	49.38	63.47					5 m																					
23	60.06	71.43					5 m																					
24	45.78	63.39	5:40 PM	0.08	0.01	0.01	5 m																					
25	42.73	50.63	9:40 AM	0.08	0.01	0.01	5 m																					
26	42.17	47.25					5 m																					
27	41.25	47.59					5 m																					
28	46.14	72.08	12:05 AM	0.33	0.16	0.11	5 m																					
29	38.90	45.22					5 m																					
30	38.76	43.73					5 m																					
31																												
Totals:	1885.51			12.24	2.98						0	0	0	0														

Check box if no CSO discharge occurred for the month:
Public Notification Requirements Met? Y **Y**
Design Peak Hourly Flow (MGD): 60 **Design Peak Flow (MGD):** 65 **Design Flow (MGD):** 90 **Measured/Estimated (M) or Estimated (E) must be specified**

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 BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Date (mm/dd/yy): 05/17/18



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

State Form 50546 (03/17-19)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne
 Facility: Fort Wayne - P.L. Brunner WWTP
 Permit Number: IN0032191
 Page 9 of 12
 Public Notification Requirements Met? Y
 Monitoring Period: [MONTH] 4-2018
 Facility: Fort Wayne - P.L. Brunner WWTP
 Monitoring Period: [MONTH] 4-2018
 Design Peak Flow (MGD): 85
 Design Peak Flow (Hourly) (MGD): 85
 Design Flow (MGD): 60
 CSO Outfall No. 28
 CSO Outfall No. 49
 CSO Outfall No. 51

Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time of Peak Flow (am/pm)	Precip. Depth (Inches)	Total Daily Precip. (Inches)	Peak Inflow (MGD)	Peak Inflow (MGD)	Design Average Flow (MGD)	CSO Outfall No. 28		CSO Outfall No. 49		CSO Outfall No. 51		CSO Outfall No. 52	
									M	E	M	E	M	E	M	E
1	82.93	92.34	10:50 AM	0.08	0.01	0.01	5 m									
2	71.72	79.31					5 m									
3	84.35	101.26	4:05 AM	2.75	0.93	0.16	5 m	2:18 PM	M	1:56 PM	M	1.729	M			
4	101.00	102.11	5:05 AM	0.25	0.04	0.02	5 m									
5	83.68	101.62	10:10 PM	0.17	0.02	0.01	5 m									
6	83.09	98.28	12:00 AM	1.17	0.14	0.01	5 m									
7	88.37	85.16					5 m									
8	84.79	81.72					5 m									
9	83.71	73.54					5 m									
10	47.20	80.38					5 m									
11	44.93	48.70					5 m									
12	50.02	64.65	4:10 AM	0.25	0.03	0.01	5 m									
13	42.91	48.82					5 m									
14	86.67	101.42	3:25 AM	2.58	0.86	0.09	5 m	6:35 AM	M	0.044	M	5:31 AM	M	0.95	M	1.098
15	100.98	101.31	1:25 AM	2.50	0.67	0.07	5 m	11:16 AM	M	0.039	M	3:28 AM	M	1.25	M	1.447
16	97.97	101.42	2:30 PM	0.08	0.01	0.01	5 m									
17	91.61	101.61	10:20 AM	0.50	0.08	0.02	5 m									
18	78.71	93.81	11:15 PM	0.08	0.01	0.01	5 m									
19	88.74	84.92	1:55 AM	0.75	0.12	0.03	5 m									
20	52.31	57.88					5 m									
21	48.67	57.57					5 m									
22	49.36	68.47					5 m									
23	60.06	71.43					5 m									
24	45.78	63.38					5 m									
25	42.73	50.53					5 m									
26	42.17	47.25					5 m									
27	41.25	47.69	11:20 AM	0.33	0.04	0.01	5 m									
28	46.14	72.08	12:00 AM	0.83	0.21	0.04	5 m									
29	38.90	45.22					5 m									
30	38.76	43.73					5 m									
31																
Totals:	1889.51			12.32	3.17	0.82	3	0.281	3	0.970	4.274	0	0	0	0	0

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Telephone: 260-427-5213
 I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.
 Signature of Principal Executive Officer or Authorized Agent: Susan Beck
 Date (mm/dd/yyyy): 05/17/18



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

State Form 50546 (03/17-18)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Page [10] of [12] Permit Number: IN0032191 City: Fort Wayne

Public Notification Requirements Met? Y

Facility: Fort Wayne - P.L. Brunner WWTP Monitoring Period: [MONTH] 4-2018

Design Peak Flow (MGD): 60 Design Flow (MGD): 25

Check box if no CSO discharge occurred for the month: No
 Check box if no CSO discharge occurred for the month: Yes

Time Discharge Began	CSD Outfall No. 53		CSD Outfall No. 51		CSD Outfall No. 52		CSD Outfall No. 5B		CSD Outfall No. 002		CSD Outfall No. 003	
	M	E	M	E	M	E	M	E	M	E	M	E
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												
Totals:	0	0	0	0	0	0	0	0	0	0	0	0

Typed or Printed Name and Title of Principal, Executive Officer or Authorized Agent: Susan Beck, Program Manager

Telephone: 260-427-5213

PERMIT UNDER CONTRACT BY THE STATE OF INDIANA. THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal, Executive Officer or Authorized Agent: Susan Beck Date (mm/dd/yyyy): 05/17/18



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

State Form 5626 (03/7-21)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5626 (03/7-21)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Public Notification Requirements Met? Y		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: (MONTH) 4-2018		Design Peak Flow (MGD): 60		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85		Precipitation Data - Pilske Gauge		CSO Outfall No. 27		CSO Outfall No. 35	
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Total Daily Precip. (Inches)	Time of Discharge Begin (M)	Event Duration (Hours)	Time of Discharge End (M)	Event Duration (Hours)
1	82.83	92.34	0.08	9:55 AM	0.01	5 m	
2	71.72	79.31				5 m	
3	84.35	101.26	3.25	3:45 AM	0.12	5 m	
4	101.00	102.11	0.09	10:30 AM	0.01	5 m	
5	93.68	101.62	0.17	9:15 PM	0.01	5 m	
6	83.09	98.29	0.75	12:05 AM	0.10	5 m	
7	58.37	55.16				5 m	
8	54.79	51.72				5 m	
9	53.71	73.54				5 m	
10	47.20	80.38				5 m	
11	44.83	49.70				5 m	
12	50.02	84.65	0.25	4:20 AM	0.03	0.01	
13	42.81	49.52				5 m	
14	86.87	101.42	2.42	3:05 AM	0.84	0.12	
15	100.98	101.31	1.20	1:20 AM	0.55	0.05	
16	97.97	101.42	1.35	1:35 PM	0.06	0.01	
17	91.81	101.81				5 m	
18	78.71	93.81	0.33	5:00 PM	0.04	0.01	
19	58.74	64.52	0.75	12:50 AM	0.12	0.03	
20	52.31	57.88				5 m	
21	48.87	57.57				5 m	
22	49.35	68.47				5 m	
23	80.06	71.43				5 m	
24	45.78	63.39	0.17	4:25 PM	0.02	0.01	
25	42.73	50.53				5 m	
26	42.17	47.25				5 m	
27	41.25	47.69	0.25	11:20 AM	0.05	0.02	
28	46.14	72.08	0.58	12:05 AM	0.22	0.06	
29	38.90	45.22				5 m	
30	38.76	43.73				5 m	
31							
Totals:	1989.51		11.74	2.85			

Signature of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Title: Susan Beck, Program Manager
 Telephone: 260-427-6213
 Date: 05/17/18
 I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE NPDES PERMIT AS SET FORTH IN THE PERMIT AND ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS AND REGULATIONS. I HAVE REVIEWED THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM AS WELL AS 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.



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

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Monitoring Period: 4-2018	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	Wet Weather
4	Wet Weather
5	Wet Weather
6	Wet Weather
7	
8	
9	
10	
11	
12	
13	
14	Wet Weather
15	Wet Weather
16	Wet Weather
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	Wet Weather
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Susan Beck, Program Manager	Telephone 260-427-6213
---	---------------------------

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent Susan Beck	Date (mm/dd/yy) 05/17/18
--	-----------------------------

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 002
 External Outfall

Discharge: 002-C
 002 POND - WHEN USED AS CSO ONLY

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Report Dates & Status
 Monitoring Period: From 04/01/18 to 04/30/18
 Considerations for Form Completion: NetDMR Validated
 CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer
 First Name: Susan
 Last Name: Beck
 Title: Program Manager
 Telephone: 260-427-6213

No Data Indicator (NDD)
 Form NDD: --

Code	Permittee Name	Monitoring Location	Season	# Param	NDD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type		
						Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1				Qualifier 2	Value 3
5057	Duration	EG - Effluent Gross	0	--												
74083	Overflow volume [SS volume, CSO volume]	EG - Effluent Gross	0	--												
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	--												
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--												

Submission Note
 if a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_CSMRO_2018_04.pdf	pdf	510466
IN0032191_002C_LETTER_2018_04.pdf	pdf	218051

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Permitted Feature: 003 External Outfall
 Discharge: 003-C
 001 POND - CSO
 Report Dates & Status: 05/28/16
 Status: Not DMR Validated
 Monitoring Period: From 04/01/18 to 04/30/18
 Considerations for Form Completion: CSO - 001 POND WHEN USED AS CSO ONLY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 Telephone: [Blank]
 Title: [Blank]
 No Data Indicator (NOD): [Blank]
 Form NOD: [Blank]

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Sample Permit Req Value (NOD)	Sample Value (NOD)	Quantity of Loading Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	Quality of Concentration	Units	# of Es.	Frequency of Analysis	Sample Type	
5007	Duration	EG - Effluent Gross	0	-	-	-	Opt Mon MD TOTAL	82 - hrmo				WHDS - When Discharging	RT - RCOTOT			
74083	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	-	-	Opt Mon MD TOTAL	3R - Mgal						ALJEV - All Events	ES - ESTIMA	
78887	Preципitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	Opt Mon MD TOTAL	SW - hrmo						ALJEV - All Events	RT - RCOTOT	
84188	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	-	-	Opt Mon MD TOTAL	4K - #mo						ALJEV - All Events	RT - RCOTOT	

Submission Note
 if a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Attachments
 Report Last Saved By: FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0432191
Permit #: Yes
Major: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Permitted Feature: 004
 External Outfall
Discharge: 004-C
 CSC: JO2-90
Permittee: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
DMR Due Date: 05/28/18
Status: NetDMR Validated

Report Dates & Status: From 04/01/18 to 04/30/18
Monitoring Period: Considerations for Form Completion
Considerations for Form Completion: CSC: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:

First Name: _____
Last Name: _____
No Data Indicator (NOD): -
Form NOD: -
Title: _____
Telephone: _____

Code	Parameter Name	Monitoring Location	Sessons	Permit NOD	Quantity of Loading Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 3 Qualifier 2 Value 4 Data flag 3	Quality of Concentration	Value 3	Units	# of Es.	Frequency of Analysis	Sample Type
5007	Duration	EG - Effluent Gross	0	-	30	Opt Men MO TOTAL	82 - #time	0	WHDS - When Discharging	RT - RCOTOT	
74063	Overflow volume [SS0 volume, CSD volume]	EG - Effluent Gross	0	-	2.625	Opt Men MO TOTAL	3R - #gal	0	AL/EV - All Events	ES - ESTIMA	
78857	Preциpuation, monthly accumulation	EG - Effluent Gross	0	-	3.05	Opt Men MO TOTAL	3R - #gal	0	AL/EV - All Events	ES - ESTIMA	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	5	Opt Men MO TOTAL	4K - #time	0	AL/EV - All Events	RT - RCOTOT	

Submission Note: if a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Comments:

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 19:37 (Time Zone: -04:00)

Report Last Signed By: susan.beck@cityoffortwayne.org

User: Susan Beck

Name: susan.beck@cityoffortwayne.org

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 19:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: COS External Outfall
 Report Dates & Status: From 04/01/18 to 04/30/18
 Monitoring Period: Considerations for Form Completion
 CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NOD):
 Form NOD:

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 005-C
 CSC: J11-164
 DMR Due Date: 05/28/18
 Status: Need MFR Validated
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
 Telephone:
 Title:

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1	Units	Value 1	Qualifier 2	Units	Value 2				Qualifier 3
5007	Durbin	EG - Effluent Gross	0		Sample	Permit Req.	Value (NOD)	4.34	Opt Mon	MO TOTAL	B2 - #mo	0	WHDS - When Discharging	RT - RCOTOT
7405	Droflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0		Sample	Permit Req.	Value (NOD)	1.483	Opt Mon	MO TOTAL	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0		Sample	Permit Req.	Value (NOD)	3.06	Opt Mon	MO TOTAL	5W - #mo	0	AL/EV - All Events	RT - RCOTOT
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0		Sample	Permit Req.	Value (NOD)	5	Opt Mon	MO TOTAL	4K - #mo	0	AL/EV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Tracing, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors
 No errors.
Comments
 Attachments
 No attachments.
Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)
Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permittee: FORT WAYNE WWTP
Permit #: Yes
Permittee Address: CITY OF FORT WAYNE
 2601 DWENGER AVE
 FORT WAYNE, IN 46802
Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46802
Discharge: 007-C
 External Outfall
 CSC: K03-92
DMR Due Date: 05/28/18
Status: Not DMR Validated
Monitoring Location: From 04/01/18 to 04/30/18
Monitoring Period: 05/28/18
Considerations for Form Completion: CSC: K03-92 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NOD):
Form NOD:
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading			Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Duration	EG - Effluent Gross	0	--	Ort Mon MO TOTAL 82 - b/mo	C - No Discharge		WHOS - When Discharging	RT - RCOTOT		
74585	Drainflow volume [SSO volume, CSC volume]	EG - Effluent Gross	0	--	Ort Mon MO TOTAL 9K - Mgal	C - No Discharge		AL/EV - All Events	ES - ESTIMA		
76967	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	SW - i/mo		3.08	AL/EV - All Events	RT - RCOTOT		
84165	Discharge event observation [visual monitoring]	EG - Effluent Gross	0	--	Ort Mon MO TOTAL 4K - #mo	C - No Discharge		AL/EV - All Events	RT - RCOTOT		

Submission Note
 If a parameter row does not contain any values for the Sample not Effluent Trading, then note of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WFC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 011- External Outfall
Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 011-C
 CSC: K06-233
Status: Not DMR Validated

Reporting Period: From 04/01/18 to 04/30/18
Monitoring Location: Season # Permit NODI
 Monitoring Location Season # Permit NODI
 EG - Effluent Gross 0 -
 EG - Effluent Gross 0 -
 EG - Effluent Gross 0 -
 EG - Effluent Gross 0 -

Considerations for Form Completion:
 CSC: K06-233 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI):
 Form NODI: -

Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Quantity of Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	-				0.73	0.83	0	WHOS - When Discharging	RT - RCOTOT	
74083	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-				0.06	3.06	0	ALUEV - All Events	ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-				1	1	0	ALUEV - All Events	RT - RCOTOT	
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-				0	0	0	ALUEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN002191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Permitted Feature: 012 External Outfall
 Report Dates & Status: 012 External Outfall
 Monitoring Period: From 04/01/18 to 04/30/18
 Considerations for Form Completion: DMR Due Date: 05/28/18
 CSO: K06-234
 CSO: K06-234
 Discharge: 012-C
 CSO: K06-234
 Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Status: NetDMR Validated
 Telephone:
 Title:

Code	Parameter Num	Monitoring Location	Session #	Param. NODI	Sample Value NODI	Permit Req Value NODI	Sample Value NODI	Permit Req Value NODI	Sample Value NODI	Permit Req Value NODI	Quality or Concentration	Quantity or Loading	Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type	
5007	Duration	EG - Effluent Gross	0	-	-	-	-	-	-	-	Opt Mon MO TOTAL EG - Inflow	WHDS - When Discharging	RT - RCDTOT										RT - RCDTOT
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	-	-	-	-	-	-	Opt Mon MO TOTAL SR - Mgal	C - No Discharge										ES - ESTIMA	
78897	Predispation, monthly accumulation	EG - Effluent Gross	0	-	-	-	-	-	-	-	3.06	SW - Inflow										RT - RCDTOT	
84	SS Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	-	-	-	-	-	Opt Mon MO TOTAL SW - Inflow 0	C - No Discharge										RT - RCDTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE FT WAYNE, IN 46602	Facility Location:	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	017 External Outfall	Discharge:	017-C CSC: K07-178	Status:	Not DMR Validated
Report Dates & Status		DMR Due Date:	05/28/18		
Monitoring Period:	From 04/01/18 to 04/30/18				
Considerations for Form Completion					
CSO: K07-178 MUNICIPAL MAJORALLEN COUNTY					
Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					
No Data Indicator (NOD)					
Form NOD:					

Scale	Parameter Name	Monitoring Location	Session of Perm. NOD	Sample Permit Req. Value (NOD)	Sample Permit Req. Value (NOD)	Quantity or Loading	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
5007	Duration	EG - Effluent Gross	0			0.03	0.03	liters	0	WHDS - When Discharging	RT - RCOTOT
7403	Overflow volume [SS0 volume, CS0 volume]	EG - Effluent Gross	0			0.11	0.11	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
7897	Precipitation, monthly accumulation	EG - Effluent Gross	0			2.3	2.3	SW - Inflow	0	AL/EV - All Events	RT - RCOTOT
8418	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0			1	1	4K - #mo	0	AL/EV - All Events	RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: D18 External Outfall
Discharge: 018-C
 CSO: K11-165

Report Dates & Status: From 04/01/18 to 04/30/18
DMR Due Date: 05/28/18
Status: NetDMR Validated

Monitoring Period: Considerations for Form Completion
 CSO: K11-165 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer:
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NOD):
 Form NOD:

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
5007	Duration	EG - Effluent Gross	0		Permit Req Value NOD			96.34	Chl Mon MO TOTAL	B2 - Inflow	0	WHDS - When Discharging	RT - RCOTOT	
74083	Overflow volume (SSD volume, CED volume)	EG - Effluent Gross	0		Permit Req Value NOD			53.316	Chl Mon MO TOTAL	SR - Wgal	0	ALJEV - All Events	ES - ESTIMA	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0		Permit Req Value NOD			2.87	Chl Mon MO TOTAL	SW - Inflow	0	ALJEV - All Events	RT - RCOTOT	
8416	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0		Permit Req Value NOD			6	Chl Mon MO TOTAL	KK - Minn	0	ALJEV - All Events	RT - RCOTOT	

Submission Note
 if a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 019- External Outfall
Discharge: 019-C
 CSC: K11-178

Report Dates & Status
 Monitoring Period: From 04/01/18 to 04/30/18
 Status: Not DMR Validated
 Considerations for Form Completion:

CSO: K11-178 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer:

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

DMR Due Date: 05/28/18
Title:

DMR Due Date: 05/28/18
Status: Not DMR Validated

Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req Value (NODI)	Sample Permit Req Value (NODI)	Quantity or Loading Qualifier 1 Value 1	Quantity or Loading Qualifier 2 Value 2	Quality or Concentration Qualifier 1 Value 1	Quality or Concentration Qualifier 2 Value 2	Units	# of Ex.	Frequency of Analysis	Sample Type
5007	Duration	EG - Effluent Gross	0				10.5	0	0	0	WHDS - When Discharging	0	WHDS - When Discharging	RT - RCOTDT
7403	Overflow volume (50 volume, CSD volume)	EG - Effluent Gross	0				0.229	0	0	0	3R - Mg/L	0	ALJEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0				2.57	0	0	0	SW - In/mo	0	ALJEV - All Events	RT - RCOTDT
8416	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0				3	0	0	0	4K - #/mo	0	ALJEV - All Events	RT - RCOTDT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Permitted Feature: C20 External Outfall
 Discharge: 02B-C CSC: K15-116
 Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Report Dates & Status: From 04/01/18 to 04/30/18
 Monitoring Period: 05/28/18
 Considerations for Form Completion: DMR Due Date: NetDMR Validated
 CSO: K15-116 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: Title: Telephone:
 First Name: Title:
 Last Name: Telephone:
 No Data Indicator (NOD):
 Form NOD:

Code	Parameter Name	Monitoring Location	Season	Prism	NOD	Quantity or Loading			Quality or Concentration			# of Exc.	Frequency of Analysis	Sample Type	
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				
5007	Durbsin	EG - Effluent Gross	0	--	--	Sample Permit Pts	Value NOD								
7408	Overflow volume [SD volume, CSO volume]	EG - Effluent Gross	0	--	--	Sample Permit Pts	Value NOD								
7867	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	--	Sample Permit Pts	Value NOD								
8418	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	--	Sample Permit Pts	Value NOD								

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent, Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edr Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Discharge: 021-C
 CSC: K19-044
 Status: NetDMR Validated
 DMR Due Date: 05/28/18
 Title: Telephone:

Permitted Feature: 021 External Outfall
Report Dates & Status: From 04/01/18 to 04/30/18
Monitoring Period: From 04/01/18 to 04/30/18
Considerations for Form Completion: CSC: K19-044 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
 First Name:
 Last Name:
 Title:
No Data Indicator (NOD): --
Form NOD:

Code	Parameter Name	Monitoring Location	Sessions & Param. NOD	Sample Permit Req. Value (NOD)	Sample Permit Req. Value (NOD)	Quantity or Loading Qualifier: 1 Value 1 Qualifier: 2 Value 2 Qualifier: 3 Value 3	Quality or Concentration	# of Ex.	Frequency of Analysis	Simple Type
5007	Duration	EG - Effluent Gross	0	--	--	57.42	Ort Mon MO TOTAL B2 - #time	0	WHDS - When Discharging RT - RCDTOT	RT - RCDTOT
74083	Overflow volume (SSD volume, CSD volume)	EG - Effluent Gross	0	--	--	1.982	Ort Mon MO TOTAL 3R - #gal	0	ALJEV - All Events ES - ESTIMA	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	--	2.67	Ort Mon MO TOTAL SW - #time	0	ALJEV - All Events	RT - RCDTOT
84	SS Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	--	5	Ort Mon MO TOTAL 4K - #time	0	ALJEV - All Events	RT - RCDTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofnorthwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofnorthwayne.org
Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofnorthwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofnorthwayne.org
Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 023-0
 External Outfall
Discharge: CSC: L06-103
Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
DMR Due Date: 05/28/18
Status: NetDMR Validated

Report Dates & Status: From 04/01/18 to 04/30/18
Monitoring Period: From 04/01/18 to 04/30/18
Considerations for Form Completion: CSC: L06-103 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer:
 First Name:
 Last Name:
 Title:

No Data Indicator (NOD):
 Form NOD:

Code	Parameter Name	Monitoring Location	Season of perm. NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
5007	Durbin	EG - Effluent Gross	0			Opt Mon MO TOTAL	BZ - hrmo	0	WHDS - When Discharging	WHDS - When Discharging	RT - RCOTOT	RT - RCOTOT
7406	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0			Opt Mon MO TOTAL	3R - Magal	0	ALJEV - All Events	ALJEV - All Events	ES - ESTIMA	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0			Opt Mon MO TOTAL	SW - In/imp	0	ALJEV - All Events	ALJEV - All Events	RT - RCOTOT	RT - RCOTOT
8416	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0			Opt Mon MO TOTAL	4K - #imp	0	ALJEV - All Events	ALJEV - All Events	RT - RCOTOT	RT - RCOTOT

Submission Note:
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors:
 No errors.

Comments:

Attachments:
 No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofforwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofforwayne.org
Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By: susan.beck@cityofforwayne.org
User: susan Beck
Name: Susan Beck
E-Mail: susan.beck@cityofforwayne.org
Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 024 External Outfall
Discharge: 024-C
 CSC: L08-420

Report Dates & Status
 Monitoring Period: From 04/07/18 to 04/30/18
 DMR Due Date: 05/28/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSC: L08-420 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NOD)
 Form NOD: -

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier:1 Value1 Qualifier:2 Value2 Units Qualifier:3 Value3	Qualifier:1 Value1 Qualifier:2 Value2 Qualifier:3 Value3	Units		
5007	Duration	EG - Effluent Gross	0	-	5.01 Opt Mon MO TOTAL B2 - hrmo 0		B2 - hrmo	WHDS - When Discharging WHDS - When Discharging	RT - RCDTOT RT - RCDTOT
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	0.445 Opt Mon MO TOTAL 3R - Mgal 0		3R - Mgal	ALJEV - All Events ALJEV - All Events	ES - ESTIMA ES - ESTIMA
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	1.94 Opt Mon MO TOTAL 5W - hrmo 0		5W - hrmo	ALJEV - All Events ALJEV - All Events	RT - RCDTOT RT - RCDTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	3 Opt Mon MO TOTAL 4K - hrmo 0		4K - hrmo	ALJEV - All Events ALJEV - All Events	RT - RCDTOT RT - RCDTOT

Submission Note
 if a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0052191
 Major: Yes
 Permitted Feature: C25 External Outfall
 Report Dates & Status: From 04/01/18 to 04/30/18
 Monitoring Period: From 04/01/18 to 04/30/18
 Considerations for Form Completion: CSO: L06-421 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 Form NOD: [Blank]
 No Data Indicator (NOD): [Blank]

Permittee: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Discharge: 025-C
 CSO: L06-421

DMR Due Date: 05/23/18

Status: NetDMR Validated

Title: [Blank]

Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Units	WHDS - When Discharging	WHDS - When Discharging
5007	Duration	EG - Effluent Gross	0	-	1.5	Opt Mon MO TOTAL	B2 - #imo	WHDS - When Discharging	RT - RCDTOT
7408	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	0.043	Opt Mon MO TOTAL	3R - #gal	ALJEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	1.94	Opt Mon MO TOTAL	5W - #imo	ALJEV - All Events	RT - RCDTOT
8418	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	2	Opt Mon MO TOTAL	4K - #imo	ALJEV - All Events	RT - RCDTOT

Submission Note
 If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 [Blank]

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 027
 External Outfall

Report Dates & Status: 027-C
 CSC: M10-202

Monitoring Period: 05/28/19
 NetDMR Validated

Considerations for Form Completion:

CSC: M10-202 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer:

First Name:

Last Name:

No Data Indicator (NOD):

Form NOD1:

Facility: FORT WAYNE WWTP
Facility Location:

Status: NetDMR Validated

Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NOD1	Sample Permit Req Value NOD1	Sample Permit Req Value NOD1	Quantity or Loading			Quality or Concentration			# of Es.	Frequency of Analysis	Sample Type
							Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Durbin	EG - Effluent Gross	0	--			Opt Mon MO TOTAL	B2 - Inflow	Value 3	Units	WHDS - When Discharging	RT - RCOTDT			
74063	Overflow volume [S50 volume, CS0 volume]	EG - Effluent Gross	0	--			Opt Mon MO TOTAL	3R - Mg/L	Value 3	Units	ALJEV - All Events	ES - ESTIMA			
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			Opt Mon MO TOTAL	SW - Inflow	Value 3	Units	ALJEV - All Events	RT - RCOTDT			
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--			Opt Mon MO TOTAL	4K - #/mo	Value 3	Units	ALJEV - All Events	RT - RCOTDT			

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edft Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Facility Location: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Permittee Address: FORT WAYNE WWTP
 Discharge: 028-C
 CSC: M10-238
 Discharge: 028-C
 CSC: M10-238
 DMR Due Date: 05/28/18
 Status: NetDMR Validated
 Monitoring Period: From 04/01/18 to 04/30/18
 Considerations for Form Completion: CSO: M10-238 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 Title: [Blank]
 No Data Indicator (NOD): [Blank]
 Form NOD: [Blank]
 Telephone: [Blank]

Cell#	Parameter Name	Monitoring Location	Season	Permit NOD	Sample Permit Rec Value (NOD)	Sample Permit Rec Value (NOD)	Quantity or Loading Qualifier:1 Value	Quality or Concentration Qualifier:2 Value	Quality or Concentration Qualifier:3 Value	Units	# of Ex.	Frequency of Analysis	Sample Type
5007	Duration	EG - Effluent Gross	0	--			0.02	0.02	0.02	82 - hr:mo	0	WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--			0.231	0.231	0.231	3R - Mgal	0	ALJEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			3.17	3.17	3.17	SW - Inmo	0	ALJEV - All Events	RT - RCOTOT
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--			3	3	3	4K - #mo	0	ALJEV - All Events	RT - RCOTOT

Submission Note
 if a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 029
 External Outfall
Discharge: 025-C
 CSC: M10-265

Report Dates & Status: NetDMR Validated
Monitoring Period: From 04/01/18 to 04/30/18
Considerations for Form Completion:

Principal/ Executive Officer:

First Name: _____
Last Name: _____
Title: _____
Telephone: _____

No Data Indicator (NOD): -
Form NOD: -

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity of Loading		Quality of Concentration		Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 1 Value	Qualifier 2 Value				
5007	Duration	EG - Effluent Gross	0	-	13.42				B2 - hrmo	0	WHDS - When Discharging	RT - RCOOTDT
74063	Overflow volume (SSD volume)	EG - Effluent Gross	0	-	0.948				3R - Mgall	0	ALVEY - All Events	ES - ESTIMA
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	1.94				5W - hrmo	0	ALVEY - All Events	RT - RCOOTDT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	5				4K - #mo	0	ALVEY - All Events	RT - RCOOTDT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 082 External Outfall
Report Dates & Status: From 04/01/18 to 04/30/18
Monitoring Period: 05/28/18
Considerations for Form Completion: CSO: M10-308 MUNICIPAL, MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 032-C
 CSC: M10-308
DMR Due Date: 05/28/18
Status: Not DMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Telephone:
Title:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Quality or Loading	Quantity of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0				0.5	0	0	0	When Discharging	RT - RCOTOT
74053	Overflow volume [S0 volume, CSO volume]	EG - Effluent Gross	0				0.542	0	0	0	All Events	ES - ESTIMA
76897	Precipitation, monthly accumulation	EG - Effluent Gross	0				1.94	0	0	0	All Events	RT - RCOTOT
84185	Discharge event observation [visual Monitoring]	EG - Effluent Gross	0				4	0	0	0	All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	FORT WAYNE WWTP CITY OF FORT WAYNE FT WAYNE, IN 46802
Permitted Feature:	033 External Outfall	Discharge:	033-C CSO; M10-313
Report Dates & Status:	From 04/01/18 to 04/30/18	DMR Due Date:	05/28/18
Monitoring Period:		Status:	NetDMR Validated
Considerations for Form Completion:	CSO; M10-313 MUNICIPAL MAJORALLEN COUNTY	Facility Location:	FORT WAYNE WWTP P.L. BRUNNER WPC 2801 DWENGER AVE FORT WAYNE, IN 46803
Principal Executive Officer:		Telephone:	
First Name:			
Last Name:			
No Data Indicator (NODI):			
Form NODI:			

Code	Parameter Name	Monitoring Location	Station #	Param. NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Quantity of Loading	Quality of Concentration	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0						14.71			82 - In/Inc		WHDS - When Discharging	RT - RCODTOT
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0						30.335			3R - In/Inc		ALJEV - All Events	ES - ESTIMA
79897	Precipitation, monthly accumulation	EG - Effluent Gross	0						2.85			5W - In/Inc		ALJEV - All Events	RT - RCODTOT
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0						8			4K - #Inc		ALJEV - All Events	RT - RCODTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Major: Yes
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
Permitted Feature: 006 External Outfall
Discharge: 006-C
 CSC: M18-002
Report Dates & Status: DMR Due Date: 05/28/16
 Status: Not DMR Validated
Monitoring Period: From 04/01/16 to 04/30/16
Considerations for Form Completion:
 CSO: M18-002 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
Title:
No Data Indicator (NOD):
Form NOD1:

Code	Parameter Name	Monitoring Location	Season #	Param. NOD1	Quantity or Loading			Quality or Concentration			# of Es.	Frequency of Analysis	Sample Type
					Qualifier: 1	Value 1	Qualifier: 2	Value 2	Qualifier: 3	Value 3			
5007	Duration	EG - Effluent Gross	0	-	Chl Mon MO TOTAL	82.7	h/mno	C - No Discharge	WHDS - When Discharging	RT - RCOTOT			
7483	Overflow volume [SS volume, CSO volume]	EG - Effluent Gross	0	-	Chl Mon MO TOTAL	3R - Mgal		C - No Discharge	AL/EV - All Events	ES - ESTIMA			
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	SV - P/mno	2.85		C - No Discharge	AL/EV - All Events	RT - RCOTOT			
8418	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Chl Mon MO TOTAL	4K - #mno		C - No Discharge	AL/EV - All Events	RT - RCOTOT			

Submission Note
 if a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Permitted Feature: C39
 External Outfall
 Discharge: 039-C
 CSC: N06-022
 Report Dates & Status: DMR Due Date: 05/28/18
 Status: NetDMR Validated
 Monitoring Period: From 04/01/18 to 04/30/18
 Considerations for Form Completion
 CSC: N06-022 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:
 Title:
 Telephone:

Code	Parameter Name	Monitoring Location	Season	Permit NODI	Sample Permit Req	Value NODI	Sample	Permit Req	Value NODI	Sample	Permit Req	Value NODI	Sample	Permit Req	Value NODI	Sample	Permit Req	Value NODI	Sample	Permit Req	Value NODI	Sample	Permit Req	Value NODI	Sample
5037	Duration	EG - Effluent Gross	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7408	Overflow volume [SD volume, CSO volume]	EG - Effluent Gross	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8416	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Quantity of Loading
 Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2
 Opt Mon MO TOTAL 82 - hr/mo 35.74
 Opt Mon MO TOTAL 3R - Mgal 2.138
 Opt Mon MO TOTAL 5W - hr/mo 1.84
 Opt Mon MO TOTAL 4K - hr/mo 5
 Opt Mon MO TOTAL 4K - hr/mo 0

Quality of Concentration
 Qualifier 1 Value 1 Qualifier 2 Value 2 Units
 Opt Mon MO TOTAL 82 - hr/mo 35.74
 Opt Mon MO TOTAL 3R - Mgal 2.138
 Opt Mon MO TOTAL 5W - hr/mo 1.84
 Opt Mon MO TOTAL 4K - hr/mo 5
 Opt Mon MO TOTAL 4K - hr/mo 0

Frequency of Analysis
 WHDS - When Discharging RT - RCOTOT
 WHDS - When Discharging RT - RCOTOT
 ALJEV - All Events ES - ESTIMA
 ALJEV - All Events ES - ESTIMA
 ALJEV - All Events RT - RCOTOT
 ALJEV - All Events RT - RCOTOT
 ALJEV - All Events RT - RCOTOT
 ALJEV - All Events RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors
 No errors.
Comments
 Attachments
 No attachments
Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)
Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WFC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Permitted Feature: 044 External Outfall
 Discharge: 044-C
 CSC: N22-93
 Report Dates & Status: DMR Due Date: 05/28/18
 Status: NetDMR Validated
 Monitoring Period: From 04/01/18 to 04/30/18
 Considerations for Form Completion: CSC: N22-93 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: Telephone:
 First Name: Title:
 Last Name:
 No Data Indicator (NOD):
 Form NOD1:

Code	Parameter Name	Monitoring Location	Season	Permit NOD	Quantity or Loading			Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2				
5007	Duration	EG - Effluent Gross	0	-	Permit Req Value (NOD)	Sample	0	0	0	0	RT - RCOTOT
7408	Overflow volume (SS0 volume, CS0 volume)	EG - Effluent Gross	0	-	Permit Req Value (NOD)	Sample	0	0	0	0	ES - ESTIMA
7897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req Value (NOD)	Sample	0	0	0	0	RT - RCOTOT
94185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit Req Value (NOD)	Sample	0	0	0	0	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 045 External Outfall
 Report Dates & Status: From 04/01/18 to 04/30/18
 Monitoring Period: From 04/01/18 to 04/30/18
 Considerations for Form Completion: DMR Due Date: 05/28/18
 Status: NetDMR Validated
 CSC: N22-103T, JOSEPH RIVER MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: 045-C
 Discharge: CSO: N22-103
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Telephone: _____

CSC	Parameter Name	Monitoring Location	Season	Param	NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
						Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value				
50037	Duration	EG - Effluent Gross	0	-	-	Permit Req Value NODI	Sample								
74058	Overflow volume [SSD volume, CSD volume]	EG - Effluent Gross	0	-	-	Permit Req Value NODI	Sample								
7688	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	Permit Req Value NODI	Sample								
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	-	Permit Req Value NODI	Sample								

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.
Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Permitted Feature: 048
 External Outfall
 Discharge: 048-C
 CSC: 010-252
 Report Dates & Status: DMR Due Date: 05/28/18
 Status: NetDMR Validated
 Monitoring Period: From 04/01/18 to 04/30/18
 Considerations for Form Completion: CSC: 010-252 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 Title: [Blank]
 Telephone: [Blank]
 No Data Indicator (NODI): -
 Form NODI: -

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Quantity of Loading Qualifier 1 Value 1	Quantity of Loading Qualifier 2 Value 2	Units Qualifier 1 Value 1	Units Qualifier 2 Value 2	Quality of Concentration Qualifier 3 Value 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5007	Duration	EG - Effluent Gross	0	-			3.17		Opt Mon	MG	TOTAL	B2 - Inflow	0	3.17	WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume (SSD volume, CSD volume)	EG - Effluent Gross	0	-			4.274		Opt Mon	MG	TOTAL	3R - Mgsl	0	4.274	ALVEY - All Events	ES - ESTIMA
76897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-			3.17		Opt Mon	MG	TOTAL	5W - Inflow	0	3.17	ALVEY - All Events	RT - RCOTOT
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-			3		Opt Mon	MG	TOTAL	4K - Inflow	0	3	ALVEY - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By
 susan.beck@cityoffortwayne.org

User: Susan Beck

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Location: P.L. BRUNNER WFC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: CSO
 Extremal Outfall

Report Dates & Status
 Monitoring Period: From 04/01/18 to 04/30/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: 010-277MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:

No Data Indicator (NOD)
 Form NOD: -

Discharge: 650-C
 CSC: 010-277

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

DMR Due Date: 05/28/18

Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Sample Permit Req Value NOD	Sample Permit Req Value NOD	Quality or Concentration	Quantity or Loading	Units	# of Ex.	Frequency of Analysis	Sample Type
							Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Opt Mon MO TOTAL	Opt Mon MO TOTAL	Opt Mon MO TOTAL	WHDS - When Discharging	WHDS - When Discharging
50097	Duration	EG - Effluent Gross	0	-	3.17	0	0	0	0	0	WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	0.365	0	0	0	0	0	AL/EV - All Events	ES - ESTIMA
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	1.94	0	0	0	0	0	AL/EV - All Events	RT - RCOTOT
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	4	0	0	0	0	0	AL/EV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofortwayne.org

Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WFC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 051
 External Outfall

Report Dates & Status
 Monitoring Period: From 04/01/18 to 04/30/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSC: 022-002 MUNICIPAL MAJORALLEN COUNTY

Principal/Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NOD)
 Form NOD:

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 051-C
 CSC: 022-002

DMR Due Date: 05/28/18

Code	Parameter Num	Monitoring Location	Season	Param. NOD	Sample Permit Req Value NOD	Sample Permit Req Value NOD	Quantity of Loading Qualifier 1 Value 1	Quantity of Loading Qualifier 2 Value 2	Quantity of Loading Qualifier 3 Value 3	Quality of Concentration	Units	# of Es.	Frequency of Analysis	Sample Type
5007	Duration	EG - Effluent Gross	0	--			Opt Mon MO TOTAL B2 - hr/mo	C - No Discharge			WhdS - When Discharging	RT - RCOTOT		
7408	Overflow volume (SSD volume, CSD volume)	EG - Effluent Gross	0	--			Opt Mon MO TOTAL 3R - Mgal	C - No Discharge				AL/EV - All Events	ES - ESTMA	
7697	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			3.17	SW - In/mo				AL/EV - All Events	RT - RCOTOT	
8485	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--			Opt Mon MO TOTAL 4K - #mo	C - No Discharge				AL/EV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
 Permitted Feature: 052
 External Outfall
 Discharge: 052-C
 CSC: 022-004
 Report Dates & Status: DMR Due Date: 05/28/18
 Status: NetDMR Validated
 Monitoring Period: From 04/01/18 to 04/30/18
 Considerations for Form Completion
 CSC: 022-004 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:
 Telephone:
 Title:

Code	Parameter Name	Monitoring Location	Season	Permit NODI	Quantity or Loading			Quality or Concentration			# of Ex	Frequency of Analysis	Sample Type			
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units	WHDS - With Discharge	RT - RCDDT
5007	Duridan	EG - Effluent Gross	0	-	Permit Req Value NODI											
7408	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	Sample											ES - ESTIMA
7897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req Value NODI											RT - RCDDT
8468	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample											RT - RCDDT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 053 External Outfall
Discharge: 053-C
 CSO: 022-094

Report Dates & Status
 Monitoring Period: From 04/01/18 to 04/30/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: 022-094 MUNICIPAL MAJORALLEN COUNTY

Principal/Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

Form NODI: -
 Monitoring Location: Season 2 Param. NODI

Code	Parameter Name	Monitoring Location	Season 2 Param. NODI	Sample Permit Req. Value NODI	Sample Value	Quantity or Loading	Qualifier:1	Qualifier:2	Qualifier:3	Quality or Concentration	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	-												
74053	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	-												
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-												
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	-												

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Discharge: 054
 External Outfall
 Discharge: 054-C
 CSO: 023-080
Report Dates & Status
 Reporting Period: From 04/01/18 to 04/30/18
 Status: NetDMR Validated
Considerations for Form Completion
 CSO: 023-080 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer
 First Name:
 Last Name:
 Telephone:
No Data Indicator (NOD)
 Form NOD:

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Sample Permit Req. Value (NOD)	Sample Permit Req. Value (NOD)	Sample Permit Req. Value (NOD)	Sample Permit Req. Value (NOD)	Quality of Concentration	Quantity of Loading	Qualifiers	Value 1	Value 2	Units	# of Ex.	Frequency of Analysis	Sample Type
5007	Duration	EG - Effluent Gross	0	-	-	-	-	-	OH Mon MO TOTAL B2 - Inflow C - No Discharge	OH Mon MO TOTAL B2 - Inflow	WHDCS - When Discharging	RT - RCDTOT					
7408	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	-	-	-	OH Mon MO TOTAL SR - Mgal C - No Discharge	OH Mon MO TOTAL SR - Mgal	2.88	ALJEV - All Events	ES - ESTIMA					
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	-	SW - Inflow OH Mon MO TOTAL SW - Inflow 0	SW - Inflow		ALJEV - All Events	RT - RCDTOT					
84	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	-	-	OH Mon MO TOTAL 4K - Inflow C - No Discharge	OH Mon MO TOTAL 4K - Inflow		ALJEV - All Events	RT - RCDTOT					

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors
 No errors.
Comments
 No attachments.
Attachments
 No attachments.
Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)
Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNER WFC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 055
 Exernal Outfall
Discharge: 055-C
 CSC: P06-192

Report Dates & Status
 Reporting Period: From 04/01/18 to 04/30/18
 DMR Due Date: 05/28/18
 Status: NetDMR Validated

Monitoring Period:
 Considerations for Form Completion
 CSC: P06-192 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)
 Form NODI:

Code	Parameter Name	Monitoring Location	Season	Permit NODI	Sample Permit Req Value NODI	Sample Value NODI	Quantity of Loading Qualifier 1 Value 1	Quantity of Loading Qualifier 2 Value 2	Quantity of Loading Qualifier 3 Value 3	Quality or Concentration	# of EA	Frequency of Analysis	Sample Type
5007	Duration	EG - Effluent Gross	0	-	-	-	22.33	Opt Mon MO TOTAL	82 - #mbs	0	0	WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume (SSD volume, CSC volume)	EG - Effluent Gross	0	-	-	-	1.871	Opt Mon MO TOTAL	3R - Mgal	0	0	ALJEV - All Events	ES - ESTIMA
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	1.94	Opt Mon MO TOTAL	5W - #mbs	0	0	ALJEV - All Events	ES - ESTIMA
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	-	5	Opt Mon MO TOTAL	4K - #mbs	0	0	ALJEV - All Events	ES - ESTIMA

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 056
 External Outfall

Report Dates & Status
 Monitoring Period: From 04/01/18 to 04/30/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: J03-313 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)
 Form NODI: -

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 056-C
 CSO: J03-313

DMR Due Date: 05/28/18

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Req Value NODI	Sample Permit Req Value NODI	Sample Permit Req Value NODI	Sample Permit Req Value NODI	Sample Permit Req Value NODI	Sample Permit Req Value NODI	Quality or Concentration	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5007	Duration	EG - Effluent Gross	0	-							Opt Men MO TOTAL	3.34			B2 - hrmo	WHDS - When Discharging	RT - RCOTOT	
74083	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-							Opt Men MO TOTAL	2.84			3R - Mgal	ALJEV - All Events	ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-							Opt Men MO TOTAL	3.98			SW - hrmo	ALJEV - All Events	RT - RCOTOT	
84185	Discharge event observation (visual monitoring)	EG - Effluent Gross	0	-							Opt Men MO TOTAL	4			4K - #mo	ALJEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit: N00022191
Permit #: Yes
Major: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 057
 External Outfall

Permittee: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Discharge: 057-C
 CSC: P10-121

DMR Due Date: 05/28/18
Status: Not DMR Validated

Monitoring Location: Season 9 Param: NODJ
 From 04/01/18 to 04/30/18

Considerations for Form Completion: CSC: P10-121 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer:

First Name:

Last Name:

No Data Indicator (NODJ):

Form NODJ:

Quantity or Loading:

Qualifier 1:

Qualifier 2:

Qualifier 3:

Quality or Concentration:

Value 1:

Value 2:

Value 3:

Units:

Frequency of Analysis:

Sample Type:

Telephone:

Code	Parameter Name	Monitoring Location	Season 9 Param: NODJ	Sample Permit Req Value NODJ	Sample Value NODJ	Permit Req Value NODJ	Sample Permit Req Value NODJ	Op1 Mon MO TOTAL B2 - Inflow C - No Discharge	Op1 Mon MO TOTAL 3R - Inflow C - No Discharge	Op1 Mon MO TOTAL 5W - Inflow C - No Discharge	Op1 Mon MO TOTAL 4K - Inflow C - No Discharge
50037	Duration	EG - Effluent Gross	0	--				WHDS - When Discharging	RT - RCOTOT		
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--				ALJEV - All Events	ES - ESTIMA		
78497	Precipitation, monthly accumulation	EG - Effluent Gross	0	--				ALJEV - All Events	RT - RCOTOT		
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--				ALJEV - All Events	RT - RCOTOT		

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 080 External Outfall
Discharge: 060-C
 CSC: R06-31

Report Dates & Status
 Monitoring Period: From 04/01/18 to 04/30/18
 Status: NetDMR Validated
 Considerations for Form Completion:

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NOD)
 Form NOD:

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading	Quality or Concentration	# of EA	Frequency of Analysis	Sample Type
					Qualifier:1 Value:1 Qualifier:2 Value:2 Qualifier:3 Value:3	Qualifier:1 Value:1 Qualifier:2 Value:2 Qualifier:3 Value:3	Units		
5007	Duration	EG - Effluent Gross	0	-	On: Mon MO TOTAL B2 - Inflow C - No Discharge	On: Mon MO TOTAL B2 - Inflow C - No Discharge		WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	On: Mon MO TOTAL SR - Mgal C - No Discharge	On: Mon MO TOTAL SR - Mgal C - No Discharge	2.86	ALJEV - All Events	ES - ESTIMA
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	On: Mon MO TOTAL SW - Inflow C - No Discharge	On: Mon MO TOTAL SW - Inflow	9	ALJEV - All Events	RT - RCOTOT
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	On: Mon MO TOTAL 4K - #mo C - No Discharge	On: Mon MO TOTAL 4K - #mo		ALJEV - All Events	RT - RCOTOT

Submission Note
 if a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0022191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 051 External Outfall
Discharge: 967-C
 CSO: R14-137

Report Dates & Status
 Monitoring Period: From 04/01/18 to 04/30/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: R14-137 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:

No Data Indicator (NODI)
 Form NODI:

Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Req. Value (NODI)	Sample Permit Req. Value (NODI)	Sample Permit Req. Value (NODI)	Sample Permit Req. Value (NODI)	Sample Permit Req. Value (NODI)	Quality or Concentration	Quantity of Loading	Qualifier: 1	Qualifier: 2	Qualifier: 3	Value: 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5007	Disinfectant	EG - Effluent Gross	0	-						Opt Mon MO TOTAL 82 - hrmo	Opt Mon MO TOTAL 82 - hrmo	C - No Discharge					WHDS - When Discharging	RT - RCOTDT	
74083	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-						Opt Mon MO TOTAL 3R - Mgal	Opt Mon MO TOTAL 3R - Mgal	C - No Discharge					ALJEV - All Events	ES - ESTIMA	
7889	Precipitation, monthly accumulation	EG - Effluent Gross	0	-						3.17	SW - hrmo						ALJEV - All Events	RT - RCOTDT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-						Opt Mon MO TOTAL 4K - hrmo	Opt Mon MO TOTAL 4K - hrmo	C - No Discharge					ALJEV - All Events	RT - RCOTDT	

Submission Note
 If a parameter row does not contain any values for the Sample req. Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit: IND032191
Permittee: FORT WAYNE WWTP
Major: Yes
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Features: DB2
 External Outfall
Discharge: 062-C
 CSC: R14-139

Report Dates & Status: NADMP Validated
Monitoring Period: From 04/01/18 to 04/30/18
Considerations for Form Completion: 0528/18
 CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer:
First Name:
Last Name:
Title:
Telephone:

No Data Indicator (NOD):
Form NOD:

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier: 1	Value 1	Qualifier: 2	Value 2	Qualifier: 3	Value 3			
50037	Duration	EG - Effluent Gross	0		10.57					0	WHOS - When Discharging	RT - RCOTOT	
74083	Overflow volume [500 volume, CSO volume]	EG - Effluent Gross	0		0.884					0	ALJEV - All Events	ES - ESTIMA	
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0		3.17					0	ALJEV - All Events	RT - RCOTOT	
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0		3					0	ALJEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 064
 External Outfall
Discharge: 064-C
 CSO: S02-95

Report Dates & Status: 05/28/18
DMR Due Date: NetDMR Validated

Monitoring Period: From 04/01/18 to 04/30/18
Considerations for Form Completion:

CSO: S02-SMUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer

First Name: _____
Last Name: _____
Title: _____
No Data Indicator (NOD): _____
Form NOD1: _____

Code	Parameter Name	Monitoring Location	Season	Param NOD	Quantity of Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
5037	Duration	EG - Effluent Gross	0	--	Opt Mon MO TOTAL	B2 - hr/mo	C - No Discharge	WHDS - When Discharging	RT - RCOTOT				
7408	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Opt Mon MO TOTAL	3R - Mgal	C - No Discharge	AL/EV - All Events	ES - ESTIMA				
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Opt Mon MO TOTAL	SW - hr/mo	C - No Discharge	AL/EV - All Events	RT - RCOTOT				
8418	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Opt Mon MO TOTAL	4K - #/mo	C - No Discharge	AL/EV - All Events	RT - RCOTOT				

Submission Note
 if a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature:
 065 External Outfall

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 065-C
 CSO: N18-254

Report Dates & Status
 Monitoring Period: From 04/01/18 to 04/30/18
 Status: Not DMR Validated

Considerations for Form Completion
 CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator: (NODI)
 Form NODI:

Quantity of Loading
 Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3 Qualifier 4 Value 4 Qualifier 5 Value 5 Units

Quality of Concentration
 Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Qualifier 4 Value 4 Qualifier 5 Value 5

Frequency of Analysis
 WHDS - When Discharging RT - RCOTOT

Sample Type
 ES - ESTIMA
 RT - RCOTOT

Code	Parameter Name	Monitoring Location	Season	Permit NODI	Sample Permit Req Value (NODI)	Sample Permit Req Value (NODI)	Sample Permit Req Value (NODI)	Sample Permit Req Value (NODI)	Sample Permit Req Value (NODI)	Units
5007	Duration	EG - Effluent Gross	0	-						h:m:s
7408	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-						Mgal
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-						in/mo
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-						ft/mo

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Discharge: 080-C
 CSO: P10-001 25V EAST, NE OF PEMBERTON DR & NIAGRA DR
 Status: NetDMR Validated
 Telephone:
 Reporting Period: From 04/01/18 to 04/30/18
 DMR Due Date: 05/28/18
 Considerations for Form Completion
 CSO: P10-001 25V EAST, NE OF PEMBERTON DR & NIAGRA DR
 Principal Executive Officer
 First Name:
 Last Name:
 Title:
 No Data Indicator (NOD)
 Form NOD:

Scs	Parameter Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading			Quality or Concentration			# of Es	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Units	Qualifier 2	Value 2	Qualifier 3			
5007	Durblon	EG - Effluent Gross	0	-	Opt Mon	MO	TOTAL	BZ	-	in/mo	0	WHDS - When Discharging	RT - RCOTDT
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Opt Mon	MO	TOTAL	3R	-	Mgal	0	ALJEV - All Events	ES - ESTIMA
7887	Pre-precipitation, monthly accumulation	EG - Effluent Gross	0	-	Opt Mon	MO	TOTAL	5W	-	in/mo	0	ALJEV - All Events	RT - ROOTDT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Opt Mon	MO	TOTAL	4K	-	#/mo	0	ALJEV - All Events	RT - ROOTDT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 051 External Outfall
 Discharge: 081-C
 CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.
 Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Status: NetDMR Validated

Report Dates & Status: 05/28/18
 Monitoring Period: From 04/01/18 to 04/30/18
 DMR Due Date: 05/28/18
 Considerations for Form Completion: CSO : R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.
 Principal Executive Officer: Telephone:

No Data Indicator (NOD):
 Form NOD:

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading			Quality or Concentration			# of EA	Frequency of Analysis	Sample Type	
					Value 1	Qualifier 2	Value 2	Qualifier 1	Value 1	Qualifier 2				Value 3
50037	Duration	EG - Effluent Gross	0		On Mon MG TOTAL	B2 - In/mo						WHDS - When Discharging, RT - RCOTDT		
74063	Overflow volume [SS0 volume, CS0 volume]	EG - Effluent Gross	0		On Mon MG TOTAL	3R - Mgal						ALJEV - All Events	ES - ESTIMA	
74867	Precipitation, monthly accumulation	EG - Effluent Gross	0		On Mon MG TOTAL	SW - In/mo						ALJEV - All Events	RT - RCOTDT	
84166	Discharge event observation (Resul Monitoring)	EG - Effluent Gross	0		On Mon MG TOTAL	4K - In/mo						ALJEV - All Events	RT - RCOTDT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-05-17 13:37 (Time Zone: -04:00)

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-05-17 13:40 (Time Zone: -04:00)



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

June 20, 2018

Technical Support Branch
Office of Water Management
Department of Environmental Management
Room 1255
P. O. Box 6015
Indianapolis, IN 46206-6014

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of May 2018

We are pleased to enclose a completed CSO MRO form for the month of May 2018. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

The City is completing a Long-Term Control Plan sewer separation project at the intersection of W. Superior St. and Harrison St. The flow meter for CSO outfall 032 is located at this respective intersection. The flow meter at CSO 032 had to be removed on May 16, 2018 due to this construction project. The City will be using modeling to estimate overflows from May 16 to May 31, 2018 on this CSO MRO report for outfall 032 only.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Susan Beck".

Susan Beck
Program Manager

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ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection

Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts

Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff

Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps

Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine



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

State Form 5546 (8/17/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5546 (8/17/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0032191 Page [1] of [12] Public Notification Requirements Met? Y

Facility: Fort Wayne - P.L. Brunner WWTP Monitoring Period: (MONTH) 5-2018 Check box if no CSO discharge occurred for the month: Public Notification Requirements Met? Y

Design Peak Hourly Flow (MGD): 60 Design Flow (MGD): 60 Measured/Estimated (M) or Estimated (E) must be specified

Day of Month	WWTW Influent Data			Precipitation Data - Adams Gauge			Design Peak Hourly Flow (MGD)			CSO Outfall No. 60			CSO Outfall No. 60			CSO Outfall No. 60			CSO Outfall No. 60				
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm/hr)	Time Precip. Ended (mm/hr)	Total Precip. (inches)	Peak Intensity (inches)	Time Discharge Began (hours)	Time Discharge Ended (hours)	Event Duration (hours)	Time Discharge Began (hours)	Time Discharge Ended (hours)	Event Duration (hours)	Time Discharge Began (hours)	Time Discharge Ended (hours)	Event Duration (hours)	Time Discharge Began (hours)	Time Discharge Ended (hours)	Event Duration (hours)	Time Discharge Began (hours)	Time Discharge Ended (hours)	Event Duration (hours)	
1	39.09	44.99																					
2	38.56	67.46	11:35 PM			0.01	0.01																
3	79.65	101.48	7:00 AM			1.33	0.97																
4	62.71	91.37																					
5	44.83	50.54																					
6	48.51	67.38																					
7	42.16	65.32																					
8	39.51	43.97																					
9	46.41	62.57	11:35 AM			0.33	0.07																
10	49.06	67.48	12:05 AM			0.50	0.06																
11	43.53	61.96	8:10 AM			0.25	0.04																
12	36.64	42.72																					
13	42.86	55.17	7:55 AM			0.17	0.02																
14	44.33	66.03	8:15 AM			0.42	0.15																
15	59.50	75.93	3:00 AM			0.58	0.12																
16	40.08	46.07																					
17	49.37	55.93																					
18	51.93	75.98	12:55 PM			1.17	0.23																
19	49.60	63.66	1:50 AM			0.50	0.06																
20	41.81	53.63																					
21	53.05	87.03	6:25 AM			0.92	0.39																
22	59.22	61.11																					
23	39.20	43.74																					
24	45.08	55.38																					
25	39.73	55.99																					
26	41.27	57.16																					
27	36.21	46.30																					
28	43.03	51.21																					
29	36.08	50.63																					
30	55.18	101.95	4:20 PM			1.08	0.33																
31	56.95	100.39	8:40 AM			1.08	0.29																
Totals:	4926.95					8.41	2.35																

Signature of Principal Executive Officer of Authorized Agent: _____ Date (mm/dd/yyyy): _____

Signature of Principal Executive Officer of Authorized Agent: _____ Date (mm/dd/yyyy): _____



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

State Form 50546 (R3/7-19)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R3/7-19)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Page 2 of 12		Public Notification Requirements Met? Y		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: 5-2018		Design Peak Flow (MGD): 60		Design Flow (MGD): 60		Check box if no CSO discharge occurred for the month:	
Monitoring Period: 5-2018		Design Peak Flow (MGD): 60		Design Flow (MGD): 60		Check box if no CSO discharge occurred for the month:		Public Notification Requirements Met? Y	
WWTW Influent Data		Precipitation Data - Burshs Gauge		Design Average Flow (MGD)		Measures/Meters (M) or Estimated (E) must be specified		CSO Outfall No. 57	
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm)	Precip. Duration (hours)	Total Daily Precip. (inches)	Peak Precip. Intensity (inches)	Measurement Interval (hr:30 m)	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)
1	2	3	4	5	6	7	8	9	10
32.08	44.99					5 m			
39.58	87.46					5 m			
76.55	101.46	9:45 AM	1.58	1.01	0.34	5 m			
62.71	91.37					5 m			
44.83	50.54					5 m			
48.51	67.38					5 m			
42.16	65.32					5 m			
39.51	49.97					5 m			
46.41	62.57	10:55 AM	0.25	0.09	0.04	5 m			
43.06	57.46	12:05 AM	0.50	0.07	0.02	5 m			
43.63	61.96	8:10 AM	0.25	0.04	0.02	5 m			
39.54	42.72					5 m			
42.85	85.17	7:45 AM	0.25	0.03	0.01	5 m			
44.33	66.03	10:35 AM	0.33	0.14	0.07	5 m			
53.50	75.93	3:00 AM	0.67	0.13	0.03	5 m			
40.08	46.07					5 m			
49.37	56.83					5 m			
51.93	75.99	1:05 PM	1.08	0.26	0.04	5 m			
46.50	63.66	1:30 AM	0.59	0.07	0.01	5 m			
41.61	53.63					5 m			
53.05	67.03	5:25 AM	1.33	0.38	0.15	5 m			
52.22	61.11					5 m			
38.20	43.74					5 m			
45.08	55.38					5 m			
39.73	55.99					5 m			
41.27	57.16					5 m			
36.21	46.30					5 m			
43.03	51.21					5 m			
36.08	50.63					5 m			
55.18	101.95	4:20 PM	1.42	0.65	0.15	5 m			
56.95	100.39	10:40 AM	0.92	0.38	0.13	5 m			
1429.95			8.16	3.25					
Total:		0	0.00	0	0.00	0.000			

Head of Plant: Name and Title of Principal Executive Officer or Authorized Agent
 Susan Beck, Program Manager
 280-427-6213
 Telephone: 06/20/18

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 TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent
 Susan Beck



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (03/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IND032191		City: Fort Wayne															
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Facility: Fort Wayne - P.L. Brunner WWTP															
Monitoring Period: [MONTH]		5-2018		Monitoring Period: [MONTH]															
Design Peak Hourly Flow (MGD): 60		Check box if no CSO discharge occurred for the month:		Design Peak Hourly Flow (MGD): 85															
Design Peak Hourly Flow (MGD): 60		Measured (Meters) or Estimated (E) must be specified		Design Peak Hourly Flow (MGD): 85															
WVTP Influent Data		Precipitation Data - City/County Gauge		CSO Outfall No. 24															
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm/hr)	Precip. Duration (hours)	Total Daily Precip. (inches)	Peak Intensity (in/hr)	Measurement Interval (hr:30 m)	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	Day of Month	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	Day of Month	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	
1	39.09	44.89					5 m				1								
2	38.56	67.46	11:20 PM	0.17	0.02	0.01	5 m				2								
3	78.65	101.48	6:50 AM	1.00	0.67	0.26	5 m	7:00 AM	2.67	0.157	3	7:15 AM	2.33	0.443	3	7:20 AM	0.75	0.01	
4	62.71	91.37					5 m				4								
5	44.93	50.54					5 m				5								
6	48.51	67.38					5 m				6								
7	42.16	65.32					5 m				7								
8	39.51	43.97					5 m				8								
9	46.41	62.87	11:40 PM	0.17	0.02	0.01	5 m				9								
10	43.06	57.46	12:10 AM	0.25	0.06	0.03	5 m				10								
11	43.53	61.96	10:00 AM	0.08	0.01	0.01	5 m	5:30 AM	0.58	0.001	11				12:05 AM	0.42	0.007	11	
12	35.64	42.72					5 m				12								
13	42.85	65.17					5 m				13								
14	44.33	66.03	10:30 AM	0.33	0.07	0.04	5 m				14				10:40 AM	0.50	0.026	14	
15	53.50	75.83	5:10 AM	0.33	0.09	0.05	5 m				15				5:20 AM	0.50	0.004	15	
16	40.08	46.07					5 m				16								
17	49.37	56.83	9:55 AM	0.08	0.10	0.10	5 m				17								
18	51.93	75.89	3:00 PM	0.68	0.10	0.03	5 m				18								
19	46.90	63.66	3:00 AM	0.25	0.04	0.02	5 m				19								
20	41.61	53.63					5 m				20								
21	53.05	87.03	6:25 AM	0.75	0.19	0.08	5 m	6:55 AM	0.17	0.009	21	6:50 AM	0.50	0.013	21	6:30 AM	1.08	0.194	
22	52.22	61.11					5 m				22								
23	38.20	43.74					5 m				23								
24	45.08	55.38					5 m				24								
25	39.73	55.89					5 m				25								
26	41.27	57.15					5 m				26								
27	36.21	46.30					5 m				27								
28	43.03	51.21					5 m				28								
29	36.09	50.93					5 m				29								
30	55.16	101.95	4:20 PM	1.25	0.57	0.13	5 m	4:40 PM	1.08	0.038	30	4:40 PM	0.67	0.018	30	4:25 PM	1.92	1.858	
31	56.95	100.39	3:15 PM	0.92	0.72	0.20	5 m	10:00 PM	1.25	0.283	31	10:05 PM	1.08	0.462	31	9:55 PM	2.50	1.517	
Totals:	1429.85			5.16	2.66	0.807			5.75	0.438	Totals:		4.66	0.807	Totals:		7	12.50	5.158

Signature of Principal Executive Officer or Authorized Agent
 Susan Beck, Program Manager
 Telephone: 260-427-5213
 Date (mm/dd/yyyy): 06/20/18
 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.



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (RS/7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Page [4] of [12] Permit Number: IN0032491 City: Fort Wayne
 Public Notification Requirements Met? Y
 Facility: Fort Wayne - P.L. Brunner WWTP

Monitoring Period: [MONTH] 5-2018
 Design Peak Flow (Hourly) (MGD): 85
 Design Flow (MGD): 80

Measured/Metered (M) or Estimated (E) must be specified		CSO Outfall No. 32		CSO Outfall No. 39		CSO Outfall No. 50		CSO Outfall No. 55							
Time Discharge Began	Event Duration (Hours)	M	E	Time Discharge Began	Event Duration (Hours)	M	E	Time Discharge Began	Event Duration (Hours)	M	E	Time Discharge Began	Event Duration (Hours)	M	E
7:05 AM	2.917	M	0.059	6:55 AM	4.42	M	0.66	7:00 AM	2.42	M	0.226	6:55 AM	3.08	M	0.778
1:05 AM	0.25	M	0.002												
10:50 AM	0.583	M	0.009	11:00 AM	0.17	M	0.003					10:55 AM	0.58	M	0.015
5:45 AM	0.333	M	0.008									3:05 AM	0.25	M	0.002
10:10 AM	1	M	0.015												
				3:25 PM	0.42	M	0.009								
6:45 AM	1	M	0.016	6:35 AM	1.00	M	0.079					6:30 AM	0.87	M	0.112
8:30 PM	2	M	0.124	4:35 PM	2.25	M	0.21					4:20 PM	2.17	M	0.208
10:15 PM	1.75	M	0.542	10:05 PM	1.92	M	0.441					10:05 PM	1.50	M	0.187
Totals:	8	8	0.775	5	10.18	1.402	0.431	3	3.34	0.431	8	8.83	8	8.83	3.318

Dated: 05/20/18
 Signature of Principal Executive Officer or Authorized Agent: Susan Beck
 Title: Principal Executive Officer or Authorized Agent
 Telephone: 260-427-5213
 I, the undersigned, certify that the information provided herein is true and correct to the best of my knowledge and belief, and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowingly falsifying information.



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

State Form 50646 (03/7-15)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50646 (03/7-15)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Page [5] of [12]		Public Notification Requirements Met? Y	
Facility: Fort Wayne - P.L. Brunner WWTP		Permit Number: IN0032191		Page [5] of [12]		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 5-2018		Monitoring Period: [MONTH] 5-2018		Page [5] of [12]		Public Notification Requirements Met? Y	
Design Peak Hourly Flow (MGD): 60		Design Peak Hourly Flow (MGD): 60		Page [5] of [12]		Public Notification Requirements Met? Y	
WWTW Influent Data		WWTW Effluent Data		Page [5] of [12]		Public Notification Requirements Met? Y	
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Peak Intensity (inches)	Time of Peak Intensity (hh:mm)	Time of Peak Intensity (hh:mm)	Time of Peak Intensity (hh:mm)	Time of Peak Intensity (hh:mm)
1	39.09	44.89					
2	38.58	67.46					
3	78.65	101.48	0.86	0.34	7:15 AM	7:00 AM	
4	62.71	91.37					
5	44.83	50.54					
6	48.51	67.38					
7	42.16	65.32					
8	38.51	43.97					
9	46.41	62.57	0.33	0.22	10:10 AM		
10	43.06	57.46	0.33	0.07	12:00 AM		
11	43.63	61.96	0.25	0.03	0.01		
12	35.64	42.72					
13	42.85	66.17	0.17	0.02	0.01		
14	44.33	66.03	0.33	0.16	0.12	11:28 AM	
15	53.50	76.83	0.50	0.12	0.05		
16	40.08	46.07					
17	49.37	56.83					
18	51.93	75.89	0.58	0.11	0.02		
19	46.60	65.66	0.50	0.09	0.04		
20	41.61	53.63					
21	53.05	67.03	1.00	0.25	0.12	7:00 AM	
22	52.22	61.11					
23	38.20	43.74					
24	45.08	55.39					
25	39.73	55.89					
26	41.27	57.15					
27	36.21	46.30					
28	43.03	51.21					
29	36.08	50.63					
30	55.18	101.95	1.08	0.39	0.11	7:00 PM	
31	55.95	100.89	1.17	0.51	0.18	10:15 PM	
Totals:	1429.65		7.57	2.63		0.52	0.333
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent		Susan Beak, Program Manager		2605-427-6213		Telephone	
Signature of Principal Executive Officer or Authorized Agent		Susan Beak		2605-427-6213		Telephone	
Signature of Principal Executive Officer or Authorized Agent		Susan Beak		2605-427-6213		Telephone	
Signature of Principal Executive Officer or Authorized Agent		Susan Beak		2605-427-6213		Telephone	

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent
Susan Beak
Date (mm/dd/yyyy) 05/22/18



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5054-02 (03/17-19)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 5054-02 (03/17-19)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Page 1 of 12		Public Notification Requirements Met? Y		Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: (MONTH) 5-2018		Design Peak Flow (MGD): 60		Design Flow (MGD): 60		Public Notification Requirements Met? Y							
WVTP Influent Data		Precipitation Data - Harrison Gauge		Measured (M) or Estimated (E) must be specified		CSO Outfall No. 18		CSO Outfall No. 19							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Began (mm)	Time Precip. Began (mm)	Total Daily Precip. (inches)	Peak Intensity (in/hr)	Maximum Intensity (in/hr)	Time Discharge Began (Hours)	Event Discharge (MG)	Time Discharge Began (Hours)	Event Discharge (MG)	Time Discharge Began (Hours)	Event Discharge (MG)	Time Discharge Began (Hours)	Event Discharge (MG)
1	39.09	44.89													
2	36.58	67.46													
3	78.85	101.48	6:50 AM	1:33	0.93	0.25	5 m	7:00 AM	9:50 M	8.347 M					
4	62.71	91.37	1:15 PM	0:08	0.02	0.02	5 m								
5	44.83	50.54													
6	48.51	87.38													
7	42.18	65.32													
8	39.51	43.97													
9	46.41	62.57	9:40 AM	0:33	0.23	0.18	5 m								
10	49.09	87.46	12:00 AM	0:50	0.10	0.04	5 m	12:45 AM	1:33 M	0.293 M					
11	49.53	61.96	7:40 AM	0:25	0.09	0.04	5 m								
12	36.54	42.72	6:45 PM	0:08	0.02	0.02	5 m								
13	42.85	85.17	8:50 PM	0:17	0.03	0.02	5 m								
14	44.33	66.03	8:10 AM	0:58	0.24	0.12	5 m	11:00 AM	1:63 M	1.137 M					
15	59.50	75.93	3:10 AM	0:75	0.17	0.08	5 m	3:40 AM	1:00 M	0.027 M					
16	40.08	46.07													
17	49.37	56.83													
18	51.93	75.98	2:30 PM	1:08	0.22	0.04	5 m	3:45 PM	2:17 M	0.421 M					
19	46.50	63.66	1:40 AM	0:50	0.07	0.02	5 m								
20	41.61	59.63													
21	59.05	67.03	6:40 AM	0:67	0.15	0.07	5 m	6:50 AM	1:33 M	0.663 M	6:25 AM	0.33 M	0.001 M		
22	52.22	61.11													
23	38.20	43.74													
24	45.08	55.38													
25	39.73	55.89													
26	41.27	87.16													
27	36.21	46.30													
28	43.03	51.21													
29	36.08	50.63													
30	55.18	101.95	4:25 PM	1:00	0.43	0.11	5 m	4:55 PM	5:50 M	2.695 M					
31	59.95	100.39	2:55 PM	0:58	0.67	0.27	5 m	12:00 AM	3:83 M	2.211 M	3:05 PM	2:00 M	0.013 M		
Totals:	1429.85			7.90	3.27				28.49	15.66		2.33	0.014		
Total:		5	16	6.45	0.701			4	8.59	0.496		0.23	0.002		
Total:		5	16	6.45	0.701			4	8.59	0.496		0.23	0.002		

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Beck
Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
Date (mm/dd/yyyy): 06/20/19



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

State Form 55046 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 55046 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne										City: Fort Wayne											
Facility: Fort Wayne - P.L. Brumer WWTP										Facility: Fort Wayne - P.L. Brumer WWTP											
Monitoring Period: (MONTH) 5-2018										Monitoring Period: (MONTH) 5-2018											
Design Peak Hourly Flow (MGD): 85										Design Peak Hourly Flow (MGD): 85											
Precipitation Data - Study Gauge										Precipitation Data - Study Gauge											
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm/yr)	Time Precip. Ended (mm/yr)	Precip. Duration (hours)	Total Daily Precip. (Inches)	Peak Intensity (Inches/hr)	Watershed Depth (ft)	Watershed Area (sq mi)	Time Discharge Began (hours)	Time Discharge Ended (hours)	Event Duration (hours)	Event Discharge (MG)	Event Discharge Rate (MG/hr)	Day of Month	Time Discharge Began (hours)	Time Discharge Ended (hours)	Event Duration (hours)	Event Discharge (MG)	Event Discharge Rate (MG/hr)	
1	39.09	44.89						5 m							1						
2	38.98	67.46	11:40 PM	0:08	0:01	0.01	0.01	5 m							2						
3	78.85	101.49	6:30 AM	1:33	0:82	0.16	5 m	7:05 AM	M	7:00 AM	M	4:50	M	0.487	3						
4	62.71	91.37						5 m							4						
5	44.83	60.54						5 m							5						
6	48.51	67.38						5 m							6						
7	42.16	65.32						5 m							7						
8	39.51	43.97						5 m							8						
9	46.41	62.57	9:05 AM	0:42	0:07	0.02	0.02	5 m							9						
10	43.98	57.46	12:15 AM	0:42	0:05	0.01	0.01	5 m							10						
11	43.53	61.96	7:50 AM	0:33	0:04	0.01	0.01	5 m							11						
12	35.64	42.72						5 m							12						
13	42.85	65.17	7:45 AM	0:33	0:04	0.01	0.01	5 m							13						
14	44.33	66.03	4:05 AM	0:58	0:20	0.07	0.07	5 m	10:50 AM	M	10:45 AM	M	0.673	M	14						
15	53.50	75.89	3:00 AM	0:58	0:10	0.03	0.03	5 m							15						
16	40.08	46.07						5 m							16						
17	49.37	56.83						5 m							17						
18	51.93	75.99	2:30 PM	0:92	0:22	0.05	0.05	5 m							18						
19	46.60	63.66	1:30 AM	0:75	0:10	0.02	0.02	5 m							19						
20	41.61	53.63						5 m							20						
21	53.05	87.03	6:15 AM	1:08	0:37	0.13	0.13	5 m	8:45 AM	M	8:35 AM	M	0.75	M	21						
22	32.22	61.11						5 m							22						
23	38.20	43.74						5 m							23						
24	45.03	55.39						5 m							24						
25	39.78	55.88						5 m							25						
26	41.27	57.16						5 m							26						
27	36.21	46.30						5 m							27						
28	43.03	51.21						5 m							28						
29	36.08	50.63						5 m							29						
30	55.18	101.95	4:20 PM	1:17	0:39	0.11	0.11	5 m	4:35 PM	M	4:35 PM	M	1.67	M	30						
31	59.65	100.39	10:20 AM	1:25	0:81	0.24	0.24	5 m	12:00 AM	M	12:00 AM	M	2.42	M	31						
Totals:	1429.95				8.24	3.22				5	11.58	4.429			Totals:	0	0	0	0	0	0
Types or Printed Name and Title of Principal Executive Officer or Authorized Agent										Telephone											
Susan Beck, Program Manager										250-427-8213											

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 DATA AND INFORMATION REPORTED HEREON. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Beck
Date (mm/dd/yyyy): 05/20/18



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

State Form 50545 (03/17-19)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50545 (03/17-19)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page [8] of [12]		Permit Number: IN0032191		Public Notification Requirements Met? Y	
Facility: Fort Wayne - P.L. Brunner WWTP		Page [8] of [12]		Permit Number: IN0032191		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 5-2018		Monitoring Period: [MONTH] 5-2018		Monitoring Period: [MONTH] 5-2018		Monitoring Period: [MONTH] 5-2018	
Design Peak Hourly Flow (MGD): 60		Design Peak Hourly Flow (MGD): 60		Design Peak Hourly Flow (MGD): 60		Design Peak Hourly Flow (MGD): 60	
WVTP Influent Data		Precipitation Data - Inflow Gauge		CSO Outfall No. 54		CSO Outfall No. 55	
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm:ss)	Total Daily Precip. (Inches)	Time of Discharge (Hours)	Event Duration (Hours)	Time of Discharge (Hours)	Event Duration (Hours)
Day of Month	Peak Hourly Flow (MGD)	Time Precip. Began (mm:ss)	Total Daily Precip. (Inches)	Time of Discharge (Hours)	Event Duration (Hours)	Time of Discharge (Hours)	Event Duration (Hours)
1	39.09	44.83					
2	38.59	57.45					
3	78.86	101.48	6:50 AM	1.42	0.86		
4	62.71	91.37	1:10 PM	0.17	0.02		
5	44.83	50.54					
6	48.51	67.38					
7	42.15	65.32					
8	39.51	43.97					
9	45.41	62.57	10:35 AM	0.33	0.11		
10	43.06	57.48	12:05 AM	0.42	0.07		
11	43.53	61.95	7:50 AM	0.33	0.07		
12	35.84	42.72					
13	42.85	65.17	8:55 PM	0.17	0.02		
14	44.33	66.03	8:05 AM	0.42	0.26		
15	53.50	75.83	3:00 AM	0.75	0.14		
16	40.08	46.07					
17	49.37	56.83					
18	51.93	75.89	1:00 PM	1.25	0.25		
19	46.50	65.66	1:20 AM	0.59	0.09		
20	41.81	53.63					
21	53.05	67.03	6:15 AM	1.00	0.27		
22	52.22	61.11					
23	36.20	43.74					
24	45.06	55.38					
25	39.73	56.89					
26	41.27	57.16					
27	36.21	46.30					
28	43.03	51.21					
29	36.08	50.63					
30	55.18	101.95	4:20 PM	1.08	0.45		
31	56.85	100.39	9:00 AM	1.08	0.31		
Totals:	1428.65		8.00	2.92			

Types of Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Telephone: 260-427-6213
 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 BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.
 Signature of Principal Executive Officer or Authorized Agent: Susan Beck Date (mm/dd/yyyy): 06/20/18



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

State Form 50546 (03/17-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		City: Fort Wayne																
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Facility: Fort Wayne - P.L. Brunner WWTP																
Monitoring Period: [MONTH] 5-2018		Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 5-2018																
Design Peak Hourly Flow (MGD): 60		Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD): 85																
WWTP Influent Data		CSO Outfall No. 28		CSO Outfall No. 51																
Average Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Begins (am/pm)	Time Precip. Ends (am/pm)	Time Discharge Begins (hours)	Time Discharge Ends (hours)	Event Discharge (MG)	Event Duration (hours)	Time Discharge Begins (hours)	Time Discharge Ends (hours)	Event Discharge (MG)	Event Duration (hours)	Time Discharge Begins (hours)	Time Discharge Ends (hours)	Event Discharge (MG)	Event Duration (hours)					
Day of Month	Peak Inflow (MGD)	Peak Inflow (MGD)	Total Daily Precip. (inches)	Peak Inflow (MGD)	Peak Inflow (MGD)	Day of Month	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)	Day of Month	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)					
1	39.09	44.89		5 m		1						1								
2	36.58	67.46	0.02	0.01	5 m	2						2								
3	76.65	101.48	1.33	0.71	0.15	5 m	9:05 AM	M	0.88	M	1.007	3								
4	62.71	91.37			5 m							4								
5	44.83	50.54			5 m							5								
6	48.51	67.38			5 m							6								
7	42.16	66.32			5 m							7								
8	39.51	43.97			5 m							8								
9	46.41	62.57	1.00 PM	0.17	0.03	0.02	5 m					9								
10	43.06	57.46	12:00 AM	0.33	0.08	0.04	5 m					10								
11	43.53	61.96	8:05 AM	0.25	0.08	0.05	5 m					11								
12	35.64	42.72	12:15 PM	0.08	0.01	0.01	5 m					12								
13	42.85	65.17			5 m							13								
14	44.33	66.03	8:20 AM	0.50	0.12	0.04	5 m					14								
15	53.50	75.83	3:05 AM	0.67	0.16	0.04	5 m					15								
16	40.08	46.07			5 m							16								
17	49.37	56.83			5 m							17								
18	51.93	75.89	1:00 PM	1.33	0.27	0.04	5 m					18								
19	46.60	63.66	2:05 AM	0.42	0.09	0.04	5 m					19								
20	41.61	53.63			5 m							20								
21	53.05	87.03	6:40 AM	1.17	0.31	0.13	5 m					21								
22	52.22	61.11			5 m							22								
23	38.20	43.74			5 m							23								
24	45.08	55.38			5 m							24								
25	39.73	55.89			5 m							25								
26	41.27	57.16			5 m							26								
27	36.21	46.30			5 m							27								
28	43.03	51.21			5 m							28								
29	36.08	50.63			5 m							29								
30	55.18	101.95	4:25 PM	1.25	0.32	0.08	5 m					30								
31	56.65	100.98	11:15 AM	1.00	0.57	0.25	5 m	10:40 PM	M	0.62	M	0.161	M	10:35 PM	M	1.15	M	1.247	M	
Totals:	1429.86			6.67	2.77			2	0.84	0.218		3	0.21	2.594		0	0.00	0	0.000	0

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Telephone: 260-427-5213
 I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.
 Signature of Principal Executive Officer or Authorized Agent: _____ Date (mm/dd/yyyy): 06/20/18



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

State Form 50548 (R3 / 7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Page [10] of [12]		Permit Number: IND002191		Page [10] of [12]		Permit Number: IND002191	
Public Notification Requirements Met? Y		Public Notification Requirements Met? Y		Public Notification Requirements Met? Y		Public Notification Requirements Met? Y	
Check box if no CSO discharges occurred for the month:		Check box if no CSO discharges occurred for the month:		Check box if no CSO discharge occurred for the month:		Check box if no CSO discharge occurred for the month:	
Measured/Metered (M) or Estimated (E) must be specified		Measured/Metered (M) or Estimated (E) must be specified		Measured/Metered (M) or Estimated (E) must be specified		Measured/Metered (M) or Estimated (E) must be specified	
CSO Outfall No. 53		CSO Outfall No. 61		CSO Outfall No. 62		CSO Outfall No. 68	
Time Discharge Began	M	Event Duration (Hours)	M	Event Discharge (MG)	M	Event Discharge (MG)	M
Discharge Began	E	Discharge Began	E	Discharge Began	E	Discharge Began	E
Time Discharge Began	M	Event Duration (Hours)	M	Event Discharge (MG)	M	Event Discharge (MG)	M
Discharge Began	E	Discharge Began	E	Discharge Began	E	Discharge Began	E
Time Discharge Began	M	Event Duration (Hours)	M	Event Discharge (MG)	M	Event Discharge (MG)	M
Discharge Began	E	Discharge Began	E	Discharge Began	E	Discharge Began	E
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							
10:45 PM	M	0.68	M	0.08	M		
Total:	1	0.08	0.08	0.08	0.08	0	0
0	0	0.00	0	0.00	0	0.00	0

Design Flow (MGD): 60
 Design Peak Flow (Hourly) (MGD): 85
 Monitoring Period: [MONTH] 5-2018
 Facility: Fort Wayne - P.L. Brunner WWTP
 City: Fort Wayne
 Permit Number: IND002191

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck Program Manager
 Telephone: 260-427-6213

I HEREBY CERTIFY THAT THE INFORMATION AND DATA CONTAINED HEREIN WERE PREPARED OR CHECKED BY ME OR UNDER MY SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Beck
 Date (mm/dd/yyyy): 06/20/18



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

State Form 556-46 (03/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 556-46 (03/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Public Notification Requirements Met: Y		Permit Number: IN0032191		Public Notification Requirements Met: Y			
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: 5-2018		Check box if no CSO discharge occurred for the month:		Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: 5-2018		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 60		Design Average Flow (MGD): 85		Design Peak Flow (MGD): 60		Design Flow (MGD): 85		Design Peak Flow (MGD): 60		Design Flow (MGD): 85	
WWTW Influent Data		Precipitation Data - Price Gauge		CSO Outfall No. 60		CSO Outfall No. 27		CSO Outfall No. 36		CSO Outfall No. 44	
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm/hr)	Precip. Duration (hours)	Total Daily Precip. (inches)	Time Discharge Began (M)	Event Duration (Hours)	Time Discharge Began (M)	Event Duration (Hours)	Time Discharge Began (M)	Event Duration (Hours)
1	39.06	44.89									
2	38.50	57.46	10:25 PM	0.42	0.09						
3	78.65	101.48	8:45 AM	1.42	0.51	7:10 AM	2.17 M	4:755 M			
4	62.71	91.37	1:10 PM	0.08	0.01						
5	44.83	50.54									
6	48.51	67.38									
7	42.16	56.32									
8	39.51	43.97									
9	46.41	82.57	2:05 PM	0.25	0.12						
10	43.06	57.45	12:05 AM	0.42	0.06						
11	43.63	61.95	7:55 AM	0.33	0.05						
12	35.64	42.72	8:40 PM	0.08	0.01						
13	42.85	65.17	9:55 AM	0.17	0.02						
14	44.33	66.03	8:15 AM	0.59	0.17						
15	53.50	75.83	4:55 AM	0.50	0.28	12:06 PM	0.05 M	0.105 M			
16	40.08	46.07				5:25 AM	0.30 M	0.85 M			
17	49.37	56.83									
18	51.93	75.89	2:35 PM	0.92	0.22	4:01 PM	0.12 M	0.27 M			
19	46.60	63.85	2:00 AM	0.58	0.10						
20	41.61	55.63									
21	53.05	87.03	6:25 AM	1.08	0.33	7:01 AM	0.13 M	0.365 M			
22	32.22	61.11									
23	38.20	43.74									
24	45.08	55.38									
25	39.73	55.89									
26	41.27	57.16	10:30 PM	0.08	0.01						
27	36.21	46.30	10:10 AM	0.08	0.01						
28	43.03	51.21									
29	36.09	50.63									
30	55.18	101.95	4:15 PM	1.33	0.58	4:52 PM	0.98 M	2.195 M			
31	55.85	100.99	10:10 AM	0.75	0.94	10:18 PM	3.27 M	6.635 M			
Totals:	1429.85			5.07	3.61	7	7:02	14.915	0	0	0
Type of Printer Name and Title of Principal Executive Officer or Authorized Agent		Telephone		0		0		0		0	
Susan Beck, Program Manager		260-427-6213									

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: _____ Date (mm/dd/yyyy): 05/25/18



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

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?	Y
Monitoring Period: 5-2018	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	Wet Weather
4	
5	
6	
7	
8	
9	
10	Wet Weather
11	Wet Weather
12	
13	
14	Wet Weather
15	Wet Weather
16	
17	Wet Weather
18	Wet Weather
19	Wet Weather
20	
21	Wet Weather
22	
23	
24	
25	
26	
27	
28	
29	
30	Wet Weather
31	Wet Weather

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Susan Beck, Program Manager	Telephone 260-427-6213
---	---------------------------

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent Susan Beck	Date (mm/dd/yy) 06/20/18
--	-----------------------------

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Features: 002 External Outfall
 Report Dates & Status: From 05/01/18 to 05/31/18
 Monitoring Period: From 05/01/18 to 05/31/18
 Considerations for Form Completion: CSO - 002 POND WHEN USED AS CSO ONLY
 Principal/ Executive Officer: Susan Beck
 First Name: Susan
 Last Name: Beck
 No Data Indicator (NODI): --
 Form NODI: --

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
 Discharge: 002-C 002 POND - WHEN USED AS CSO ONLY
 DMR Due Date: 06/28/18
 Title: Program Manager
 Telephone: 260-427-6213
 Status: NetDMR Validated
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Rec'd	Sample Value NODI	Quantity of Loading	Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 3	Value 3	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	--			Opt Mon MO TOTAL	62	litmo							WHDS - When Discharging	RT - RCDDTOT
7495	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--			Opt Mon MO TOTAL	3R - Mgal								AUEV - All Events	ES - ESTIMA
7887	Predispulsion, monthly accumulation	EG - Effluent Gross	0	--			Opt Mon MO TOTAL	SV - litmo	2.77							AUEV - All Events	RT - RCDDTOT
8415	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--			Opt Mon MO TOTAL	dk - litmo								AUEV - All Events	RT - RCDDTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_LETTER_2018_05.pdf	pdf	220813
IN0032191_002C_CSOMRO_2018_05.pdf	pdf	520349

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)
Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Features: 003 External Outfall
 Report Dates & Status: From 05/01/18 to 05/31/18
 Monitoring Period: From 05/01/18 to 05/31/18
 Considerations for Form Completion: CSO - 001 POND WHEN USED AS CSO ONLY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NOD): [Blank]
 Form NOD: [Blank]

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE, FT WAYNE, IN 46802
 Discharge: 003-C, 001 POND - CSO
 DMR Due Date: 06/28/18
 Status: NetDMR Validated
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC, FORT WAYNE, IN 46803
 Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Sample Permit Req. Value (NOD)	Sample Permit Req. Value (NOD)	Quantity or Loading Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	% of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value (NOD)	Sample Permit Req. Value (NOD)	Opt Mon MO TOTAL 82 - hrmo	C - No Discharge		WHDS - When Discharging	RT - RCOTOT					
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Req. Value (NOD)	Sample Permit Req. Value (NOD)	Opt Mon MO TOTAL 3R - Mgpl	C - No Discharge		ALVEY - All Events	ES - ESTIMA					
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value (NOD)	Sample Permit Req. Value (NOD)	2.71	SW - Inflow		ALVEY - All Events	RT - RCOTOT					
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value (NOD)	Sample Permit Req. Value (NOD)	Opt Mon MO TOTAL 4K - Ammo	C - No Discharge		ALVEY - All Events	RT - RCOTOT					

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-06-20 13:41 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: 004 External Outfall
Permitted Feature: 06/28/18
Report Dates & Status: NetDMR Validated
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion:
 CSC: J02-90 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 004-C
 CSC: IO2-90
DWR Due Date: 06/28/18
Status: NetDMR Validated
Telephone:

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Quantity or Loading:
 Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Units
 = 1.53 Req Mon NO TOTAL 32 - hr/mo 0
 = 1.429 Req Mon NO TOTAL 3R - Mgal 0
 = 3.22 Req Mon NO TOTAL 3W - hr/mo 0
 = 5 Req Mon NO TOTAL 4K - #/mo 0

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Type
5037	Duration	EG - Effluent Gross	0	-	-	-	-	-	-	WHDS - When Discharging RT - RCOTOT
7465	Overflow volume (BSO volume, CSO volume)	EG - Effluent Gross	0	-	-	-	-	-	-	WHDS - When Discharging RT - RCOTOT
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	-	-	-	WHDS - When Discharging RT - RCOTOT
8418	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	-	-	-	-	-	WHDS - When Discharging RT - RCOTOT

Submission Note:
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors:
 No errors.
Comments:
Attachments:
 No attachments.
Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:37 (Time Zone: -04:00)
Report Last Signed By: susan.beck@cityofwayne.org
User: Susan Beck
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Permit Major: Yes
Permitted Features: 005 External Outfall
Report Dates & Status: From 05/01/18 to 05/31/18
Monitoring Period: Considerations for Form Completion
CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity of Loading			Quality of Concentration			# of Ex.	Frequency of Analysis		Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3		WHDS - When Discharging	WHDS - When Discharging	
5007	Duration	EG - Effluent Gross	0	0	Req Mon	MO	TOTAL	82	l/mmo	0	0	RT - RCOTOT	RT - RCOTOT	
7405	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	0	Req Mon	MO	TOTAL	3R	Mgal	0	0	ES - ESTIMA	ES - ESTIMA	
7987	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	Req Mon	MO	TOTAL	5W	in/mo	0	0	RT - RCOTOT	RT - RCOTOT	
8418	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	0	Req Mon	MO	TOTAL	4K	l/mmo	0	0	RT - RCOTOT	RT - RCOTOT	

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permittee Address: FORT WAYNE WWTP CITY OF FORT WAYNE FT WAYNE, IN 46802
Discharge: 005-C CSC-111-164
DMR Due Date: 06/28/18
Status: NetDMR Validated
Title:
Telephone:

Permit Recd Value NODI:
Sample Value NODI:
Permit Recd Value NODI:
Sample Value NODI:
Permit Recd Value NODI:
Sample Value NODI:

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors:
No errors.
Comments:
Attachments: No attachments.
Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:38 (Time Zone: -04:00)
Report Last Signed By:
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 007 External Outfall
Report Dates & Status: From 05/01/18 to 05/31/18
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion: CSO: K03-02 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
Discharge: 007-C CSC: K03-02
DMR Due Date: 06/28/18
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER MPC FORT WAYNE, IN 46803
Status: NetDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Qualifier:1 Value 1	Qualifier:2 Value 2	Qualifier:3 Value 3	Units	Sample Type
5007	Duration	EG - Effluent Gross	0	--				Reg Mon MO TOTAL	RT - RCODTOT
7405	Overflow volume (BSO volume, CSO volume)	EG - Effluent Gross	0	--				Reg Mon MO TOTAL 3P - Mgrl	ES - EST/MA
7987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--				Reg Mon MO TOTAL SW - Inflow 0	RT - RCODTOT
8416	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--				Reg Mon MO TOTAL HK - #/mo	RT - RCODTOT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors:
No errors.
Comments:
Attachments:
No attachments.
Report Last Saved By: susan.beck@cityofwayne.org
Report Last Saved By: Susan Beck
Date/Time: 2018-06-20 13:38 (Time Zone: -04:00)
Report Last Signed By: susan.beck@cityofwayne.org
Report Last Signed By: Susan Beck
Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit/ IN0032191 **Permittee:** FORT WAYNE WWTP
Major: Yes **Facility Location:** P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Permitted Feature: 011 External Outfall **Status:** NetDMR Validated
Discharge: 011-C **Telephone:**
 CSC: X06-233
DMR Due Date: 06/28/18

Monitoring Location: From 05/01/18 to 05/31/18
Monitoring Period: 06/28/18
Considerations for Form Completion: NetDMR Validated
 CSC: X06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer

First Name:

Last Name:

No Data Indicator (NODI)

Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Permit Req. Value NODI	Quality of Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NODI	0.97	Req Mon MO TOTAL	82	h/m/mo	0	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Permit Req. Value NODI	1.295	Req Mon MO TOTAL	3R	Mgal	0	ALIEV - All Events	ES - ESTIMA
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req. Value NODI	3.22	Req Mon MO TOTAL	5W	h/m/mo	0	ALIEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Permit Req. Value NODI	1	Req Mon MO TOTAL	4K	h/m/mo	0	ALIEV - All Events	RT - RCOTOT

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-06-20 13:38 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: 012- External Outfall
Permitted Feature: From 05/01/18 to 05/31/18
Report Dates & Status: NetDWR Validated
Monitoring Period: 06/28/18
Considerations for Form Completion:
 CSC: K06-234 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI)
Form NODI:

Code	Parameter Name	Monitoring Location	Season	# Param.	NODI	Quantity or Loading Qualifier: 1 Value 1 Qualifier: 2 Value 2 Qualifier: 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	-	Permit Rec. Value NODI	Reg Mon MO TOTAL	82	hr:mo	WHDS - When Discharging	RT - RCODTD
74063	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	-	Permit Rec. Value NODI	Reg Mon MO TOTAL	3R - Magi		ALJEV - All Events	ES - ESTIMA
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	Permit Rec. Value NODI	3LZ	SV - Inflow		ALJEV - All Events	RT - RCODTD
84153	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	-	Permit Rec. Value NODI	Reg Mon MO TOTAL	4K - #/mo		ALJEV - All Events	RT - RCODTD

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-06-20 13:38 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 012-C
 CSC: K06-234

DWR Due Date: 06/28/18

Status: NetDWR Validated

Title:

Telephone:

DMR Copy of Record

Permit #: IN0032191
Permit Major: Yes
Permitted Feature: 013 External Outfall
Report Dates & Status: From 05/01/18 to 05/31/18
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion: CSC: K06-298 MUNICIPAL MAJOR ALLEN COUNTY
Principal/Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharger: 013-C
 CSC: K06-298
DMR Due Date: 06/28/18
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Status: NetDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param.	NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type	
		Qualifier 1	Qualifier 2	Qualifier 3	Qualifier 4	Value 1	Value 2	Value 3	Value 4	Units	
80037	Duration	EG - Effluent Gross	0	--						WHDS - When Discharging	RT - RCOTOT
7405	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--		0.848				3R - Mgal	ES - ESTIMA
7987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--		2.53				5W - Inmo	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--		5				4K - #Imp	RT - RCOTOT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edits/Check Errors: No errors.
Comments:
Attachments: No attachments.
Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:35 (Time Zone: -04:00)
Report Last Signed By: susan.beck@cityofwayne.org
User: susan.beck
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Permit Major: Yes
Permitted Features: 017 External Outfall
Report Dates & Status: From 05/01/18 to 05/31/18
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion: CSO: K07-176 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
Discharge: 017-C CSO: K07-176
DWR Due Date: 06/28/18
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803
Status: NetDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0		4.59				82 - hr:mo	WHDS - When Discharging	RT - RCOTOT	RT - RCOTOT
71065	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0		1.384				3R - Mgal	ALVEV - All Events	ES - ESTIMA	ES - ESTIMA
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0		2.93				SW - Inflow	ALVEV - All Events	RT - RCOTOT	RT - RCOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0		3				4K - #mo	ALVEV - All Events	RT - RCOTOT	RT - RCOTOT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Comments:

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-06-20 13:21 (Time Zone: -04:00)

Report Last Signed By: susan.beck@cityoffortwayne.org
User: Susan Beck

Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 018 External Outfall
Report Dates & Status: From 05/01/18 to 05/31/18
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion: CSO: K1-165 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 018-C
 CSO: K1-165
DMR Due Date: 06/28/18
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Status: NetDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param.	NODI	Sample Permit Req.	Sample Value NODI	Quantity or Loading	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5007	Duration	EG - Effluent Gross	0	--	--	Sample Permit Req.	Value NODI	26.49							82	hr/mo	WHDS - When Discharging	RT - RCOTOT
7465	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--	--	Sample Permit Req.	Value NODI	15.645							3R - Mgal	ALJEV - All Events	ES - ESTIMA	
7987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	--	Sample Permit Req.	Value NODI	3.27							SW - l/mo	ALJEV - All Events	RT - RCOTOT	
8418	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	--	Sample Permit Req.	Value NODI	5							4K - #/mo	ALJEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-05-20 13:35 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-05-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032791
Permit #: FORT WAYNE WWTP
Major: Yes
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Permitted Feature: 019
 External Outfall
Discharge: 019-C
 CSC: K11-178
Report Dates & Status: 06/28/18
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion: NetDMR Validated
 CSC: K11-178 MUNICIPAL MAJORALLEN COUNTY
Principal/Executive Officer:
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-								WHDS - When Discharging	RT - RCOTOT
74055	Overflow volume (BSO volume, CSO volume)	EG - Effluent Gross	0	-								WHDS - When Discharging	RT - RCOTOT
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-								ALVEY - All Events	ES - ESTIMA
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-								ALVEY - All Events	ES - ESTIMA

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-06-20 13:36 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 020 External Outfall
 Report Dates & Status: From 05/01/18 to 05/31/18
 Monitoring Period: From 05/01/18 to 05/31/18
 Considerations for Form Completion: NetDMR Validated
 CSC: K15-116 MUNICIPAL MAJORALLEN COUNTY
 Principal/Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NOD): [Blank]
 Form NOD: [Blank]

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Sample	Permit Req.	Value NOD	Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50307	Duration	EG - Effluent Gross	0	-	Permit Req.	Value NOD	6.49	Opt Mon MO TOTAL	82 - ltr/mo	0	WH/DS - When Discharging	RT - RCOTDT					RT - RCOTDT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Permit Req.	Value NOD	0.701	Opt Mon MO TOTAL	3R - Mg/d	0	AL/EV - All Events	ES - ESTIMA					ES - ESTIMA
78987	Predisplicia, monthly accumulation	EG - Effluent Gross	0	-	Permit Req.	Value NOD	3.27	Opt Mon MO TOTAL	SW - ltr/mo	0	AL/EV - All Events	RT - RCOTDT					RT - RCOTDT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Permit Req.	Value NOD	5	Opt Mon MO TOTAL	4K - #/mo	0	AL/EV - All Events	RT - RCOTDT					RT - RCOTDT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 [Blank]

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:35 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: 021 External Outfall
Permitted Feature: From 05/01/18 to 05/31/18
Report Dates & Status: Considerations for Form Completion
Monitoring Period: CSC: K19-044 MUNICIPAL MAJORALLEN COUNTY
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 021-C
 CSC: K19-044
DMR Due Date: 06/28/18
Status: NetDMR Validated

Monitoring Location: Station # Param. NODI
Parameter Name: EG - Effluent Gross 0
Form NODI: --
Sample: Permit Rec Value NODI
Permit Rec: Sample Value NODI
Permit Rec: Sample Value NODI
Permit Rec: Sample Value NODI

Code	Parameter Name	Monitoring Location	Station #	Param.	NODI	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
8037	Duration	EG - Effluent Gross	0	--	--	Req Mon MO	TOTAL	82	hrmo	0	0	hrmo	0	WHDS - When Discharging	RT - RCOTOT
7405	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	--	Req Mon MO	TOTAL	3R - Mgal	0	0	0	gal	0	ALJEV - All Events	ES - ESTIMA
7987	Predispilution, monthly accumulation	EG - Effluent Gross	0	--	--	Req Mon MO	TOTAL	SW - hrmo	0	0	0	hrmo	0	ALJEV - All Events	RT - RCOTOT
8415	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	--	Req Mon MO	TOTAL	4K - #/mo	0	0	0	#/mo	0	ALJEV - All Events	RT - RCOTOT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Comments:

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-06-20 13:36 (Time Zone: -04:00)

Report Last Signed By: susan.beck@cityoffortwayne.org
User: Susan Beck

Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: IN0032191
Major: Yes
Permitted Feature: 023 External Outfall
Report Dates & Status: From 05/01/18 to 05/31/18
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion: CSO: L06-103/MUNICIPAL MAJORALLEN COUNTY
Principal/Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 023-C
 CSO: L06-103
DMR Due Date: 06/28/18
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Status: NetDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param.	NODI	Quantity of Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type		
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3					
50037	Duration	EG - Effluent Gross	0	--												
74055	Overflow volume [550 volume, CSO volume]	EG - Effluent Gross	0	--												
79897	Precipitation, monthly accumulation	EG - Effluent Gross	0	--												
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--												

Sample
 Permit Req Value NODI
 Sample Permit Req Value NODI
 Permit Req Value NODI
 Sample Permit Req Value NODI
 Sample Permit Req Value NODI

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Eff Check Errors
 No errors.

Comments
 No attachments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:25 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Features: 024 External Outfall
Report Dates & Status: From 05/01/18 to 05/31/18
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion: CSC: L06-420 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NOD):
Form NOD:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 024-C
 CSC: L06-420
DMR Due Date: 06/28/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units
5007	Duration	EG - Effluent Gross	0	--				4.66		Req Mon MO TOTAL	B2 - hr/mo	0	WHIDS - When Discharging	RT - RCOTOT
7405	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--				0.907		Req Mon MO TOTAL	3R - Mgal	0	ALIEV - All Events	ES - ESTIMA
7687	Precipitation, monthly accumulation	EG - Effluent Gross	0	--				2.86		Req Mon MO TOTAL	5W - hr/mo	0	ALIEV - All Events	ES - ESTIMA
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--				4		Req Mon MO TOTAL	4K - fl/mo	0	ALIEV - All Events	RT - RCOTOT

Submission Note:
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type
Eff Check Errors:
 No errors.
Comments:
Attachments:
 No attachments.
Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:26 (Time Zone: -04:00)
Report Last Signed By:
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: External Outfall
Permitted Features: 025
Report Dates & Status: From 05/01/18 to 05/31/18
Monitoring Period: NetDMR Validated
Considerations for Form Completion: CSC: L06-421 MUNICIPAL MAJORALLEN COUNTY
Principal/Executive Officer:
First Name:
Last Name:
No Data Indicator (NOD):
Form NOD(s):

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
Discharge: 025-C
DMR Due Date: 06/28/18
Facility Location: FORT WAYNE, IN 46802
Status: NetDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Sample Permit Req	Sample	Value NOD	Permit Req	Value NOD	Quantity or Loading	Qualifier	Value 1	Value 2	Value 3	Value 4	Value 5	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	-	-	-	-	-	Per Mon MO TOTAL	82 - Inflow	0	-	-	-	-	WHDS - When Discharging	0	RT - RCO/TOT	
74053	Overflow volume (BSO volume, CSC volume)	EG - Effluent Gross	0	-	-	-	-	-	-	Per Mon MO TOTAL	3R - Mgd	0	-	-	-	0.18	ALJEV - All Events	0	ES - ESTIMA	
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	-	-	-	Per Mon MO TOTAL	3W - Inflow	0	-	-	-	2.06	ALJEV - All Events	0	RT - RCO/TOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	-	-	-	-	-	Per Mon MO TOTAL	4K - Inflow	0	-	-	-	3	ALJEV - All Events	0	RT - RCO/TOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors
 No errors.
Comments
Attachments
 No attachments.
Report Last Saved By
 FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:33 (Time Zone: -04:00)
Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 027 External Outfall
Report Dates & Status: From 05/01/18 to 05/31/18
Monitoring Period: Considerations for Form Completion
CSO: M10-202 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NOD):
Form NOD:

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier: 1 Value 1, Qualifier: 2 Value 2, Qualifier: 3 Value 3	Qualifier: 1 Value 1, Qualifier: 2 Value 2, Qualifier: 3 Value 3	Units		
5087	Duration	EG - Effluent Gross	0	--	Res Mon MO TOTAL 82 - hrmo C - No Discharge	Res Mon MO TOTAL 82 - hrmo C - No Discharge	hrmo	When Discharging	RT - RCDTOT
7465	Overflow volume (BSO volume, CSO volume)	EG - Effluent Gross	0	--	Res Mon MO TOTAL 3R - Mgal C - No Discharge	Res Mon MO TOTAL 3R - Mgal C - No Discharge	Mgal	All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Res Mon MO TOTAL 3W - hrmo C - No Discharge	Res Mon MO TOTAL 3W - hrmo C - No Discharge	hrmo	All Events	RT - RCDTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Res Mon MO TOTAL 4K - #mo C - No Discharge	Res Mon MO TOTAL 4K - #mo C - No Discharge	#mo	All Events	RT - RCDTOT

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permittee Address: FORT WAYNE WWTP CITY OF FORT WAYNE FT WAYNE, IN 46802
Discharge: 027-C CSO: M10-202
DMR Due Date: 06/28/18
Status: NetDMR Validated
Telephone:

Sample
Permit Reg. Value NOD:
Sample
Permit Reg. Value NOD:
Sample
Permit Reg. Value NOD:
Sample
Permit Reg. Value NOD:

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors
No errors.
Comments
Attachments
 No attachments.
Report Last Saved By
FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:42 (Time Zone: -04:00)
Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 023 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNER WPC
 FORT WAYNE, IN 46903

Report Dates & Status
 Monitoring Period: From 05/01/18 to 05/31/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSC: M10-238MUNICIPAL MAJORALLEN COUNTY
 Discharge: 023-C
 CSC: M10-238

Principal/Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

Form NODI:
 No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season #	Param. (NODI)	Quantity or Loading	Qualifier 1	Qualifier 2	Qualifier 3	Quality of Concentration	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0		Permit (Req.) Value (NODI)	0.64			WHDS - When Discharging				RT - RCOTOT			
7465	Overflow volume (ES6 volume, CSO volume)	EG - Effluent Gross	0		Permit (Req.) Value (NODI)	0.218			WHDS - When Discharging				RT - RCOTOT			
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0		Permit (Req.) Value (NODI)	1.77			WHDS - When Discharging				RT - RCOTOT			
8415	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0		Permit (Req.) Value (NODI)	2			WHDS - When Discharging				RT - RCOTOT			

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.
 Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-05-20 13:39 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-05-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: D29 External Outfall
Report Dates & Status
 Monitoring Period: From 05/01/18 to 05/31/18
 Considerations for Form Completion
 CSO: M10-265 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46602
Discharge: 029-C
 CSO: M10-265
DMR Due Date: 06/29/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46603
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
5037	Duration	EG - Effluent Gross	0	0	82 - l/mo	12.5	WH/DS - When Discharging	RT - RCOTOT	0	WH/DS - When Discharging	RT - RCOTOT		
7495	Overflow volume (ISO volume, CSO volume)	EG - Effluent Gross	0	0	3R - Mgal	5.19	Opt Mon MO TOTAL	ES - ESTIMA	0	AL/VEY - All Events	ES - ESTIMA		
7897	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	SW - l/mo	2.66	Opt Mon MO TOTAL	RT - RCOTOT	0	AL/VEY - All Events	RT - RCOTOT		
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0	4K - #/mo	7	Opt Mon MO TOTAL	RT - RCOTOT	0	AL/VEY - All Events	RT - RCOTOT		

Submission Note
 if a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-06-20 13:34 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: FORT WAYNE WWTP
 FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Permitted Feature: 032
 External Outfall
Discharge: 032-C
 CSC: M10-306
Facility Location: NetDMR Validated

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 032-C
 CSC: M10-306
DMR Due Date: 06/28/18
Status: NetDMR Validated

Report Dates & Status: From 05/01/18 to 05/31/18
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion: CSC: M10-306 MUNICIPAL MAJORALLEN COUNTY
Principal/Executive Officer:
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. MOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50037	Duration	EG - Effluent Gross	0	-	9.033			Req Mon MO TOTAL 82 - hr/mo	WHIOS - When Discharging RT - RCOTOT WHIDS - When Discharging RT - RCOTOT
74983	Overflow volume (BSO volume, CSD volume)	EG - Effluent Gross	0	-	0.775			3R - Mg/L Req Mon MO TOTAL 3R - Mg/L 0	AEVJ - All Events ES - ESTIMA
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	2.86			5V - hr/mo Req Mon MO TOTAL 5V - hr/mo 0	AEVJ - All Events RT - RCOTOT
84168	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	8			4K - #/mo Req Mon MO TOTAL 4K - #/mo 0	AEVJ - All Events RT - RCOTOT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors: No errors.
Comments:
Attachments: No attachments.
Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-06-20 13:34 (Time Zone: -04:00)
Report Last Signed By:
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Features: 033 External Outfall
Report Dates & Status: From 05/01/18 to 05/31/18
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion:
 CSO: M10-313 MUNICIPAL MAJOR ALLEN COUNTY
Principal/Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 033-C
 CSC: M10-313
DMR Due Date: 06/28/18
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Status: NetDWR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0		7.02			Opt Mon MO TOTAL	82 - hrmo	0	WHDS - When Discharging	RT - RCOTOT
7405	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0		14.815			Opt Mon MO TOTAL	3R - legal	0	ALEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0		3.61			Opt Mon MO TOTAL	5W - hrmo	0	ALEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0		7			Opt Mon MO TOTAL	4K - hrmo	0	ALEV - All Events	RT - RCOTOT

Submission Note:
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type

Edit Check Errors:
 No errors.

Comments:

Attachments:
 No attachments.

Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-06-20 13:42 (Time Zone: -04:00)

Report Last Signed By:
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 036 External Outfall
Report Dates & Status
 Monitoring Period: From 05/01/18 to 05/31/18
 Considerations for Form Completion
 CSO: M18-032 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:
Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE, FT WAYNE, IN 46802
Discharge: 036-C, CSO: M18-032
DMR Due Date: 06/28/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC, FORT WAYNE, IN 46803
Telephone:
Title:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50037	Duration	EG - Effluent Gross	0	--	Value NODI			Opt Mon MO TOTAL 82 - hrmo	WHDS - When Discharging RT - RCOTOT
74953	Overflow volume (BS3 volume, CSO volume)	EG - Effluent Gross	0	--	Permit Req. Value NODI			Opt Mon MO TOTAL 3R - Mgall	ALEV - All Events ES - ESTIMA
7887	Prediction, monthly accumulation	EG - Effluent Gross	0	--	Permit Req. Value NODI			3.01 C - No Discharge	ALEV - All Events RT - RCOTOT
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Permit Req. Value NODI			Opt Mon MO TOTAL 4K - hrmo	ALEV - All Events RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Exit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-06-20 13:42 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Facility Location:
Permitted Feature: 039 - External Outfall
Discharge: 039-C
 CSO: N06-022
Report Dates & Status: NetDMR Validated
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion:
 CSO: N06-022 MUNICIPAL MAJORALLEN COUNTY
Principal/Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Quantity or Loading Qualifier 1 Value 1	Quantity or Loading Qualifier 2 Value 2	Quality or Concentration Qualifier 1 Value 1	Quality or Concentration Qualifier 2 Value 2	Value 3	Units	# of Exc.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	--			10.18					Opt Mon MO TOTAL	0		WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT
7405	Overflow volume (SSo volume, CSO volume)	EG - Effluent Gross	0	--			1.42					Opt Mon MO TOTAL	0		ALEV - All Events ALEV - All Events ES - ESTIMA
7887	Prediction, monthly accumulation	EG - Effluent Gross	0	--			2.68					Opt Mon MO TOTAL	0		ALEV - All Events ALEV - All Events RT - RCOTOT RT - RCOTOT
8415	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--			6					Opt Mon MO TOTAL	0		ALEV - All Events ALEV - All Events RT - RCOTOT RT - RCOTOT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Comments:

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-06-20 13:34 (Time Zone: -04:00)

Report Last Signed By:

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: IN0032191
Major: Yes
Permitted Feature: 044 External Outfall
Report Dates & Status: From 05/01/18 to 05/31/18
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion:
 CSC: N22-93 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NOD):
Form NOD:

Code	Parameter Name	Monitoring Location	Season	# Param. NOD	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	--					WHIOS - When Discharging	RT - RCOTOT
74055	Overflow volume [500 volume, CSC volume]	EG - Effluent Gross	0	--					Opt Mon MO TOTAL 82 - Inflow C - No Discharge	ES - ESTIMA
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	--					Opt Mon MO TOTAL 3R - Inflow C - No Discharge 3.61	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--					Opt Mon MO TOTAL 4K - Inflow C - No Discharge	RT - RCOTOT

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 044-C
 CSC: N22-93

DMR Due Date: 06/28/18
Status: NetDMR Validated

Title:
Telephone:

Quality of Concentration: Value 1, Qualifier 1, Value 2, Qualifier 2, Value 3, Qualifier 3

Submission Note:
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Eff Check Errors:
 No errors.

Comments:

Attachments:
 No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
 2018-06-20 13:43 (Time Zone: -04:00)

Date/Time: susan.beck@cityofwayne.org
 2018-06-20 13:47 (Time Zone: -04:00)

Report Last Signed By: susan.beck@cityofwayne.org
User: Susan Beck

Name: susan.beck@cityofwayne.org
 2018-06-20 13:47 (Time Zone: -04:00)

E-Mail: susan.beck@cityofwayne.org
 2018-06-20 13:47 (Time Zone: -04:00)

Date/Time:

DMR Copy of Record

Permit IN0032191
Permit #: FORT WAYNE WWTP
Major: Yes P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Permitted Feature: 045 External Outfall
Discharge: 045-C
 CSO: N22-103
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Report Dates & Status NetDMR Validated
Monitoring Period: From 05/01/18 to 05/31/18
DMR Due Date: 06/28/18
Status: NetDMR Validated
Considerations for Form Completion

Principal Executive Officer
 CSO: N22-103T, JOSEPH RIVERMUNICIPAL MAJORALLEN COUNTY

Form NODI: No Data Indicator (NODI)
First Name: _____
Last Name: _____
Title: _____
Telephone: _____

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Sample Value NODI	Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Quantity or Loading Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-				Permit Rec. Value NODI				Opt Mon MO TOTAL 82 - Inflow		WHDS - When Discharging	RT - RCOTOT
74663	Overflow volume (BSO volume, CSO volume)	EG - Effluent Gross	0	-				Permit Rec. Value NODI				Opt Mon MO TOTAL 3R - Metal		ALEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-				Permit Rec. Value NODI				Opt Mon MO TOTAL 5W - Inflow		ALEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	ES - Effluent Gross	0	-				Sample Permit Rec. Value NODI				Opt Mon MO TOTAL 4K - #imp		ALEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors

Attachments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-06-20 13:43 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 046 External Outfall
 Report Dates & Status: From 05/01/18 to 05/31/18
 Monitoring Period: From 05/01/18 to 05/31/18
 Considerations for Form Completion: NetDMR Validated
 CSO: 010-252 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 Title: [Blank]
 Form NODI: No Data Indicator (NODI)
 Parameters: Monitoring Location Season # Param. NODI
 Name
 Facility: FORT WAYNE WWTP
 Facility Location: FT WAYNE, IN 46802
 Permittee: FORT WAYNE WWTP
 Permittee Address: FT WAYNE, IN 46802
 Discharge: 046-C
 CSO: 010-252
 DMR Due Date: 06/28/18
 Status: NetDMR Validated
 Telephone: [Blank]

Code	Parameters Name	Monitoring Location	Season #	Param. NODI	Quantity or Losing	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	2.21	52 - hr/mo	0	0	WHDS - When Discharging	0	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	2.534	3R - Mgal	0	0	AJEV - All Events	0	AJEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	2.77	SW - hr/mo	0	0	AJEV - All Events	0	AJEV - All Events	RT - RCOTOT
84185	Dipcharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	3	4K - hr/mo	0	0	AJEV - All Events	0	AJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-05-20 13:39 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 050 External Outfall
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion:
 CSC: 010-277 MUNICIPAL MAJORALLEN COUNTY
Principal/Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 050-C
 CSC: 010-277
DMR Due Date: 06/28/18
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Status: NetDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
5037	Duration	EG - Effluent Gross	0	--				3.34			0	WHDS - When Discharging WHDS - When Discharging	RT - RCOTOT RT - RCOTOT
7405	Overflow volume [BSO volume, CSO volume]	EG - Effluent Gross	0	--				0.431			0	ALJEV - All Events ALJEV - All Events	ES - ESTIMA ES - ESTIMA
7987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--				2.66			0	ALJEV - All Events ALJEV - All Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--				3			0	ALJEV - All Events ALJEV - All Events	RT - RCOTOT RT - RCOTOT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Comments:

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Susan Beck

E-Mail: susan.beck@cityoffortwayne.org
2018-06-20 13:35 (Time Zone: -04:00)

Report Last Signed By: susan.beck@cityoffortwayne.org
Susan Beck

Name: susan.beck@cityoffortwayne.org
2018-06-20 13:47 (Time Zone: -04:00)

Date/Time: susan.beck@cityoffortwayne.org
2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 051
 Exermal Outfall
Report Dates & Status: From 05/01/18 to 05/31/18
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion:
 CSC: 022-002 MUNICIPAL MAJORALLEN COUNTY
Principal/ Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
5007	Duration	EG - Effluent Gross	0	-				WHDS - When Discharging	RT - RCOTOT
7400	Overflow volume [50 volume, CSO volume]	EG - Effluent Gross	0	-	Opt Mon MO TOTAL	3R - Hggl		AJ/EV - All Events	ES - ESTMA
7987	Predipitation, monthly accumulation	EG - Effluent Gross	0	-	C - No Discharge	SW - Inmo	2.77	AJ/EV - All Events	RT - RCOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Opt Mon MO TOTAL	JK - #mo		AJ/EV - All Events	RT - RCOTOT

Submission Note
 if a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit/Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-06-20 13:40 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 051-C
 CSC: 022-002
DMR Due Date: 06/28/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Telephone:

DMR Copy of Record

Permit #: IN0032191
Permittee: FORT WAYNE WWTP
Major: Yes
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Permitted Feature: 032
 External Outfall
Discharge: 032-C
 CSC: 022-004
DMR Due Date: 06/28/18
Status: NetDMR Validated

Report Dates & Status: From 05/01/18 to 05/31/18
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion: NetDMR Validated
CSC: 022-004 MUNICIPAL MAJOR ALLEN COUNTY

Principal/Executive Officer:
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier: 1 Value 1 Qualifier: 2 Value 2 Qualifier: 3 Value 3	Qualifier: 1 Value 1 Qualifier: 2 Value 2 Qualifier: 3 Value 3			
50037	Duration	EG - Effluent Gross	0	-	Opt Mon MO TOTAL 82 - hrmo C - No Discharge	Opt Mon MO TOTAL 82 - hrmo C - No Discharge	WHDS - When Discharging	RT - RCOTOT	
74063	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	-	Opt Mon MO TOTAL 3R - Mgall C - No Discharge	Opt Mon MO TOTAL 3R - Mgall C - No Discharge	AUEV - All Events	ES - ESTIMA	
76087	Faciplubion, monthly accumulation	EG - Effluent Gross	0	-	2.77 Opt Mon MO TOTAL BW - hrmo 0	2.77 Opt Mon MO TOTAL BW - hrmo 0	AUEV - All Events	RT - RCOTOT	
84166	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Opt Mon MO TOTAL 4K - hrmo C - No Discharge	Opt Mon MO TOTAL 4K - hrmo C - No Discharge	AUEV - All Events	RT - RCOTOT	

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Comments:

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-06-20 13:40 (Time Zone: -04:00)

Report Last Signed By: susan.beck@cityofwayne.org

User: Susan Beck

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 053 External Outfall
Report Dates & Status: From 05/01/18 to 05/31/18
Monitoring Period: Considerations for Form Completion
CSD: 022-094 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NOD):
Form NOD1:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
Discharge: 053-C
DMR Due Date: 06/28/18
Facility Location: FORT WAYNE WWTP
Status: NetDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NOD1	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	--						WHDS - When Discharging RT - RCOTOT
74065	Overflow volume [SSO volume, CSD volume]	EG - Effluent Gross	0	--						AL/EV - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--						AL/EV - All Events RT - RCOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--						AL/EV - All Events RT - RCOTOT

Sample: Permit Req Value NOD1
Sample: Permit Req Value NOD1
Sample: Permit Req Value NOD1
Sample: Permit Req Value NOD1

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors: No errors.
Comments:
Attachments: No attachments.
Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-06-20 13:40 (Time Zone: -04:00)
Report Last Signed By:
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 054 External Outfall
Report Dates & Status: From 05/01/18 to 05/31/18
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion:
 CSO: 023-080 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 054-C
 CSO: 023-080
DMR Due Date: 06/28/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading	Qualifier 1	Qualifier 2	Units	Quality or Concentration	Value 1	Value 2	Value 3	# of EA's	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Grab	0	-	Permit Req. Value NODI			Opt Mon MO TOTAL 82 - hr/mo	WHDS - When Discharging					RT - RCDDT	
7103	Overflow volume (550 volume, CSO volume)	EG - Effluent Grab	0	-	Permit Req. Value NODI			Opt Mon MO TOTAL 3R - Mgal C - No Discharge 2.92	ALIEV - All Events					ES - ESTIMA	
7387	Precipitation, monthly accumulation	EG - Effluent Grab	0	-	Permit Req. Value NODI			Opt Mon MO TOTAL SW - l/mo/0	ALIEV - All Events					RT - RCDDT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Grab	0	-	Permit Req. Value NODI			Opt Mon MO TOTAL 4K - #/mo C - No Discharge	ALIEV - All Events					RT - RCDDT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-05-20 13:39 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-05-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: Q55 External Outfall
 Report Dates & Status: From 05/01/18 to 05/31/18
 Monitoring Period: From 05/01/18 to 05/31/18
 Considerations for Form Completion: CSO; P06-192 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NODI): [Blank]
 Form NODI: [Blank]

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity of Loading	Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
5037	Duration	EG - Effluent Gross	0	--	8.83			82 - hr/mo	WHDS - When Discharging RT - RCOTOT
74083	Overflow volume (SSD volume, CSD volume)	EG - Effluent Gross	0	--				3R - Magl	WHDS - When Discharging RT - RCOTOT
7887	Predispersion, monthly accumulation	EG - Effluent Gross	0	--				5W - hr/mo	WHDS - When Discharging RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--				4K - #/mo	WHDS - When Discharging RT - RCOTOT

Sample Permit Rec. Value NODI: 1.318
 Sample Permit Rec. Value NODI: 2.06
 Sample Permit Rec. Value NODI: 8
 Sample Permit Rec. Value NODI: 0

Opt Mon MO TOTAL: 8.83
 Opt Mon MO TOTAL: 3R - Magl
 Opt Mon MO TOTAL: 5W - hr/mo
 Opt Mon MO TOTAL: 4K - #/mo

Status: NetDMR Validated
 Telephone: [Blank]

Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
 Discharge: 055-C CSO: P06-192

DMR Due Date: 06/28/18

Title: [Blank]

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-06-20 13:35 (Time Zone: -04:00)

Report Last Signed By:

User: susan.beck@cityofwayne.org
 Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 056
 External Outfall
Report Dates & Status:
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion:
 CSO: J03-313 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI)
Form NODI:

Permittee: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Permittee Address: 056-C
 CSO: J03-313
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
DMR Due Date: 06/28/18
Status: NetDMR Validated
Discharge: 056-C
 CSO: J03-313
Telephone:

Code	Parameter Name	Monitoring Location	Season #	Permit NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration	Units	# of Ex.	Frequency of Analyt	Sample Type
5007	Duration	EG - Effluent Gross	0	--	0.46				82 - hr:mo		WHDS - When Discharging	RT - RCOTOT
7406	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--					3R - Magl		WHDS - When Discharging	RT - RCOTOT
7987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--					3R - Magl		WHDS - When Discharging	RT - RCOTOT
8416	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--					3R - Magl		WHDS - When Discharging	RT - RCOTOT

Permit Rec: Value NODI
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Permit Rec: Value NODI
Permit Rec: Value NODI
Permit Rec: Value NODI
Permit Rec: Value NODI

Sample: Value NODI
Sample: Value NODI
Sample: Value NODI
Sample: Value NODI
Sample: Value NODI

Opt Mon MO TOTAL: 0.46
Opt Mon MO TOTAL: 0
Opt Mon MO TOTAL: 0
Opt Mon MO TOTAL: 0

Opt Men MO TOTAL: 0.56
Opt Men MO TOTAL: 0
Opt Men MO TOTAL: 3.22
Opt Men MO TOTAL: 2

Opt Men MO TOTAL: 0
Opt Men MO TOTAL: 0
Opt Men MO TOTAL: 0
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Opt Men MO TOTAL: 0

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-06-20 13:39 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 057 External Outfall
Report Dates & Status: From 05/01/18 to 05/31/18
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion: NetDMR Validated
CSC: P1D-121 MUNICIPAL MAJORALLEN COUNTY
Principal/Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI)
Form NODI:

Code	Parameter Name	Monitoring Location	Season	# Param.	NODI	Permit Rec.	Value NODI	Sample	Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	0	0	0	0	Sample							Opt Mon MO TOTAL 82 - #imp	WHDS - When Discharging	RT - RCOTOT	
7405	Overflow volume (BS3 volume, CSD volume)	EG - Effluent Gross	0	0	0	0	0	Sample							Opt Mon MO TOTAL 3R - Mg/l	ALEV - All Events	ES - ESTIMA	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	0	0	0	0	Sample							Opt Mon MO TOTAL 5W - #imp 0	ALEV - All Events	RT - RCOTOT	
8415	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	0	0	0	0	Sample							Opt Mon MO TOTAL 4K - #imp	ALEV - All Events	RT - RCOTOT	

Quantity of Leaching: Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3
Quality of Concentration: Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3
Units: Opt Mon MO TOTAL 82 - #imp
Sample Type: WHDS - When Discharging RT - RCOTOT

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
Discharge: 057-C
DMR Due Date: 06/28/18
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803
Status: NetDMR Validated
Telephone:

Permit Rec. Value NODI: 0
Permit Rec. Value NODI: 0
Permit Rec. Value NODI: 0
Permit Rec. Value NODI: 0

Sample: Opt Mon MO TOTAL 82 - #imp
Sample: Opt Mon MO TOTAL 3R - Mg/l
Sample: Opt Mon MO TOTAL 5W - #imp 0
Sample: Opt Mon MO TOTAL 4K - #imp

Qualifier 1 Value 1: C - No Discharge
Qualifier 2 Value 2: C - No Discharge
Qualifier 3 Value 3: C - No Discharge

Value 1: 0
Value 2: 0
Value 3: 0

Units: #imp, Mg/l, #imp 0, #imp

of Ex.: 0, 0, 0, 0

Frequency of Analysis: RT - RCOTOT, ES - ESTIMA, RT - RCOTOT, RT - RCOTOT

Sample Type: WHDS - When Discharging, RT - RCOTOT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Comments:

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-06-20 13:23 (Time Zone: -04:00)

Report Last Signed By: susan.beck@cityoffortwayne.org
User: Susan Beck

Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 060 External Outfall
Report Dates & Status
 Monitoring Period: From 05/01/18 to 05/31/18
 Considerations for Form Completion
 CSO: R05-31 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1	Qualifier 2 Value 2	Units Qualifier 3 Value 3	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Opt Mon MO TOTAL 82 - hrmo	C - No Discharge	Units	WHDS - When Discharging	RT - RCOTOT		
74663	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Opt Mon MO TOTAL 3R - Mgal	C - No Discharge	Units	AUEV - All Events	ES - ESTIMA		
78087	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Opt Mon MO TOTAL 5W - hrmo	C - No Discharge	Units	AUEV - All Events	RT - RCOTOT		
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Opt Mon MO TOTAL 4K - #/mo	C - No Discharge	Units	AUEV - All Events	RT - RCOTOT		

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-06-20 13:23 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

Facility: FORT WAYNE WWTP

Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP

Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 060-C
 CSO: R05-31

DMR Due Date: 06/28/18

Status: NetDMR Validated

Title:

Telephone:

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: 061 - External Outfall
Permitted Feature: From 05/01/18 to 05/31/18
Report Dates & Status: NetDMR Validated
Monitoring Period: 06/28/18
Considerations for Form Completion:
 CSC: R14-137 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Season	# Param.	NODI	Quantity or Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50937	Duration	EG - Effluent Gross	0	-	-	Opt Mon	MO TOTAL	82	-	hr:mb	WHYDS - When Discharging	RT - RCOTOT		
74053	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	-	Opt Mon	MO TOTAL	3R - 1	mgal	AUEV - All Events	ES - ESTIMA			
78087	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	Opt Mon	MO TOTAL	5W - 1	hr:mb	AUEV - All Events	RT - RCOTOT			
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	Opt Mon	MO TOTAL	4K - 1	hr:mb	AUEV - All Events	RT - RCOTOT			

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Eff Check Errors
 No errors

Comments

Attachments
 No attachments

Report Last Saved By
FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-06-20 13:40 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 062 External Outfall
Report Dates & Status: From 05/01/18 to 05/31/18
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion: CSC: R14-138 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 062-C
 CSC: R14-138
DMR Due Date: 06/28/18
Title:

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Status: NetDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity of Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
5037	Duration	EG - Effluent Gross	0	-	Permit Rec Value NODI			0.58			Opt Mon MO TOTAL 82 - Inflow 0	WHDS - When Discharging	RT - RCOTOT	
7405	Overflow volume [50 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI			0.08			Opt Mon MO TOTAL 3R - Major 0	ALVEY - All Events	ES - ESTIMA	
7887	Preprecipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI			2.77			Opt Mon MO TOTAL 5W - Inflow 0	ALVEY - All Events	ES - ESTIMA	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Rec Value NODI			1			Opt Mon MO TOTAL 4K - Inflow 0	ALVEY - All Events	RT - RCOTOT	

Submission Note
 if a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:41 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: 064 External Outfall
Permitted Feature: From 05/01/18 to 05/31/18
Report Dates & Status: Monitoring Location Season # Param. NOD
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion: CSO: S02-35 MUNICIPAL MAJOR ALLEN COUNTY
Principal/Executive Officer:
First Name:
Last Name:
No Data Indicator (NOD):
Form NOD:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
Discharge: 064-C
DMR Due Date: 06/28/18
Facility Location: FORT WAYNE WWTP
Status: NetDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading	Quality or Concentration	# of EA's	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50037	Duration	EG - Effluent Gross	0	-				WHRS - When Discharging	RT - RCOTOT
74093	Overflow volume (BSO volume, CSO volume)	EG - Effluent Gross	0	-				Opt Mon MO TOTAL 82 - hrmo C - No Discharge	ES - ESTIMA
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-				Opt Mon MO TOTAL 3R - Mgal C - No Discharge 32B Opt Non MO TOTAL 5W - hrmo Opt Non MO TOTAL 5W - hrmo 0	RT - RCOTOT
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-				Opt Mon MO TOTAL 4K - hrmo C - No Discharge	RT - RCOTOT

Submission Note
 if a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:23 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 068 External Outfall
Report Dates & Status
 Monitoring Period: From 05/01/18 to 05/31/18
 Considerations for Form Completion
 CSC: N18-254 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3	Units	# of EA	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-							Opt Mon MO TOTAL 82 - Inflow		WHDS - When Discharging	RT - RCOTOT
74095	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-							Opt Mon MO TOTAL 3R - Inflow		AUEV - All Events	ES - ESTIMA
79897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-							Opt Mon MO TOTAL 5W - Inflow 0		AUEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-							Opt Mon MO TOTAL 4K - Inflow		AUEV - All Events	RT - RCOTOT

Quantity or Loading
 Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 3 Value 3

Quality of Concentration
 C - No Discharge

Sample
 Permit Req. Value NODI
 Sample Permit Req. Value NODI
 Sample Permit Req. Value NODI
 Sample Permit Req. Value NODI

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors

Comments

Attachments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
 2018-06-20 13:41 (Time Zone: -04:00)

Date/Time: susan.beck@cityoffortwayne.org
Report Last Signed By: Susan Beck
 2018-06-20 13:47 (Time Zone: -04:00)

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
 2018-06-20 13:47 (Time Zone: -04:00)

Date/Time:

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 068-C
 CSC: N18-254

DMR Due Date: 06/28/18
Status: NetDMR Validated

Title:
Telephone:

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 080 External Outfall
Report Dates & Status: From 05/01/18 to 05/31/18
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion:
 CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR
Principal/Executive Officer:
First Name:
Last Name:
No Date Indicator (NODI):
Form NODI: -

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading	Quality or Concentration	Value 1	Qualifier 1	Value 2	Qualifier 2	Value 3	Qualifier 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	0.25	Opt Mon MO TOTAL	82	-	82	-	82	-	hr:mo	0	When Discharging	RT - RCOTOT
71003	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	0.002	Opt Mon MO TOTAL	3R	-	3R	-	3R	-	mgal	0	When Discharging	RT - RCOTOT
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	3.27	Opt Mon MO TOTAL	5W	-	5W	-	5W	-	hr:mo	0	When Discharging	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	1	Opt Mon MO TOTAL	4K	-	4K	-	4K	-	hr:mo	0	When Discharging	RT - RCOTOT

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Status: NetDMR Validated

Telephone:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 080-C
 CSC: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR

DMR Due Date: 06/28/18

Title:

Submission Note:
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors:
 No errors.

Comments:

Attachments:
 No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-06-20 13:36 (Time Zone: -04:00)

Report Last Signed By:

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032491
Permit Major: Yes
Permitted Feature: 081- External Outfall
Reporting Period: From 05/01/18 to 05/31/18
Monitoring Period: From 05/01/18 to 05/31/18
Considerations for Form Completion: CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE, FT WAYNE, IN 46802
Discharger: 081-C
DMR Due Date: 06/28/18
Title:

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC, FORT WAYNE, IN 46803
Status: NetDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-				WH/DS - When Discharging	RT - RCOTOT		
74065	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-				Opt Mon MO TOTAL 3R - Megal C - No Discharge	AUEV - All Events	ES - ESTIMA	
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-				Opt Mon MO TOTAL 5W - Inlino 0 3.27	AUEV - All Events	RT - RCOTOT	
84169	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-				Opt Mon MO TOTAL 4K - #lino C - No Discharge	AUEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:37 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-20 13:47 (Time Zone: -04:00)



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

July 24, 2018

Technical Support Branch
Office of Water Management
Department of Environmental Management
Room 1255
P. O. Box 6015
Indianapolis, IN 46206-6014

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of June 2018

We are pleased to enclose a completed CSO MRO form for the month of June 2018. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

The City is completing a Long-Term Control Plan sewer separation project at the intersection of W. Superior St. and Harrison St. The flow meter for CSO outfall 032 is located at this respective intersection. The flow meter at CSO 032 had to be removed on May 16, 2018 due to this construction project. The City will be using modeling to estimate overflows for the month of June, 2018 on this CSO MRO report for CSO outfall 032 only.

When analyzing flow data for the June CSO MRO report, it was discovered that the Third Street Pump Station had a dry weather overflow on June 16th. After extensive research, it could not be determined what contributed to the source of water to Third Street pump station.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Susan Beck".

Susan Beck
Program Manager
Water Pollution Control Maintenance

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CITIZENS SQUARE

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ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection

Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts

Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff

Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps

Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine



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

State Form 50548 (03/17-19)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50548 (03/17-19)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Permit Number: IN0032191	Page (1) of (12)																		
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? <input type="checkbox"/> Y <input type="checkbox"/> N	Permit Number: IN0032191																		
Monitoring Period: 6-2018	Design Peak Flow (MGD): 85	Design Flow (MGD): 80																		
WWTP Influent Data	Design Peak Flow (MGD): 85	Design Flow (MGD): 80																		
Day of Month	Average Inflow (MGD)	Peak Hourly Flow (MGD)	Time	Precip. Duration (Hours)	Precip. Intensity (Inches)	Total Daily Precip. (Inches)	Measure Interval (30 min)	Event	Time	Event	Duration	Event	Time	Event	Duration	Event	Time	Event	Duration	Event
1	79.43	101.25	12:00 AM	0.42	0.21	0.15	5 m													
2	44.87	54.69					5 m													
3	38.33	45.26					5 m													
4	38.60	40.87					5 m													
5	45.17	57.96	6:40 AM	1.25	0.23	0.34	5 m													
6	36.43	45.73					5 m													
7	35.50	39.98					5 m													
8	47.57	92.22	1:10 PM	0.42	0.45	0.23	5 m													
9	78.18	101.27	3:05 AM	1.00	0.63	0.26	5 m													
10	60.87	101.20	9:15 AM	1.50	0.43	0.07	5 m													
11	68.87	101.19	12:05 AM	0.50	0.08	0.01	5 m													
12	48.41	56.08	10:40 AM	0.08	0.01	0.01	5 m													
13	43.65	49.33					5 m													
14	39.86	56.38					5 m													
15	38.51	56.18					5 m													
16	34.75	47.76					5 m													
17	33.75	40.00					5 m													
18	35.14	49.49					5 m													
19	55.27	88.22	1:30 PM	0.92	1.26	0.30	5 m													
20	66.26	88.24	11:30 AM	0.17	0.04	0.03	5 m													
21	64.38	101.46	2:15 PM	3.25	2.57	0.20	5 m													
22	101.00	101.67	12:05 AM	2.42	0.62	0.12	5 m													
23	101.00	101.25	1:40 AM	0.50	0.10	0.05	5 m													
24	98.23	101.12					5 m													
25	70.61	89.64					5 m													
26	57.42	83.18	12:55 PM	0.93	0.19	0.04	5 m													
27	56.58	63.86	3:40 AM	0.58	0.09	0.02	5 m													
28	49.11	55.59					5 m													
29	44.94	49.87					5 m													
30	41.92	47.17					5 m													
31																				
Totals:	1560.63			13.84	6.88															

Signature of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager, 250-427-5213
 Date: 11/06/2017
 Telephone: 7724418

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 REPEATED VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent:
 Susan Beck



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

State Form 50546 (03/77-03)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne				Permit Number: IN0032191				City: Fort Wayne											
Facility: Fort Wayne - P.L. Brummer WWTP				Facility: Fort Wayne - P.L. Brummer WWTP				Facility: Fort Wayne - P.L. Brummer WWTP											
Monitoring Period: 6-2018				Monitoring Period: 6-2018				Monitoring Period: 6-2018											
Design Peak Hourly Flow (MGD):				Design Peak Flow (Hourly) (MGD):				Design Flow (MGD):											
80				85				80											
Public Notification Requirements Met? Y				Public Notification Requirements Met? Y				Public Notification Requirements Met? Y											
Check box if no CSO discharge occurred for the month:				Check box if no CSO discharge occurred for the month:				Check box if no CSO discharge occurred for the month:											
Measure/Measred (M) or Estimated (E) must be specified				Measure/Measred (M) or Estimated (E) must be specified				Measure/Measred (M) or Estimated (E) must be specified											
Precipitation Data - City/County Gauge				CSO Outfall No. 23				CSO Outfall No. 24				CSO Outfall No. 25				CSO Outfall No. 29			
Average Daily Influent (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm)	Time Precip. Ended (mm)	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)
79.43	101.25	12:15 AM	0.42	12:00 AM	12:00 AM	1.00	0.148	4:25 PM	4:25 PM	0.42	0.037	4:10 PM	4:10 PM	0.33	0.045	12:05 AM	12:05 AM	0.67	0.084
44.87	54.63			5 m		5 m													
39.33	45.26			5 m		5 m													
36.50	40.87			5 m		5 m													
45.17	57.86	5:45 AM	0.67	5 m		5 m						8:35 AM	8:35 AM	0.50	0.121				
38.43	45.73			5 m		5 m													
35.50	39.89			5 m		5 m													
47.57	92.22	1:05 PM	0.50	5 m		5 m		1:15 PM	1:15 PM	0.58	0.092	1:20 PM	1:20 PM	0.33	0.031	1:25 PM	1:25 PM	0.67	0.401
76.18	101.27	2:55 AM	0.92	5 m		5 m		3:05 AM	3:05 AM	1.33	0.237	3:10 AM	3:10 AM	1.00	0.178	3:15 AM	3:15 AM	1.87	0.825
60.87	101.20	8:50 AM	1.17	5 m		5 m		9:05 AM	9:05 AM	1.17	0.061	9:10 AM	9:10 AM	0.58	0.009	9:15 AM	9:15 AM	1.83	0.143
68.87	101.19	12:10 AM	0.25	5 m		5 m		8:15 PM	8:15 PM	0.08	0.003								
48.41	56.09			5 m		5 m													
43.55	49.33			5 m		5 m													
39.85	56.39			5 m		5 m													
38.51	56.18			5 m		5 m													
34.76	47.76			5 m		5 m													
33.75	40.00			5 m		5 m													
35.14	49.49			5 m		5 m													
55.27	88.22	12:55 PM	0.92	5 m		5 m		5:15 PM	5:20 PM	1.83	0.62	5:20 PM	5:20 PM	1.25	0.255	5:20 PM	5:20 PM	3.50	1.719
66.25	89.24		0	5 m		5 m													
64.98	101.46	2:20 PM	3.17	5 m		5 m		3:10 PM	3:30 PM	5.58	1.43	3:15 PM	3:15 PM	4.33	0.169	3:15 PM	3:15 PM	7.75	1.347
101.00	101.87	12:00 AM	1.75	5 m		5 m		3:25 AM	3:35 AM	0.50	0.111	3:30 AM	3:30 AM	0.83	0.009	3:30 AM	3:30 AM	5.67	0.309
101.00	101.25	4:05 AM	0.33	5 m		5 m													
96.23	101.12			5 m		5 m													
70.51	89.64			5 m		5 m													
57.42	89.18	12:50 PM	0.75	5 m		5 m													
56.55	63.86	3:25 AM	0.42	5 m		5 m													
49.11	55.53			5 m		5 m													
44.94	49.87			5 m		5 m													
41.92	47.17			5 m		5 m													
Totals: 1650.63				11.27 4.76				12.07 2.7				11.59 4.186				7 8:15 0.696 10 23.34 4.961			

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent
 Susan Beck, Program Manager
 Telephone: 280-477-5213

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent
 Susan Beck
 Date: 07/24/18



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 50546 (R3/7-7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Page: [4] of [12] Permit Number: IN002191
 City: Fort Wayne
 Public Notification Requirements Met? Y
 Facility: Fort Wayne - P.L. Brunner WWTP
 Monitoring Period: [MONTH] 6-2018

Design Peak Flow (MGD): 85
 Design Flow (MGD): 60
 CSO Outfall No.: 59
 CSO Outfall No.: 55

Measured/Metered (M) or Estimated (E) must be specified

Time Discharge Begins	Event Duration (Hours)		Time Discharge Begins	Event Duration (Hours)		Day of Month	Event Discharge (MG)	Event Discharge (MG)	Time Discharge Begins	Event Duration (Hours)		Time Discharge Begins	Event Duration (Hours)		Event Discharge (MG)	Event Discharge (MG)	
	M	E		M	E					M	E		M	E			M
4:20 PM	M	0.75	M	0.56	M	12:00 AM	1.50	M	0.082	M	1	12:00 AM	M	1.08	M	0.085	
						2											
						3											
						4											
						5						8:20 AM	M	0.42	M	0.008	
						6											
						7											
1:25 PM	M	1	M	0.138	M	1:10 PM	1.42	M	0.338	M	8	1:10 PM	M	1.08	M	0.528	
1:20 PM	M	0.33	M	0.507	M	3:10 AM	3.33	M	0.951	M	9	3:00 AM	M	1.83	M	0.63	
7:35 AM	M	1.26	M	0.087	M	9:15 AM	2.00	M	0.178	M	10	9:00 AM	M	1.75	M	0.147	
						11											
						12											
						13											
						14											
						15											
						16											
5:25 PM	M	2.26	M	1.126	M	5:10 PM	4.42	M	2.603	M	19	5:05 PM	M	2.67	M	1.387	
						20											
3:05 PM	M	5.5	M	0.576	M	2:45 PM	9.25	M	3.53	M	21	2:35 PM	M	9.42	M	3.528	
3:35 AM	M	1	M	0.021	M	12:00 AM	15.92	M	1.511	M	22	12:00 AM	M	13.33	M	1.407	
						23						3:40 AM	M	0.50	M	0.018	
						24											
						25											
2:20 PM	M	0.75	M	0.003	M	2:15 PM	0.42	M	0.006	M	26	2:10 PM	M	0.42	M	0.005	
						27						4:50 AM	M	0.25	M	0.001	
						28											
						29											
						30											
						31											
Total:		12.85		2.997		9		39.43		9.231		6		8.25		2.364	
												11		32.75		7.743	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck Program Manager Telephone: 260-427-8713
 I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECT SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.
 Signature of Principal Executive Officer or Authorized Agent: _____ Date (mm/dd/yyyy): 07/24/18
 Susan Beck



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

State Form 5526 (03/7/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5526 (03/7/13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Fort Wayne														Fort Wayne													
Monitoring Period: MONTH							MONTH							MONTH							MONTH						
Design Peak Hourly Flow (MGD): 85							Design Peak Hourly Flow (MGD): 85							Design Peak Hourly Flow (MGD): 85							Design Peak Hourly Flow (MGD): 85						
WWTW Influent Data														WWTW Effluent Data													
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Peak Precipitation (Inches)	Peak Daily Precipitation (Inches)	Total Daily Precipitation (Inches)	Precipitation Dbs - Fairfield Gauge	Measurement Interval (Hours)	Time of Discharge (M:PM)	Event Duration (Hours)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)	Day of Month	Time of Discharge (M:PM)	Event Duration (Hours)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)							
1	79.43	101.25	12:40 AM	0.42	0.31	0.15	5 m	4:25 PM	M	12:00 AM	M	5.25	M	0.135	M	1											
2	44.87	54.63					5 m							2													
3	38.33	45.26					5 m							3													
4	38.60	40.87					5 m							4													
5	45.17	57.86	6:50 AM	0.67	0.11	0.02	5 m							5													
6	38.43	45.73					5 m							6													
7	39.50	39.89					5 m							7													
8	47.57	92.22	1:05 PM	0.50	0.27	0.19	5 m	1:30 PM	M	0.58	M	0.025	M	8													
9	78.19	101.27	2:50 AM	1.08	0.85	0.34	5 m	3:10 AM	M	0.60	M	0.061	M	9													
10	60.97	101.20	8:50 AM	0.92	0.31	0.16	5 m	7:10 PM	M	1.08	M	0.147	M	10													
11	68.87	101.19	12:25 AM	0.29	0.03	0.01	5 m							11													
12	48.41	56.09					5 m							12													
13	43.95	49.33					5 m							13													
14	39.88	55.39					5 m							14													
15	33.51	56.18					5 m							15													
16	34.78	47.76					5 m							16													
17	33.76	40.00					5 m							17													
18	35.14	49.49					5 m							18													
19	55.27	88.22	12:55 PM	0.83	1.54	0.44	5 m	5:20 PM	M	1.17	M	0.9	M	19													
20	66.26	88.24	11:20 AM	0.08	0.01	0.01	5 m							20													
21	64.38	101.46	2:20 PM	3.58	1.01	0.07	5 m	3:15 PM	M	8.58	M	2.509	M	21													
22	101.00	101.67	12:35 AM	1.42	0.46	0.14	5 m	12:00 AM	M	13.50	M	2.118	M	22													
23	101.00	101.28	3:15 AM	0.67	0.08	0.01	5 m							23													
24	96.23	101.12					5 m							24													
25	70.61	89.64					5 m							25													
26	57.42	83.18	1:25 PM	0.42	0.13	0.04	5 m							26													
27	56.58	63.86	3:25 AM	0.67	0.11	0.03	5 m							27													
28	49.11	55.53					5 m							28													
29	44.94	48.87					5 m							29													
30	41.92	47.17					5 m							30													
31							5 m							31													
Totals:	1650.63			11.51	5.22		7	25.83	5.883	7	27.09	13.168		Totals:													

Signature of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Title: Principal Executive Officer or Authorized Agent
 Telephone: 250-427-6213
 Date: (mm/dd/yyyy) 07/24/18
 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 BEST OF MY KNOWLEDGE AND BELIEF, I AM NOT PROVIDING ANY INFORMATION THAT WOULD BE MATERIALLY FALSE OR MISLEADING. I AM NOT PROVIDING ANY INFORMATION THAT WOULD BE MATERIALLY FALSE OR MISLEADING. I AM NOT PROVIDING ANY INFORMATION THAT WOULD BE MATERIALLY FALSE OR MISLEADING.



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

State Form 55646 (R) 7/13
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 55646 (R) 7/13
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Facility: Fort Wayne - P.L. Brunner WWTP		Permit Number: IN0032191		Page 17 of 12		City: Fort Wayne		Facility: Fort Wayne - P.L. Brunner WWTP		Permit Number: IN0032191	
Monitoring Period: [MONTH]		Monitoring Period: [MONTH]		Public Notification Requirements Met? Y		Public Notification Requirements Met? Y		Monitoring Period: [MONTH]		Monitoring Period: [MONTH]		Public Notification Requirements Met? Y	
Design Peak Hourly Flow (MGD): 60		Design Peak Hourly Flow (MGD): 60		Check box if no CSO discharge occurred for this month:		Check box if no CSO discharge occurred for this month:		Design Peak Hourly Flow (MGD): 60		Design Peak Hourly Flow (MGD): 60		Check box if no CSO discharge occurred for this month:	
WVTP Influent Data	WVTP Outfall No. 80	WVTP Influent Data	WVTP Outfall No. 80	WVTP Influent Data	WVTP Outfall No. 80	WVTP Influent Data	WVTP Outfall No. 80	WVTP Influent Data	WVTP Outfall No. 80	WVTP Influent Data	WVTP Outfall No. 80	WVTP Influent Data	WVTP Outfall No. 80
Day of Month	Average Flow (MGD)	Peak Flow (MGD)	Precipitation (inches)	Flow Intensity (inches)	Flow Intensity (inches)	Flow Intensity (inches)	Flow Intensity (inches)	Flow Intensity (inches)	Flow Intensity (inches)	Flow Intensity (inches)	Flow Intensity (inches)	Flow Intensity (inches)	Flow Intensity (inches)
1	79.43	101.25	12:35 AM	0.50	0.25	0.17	5 m	12:00 AM	6.67	M	0.423	M	12:00 AM
2	44.87	54.63					5 m						
3	39.33	45.26					5 m						
4	36.60	40.87					5 m						
5	45.17	57.86	6:45 AM	0.67	0.09	0.02	5 m						
6	38.43	45.73					5 m						
7	35.50	39.89					5 m						
8	47.57	62.22	1:00 PM	0.42	0.23	0.15	5 m	1:15 PM	3.00	M	0.173	M	1:05 PM
9	76.18	101.27	2:45 AM	1.25	0.91	0.58	5 m	3:05 AM	7.17	M	0.817	M	3:05 AM
10	80.87	101.20	8:45 AM	1.58	0.46	0.07	5 m	9:00 AM	5.58	M	0.264	M	6:55 PM
11	88.87	101.19	12:20 AM	0.42	0.06	0.02	5 m						
12	48.41	56.08	11:45 AM	0.08	0.01	0.01	5 m						
13	43.65	49.33					5 m						
14	39.65	56.39					5 m						
15	39.51	56.18					5 m						
16	34.76	47.76					5 m						
17	33.76	40.30					5 m						
18	35.14	49.49					5 m						
19	35.27	66.22	12:50 PM	0.83	1.87	0.67	5 m	5:15 PM	6.75	M	1.288	M	5:15 PM
20	66.26	88.24	12:45 PM	0.09	0.01	0.01	5 m	12:00 AM	1.42	M	0.005	M	12:00 AM
21	64.38	101.46	2:15 PM	3.67	1.84	0.21	5 m	2:40 PM	9.33	M	2.278	M	2:40 PM
22	101.00	101.87	12:00 AM	2.42	0.60	0.05	5 m	12:00 AM	24.00	M	1.442	M	11:58
23	101.00	101.25	1:40 AM	0.67	0.09	0.02	5 m	12:00 AM	20.68	M	0.445	M	2:29 AM
24	96.23	101.12					5 m	8:35 AM	4.08	M	0.07	M	8:35 AM
25	70.61	89.64					5 m	2:15 PM	0.67	M	0.01	M	2:15 PM
26	57.42	83.18	1:00 PM	0.58	0.13	0.03	5 m	3:25 PM	0.50	M	0.023	M	3:25 PM
27	56.58	69.86	3:40 AM	0.58	0.09	0.02	5 m						
28	49.11	56.53					5 m						
29	44.94	49.97					5 m						
30	41.92	47.17					5 m						
31													
Totals:	150.83			13.75	6.65		6	6	83.25	6.399	12	43.25	5.645

Signature of Principal Executive Officer or Authorized Agent: _____

Signed Back Design Manager: _____

280-427-4213

I CERTIFY UNDER PENALTY OF LAW THAT THE DISCHARGE MONITORING DATA AND RESULTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY CALIBRATE AND MAINTAIN ALL DISCHARGE MONITORING SYSTEMS AND THAT THE RESULTS REPORTED 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.

Date (mm/dd/yyyy): _____

072418



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

State Form 505-6 (01/77-43)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 505-6 (01/77-43)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Page [8] of [12]		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: [MONTH] 5-2018		Public Notification Requirements Met? Y		Public Notification Requirements Met? Y	
Design Peak Hourly Flow (MGD): 85		Design Flow (MGD): 50		Measurements (M) or Estimated (E) must be specified		Measurements (M) or Estimated (E) must be specified	
Precipitation Data - In-run Gauge		Design Flow (MGD): 50		Measurements (M) or Estimated (E) must be specified		Measurements (M) or Estimated (E) must be specified	
Day of Month	Time Peak Flow Begins (am/pm)	Precip. Duration (Hours)	Time Peak Flow Ends (am/pm)	Time Discharge Begins (am/pm)	Time Discharge Ends (am/pm)	Event Discharge (MG)	Event Discharge (MG)
1	2	3	4	5	6	7	8
1	79.43	101.25	12:25 AM	0.50	0.12	0.06	5 m
2	44.87	54.83					5 m
3	38.33	45.26					5 m
4	36.60	40.87					5 m
5	45.17	57.86	6:45 AM	0.92	0.17	0.04	5 m
6	38.43	45.73					5 m
7	35.50	39.89					5 m
8	47.57	82.22	1:15 PM	0.50	0.32	0.21	5 m
9	78.18	101.27	2:45 AM	1.33	0.74	0.26	5 m
10	60.87	101.20	9:15 AM	1.87	0.48	0.08	5 m
11	66.87	101.19	12:00 AM	0.50	0.06	0.01	5 m
12	48.41	56.09	10:35 AM	0.08	0.01	0.01	5 m
13	43.65	49.33					5 m
14	39.86	56.39					5 m
15	39.51	56.18					5 m
16	34.76	47.76					5 m
17	33.76	40.00					5 m
18	35.14	49.49					5 m
19	55.27	88.22	12:50 PM	0.83	1.80	0.83	5 m
20	66.26	89.24	12:55 PM	0.06	0.01	0.01	5 m
21	64.33	101.46	2:15 PM	4.08	1.82	0.10	5 m
22	101.00	101.67	12:00 AM	2.50	0.64	0.07	5 m
23	101.00	101.25	1:50 AM	1.08	0.29	0.08	5 m
24	96.23	101.12					5 m
25	70.61	89.64					5 m
26	57.42	83.18	12:50 PM	0.83	0.23	0.05	5 m
27	56.59	63.86	3:40 AM	0.50	0.16	0.07	5 m
28	49.11	55.63					5 m
29	44.94	49.87					5 m
30	41.92	47.17					5 m
31							
Totals:		4650.63		15.40	6.86	11.41	0.366

City: Fort Wayne
 Facility: Fort Wayne - P.L. Brunner WWTP
 Monitoring Period: [MONTH] 5-2018
 Design Peak Hourly Flow (MGD): 85
 Design Flow (MGD): 50
 Measure/Estimated (M) or Estimated (E) must be specified
 Measure/Estimated (M) or Estimated (E) must be specified
 Public Notification Requirements Met? Y
 Public Notification Requirements Met? Y
 Permit Number: IN0032191
 Permit Number: IN0032191
 Signature of Principal Executive Officer or Authorized Agent: Susan Beck
 Date: 6/14/2018
 Telephone: 765-427-6215



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

State Form 50546 (R3/17-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		City: Fort Wayne																					
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Facility: Fort Wayne - P.L. Brunner WWTP																					
Monitoring Period: [MONTH] 6-2018		Check box if no CSO discharge occurred for the month: [MONTH] 6-2018		Monitoring Period: [MONTH] 6-2018																					
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Design Peak Flow (MGD): 85																					
WWTW Influent Data		Precipitation Data - Brentwood Gauge		CSO Outfall No. 48																					
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr/30 m/15 m)	Time Discharge Began	M Discharge (MG)	E Discharge (MG)	Event Duration (Hours)	M Discharge (MG)	E Discharge (MG)	Event Duration (Hours)	M Discharge (MG)	E Discharge (MG)	Event Duration (Hours)	M Discharge (MG)	E Discharge (MG)	Event Duration (Hours)	M Discharge (MG)	E Discharge (MG)				
1	79.43	101.25	12:05 AM	0.67	0.12	0.05	5 m	12:09 AM	0.02	M	0.004	M	12:05 AM	0.13	M	0.155	M								
2	44.87	54.63					5 m																		
3	38.33	45.26					5 m																		
4	35.60	40.87					5 m																		
5	45.17	57.86	6:40 AM	1.33	0.30	0.04	5 m																		
6	38.43	45.73					5 m																		
7	35.50	39.89					5 m																		
8	47.57	92.22	1:15 PM	0.42	0.22	0.10	5 m																		
9	76.16	101.27	3:20 AM	0.83	0.36	0.19	5 m	7:39 AM	0.55	M	0.144	M	7:42 AM	0.57	M	0.713	M								
10	60.87	101.20	9:00 AM	1.92	0.61	0.09	5 m																		
11	68.87	101.19	12:25 AM	0.33	0.04	0.01	5 m																		
12	48.41	56.09					5 m																		
13	43.65	49.33					5 m																		
14	39.86	56.39					5 m																		
15	36.51	36.18					5 m																		
16	34.76	47.76					5 m																		
17	33.76	40.00					5 m																		
18	35.14	49.49					5 m																		
19	55.27	88.22	12:55 PM	1.00	0.80	0.23	5 m	5:26 PM	1.22	M	0.318	M	5:28 PM	1.62	M	1.961	M								
20	66.26	88.24	12:40 PM	0.33	0.07	0.03	5 m																		
21	64.38	101.46	2:20 PM	3.25	2.26	0.33	5 m																		
22	101.00	101.67	12:20 AM	2.00	0.62	0.06	5 m	1:51 AM	4.03	M	1.066	M	3:15 PM	6.10	M	7.565	M								
23	101.00	101.25	8:35 AM	0.50	0.08	0.02	5 m																		
24	96.23	101.12					5 m																		
25	70.61	89.64					5 m																		
26	57.42	83.18	1:05 PM	0.67	0.13	0.02	5 m																		
27	56.58	63.86	3:35 AM	0.50	0.10	0.04	5 m																		
28	49.11	55.53					5 m																		
29	44.94	46.87					5 m																		
30	41.92	47.17					5 m																		
31																									
Totals:	1650.63			13.75	5.61			5	6.35		1.71		7	11.04		13.979									
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent				Telephone																					
Susan Beck				260-427-6213																					
Signature of Principal Executive Officer or Authorized Agent				Date (mm/dd/yyyy)																					
Susan Beck				07/24/18																					

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.



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

State Form 60546 (R3/7-93)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Page [10] of [12]		Permit Number: IN0032191		Public Notification Requirements Met? Y		Permit Number: IN0032191	
City: Fort Wayne		Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: [MDNTH] 6-2018		Check box if no CSO discharge occurred for the month:	
Design Peak Flow (Hourly) (MGD): 85		Design Flow (MGD): 80		Measured/Metered (M) or Estimated (E) must be specified		Check box if no CSO discharge occurred for the month:	
CSO Outfall No. 53		CSO Outfall No. 61		CSO Outfall No. 62		CSO Outfall No. 68	
Time Discharge Began	M	Event Duration (Hours)	M	Event Discharge (MG)	M	Event Discharge (MG)	M
E	E	E	E	E	E	E	E
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19	5:30PM	M	0.08	M	0.005	M	
20							
21	3:15PM	M	3.58	M	0.621	M	
22	4:35AM	M	0.50	M	0.001	M	
23							
24							
25							
26							
27							
28							
29							
30							
31							
Totals:		3	Da	4.17	0.627	0	0.00
Totals:		2	Da	26.25	129.59	0	0.00

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent
 Telephone
 Susan Beck Program Manager 260-427-6213
 I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECT SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.
 Signature of Principal Executive Officer or Authorized Agent
 Susan Beck
 Date (mm/dd/yyyy) 07/24/18



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

State Form 5246 (R) 7-13
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5246 (R) 7-13
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne										City: Fort Wayne												
Facility: Fort Wayne - P. L. Brunner WWTP										Facility: Fort Wayne - P. L. Brunner WWTP												
Monitoring Period: 6-2018										Monitoring Period: 6-2018												
Design Peak Hourly Flow (MGD): 85										Design Peak Hourly Flow (MGD): 85												
WWTW Influent Data										WWTW Effluent Data												
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (AM/PM)	Time Precip. Ended (AM/PM)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inches/hr)	Max. Depth (Inches)	Max. Duration (Inches)	Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)	Event Discharge Rate (MG/HR)	Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)	Event Discharge Rate (MG/HR)	
1	78.43	101.25	12:00 AM		0.50	0.23	0.11	5 m		1	12:00 AM	1:40 AM	1.40	3.07								
2	44.87	54.83								2												
3	38.33	45.26								3												
4	35.60	40.87								4												
5	45.17	57.85	6:40 AM		1.00	0.19	0.03	5 m		5	9:17 AM		0.03	0.06								
6	38.43	45.73								6												
7	35.50	39.89								7												
8	47.57	92.22	1:10 PM		0.50	0.24	0.15	5 m		8	12:28 PM		0.50	1.04								
9	76.18	101.27	2:50 AM		0.83	0.43	0.22	5 m		9	7:26 AM		1.53	3.13								
10	50.87	101.20	8:45 AM		1.58	0.58	0.14	5 m		10	9:32 AM		0.85	1.935								
11	68.87	101.19	12:15 AM		0.50	0.06	0.01	5 m		11	1:32 AM		0.03	0.09								
12	48.41	56.09								12												
13	43.65	49.33								13												
14	39.85	56.39								14												
15	38.51	56.18								15												
16	34.76	47.76								16	2:47 PM		0.18	0.385								
17	33.75	40.00								17												
18	35.14	48.49								18												
19	55.27	89.22	1:00 PM		1.00	1.29	0.44	5 m		19	5:25 PM		5.27	10.425								
20	85.26	95.24	12:40 PM		0.83	0.01	0.01	5 m		20	1:00 AM		0.03	0.105								
21	64.38	101.46	2:25 PM		3.83	1.70	0.11	5 m		21	3:18 PM		12.00	25.395								
22	101.00	101.57	12:05 AM		2.17	0.58	0.09	5 m		22	12:01 AM		8.63	20.73								
23	101.00	101.25	8:10 AM		0.50	0.07	0.02	5 m		23	12:08 AM		0.60	1.295								
24	85.23	101.12								24	4:48 PM		0.03	0.06								
25	70.61	89.64								25												
26	57.42	83.18	12:55 PM		0.33	0.10	0.05	5 m		26	3:03 PM		0.05	0.105								
27	55.58	69.85	3:20 AM		0.58	0.08	0.02	5 m		27												
28	49.11	56.53								28												
29	44.94	49.87								29												
30	41.92	47.17								30												
31										31												
Totals:	450.63				13.40	8.58				Totals:	1.4	32.13	67.765	2	5.25	0.008	0	0	0	0	0	0.000

Permit Number: IN0032191
 Public Notification Requirements Met? Y
 Check box if no CSO discharge occurred for the month: Y
 Measured/Estimated (M) or Estimated (E) must be specified.

City: Fort Wayne
 Facility: Fort Wayne - P. L. Brunner WWTP
 Monitoring Period: 6-2018
 Design Peak Hourly Flow (MGD): 85
 Telephone: 260-427-5213

I CERTIFY UNDER PENALTY OF LAW THAT THE DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER THE DIRECTION OF SUPERVISORY PERSONNEL IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Beck
 Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Date: (mm/dd/yyyy) 07/24/18



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

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Monitoring Period: 6-2018	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	Wet Weather
2	
3	
4	
5	Wet Weather
6	
7	
8	Wet Weather
9	Wet Weather
10	Wet Weather
11	Wet Weather
12	
13	
14	
15	
16	DWO - Third Street Pump Station
17	
18	
19	Wet Weather
20	Wet Weather
21	Wet Weather
22	Wet Weather
23	Wet Weather
24	Wet Weather
25	
26	Wet Weather
27	Wet Weather
28	
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Susan Beck, Program Manager	Telephone 260-427-6213
---	---------------------------

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent Susan Beck	Date (mm/dd/yy) 06/20/18
--	-----------------------------

DMR Copy of Record

Permit
 Permit #: IN0032181
 Major: Yes
 Permitted Feature: 002 External Outfall
Report Dates & Status
 Monitoring Period: From 06/01/18 to 06/30/18
 Considerations for Form Completion
 CSO - 002 POND WHEN USED AS CSO ONLY
Principal Executive Officer
 First Name: Susan
 Last Name: Beck
 Form NODI: --

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading			Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
80037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	26.25	Req Mon MO TOTAL	82	Info	0	WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT
74063	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	120.59	Req Mon MO TOTAL	36	April	0	ALIEV - All Events ES - ESTMA ALIEV - All Events ES - ESTMA
78887	Pre-oxidation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	5.61	Req Mon MO TOTAL	36	April	0	ALIEV - All Events RT - RCOTOT ALIEV - All Events RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	2	Req Mon MO TOTAL	48	April	0	ALIEV - All Events RT - RCOTOT ALIEV - All Events RT - RCOTOT

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Status: NetDMR Validated
Telephone: 250-427-6213
Title: Program Manager

Attachment Name	Type	Size
IN0032181_002C_LETTER_2018_06.pdf	pdf	221717
IN0032181_002C_CSOMRC_2018_06.pdf	pdf	561286

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)
Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

Submission Note
 If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors
 No errors.
Comments
 Attachments

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 003 External Outfall
 Report Dates & Status: From 06/01/18 to 06/30/18
 Monitoring Period:
 Considerations for Form Completion: CSO - 001 POND WHEN USED AS CSO ONLY
 Principal Executive Officer
 First Name:
 Last Name:
 Form NODI:
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803
 Discharge: 003-C 001 POND - CSO
 DMR Due Date: 07/28/18
 Status: NetDMR Validated
 Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Permit Req. Value (NODI)	Sample Value (NODI)	Quantity at Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	% of Ex.	Frequency of Analysis	Sample Type
80037	Duration	EG - Effluent Gross	0									Req Mon MO TOTAL 82 - hrmo		WHDS - When Discharging	RT - RCOTOT
74663	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0									Req Mon MO TOTAL 3R - Megal		AL/EV - All Events	ES - ESTIMA
78887	Precipitation, mainly accumulation	EG - Effluent Gross	0									Req Mon MO TOTAL 3W - hrmo		AL/EV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0									Req Mon MO TOTAL 4K - hrmo		AL/EV - All Events	RT - RCOTOT

Submission Note
 if a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-07-24 15:03 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 004 External Outfall
 Report Dates & Status: From 06/01/18 to 06/30/18
 Monitoring Period: From 06/01/18 to 06/30/18
 Considerations for Form Completion: NetDMR Validated
 CSC: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NODI): [Blank]
 Form NODI: [Blank]

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 004-C
 CSO JO2-90
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
DMR Due Date: 07/28/18
Status: NetDMR Validated
Title: [Blank]
Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2			
80037	Durabit	EG - Effluent Gross	0	--	Permit Req. Value (NODI)	82.25	Req Mon MO TOTAL	82	hrmb	0	WHDS - When Discharging	RT - RCOTOT
74980	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Permit Req. Value (NODI)	6.399	Req Mon MO TOTAL	3R	Meal	0	AJEV - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req. Value (NODI)	6.65	Req Mon MO TOTAL	5W	hrmb	0	AJEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Permit Req. Value (NODI)	8	Req Mon MO TOTAL	4K	hrmb	0	AJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 [Blank]

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 005 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46603

Permittees
 Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46602
 Discharge: 005-C
 CSO: J11-164
 DMR Due Date: 07/28/18
 Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 06/01/18 to 06/30/18
 Considerations for Form Completion
 CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer
 Title: _____
 Telephone: _____

Code	Parameter Name	Monitoring Location	Reason #	Param. NODI	Sample Permit Req. Value (NODI)	Sample Permit Req. Value (NODI)	Quantity or Loading Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--			43.25				82 - hrmo	0	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--			5.645				3R - Mgal	0	WHDS - When Discharging	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			6.65				5W - hrmo	0	WHDS - When Discharging	RT - RCOTOT
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--			12				4K - hrmo	0	WHDS - When Discharging	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-07-24 15:05 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-07-24 15:05 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: IN0032191
Major: Yes
Permitted Feature: 007 External Outfall
Report Dates & Status: From 06/01/18 to 06/30/18
Monitoring Period: 07/28/18
Considerations for Form Completion: NetDMR Validated
CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NDD):
Form NDD:

Code	Parameter Name	Monitoring Location	Season #	Param. NDD	Quantity or Loading			Quality or Concentration			Units	% of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				
50037	Duration	EG - Effluent Gross	0		Permit Req. Value NDD			Req Mon MO TOTAL	82	-	hrmo	WHDS - When Discharging	RT - RCOTOT	
74563	Overflow volume (SSD volume, CSD volume)	EG - Effluent Gross	0		Permit Req. Value NDD			Req Mon MO TOTAL	3R	-	Mgal	AUEV - All Events	ES - ESTIMA	
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0		Permit Req. Value NDD			Req Mon MO TOTAL	5W	-	hrmo	AUEV - All Events	RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0		Permit Req. Value NDD			Req Mon MO TOTAL	4K	-	hrmo	AUEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample no: Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 011
 External Outfall
 Report Dates & Status
 Monitoring Period: From 06/01/18 to 06/30/18
 Considerations for Form Completion
 CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Date Indicator (NODI)
 Form NODI:
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
 Discharge: 011-C
 CSO: K06-233
 DMR Due Date: 07/28/18
 Status: NetDMR Validated
 Telephone:
 Title:

Code	Parameter Name	Monitoring Location	Seasons	Param. NODI	Sample Permit Req. Value (NODI)	Sample Value (NODI)	Quality of Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
					Permit Req. Value (NODI)	Sample Value (NODI)	Qualifier 1 Value 1 Qualifier 2 Value 3 Qualifier 1 Value 2 Value 3 Qualifier 2 Value 3	Req Mon MO TOTAL	Req Mon MO TOTAL	Req Mon MO TOTAL	Req Mon MO TOTAL	Req Mon MO TOTAL
50037	Duration	EG - Effluent Gross	0	--			25.7	62	hr:mo	0	WHDS - When Discharging WHDS - When Discharging	RT - RCOOT RT - RCOOT
74063	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	--			36.08	38	Mgal	0	AL/EV - All Events AL/EV - All Events	ES - ESTIMA ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			6.66	5W	hr:mo	0	AL/EV - All Events AL/EV - All Events	RT - RCOOT RT - RCOOT
94105	Discharge event: observation (Visual Monitoring)	EG - Effluent Gross	0	--			4	4K	hr:mo	0	AL/EV - All Events AL/EV - All Events	RT - RCOOT RT - RCOOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cbyofortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cbyofortwayne.org

Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cbyofortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cbyofortwayne.org

Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Permit Major: Yes
Permitted Feature: D12 External Outfall
Report Dates & Status: From 06/01/18 to 06/30/18
Monitoring Period: From 06/01/18 to 06/30/18
Considerations for Form Completion: CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No. Date Indicator (NODI):
Form NODI: -
Monitoring Location: EG - Effluent Gross
Session #: 0
Param. NODI: -
Sample Permit Rec. Value NODI: -
Sample Permit Rec. Value NODI: -
Sample Permit Rec. Value NODI: -
Sample Permit Rec. Value NODI: -
Sample Permit Rec. Value NODI: -
Sample Permit Rec. Value NODI: -

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 012-C
 CSO: K06-234
DWR Due Date: 07/28/18
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Status: NetDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Session #	Param. NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Quantity or Loading Qualifier 1	Qualifier 2	Value 1	Qualifier 3	Value 3	Units	# of EX.	Frequency of Analysis	Sample Type
30037	Duration	EG - Effluent Gross	0	-	-	-	-	-	-	Req Mon MO TOTAL	82 - Inflow	C - No Discharge	-	-	WHDS - When Discharging	RT - RCOTOT	RT - RCOTOT	
74083	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	-	-	-	-	-	Req Mon MO TOTAL	3R - Inflow	C - No Discharge	-	-	ALIEV - All Events	ES - ESTIMA	ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	-	-	-	Req Mon MO TOTAL	5W - Inflow	6.85	-	-	ALIEV - All Events	RT - RCOTOT	RT - RCOTOT	
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	-	-	-	-	Req Mon MO TOTAL	4K - Inflow	C - No Discharge	-	-	ALIEV - All Events	RT - RCOTOT	RT - RCOTOT	

Submission Note: If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors:
No errors:
Comments:
Attachments: No attachments
Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)
Report Last Signed By: susan.beck@cityoffortwayne.org
User: Susan Beck
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 013 External Outfall
 Report Dates & Status: From 06/01/18 to 06/30/18
 Monitoring Period: From 06/01/18 to 06/30/18
 Considerations for Form Completion: CSC: K06-288 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer:
 First Name:
 Last Name:
 Form NODI:

Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
 Permittee: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 013-C
 CSC: K06-288
 DMR Due Date: 07/28/18
 Status: NetDMR Validated
 Telephone:

Code	Parameter Name	Monitoring Location	Seasons of Param. NODI	Quantity of Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Duration	EG - Effluent Gross	0	Req Mon	MO TOTAL	82 - hr/mo	22.65	Req Mon	MO TOTAL	82 - hr/mo	0	WHDS - When Discharging WHDS - When Discharging	RT - RCOTOT RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	Req Mon	MO TOTAL	3R - Mgal	5.883	Req Mon	MO TOTAL	3R - Mgal	0	ALIEV - All Events ALIEV - All Events	ES - ESTIMA ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Req Mon	MO TOTAL	5W - in/mo	5.22	Req Mon	MO TOTAL	5W - in/mo	0	ALIEV - All Events ALIEV - All Events	RT - RCOTOT RT - RCOTOT
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Req Mon	MO TOTAL	4K - #/mo	7	Req Mon	MO TOTAL	4K - #/mo	0	ALIEV - All Events ALIEV - All Events	RT - RCOTOT RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: IN0032191
Major: Yes
Permitted Feature: 017 External Outfall
Report Dates & Status:
Monitoring Period: From 06/01/18 to 06/30/18
Considerations for Form Completion:
CSO: K07-176 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 017-C
 CSO: K07-176
DMR Due Date: 07/28/18
Status: NetDMR Validated

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Quantity or Loading:
Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2
 27.09
 Req Mon MO TOTAL 62 - hrmo 0
 13.163
 Req Mon MO TOTAL 3R - Mgal 0
 5.22
 Req Mon MO TOTAL 5W - hrmo 0
 7
 Req Mon MO TOTAL 4K - hrmo 0

Quality of Concentration:
Value 3
 27.09
 13.163
 5.22
 7

of Ex. Frequency of Analysis:
 WHDS - When Discharging RT - RCOTOT
 WHDS - When Discharging RT - RCOTOT
 AL/EV - All Events ES - ESTIMA
 AL/EV - All Events ES - ESTIMA
 AL/EV - All Events RT - RCOTOT
 AL/EV - All Events RT - RCOTOT
 AL/EV - All Events RT - RCOTOT
 AL/EV - All Events RT - RCOTOT

Sample Type

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI
50037	Duration	EG - Effluent Gross	0	--				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--				
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--				
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--				

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-07-24 15:07 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 018 External Outfall
 Report Dates & Status: From 06/01/18 to 06/30/18
 Monitoring Period: From 06/01/18 to 06/30/18
 Considerations for Form Completion: NetDMR Validated
 CSO: K11-165 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 Form NODI: No Data Indicator (NODI)

Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
 Discharge: 018-C
 CSO: K11-165
 DMR Due Date: 07/28/18
 Status: NetDMR Validated
 Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			Units	# of Exc.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
5037	Duration	EG - Effluent Gross	0	--				60.33	Req Mon MO TOTAL	82	hr:mo	0	WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume (SSO volume, CSD volume)	EG - Effluent Gross	0	--				108.28	Req Mon MO TOTAL	3R	Mgal	0	ALIEV - All Events ES - ESTIMA	
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--				7.05	Req Mon MO TOTAL	5W	hr:mo	0	ALIEV - All Events RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--				11	Req Mon MO TOTAL	4K	hr:mo	0	ALIEV - All Events RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 019 External Outfall
 Report Dates & Status: 07/28/18
 Monitoring Period: From 06/01/18 to 06/30/18
 Considerations for Form Completion: NetDMR Validated
 CSO: K11-178MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer:
 First Name:
 Last Name:
 No Data Indicator (NDDI)
 Form NDDI:
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803
 Discharge: 019-C CSO: K11-178
 DMR Due Date: 07/28/18
 Telephone:
 Title:

Code	Parameter Name	Monitoring Location	Season	Param. NDDI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0		20.17			Req Mon MO TOTAL 82 - hr/mo 0	82 - hr/mo	0	WHDS - When Discharging WHDS - When Discharging	RT - RCOTOT RT - RCOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0		1.268			Req Mon MO TOTAL 38 - Mgal 0	38 - Mgal	0	ALVEY - All Events ALVEY - All Events	ES - ESTIMA ES - ESTIMA
78887	Predepilition, monthly accumulation	EG - Effluent Gross	0		7.05			Req Mon MO TOTAL 3W - item 0	3W - item	0	ALVEY - All Events ALVEY - All Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0		10			Req Mon MO TOTAL 4K - item 0	4K - item	0	ALVEY - All Events ALVEY - All Events	RT - RCOTOT RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample no., Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 020 External Outfall
Report Dates & Status:
Monitoring Period: From 06/01/18 to 06/30/18
Considerations for Form Completion:
CSC: K15-116/MUNICIPAL NA-JRALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 020-C
 CSO: K15-116
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
DNR Due Date: 07/28/18
Status: NetDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading			Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3					
30037	Duration	EG - Effluent Gross	0		Sample Permit Req. Value NODI	46.58	Req Mon MO TOTAL	82	hr:mo	0	WHDS - When Discharging WHDS - When Discharging	RT - RCOTOT RT - RCOTOT
74063	Overflow volume (SSO volume, CSD volume)	EG - Effluent Gross	0		Sample Permit Req. Value NODI	16.724	Req Mon MO TOTAL	36	Mgal	0	AJEV - All Events AJEV - All Events	ES - ESTIMA ES - ESTIMA
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0		Sample Permit Req. Value NODI	7.05	Req Mon MO TOTAL	5W - Inmo	5W - Inmo	0	AJEV - All Events AJEV - All Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0		Sample Permit Req. Value NODI	7	Req Mon MO TOTAL	4K - Inmo	4K - Inmo	0	AJEV - All Events AJEV - All Events	RT - RCOTOT RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Permit Major: Yes
Permitted Feature: 021 External Outfall
Report Dates & Status: From 06/01/18 to 06/30/18
Monitoring Period: From 06/01/18 to 06/30/18
Considerations for Form Completion: CSO: K19-044 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	# of Ex. Frequency of Analysis	Sample Type
50037	Duraction	EG - Effluent Gross	0	--	77.92			Req Mon MO TOTAL 82 - hr/mo	0	WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT
74083	Overflow volume (S80 volume, CSO volume)	EG - Effluent Gross	0	--	10.571			Req Mon MO TOTAL 38 - Mgal	0	AJEV - All Events ES - ESTIMA AJEV - All Events ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	7.05			Req Mon MO TOTAL 5W - hr/mo	0	AJEV - All Events RT - RCOTOT AJEV - All Events RT - RCOTOT
81165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	5			Req Mon MO TOTAL 4K - #/mo	0	AJEV - All Events RT - RCOTOT AJEV - All Events RT - RCOTOT

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802

Discharge: 021-C
CSO: K19-044

DMR Due Date: 07/28/18
Status: NetDMR Validated

Title:

Telephone:

Submission Note
If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 023 External Outfall
Report Dates & Status
 Monitoring Period: From 06/01/18 to 06/30/18
Considerations for Form Completion
 CSO: L06-103 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer
 First Name:
 Last Name:
 No. Data Indicator (NODI):
 Form NODI:
Permittee:
 Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 023-C
 CSO: L06-103
Facility:
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
DMR Due Date: 07/28/18
Status: NetDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Reason #	Param. NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analyze	Sample Type	
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3					
50037	Duration	EG - Effluent Gross	0	--				12.07			Req Mon MO TOTAL	B2 - Inflow	0	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--				2.7			Req Mon MO TOTAL	3R - Infall	0	ALIEV - All Events	ES - ESTIMA
78087	Precipitation, monthly accumulation	EG - Effluent Gross	0	--				4.76			Req Mon MO TOTAL	5W - Inflow	0	ALIEV - All Events	RT - RCOTOT
8165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--				9			Req Mon MO TOTAL	4K - Inflow	0	ALIEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors
 No errors.
Comments
Attachments
 No attachments.
Report Last Saved By
FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)
Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN002191
 Major: Yes
 Permitted Feature: 024 External Outfall
 Report Dates & Status: From 08/01/18 to 06/30/18
 Monitoring Period: From 08/01/18 to 06/30/18
 Considerations for Form Completion: CSO: L05-420 MUNICIPAL MAJORALLEN COUNTY
 Principal/Executive Officer: --
 First Name: --
 Last Name: --
 No Data Indicator (NODI): --
 Form NODI: --

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 024-C
 CSO: L06-420
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
 DMR Due Date: 07/28/18
 Status: NetDMR Validated
 Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value				
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value (NODI)			11.58			82 - Inflow	WHDS - When Discharging	RT - RCOTOT	
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value (NODI)			4.166			3R - Mgal	ALIEV - All Events	ES - ESTIMA	
78887	Respiration, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value (NODI)			4.78			5W - Inflow	ALIEV - All Events	RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value (NODI)			7			4K - Inflow	ALIEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-07-24 15:07 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191 **Permittee:** FORT WAYNE WWTP **Facility:** FORT WAYNE WWTP
Major: Yes **Permittee Address:** CITY OF FORT WAYNE FT WAYNE, IN 46802 **Facility Location:** P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permitted Feature: 025 External Outfall **Discharge:** 025-C CSO: L06-421 **Status:** NetDMR Validated
Report Dates & Status: **DMR Due Date:** 07/28/18
Monitoring Period: From 06/01/18 to 06/30/18
Considerations for Form Completion: CSO: L06-421 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No. Data Indicator (NDDI)
Title:
Form NDDI: -

Code	Parameter Name	Monitoring Location	Season	Param. NDDI	Sample Permit Req. Value (NDDI)	Sample Permit Excl. Value (NDDI)	Sample Permit Ref. Value (NDDI)	Sample Permit Rte. Value (NDDI)	Quantity or Loading	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
									Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3
50037	Duration	EG - Effluent Gross	0	-	-	-	-	-	Req Mon	MO TOTAL	BZ - hr/mo	0	-	-
74063	Overflow volume (SSD volume, CSD volume)	EG - Effluent Gross	0	-	-	-	-	-	Req Mon	MO TOTAL	3R - lmpal	0	-	-
78887	Pre-precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	-	-	Req Mon	MO TOTAL	SW - hr/mo	0	-	-
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	-	-	-	Req Mon	MO TOTAL	4K - #imp	0	-	-

Submission Note:
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors:
 No errors.

Comments:

Attachments:
 No attachments

Report Last Saved By: FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)

Report Last Signed By:
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 027 External Outfall
Report Dates & Status: From 06/01/18 to 06/30/18
Monitoring Period: 07/28/18
Considerations for Form Completion: NetDMR Validated
CSO: M10-202 MUNICIPAL MAJORALLEN COUNTY
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803
Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
Discharge: 027-C CSO: M10-202
DMR Due Date: 07/28/18
Status: NetDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	0	Req Mon MO TOTAL	C - No Discharge		BZ - hrmo	WHDS - When Discharging	RT - ROOTOT	
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	0	Req Mon MO TOTAL	C - No Discharge		3P - Mgal	AL/EV - All Events	ES - ESTMA	
78987	Prephation, monthly accumulation	EG - Effluent Gross	0	--	0	5.56			SW - ltrmo	AL/EV - All Events	RT - ROOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	0	Req Mon MO TOTAL	C - No Discharge		4K - hrmo	AL/EV - All Events	RT - ROOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-07-24 16:04 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit IN002191
Permit #: Yes
Major: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Permitted Feature: C28 External Outfall
Discharge: 028-C
 CSO: M10-238
Report Dates & Status From 06/01/18 to 06/20/18
Monitoring Period: 07/28/18
DMR Due Date: Not DMR Validated
Considerations for Form Completion
 CSO: M10-238 MUNICIPAL MAJORALLEN COUNTY
Principal / Executive Officer
First Name:
Last Name:
No Data Indicator (NDI)
Form NDI:

Code	Parameter Name	Monitoring Location	Season	Param. NDI	Quantity of Loading	Qualifer 1 Value	Qualifer 2 Value	Qualifer 3 Value	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Permit Rec: Value NDI	6.35	Req Mon MO TOTAL	82 - hrmo	82 - hrmo	0	0	WHDS - When Discharging WHDS - When Discharging	RT - RCOTOT RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Permit Rec: Value NDI	1.71	Req Mon MO TOTAL	3R - Mgal	3R - Mgal	0	0	ALIEV - All Events ALIEV - All Events	ES - ESTINA ES - ESTINA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Rec: value NDI	5.61	Req Mon MO TOTAL	SW - lskmo	SW - lskmo	0	0	ALIEV - All Events ALIEV - All Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Permit Rec: Value NDI	5	Req Mon MO TOTAL	4K - #lmo	4K - #lmo	0	0	ALIEV - All Events ALIEV - All Events	RT - RCOTOT RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-07-24 16:06 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-07-24 16:09 (Time Zone: -04:00)

DMR Copy of Record

Permit IN0032191
Permit #: Yes
Major: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Permitted Feature: 029 External Outfall
Report Dates & Status: From 06/01/18 to 06/30/18
Monitoring Period: 07/28/18
Considerations for Form Completion: NetDMR Validated
 CSO: M10-255 MUNICIPAL MAJORALLEN COUNTY
Principal / Executive Officer:
First Name:
Last Name:
Form NOD:

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Quantity of Loading Qualifier 1 Value 1	Quantity of Loading Qualifier 2 Value 2	Quantity of Loading Qualifier 3 Value 3	Quality of Concentration Value 1	Quality of Concentration Value 2	Quality of Concentration Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	23.34	Req Mon MO TOTAL	82 - hrmo	WHDS - When Discharging	RT - RCOTOT	WHDS - When Discharging	82 - hrmo	0	RT - RCOTOT	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	4.891	Req Mon MO TOTAL	3R - Mgal	ALIEV - All Events	ES - ESTMA	ALIEV - All Events	3R - Mgal	0	ES - ESTMA	ES - ESTMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	4.76	Req Mon MO TOTAL	SW - hrmo	ALIEV - All Events	RT - RCOTOT	ALIEV - All Events	SW - hrmo	0	RT - RCOTOT	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	10	Req Mon MO TOTAL	4K - hrmo	ALIEV - All Events	RT - RCOTOT	ALIEV - All Events	4K - hrmo	0	RT - RCOTOT	RT - RCOTOT

Telephone:
Title:
Submitter Note
 If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors
No errors:
Comments
Attachments
 No attachments
Report Last Saved By
 FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)
Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 032 External Outfall
 Report Dates & Status: From 06/01/18 to 06/30/18
 Monitoring Period: From 06/01/18 to 06/30/18
 Considerations for Form Completion: From 06/01/18 to 06/30/18
 CSO: M10-306 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer:
 First Name:
 Last Name:
 Form MOD: No Data Indicator (MOD)
 Monitoring Location, Season & Param. MOD:
 Parameter Name: EG - Effluent Gross 0
 EG - Effluent Gross 0
 EG - Effluent Gross 0
 EG - Effluent Gross 0
 Monitoring Location, Season & Param. MOD:
 Parameter Name: EG - Effluent Gross 0
 EG - Effluent Gross 0
 EG - Effluent Gross 0
 EG - Effluent Gross 0

Code	Parameter Name	Monitoring Location, Season & Param. MOD	Quantity or Loading	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross 0	12.85	Req Mon MO TOTAL	82 - hrmo	0	WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross 0	2.997	Req Mon MO TOTAL	3R - Mgal	0	ALIEV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross 0	4.76	Req Mon MO TOTAL	5W - hrmo	0	ALIEV - All Events	RT - RCOTOT
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross 0	6	Req Mon MO TOTAL	4K - hrmo	0	ALIEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 082-C
 CSO: M10-306
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
 DMR Due Date: 07/28/18
 Status: NetDMR Validated
 Telephone:

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 033 External Outfall
 Report Dates & Status: From 06/01/18 to 06/30/18
 Monitoring Period: From 06/01/18 to 06/30/18
 Considerations for Form Completion: CSC: M10-313 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
 Discharge: 033-C
 CSC: M10-313
 DMR Due Date: 07/28/18
 Status: NetDMR Validated
 Telephone:
 Title:

Code	Parameter Name	Monitoring Location	Season	Permit NODI	Sample Permit Req. Value (NODI)	Sample Value (NODI)	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Quality or Concentration	Value 1	Value 2	Value 3	Units	% of Ex.	Frequency of Analysis	Sample Type
90037	Duration	EG - Effluent Gross	0	--						32.13				Req Mon MO TOTAL	82 - hrmo	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--						87.795				Req Mon MO TOTAL	3R - Mgal	ALIEV - All Events	ES - ESTIMA
76887	Preipitation, monthly accumulation	EG - Effluent Gross	0	--						5.56				Req Mon MO TOTAL	SW - hrmo	ALIEV - All Events	RT - RCOTOT
94165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--						14				Req Min MO TOTAL	4K - hrmo	ALIEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-07-24 15:04 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 036 External Outfall
Report Dates & Status: From 06/01/18 to 06/30/18
Monitoring Period: From 06/01/18 to 06/30/18
Considerations for Form Completion: CSC: M18-032 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
Form NODI: No Data Indicator (NODI)

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 036-C
 CSC: M18-032
DMR Due Date: 07/28/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L.BRUNNER WPC
 FORT WAYNE, IN 46803
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Seasons	# Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	0								WHCS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume (SSD volume, CSD volume)	EG - Effluent Gross	0	0								ALIEV - All Events ES - ESTIMA	
78987	Prepitation, monthly accumulation	EG - Effluent Gross	0	0								ALIEV - All Events RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0								ALIEV - All Events RT - RCOTOT	

Submission Note: If a parameter row does not contain any values for the Sample no; Effluent Tracing, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors:
No errors.
Comments:
Attachments: No attachments.
Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-07-24 15:55 (Time Zone: -04:00)
Report Last Signed By:
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-07-24 15:08 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 039 External Outfall
Report Dates & Status:
Monitoring Period: From 06/01/18 to 06/30/18
Considerations for Form Completion: CSC: N06-022/MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NDI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
Discharge: 039-C
City: FT WAYNE, IN 46802
Facility Location: FORT WAYNE WWTP
Facility: P.L. BRUNNER WPC
Facility Location: FORT WAYNE, IN 46803
DMR Due Date: 07/28/18
Status: NetDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity of Loading			Quantity of Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3					
E0037	Duration	EG - Effluent Gross	0	--	39.43			Req	Mon	MO	TOTAL	82 - hrmo	0	WHDS - When Discharging WHDS - When Discharging	RT - RCOTOT RT - RCOTOT
74063	Overflow volume (SSD volume, CSD volume)	EG - Effluent Gross	0	--	9.231			Req	Mon	MO	TOTAL	3R - Mgal	0	AJEV - All Events AJEV - All Events	ES - ESTIMA ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	4.76			Req	Mon	MO	TOTAL	5W - hrmo	0	AJEV - All Events AJEV - All Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	9			Req	Mon	MO	TOTAL	4K - hrmo	0	AJEV - All Events AJEV - All Events	RT - RCOTOT RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample no: Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: 044 External Outfall
Permitted Feature: From 06/01/18 to 06/30/18
Report Dates & Status: NetDMR Validated
Monitoring Period: 07/28/18
Considerations for Form Completion:
 CSO: N22-93 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Sensor #	Param. NODI	Sample Permit Req. Value (NODI)	Sample Permit Req. Value (NODI)	Quantity or Loading Qualifier 1 Value 1	Quantity or Loading Qualifier 2 Value 2	Quantity or Loading Qualifier 3 Value 3	Units	# of EL	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--			Req Mon MO TOTAL	C - No Discharge		BZ - Inflow	WHQDS - When Discharging	RT - RCOTOT	
74068	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--			Req Mon MO TOTAL	C - No Discharge		3P - Inflow	ALIEV - All Events	ES - ESTIMA	
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			5.56			3W - Inflow	ALIEV - All Events	RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--			Req Mon MO TOTAL	C - No Discharge		4K - Inflow	ALIEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTWP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-07-24 15:05 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-07-24 15:08 (Time Zone: -04:00)

Facility: FORT WAYNE WWTWP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTWP
Permittee Address: CITY OF FORT WAYNE
 FT. WAYNE, IN 46802

Discharge: 044-C
 CSO: N22-93

DWR Due Date: 07/28/18

Title:

Telephone:

DMR Copy of Record

Permit #: IN0032191
Permittee: FORT WAYNE WWTP
Major: Yes
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Permitted Feature: 045 External Outfall
Discharge: 045-C
 CSO: N22-103
Report Dates & Status: 07/28/18
Monitoring Period: From 06/01/18 to 06/30/18
Status: NotDMR Validated
Considerations for Form Completion:
 CSO: N22-103T, JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Dissolved	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - #info	0	WHDS - When Discharging	RT - RCOTOT	
74080	Overflow volume (80 volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - #gal	0	ALIEV - All Events	ES - ESTIMA	
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	SW - info	0	ALIEV - All Events	RT - RCOTOT	
84163	Discharge event observation (Visual Monitoring)	ES - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL SW - #info	0	ALIEV - All Events	RT - RCOTOT	

Submission Note:
 If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors:
 No errors.
Comments:
Attachments:
 No attachments.
Report Last Saved By:
 FORT WAYNE WWTP
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-07-24 15:06 (Time Zone: -04:00)
Report Last Signed By:
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 043 External Outfall
Report Dates & Status:
Monitoring Period: From 06/01/18 to 06/30/18
Considerations for Form Completion:
 CSO: 010-252 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
Form NOD: No Data Indicator (NOD)
Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 048-C
 CSO: 010-252
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
DMR Due Date: 07/28/18
Status: NetDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Sample Permit Req. Value (NOD)	Sample Value (NOD)	Quantity or Loading Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Quality or Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--			11.04	Req Mon MO TOTAL	82	hr:mo	0	WHDS - When Discharging	RT - RCOTOT		
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--			13.979	Req Mon MO TOTAL	3R	Mgal	0	AJEV - All Events	ES - ESTMA		
78867	Prebipbltion, monthly accumulation	EG - Effluent Gross	0	--			5.61	Req Mon MO TOTAL	SW	hr:mo	0	AJEV - All Events	RT - RCOTOT		
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--			7	Req Mon MO TOTAL	4K	hr:mo	0	AJEV - All Events	RT - RCOTOT		

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 050 External Outfall
Reporting Dates & Status: From 06/01/18 to 06/30/18
Monitoring Period: From 06/01/18 to 06/30/18
Considerations for Form Completion: CSO: 010-277/MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No. Data Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Season	Permit NODI	Sample Permit Recd Value NODI	Sample Permit Pre Value NODI	Sample Permit Post Value NODI	Sample Permit Risk Value NODI
50037	Duration	EG - Effluent Gross	0	--				
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--				
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	--				
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--				

Code	Parameter Name	Monitoring Location	Season	Permit NODI	Quantity of Loading			Quality of Concentration			Units	# of Ex. - Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
					Req Mon	MO TOTAL	8.25	Req Mon	MO TOTAL	82	-	WHDS - When Discharging	RT - RCOTOT
					Req Mon	MO TOTAL	2.364	Req Mon	MO TOTAL	38	-	ALIEV - All Events	ES - ESTMA
					Req Mon	MO TOTAL	4.76	Req Mon	MO TOTAL	5W - 1stmo	0	ALIEV - All Events	RT - RCOTOT
					Req Mon	MO TOTAL	5	Req Mon	MO TOTAL	4X - 1stmo	0	ALIEV - All Events	RT - RCOTOT
					Req Mon	MO TOTAL	5	Req Mon	MO TOTAL	4X - 1stmo	0	ALIEV - All Events	RT - RCOTOT

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
Discharge: 050-C CSO: 010-277
DMR Due Date: 07/28/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC FORT WAYNE, IN 46803
Title:
Telephone:

Submission Note
 If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors
 No errors.
Comments
 Attachments
 No attachments.
Report Last Saved By
 FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-07-24 16:00 (Time Zone: -04:00)
Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-07-24 15:08 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 051 External Outfall
 Report Dates & Status: From 06/01/18 to 06/30/18
 Monitoring Period: From 06/01/18 to 06/30/18
 Considerations for Form Completion: NetDMR Validated
 CSO: 022-002/MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No. Data Indicator (NDDI)
 Title:
 Telephone:
 Facility Location:
 Status:
 Permittee:
 Permittee Address:
 Discharge:
 DMR Due Date:
 FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 051-C
 CSO: 022-002
 FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Code	Parameter Name	Monitoring Location	Session #	Param. NDDI	Quantity or Loading			Units	# of Ex.	Frequency of Analyte	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50007	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NDDI	Req Mon MO TOTAL	82	hrmo	WHDS - When Discharging	RT - RCOTOT	
74085	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NDDI	Req Mon MO TOTAL	3R	Mgal	AJLEV - All Events	ES - ESTIMA	
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NDDI	Req Mon MO TOTAL	9W	inmo	AJLEV - All Events	RT - RCOTOT	
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NDDI	Req Mon MO TOTAL	4K	hrmo	AJLEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 052 External Outfall
Report Dates & Status: From 06/01/18 to 06/30/18
Monitoring Period: From 06/01/18 to 06/30/18
Considerations for Form Completion: CSO: 022-004 MUNICIPAL MAJOR ALLEN COUNTY
Principal/ Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Reg. Value (NODI)	Sample Permit Reg. Value (NODI)	Sample Permit Reg. Value (NODI)	Sample Permit Reg. Value (NODI)	Sample Permit Reg. Value (NODI)	Quality of Concentration	Value 1	Value 2	Value 3	Units	# of Exc.	Frequency of Analyze	Sample Type
5037	Duration	EG - Effluent Gross	0	--						Req Mon MO TOTAL 82 - Inflow					WHDS - When Discharging	RT - RCOTOT	
74083	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--						Req Mon MO TOTAL 38 - Inflow					ALJEV - All Events	ES - ESTIMA	
7807	Precipitation, monthly accumulation	EG - Effluent Gross	0	--						Req Mon MO TOTAL 3W - Inflow					ALJEV - All Events	RT - RCOTOT	
8165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--						Req Mon MO TOTAL 4K - Inflow					ALJEV - All Events	RT - RCOTOT	

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE, FT WAYNE, IN 46802
Discharge: 052-C
External Outfall: CSO: 022-004
DMR Due Date: 07/28/18
Status: NetDMR Validated
Facility Location: FORT WAYNE WWTP, P.L. BRUNNER WPC, FORT WAYNE, IN 46803
Telephone:

Quantity of Loading: Qualifier 1 Value 1, Qualifier 2 Value 2, Qualifier 3 Value 3
Quality of Concentration: Value 1, Value 2, Value 3
Units: C - No Discharge
of Exc.: C - No Discharge
Frequency of Analyze: C - No Discharge
Sample Type: C - No Discharge

Submission Note: If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Comments:

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)

Report Last Signed By:

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: 053 External Outfall
Permitted Feature: From 06/01/18 to 06/30/18
Report Dates & Status: Considerations for Form Completion
Monitoring Period: CSO: 022-084 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 053-C
 CSO: 022-094
DMR Due Date: 07/28/18
Status: NetDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1	Quantity or Loading Qualifier 2 Value 2	Quantity or Concentration Qualifier 3 Value 3	Units	# of Ex. Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	0					Req Mon MO TOTAL	82 - #/mo	C - No Discharge		WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume (S0 volume, CSO volume)	EG - Effluent Gross	0	0					Req Mon MO TOTAL	3R - #/gal	C - No Discharge		AJEV - All Events	ES - ESTIMA
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0	0					Req Mon MO TOTAL	5W - #/mo	5.51		AJEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	0					Req Mon MO TOTAL	4K - #/mo	C - No Discharge		AJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-07-24 15:05 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 054 External Outfall
 Report Dates & Status: From 08/01/18 to 06/30/18
 Monitoring Period: From 08/01/18 to 06/30/18
 Considerations for Form Completion: CSO: 023-080 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 Form NODI: [Blank]

Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Quality of Concentration	Value 3	Units	# of EA	Frequency of Analysis	Sample Type
50037 Duration	EG - Effluent Gross	0	--	11.41	Opt Mon MO TOTAL	0	0	82 - hr/mo	0	WVDS - When Discharging	RT - RCOTOT
74063 Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--	0.385	Opt Mon MO TOTAL	3R - Mgal	0	3R - Mgal	0	WVDS - When Discharging	RT - RCOTOT
78887 Precipitation, monthly accumulation	EG - Effluent Gross	0	--	6.96	Opt Mon MO TOTAL	3W - hr/mo	0	3W - hr/mo	0	AJEV - All Events	ES - ESTIMA
84185 Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	5	Opt Mon MO TOTAL	4K - hr/mo	0	4K - hr/mo	0	AJEV - All Events	RT - RCOTOT

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT. WAYNE, IN 46802

Discharge: 054-C
 CSO: 023-080

DMR Due Date: 0728/18
Status: NetDMR Validated

Title: [Blank]
Telephone: [Blank]

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trailing, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 [Blank]

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 055 External Outfall
 Report Dates & Status: From 06/01/18 to 06/30/18
 Monitoring Period:
 Considerations for Form Completion: CSC: P06-192/MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NOD)
 Form NOD:
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
 Permittee: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 055-C
 CSO: P05-192
 DMR Due Date: 07/28/18
 Status: NetDMR Validated
 Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
8037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD			32.75	Req Mon MO TOTAL	82	hr/mo	0	WHDS - When Discharging WHDS - When Discharging	RT - RCOTOT RT - RCOTOT
7403	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD			7.74	Req Mon MO TOTAL	36	Mgal	0	ALIEV - All Events ALIEV - All Events	ES - ESTMA ES - ESTMA
7887	Pre-precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD			4.78	Req Mon MO TOTAL	SW - Inflow SW - Inflow		0	ALIEV - All Events ALIEV - All Events	RT - RCOTOT RT - RCOTOT
8465	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD			11	Req Mon MO TOTAL	4K - #/mo		0	ALIEV - All Events ALIEV - All Events	RT - RCOTOT RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample not Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 056 External Outfall
 Report Dates & Status: From 06/01/18 to 06/30/18
 Monitoring Period: From 06/01/18 to 06/30/18
 Considerations for Form Completion: CSC: J03-313 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 056-C
 CSO: J03-313
Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
DWR Due Date: 07/28/18
Status: NetDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3					
50037	Duration	EG - Effluent Gross	0	-	Req	Mon	MO	TOTAL	7.44	82	-	Info	0	WHQS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	Req	Mon	MO	TOTAL	10.58	36	-	Wgal	0	AL/EV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Req	Mon	MO	TOTAL	8.65	5W	-	Info	0	AL/EV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req	Mon	MO	TOTAL	7	4K	-	Info	0	AL/EV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Exit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 057 External Outfall
Report Dates & Status: From 06/01/18 to 06/30/18
Monitoring Period: NetDMR Validated
Considerations for Form Completion:
 CSO: P10-121/MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI)
Form NODI:
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	--	Req Mon MO TOTAL	62	-	inmo	WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--	Req Mon MO TOTAL	3R	-	Mgal	AL/EV - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Req Mon MO TOTAL	9W	-	inmo	AL/EV - All Events	RT - RCOTOT
94165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Req Mon MO TOTAL	4K	-	inmo	AL/EV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 060 External Outfall
 Report Dates & Status: From 06/01/18 to 06/30/18
 Monitoring Period: From 06/01/18 to 06/30/18
 Considerations for Form Completion: CSO: R06-31 MUNICIPAL MAJDRALLEN COUNTY
 Principal/Executive Officer: Title:
 First Name: Telephone:
 Last Name: Telephone:
 Form NODI:

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
 Discharge: 060-C
 CSO: R06-31
 DMR Due Date: 07/28/18
 Status: NetDWR Validated

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
80037	Duration	EG - Effluent Gross	0	-	0.33	Req Mon MO TOTAL	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT	
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	0.001	Req Mon MO TOTAL	3R - Mgal	0	ALIEV - All Events	ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	6.89	Req Mon MO TOTAL	5W - in/mo	0	ALIEV - All Events	RT - RCOTOT	
84166	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	1	Req Mon MO TOTAL	4K - #/mo	0	ALIEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample no., Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-07-24 15:07 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 051 External Outfall
Report Dates & Status
 Monitoring Period: From 06/01/18 to 06/30/18
Considerations for Form Completion
 CSO: R14-137/MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer
 First Name:
 Last Name:
Form NODI
 Monitoring Location Season # Param. NODI
 Parameter Name
 Monitoring Location Season # Param. NODI
 EG - Effluent Gross 0
 EG - Effluent Gross 0
 EG - Effluent Gross 0
 EG - Effluent Gross 0
 EG - Effluent Gross 0

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quality or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0		Opt Mon MO TOTAL 82 - #lmo				#mo		WHDS - Wkst. Discharging	RT - RCO101
74063	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0		Opt Mon MO TOTAL 3R - #gal				#gal		ALJEV - All Events	ES - ESTIMA
78087	Precipitation, monthly accumulation	EG - Effluent Gross	0		Opt Mon MO TOTAL 5W - #lmo	5.61			#mo		ALJEV - All Events	RT - RCO101
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0		Opt Mon MO TOTAL 4K - #lmo				#mo		ALJEV - All Events	RT - RCO101

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors
 No errors.
Comments
 No comments.
Attachments
 No attachments.
Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-07-24 15:01 (Time Zone: -04:00)
Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 48002
Discharge: 061-C
 CSC: R14-137
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 48003
DMR Due Date: 07/28/18
Status: NetDMR Validated
Telephone:

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Features: 062 External Outfall
Report Dates & Status
 Monitoring Period: From 06/01/18 to 06/30/18
Considerations for Form Completion
 CSO: R14-138 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer
 First Name:
 Last Name:
 Form MOD: No Data Indicator (MOD)

Code	Parameter Name	Monitoring Location	Season #	Param. MOD	Sample Permit Req. Value (MOD)	Sample Permit Req. Value (MOD)	Quantity or Loading Qualifier 1 Value 1	Quantity or Loading Qualifier 2 Value 2	Quantity or Concentration Value 1	Quantity or Concentration Value 2	Qualifier 3	Units	# of EA	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--					4.17			Opt Mon MO TOTAL	82 - ltrmo	WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--					0.027			Opt Mon MO TOTAL	3R - Mgal	ALEV - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--					5.61			Opt Mon MO TOTAL	SW - ltrmo	ALEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--					3			Opt Mon MO TOTAL	4K - ltrmo	ALEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample no; Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cchyofoftwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cchyofoftwayne.org

Date/Time: 2018-07-24 15:02 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cchyofoftwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cchyofoftwayne.org

Date/Time: 2018-07-24 15:08 (Time Zone: -04:00)

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803

Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharges: 062-C
 CSO: R14-138

DMR Due Date: 07/28/18

Status: NetDMR Validated

Title:

Telephone:

DMR Copy of Record

Permit IN0032191
Permit #: Yes
Major: 054 External Outfall
Permitted Feature: From 06/01/18 to 06/30/18
Report Dates & Status: Monitoring Period: 07/28/18
Monitoring Period: NoDMR Validated
Considerations for Form Completion: 064-C
 CSO: S02-35MUNICIPAL-MAJORALLEN COUNTY
 CSO: S02-35
Principal Executive Officer
First Name:
Last Name:
No. Data Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Leading Qualifier			Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
					Value 1	Value 2	Value 3					
50037	Duration	EG - Effluent Gross	0	--	0.01	3R - Mgal	Req Mon MO TOTAL	B2 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT	
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	0.35	SW - Inflow	Req Non MO TOTAL	SW - Inflow	0	WHDS - When Discharging	RT - RCOTOT	
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	2	4K - Rain	Req Mon MO TOTAL	4K - Rain	0	WHDS - When Discharging	RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--						WHDS - When Discharging	RT - RCOTOT	

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 064-C
 CSO: S02-35
DMR Due Date: 07/28/18
Title:
Telephone:

Sample
 Permit Recd. Value NODI
 Sample Permit Recd. Value NODI
 Sample Permit Recd. Value NODI
 Sample Permit Recd. Value NODI
 Sample Permit Recd. Value NODI

Submission Note
 If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors
 No errors.
Comments
Attachments
 No attachments.
Report Last Saved By
 FORT WAYNE WWTP
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)
Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Permittee: FORT WAYNE WWTP
Major: Yes
Facility Location: P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Permitted Features: 068
 External Outfall
Report Dates & Status: 07/28/18
Monitoring Period: From 06/01/18 to 06/30/18
Considerations for Form Completion: No Data Indicator (NODI)
 CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer: Telephone:

Code	Parameter Name	Monitoring Location	Season	Form: NODI	Quantity of Leading Qualifier 1	Value 1	Quantity of Concentration Qualifier 2	Value 2	Quantity of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Req Mon MO TOTAL	82	Units	WHDS - When Discharging	RT - RCOTOT	
74083	Overflow volume (580 volume, C&D volume)	EG - Effluent Gross	0	--	Req Mon MO TOTAL	3R - Majl	Units	AJEV - All Events	ES - ESTMA	
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Req Mon MO TOTAL	5W - Injmo	Units	AJEV - All Events	RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Req Mon MO TOTAL	4K - #lmb	Units	AJEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-07-24 15:03 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 080 External Outfall
Report Dates & Status: From 06/01/18 to 06/30/18
Monitoring Period: From 06/01/18 to 06/30/18
Considerations for Form Completion:
 CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR
Principal Executive Officer:
First Name:
Last Name:
No. Data Indicator (NODI):
Form NODI:

Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value				
5037	Duration	EG - Effluent Gross	0	--		3.03			Req Mon MO TOTAL	82	h/mo	0		WH/DS - When Discharging	RT - RCOTOT
7403	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--		0.028			Req Mon MO TOTAL	3R	Mgal	0		AJ/EV - All Events	ES - ESTIMA
7887	Predipitation, monthly accumulation	EG - Effluent Gross	0	--		7.05			Req Mon MO TOTAL	5W	h/mo	0		AJ/EV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--		3			Req Mon MO TOTAL	4K	h/mo	0		AJ/EV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-07-24 15:09 (Time Zone: -04:00)

Permittee: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FORT WAYNE, IN 46802
Discharge: 888-C
 CSO, P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR
DMR Due Date: 07/28/18

Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 FORT WAYNE, IN 46803
Status: Not DMR Validated
Telephone:

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 081 External Outfall
Report Dates & Status: From 06/01/18 to 06/30/18
Monitoring Period: 07/28/18
Considerations for Form Completion:
 CSO : R:4-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NDDI):
Form NDDI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE, FT WAYNE, IN 46802
Discharge: 081-C CSO: R:4-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.
DMR Due Date: 07/28/18
Title:
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC, FORT WAYNE, IN 46803
Status: NotDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season	Permit NDDI	Quantity or Loading			Frequency of Analysis	Sample Type
					Qualifier 1	Qualifier 2	Qualifier 3		
52037	Duration	EG - Effluent Gross	0	--	Req Mon MO TOTAL	82	hr/mo	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	Req Mon MO TOTAL	36	kg/d	AJEV - All Events	ES - ESTIMA
78867	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Req Mon MO TOTAL	5W	hr/mo	AJEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Req Mon MO TOTAL	4K	hr/mo	AJEV - All Events	RT - RCOTOT

Sample Permit Req Value NDDI
Sample Permit Req Value NDDI
Sample Permit Req Value NDDI
Sample Permit Req Value NDDI
Sample Permit Req Value NDDI

Submission Note:
 If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors:
 No errors.
Comments:
 Attachments: No attachments.
Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-07-24 15:00 (Time Zone: -04:00)
Report Last Signed By:
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-07-24 15:08 (Time Zone: -04:00)



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

August 23, 2018

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of July 2018

We are pleased to enclose a completed CSO MRO form for the month of July 2018. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

The City is completing a Long-Term Control Plan sewer separation project at the intersection of W. Superior St. and Harrison St. The flow meter for CSO outfall 032 is located at this respective intersection. The flow meter at CSO 032 had to be removed on May 16, 2018 due to this construction project. The City will be using modeling to estimate overflows for the month of July, 2018 on this CSO MRO report for CSO outfall 032 only.

When analyzing flow data for the July CSO MRO report, it was discovered that the Third Street Pump Station had a dry weather overflow on July 11th. After extensive research, it was determined that a large water main break caused the dry weather overflow.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

Susau Beck
Program Manager
Water Pollution Control Maintenance

ENGAGE • INNOVATE • PERFORM

CITIZENS SQUARE

200 E. Berry St. • Fort Wayne, Indiana • 46802 • www.cityoffortwayne.org

An Equal Opportunity Employer

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection

Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts

Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff

Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps

Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine



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

State Form 50646 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50646 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Page 1 of 12		Public Notification Requirements Met? Y		Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: (MONTH) 7-2018		Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: (MONTH) 7-2018		Public Notification Requirements Met? Y							
Design Peak Hourly Flow (MGD): 50		Design Average Flow (MGD): 50		Design Peak Flow (MGD): 85		Design Flow (MGD): 80		Check box if no CSD discharge occurred for the month: <input type="checkbox"/>							
WWTW Influent Data		Precipitation Data - Adams Gauge		CSD Outfall No. E0		CSD Outfall No. E0		CSD Outfall No. E0							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (empirical)	Precip. Duration (hours)	Total Daily Precip. (inches)	Peak Intensity (inches)	Measurement Interval (hr. 30 m. 15 m. 5 m.)	Time Discharge Began	Event Duration (Hours)	M Discharge (MG)	E Discharge (MG)	Time Discharge Began	Event Duration (Hours)	M Discharge (MG)	E Discharge (MG)
1	39.18	45.90					5 m								
2	39.26	44.94					5 m								
3	38.46	54.59					5 m								
4	35.66	42.87					5 m								
5	38.10	48.40					5 m								
6	34.97	40.64					5 m								
7	40.91	67.78					5 m								
8	37.09	60.72					5 m								
9	34.54	41.99					5 m								
10	46.42	92.16	1:25 PM	0.42	0.75	0.31	5 m								
11	36.25	41.13					5 m								
12	32.79	37.21					5 m								
13	31.58	26.70					5 m								
14	32.37	39.07					5 m								
15	32.68	39.62					5 m								
16	37.17	61.59	8:20 AM	0.42	0.14	0.06	5 m								
17	32.93	37.41					5 m								
18	32.81	36.44					5 m								
19	34.00	39.92					5 m								
20	36.67	88.40	8:40 AM	1.67	0.76	0.14	5 m								
21	81.66	88.28	7:10 AM	2.08	0.76	0.21	5 m								
22	85.18	89.18	2:15 AM	0.50	0.17	0.09	5 m								
23	89.32	75.32					5 m								
24	39.19	44.12	1:20 PM	0.08	0.01	0.01	5 m								
25	37.24	41.77					5 m								
26	42.73	88.35	4:15 PM	0.08	0.48	0.48	5 m								
27	35.76	41.48					5 m								
28	32.85	38.91					5 m								
29	32.87	39.08					5 m								
30	34.61	43.01	1:45 PM	0.33	0.11	0.04	5 m								
31	41.24	94.08	1:45 AM	1.67	0.25	0.03	5 m								
Totals:		1272.60		7.25	3.18										

Signature of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Title of Principal Executive Officer or Authorized Agent: Program Manager
 Date (mm/dd/yyyy): 08/23/18
 Telephone: 290-427-6213

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.



Fort Wayne Facility: Fort Wayne - P.L. Brunner WWTP												Fort Wayne Facility: Fort Wayne - P.L. Brunner WWTP											
Monitoring Period: (MONTH) 7-2018						Monitoring Period: (MONTH) 7-2018						Monitoring Period: (MONTH) 7-2018						Monitoring Period: (MONTH) 7-2018					
Design Peak Hourly Flow (MGD): 60						Design Peak Hourly Flow (MGD): 60						Design Peak Hourly Flow (MGD): 60						Design Peak Hourly Flow (MGD): 60					
WWTW Influent Data												WWTW Effluent Data											
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Peak Interval (min)	Time Precip. (hr:min)	Precep. (inches)	Total Daily Precip. (inches)	Peak Inflow (MGD)	Peak Interval (min)	Time Discharge Began	Time Discharge Ended	Event M (MGD)	Event E (MGD)	Time Discharge Began	Time Discharge Ended	Event M (MGD)	Event E (MGD)	Time Discharge Began	Time Discharge Ended	Event M (MGD)	Event E (MGD)			
1	35.18	45.30	5 m																				
2	39.26	44.94	5 m																				
3	38.46	54.58	5 m																				
4	35.66	42.87	5 m																				
5	36.10	48.40	5 m																				
6	34.97	40.64	5 m																				
7	40.91	67.78	5 m																				
8	37.09	60.72	5 m																				
9	34.54	41.59	5 m																				
10	46.42	92.15	1:25 PM	0.33	0.43	0.26	5 m																
11	35.26	41.13	5 m																				
12	32.79	37.21	5 m																				
13	31.89	38.70	5 m																				
14	32.37	39.07	5 m																				
15	32.68	39.82	5 m																				
16	37.17	61.59	8:20 AM	0.50	0.18	0.05	5 m																
17	32.93	37.41	5 m																				
18	32.81	36.44	5 m																				
19	34.00	39.32	5 m																				
20	58.67	86.40	8:30 AM	2.33	1.07	0.17	5 m																
21	81.66	88.28	12:10 AM	2.50	0.71	0.12	5 m																
22	85.18	89.19	2:15 AM	0.25	0.09	0.05	5 m																
23	66.32	75.32	5 m																				
24	39.19	44.12	1:30 PM	0.08	0.03	0.03	5 m																
25	37.24	41.77	5 m																				
26	42.73	88.35	4:05 PM	0.17	0.18	0.17	5 m																
27	35.76	41.48	5 m																				
28	32.86	38.91	5 m																				
29	32.87	39.06	5 m																				
30	34.61	45.01	1:35 PM	0.33	0.09	0.05	5 m																
31	41.24	94.08	11:25 AM	1.75	0.27	0.05	5 m																
Totals:												Totals:											
1272.50												6.24											
3.05												0.00											
0												0											
0.17												0.17											
0.001												0.001											

Signature of Principal Executive Officer or Authorized Agent: Susan Beck
 Signature of Principal Executive Officer or Authorized Agent: Susan Beck
 Date: (mm/dd/yyyy) 08/23/18



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

State Form 50546 (R3/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page [3] of [12]		Permit Number: IN0032191		City: Fort Wayne														
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Monitoring Period: [MONTH] 7-2018		Facility: Fort Wayne - P.L. Brunner WWTP														
Monitoring Period: [MONTH] 7-2018		Check box if no CSO discharge occurred for the month.		Monitoring Period: [MONTH] 7-2018		Design Flow (MGD): 60														
Design Peak Hourly Flow (MGD): 60		Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD): 85		Design Flow (MGD): 60														
Precipitation Data - City/County Gauge		CSO Outfall No. 23		CSO Outfall No. 24		CSO Outfall No. 25														
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (hours)	Total Daily Precip. (inches)	Peak Intensity (in/hr)	Measurement Interval (in, 30 m, 15 m)	Time Discharge Began	Event Duration (Hours)	M Discharge (MG)	E Discharge (MG)	Time Discharge Began	Event Duration (Hours)	M Discharge (MG)	E Discharge (MG)						
1	39.18	45.30				5 m														
2	39.26	44.94				5 m														
3	38.46	54.58				5 m														
4	35.65	42.87				5 m														
5	36.10	48.40				5 m														
6	34.97	40.64				5 m														
7	40.91	67.78				5 m														
8	37.09	60.72				5 m														
9	34.54	41.59				5 m														
10	46.42	92.16	1:25 PM	0.25	0.34	0.29	1:35 PM	0.58	0.87	0.158	1:40 PM	0.42	0.016	1.30 PM	1.57	0.281	M			
11	35.25	41.13				5 m														
12	32.79	37.21				5 m														
13	31.58	36.70				5 m														
14	32.37	39.07				5 m														
15	32.68	39.62				5 m														
16	37.17	61.59	8:20 AM	0.42	0.21	0.09	8:40 AM	0.67	0.026	0.33	9:05 AM	0.50	0.009	8:35 AM	1.39	0.116	M			
17	32.93	37.41				5 m														
18	32.81	36.44				5 m														
19	34.00	39.32				5 m														
20	56.57	88.40	6:30 AM	1.92	1.11	0.21	4:20 PM	2.50	0.209	2.67	7:10 AM	2.50	0.395	6:45 AM	6.17	0.672	M			
21	81.66	88.28	7:05 AM	2.33	0.69	0.08	6:55 PM	2.50	0.103	1.25	7:45 PM	1.17	0.024	1:00 PM	5.83	0.347	M			
22	65.18	88.18	2:05 AM	0.58	0.15	0.05	3:10 AM	0.25	0.005					2:30 AM	1.75	0.059	M			
23	68.32	75.32				5 m														
24	39.19	44.12				5 m														
25	37.24	41.77				5 m														
26	42.73	88.35	3:50 PM	0.17	0.37	0.34	4:00 PM	0.58	0.03	0.044	4:05 PM	0.42	0.025	4:00 PM	1.00	0.355	M			
27	35.76	41.48				5 m														
28	32.86	36.91				5 m														
29	32.87	39.06				5 m														
30	34.61	43.01	1:50 PM	0.17	0.02	0.01	9:00 PM	0.58	0.015											
31	41.24	94.08	11:35 AM	1.67	0.25	0.04								9:05 PM	0.50	0.09	1:35 AM	0.67	0.007	M
Totals:	1272.50			7.51	3.14		7	7.65	0.482	5	5.59	0.685	6	5.51	2.407	7	18.42	1.847		

Typical or Printed Name and Title of Principal Executive Officer of Authorized Agent
 Susan Beck, Program Manager
 260-427-6213
 I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.
 Signature of Principal Executive Officer or Authorized Agent
 Susan Beck
 Date (mm/dd/yyyy)
 08/23/18



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

Sub Form 50546 (03/77-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

Sub Form 50546 (03/77-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Page [5] of [12]		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Public Notification Requirements Met? Y		Public Notification Requirements Met? Y	
Monitoring Period: [MONTH] 7-2018		Design Peak Hourly Flow (MGD): 85		Design Peak Flow (MGD): 85		Design Peak Flow (MGD): 85	
WVTP Influent Data		Precipitation Data - Fairfield Gauges		CSO Outfall No. 13		CSO Outfall No. 17	
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm)	Time Precip. Ended (mm)	Time Discharge Began (hr:m)	Time Discharge Ended (hr:m)	Event Duration (Hours)	Event Discharge (MG)
39.18	45.30						
2	38.26	44.94					
3	38.45	54.58					
4	35.65	42.87					
5	36.10	48.40					
6	34.97	40.64					
7	40.91	67.78					
8	37.09	60.72					
9	34.54	41.59					
10	46.42	92.16	1:20 PM	1:45 PM	1:35 PM	0.75	0.255
11	35.25	41.13					
12	32.78	37.21					
13	31.58	36.70					
14	32.37	39.07					
15	32.68	39.52					
16	37.17	61.59	8:05 AM	9:05 AM	9:05 AM	0.01	0.01
17	32.93	37.41					
18	32.81	36.44					
19	34.00	39.32					
20	56.67	88.40	5:25 AM	1:67	7:05 AM	4.33	0.653
21	81.66	89.28	7:00 AM	2:25	4:55 PM	3.50	0.038
22	85.18	89.18	2:30 AM	0:33	3:30 AM	0.50	0.006
23	68.32	75.32					
24	39.19	44.12	1:25 PM	0:08			
25	37.24	41.77					
26	42.73	88.35	3:50 PM	0:17	4:30 PM	0.42	0.009
27	35.76	41.48					
28	32.86	38.91					
29	32.87	39.06					
30	34.61	45.01	1:30 PM	0:42			
31	41.24	94.08	12:15 PM	1:25	10:50 PM	1.08	0.044
Totals:	1272.50		7.17	2.74	6	7.08	1.022
				Telephone		3 8.09 0.665	

Typical or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager

Date: (mm/dd/yyyy) 08/23/18

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 DATA ARE PROPERLY GATHERED AND EVALUATED. THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS, IS 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.



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

State Form 5006 (04/2013)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5006 (04/2013)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Page [6] of [12]		Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Monitoring Period: (MONTH) 7-2018		Public Notification Requirements Met? Y							
Design Peak Hourly Flow (MGD): 60		Design Peak Flow (MGD): 60		Design Flow (MGD): 60		Mass of Discharge (MG): 81							
Precipitation Data - Harrison Gauge		CSO Outfall No. 18		CSO Outfall No. 20		CSO Outfall No. 21							
Day of Month	Peak Hourly Flow (MGD)	Time Precip. Began (Month/Day)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Time Discharge Began (Month/Day)	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began (Month/Day)	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began (Month/Day)	Event Duration (Hours)	Event Discharge (MG)
1	39.18												
2	39.28												
3	38.46												
4	35.69												
5	36.10												
6	34.97												
7	40.91												
8	37.09												
9	34.54												
10	46.42	1:30 PM	0.25	0.40	1:45 PM	3.00	0.095	1:45 PM	0.92	0.085	1:45 PM	0.92	0.085
11	35.29												
12	32.79												
13	31.58												
14	32.37												
15	32.69												
16	37.17	8:35 AM	0.25	0.03	9:20 AM	1.17	0.259						
17	32.93												
18	32.81												
19	34.00												
20	35.67	8:40 AM	1.67	0.79	7:00 AM	9.00	0.012	6:45 AM	4.00	0.413	6:50 AM	2.25	0.063
21	31.68	8:45 AM	3.00	0.94	12:00 AM	10.50	0.014	4:35 PM	7.08	0.641	2:10 PM	4.42	0.313
22	35.18	2:30 AM	0.42	0.09	12:00 AM	7.42	0.63	3:30 AM	0.75	0.007			
23	39.32												
24	39.19	44:12	0.08	0.01									
25	37.24	41:77											
26	42.73	3:50 PM	0.25	0.06	4:35 PM	1.25	0.311						
27	35.76	41:48											
28	32.88	39:05											
29	32.87	39:05											
30	34.81	45:01	1:00 PM	0.33									
31	41.24	94:08	11:45 AM	2.33	3:40 PM	3.58	0.824	5:00 PM	1.92	0.112			
Totals:	1272.50		5.89	2.90		35.92	35.734	5	14.67	1.504	3	7.59	0.441

Type or Printed Name and Title of Principal Executive Officer or Authorized Agent
Susan Beck, Program Manager
Signature of Principal Executive Officer or Authorized Agent
Date (mm/dd/yyyy) 08/23/18
Telephone 260-427-5513

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE PROVISIONS OF THE NPDES PERMIT. I HAVE REVIEWED THE INFORMATION SUBMITTED, BASED ON MY INDUSTRY OF THE FACILITY, AND I BELIEVE THAT THE INFORMATION IS 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.



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

State Form 55246 (03/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 55246 (03/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP Monitoring Period: (MONTH) 7-2018
Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 60
Public Notification Requirements Met? Y

Page 181 of 182
Public Notification Requirements Met? Y

City: Fort Wayne Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP Monitoring Period: (MONTH) 7-2018
Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 60
Public Notification Requirements Met? Y

Page 182 of 182
Public Notification Requirements Met? Y

Day of Month	Peak Hourly Flow (MGD)	Time Peak Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Velocity (feet/sec)	Measures Daily Flow (ft. 30 in. 15 in.)	CSD Outfall No. 54		CSD Outfall No. 85		CSD Outfall No. 60		CSD Outfall No.		CSD Outfall No.		
							M	E	M	E	M	E	M	E	M	E	M
1	39.18	45:30				5 m											
2	39.26	44:94				5 m											
3	38.46	54:58				5 m											
4	35.86	42:87				5 m											
5	36.10	48:40				5 m											
6	34.97	40:64				5 m											
7	40.81	67:78				5 m											
8	37.09	60:72				5 m											
9	34.64	41:59				5 m											
10	46.42	92:16	1:35 PM	0.33	0.62	0.64	5 m										
11	35.25	41:13				5 m											
12	32.79	37:21				5 m											
13	31.68	36:70				5 m											
14	32.97	39:07				5 m											
15	32.68	39:62				5 m											
16	37.17	61:59	8:10 AM	0.42	0.12	0.05	5 m										
17	32.93	37:41				5 m											
18	32.81	36:44				5 m											
19	34.00	39:32				5 m											
20	56.67	86:40	6:30 AM	1.33	0.77	0.14	5 m										
21	81.66	86:28	7:05 AM	3.50	1.18	0.22	5 m										
22	85.18	89:18	12:15 AM	0.50	0.09	0.03	5 m										
23	68.32	75:52				5 m											
24	39.19	44:12	1:20 PM	0.08	0.01	0.01	5 m										
25	37.24	47:77				5 m											
26	42.73	88:35	3:55 PM	0.33	0.19	0.13	5 m										
27	35.76	41:48				5 m											
28	32.86	38:51				5 m											
29	32.87	39:06				5 m											
30	34.61	43:01	1:05 PM	0.58	0.17	0.08	5 m										
31	41.24	94:08	11:30 AM	2.00	0.31	0.04	5 m										
Totals:	1272.50		9.07	3.45				0	0.00	0							

Types of Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
Signature of Principal Executive Officer or Authorized Agent: [Signature]
Date: 08/23/18

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.



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

State Form 50346 (03/7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0022191		City: Fort Wayne																		
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Facility: Fort Wayne - P.L. Brunner WWTP																		
Monitoring Period: [MONTH] 7-2018		Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 7-2018																		
Design Peak Hourly Flow (MGD): 80		Measured/Estimated (M) or Estimated (E) must be specified		Design Flow (MGD): 80																		
WWTP Inflow Data		CSO Outfall No. 43		CSO Outfall No. 51																		
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inches/Hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M	Event or Discharge (MG)	E	Day of Month	M	Event or Discharge (MG)	E	Time Discharge Began	M	Event or Discharge (MG)	E	Time Discharge Began	M	Event or Discharge (MG)	E
1	39.18	4:30				5 m					1											
2	39.26	4:34				5 m					2											
3	38.45	5:45				5 m					3											
4	35.65	4:27				5 m					4											
5	36.10	4:40				5 m					5											
6	34.97	4:04				5 m					6											
7	40.91	6:78				5 m					7											
8	37.09	6:07				5 m					8											
9	34.54	4:59				5 m					9											
10	46.42	9:26	1:30 PM	0.25	0.11	0.05	5 m				10				1:37 PM	M	0.82					
11	35.25	4:13				5 m					11											
12	32.79	3:21				5 m					12											
13	31.58	3:70				5 m					13											
14	32.37	3:07				5 m					14											
15	32.68	3:62				5 m					15											
16	37.17	6:59	8:35 AM	0.25	0.08	0.04	5 m				16											
17	32.93	3:41				5 m					17											
18	32.81	3:44				5 m					18											
19	34.00	3:32				5 m					19											
20	56.67	8:40	6:35 AM	1.75	1.06	0.28	5 m				20				4:35 PM	M	0.67					
21	81.66	8:28	12:15 AM	2.50	0.83	0.11	5 m				21				7:43 PM	M	0.45					
22	65.18	8:18	2:00 AM	0.33	0.26	0.14	5 m				22				3:00 AM	M	0.07					
23	69.32	7:32				5 m					23											
24	39.19	4:12	1:25 PM	0.08	0.01	0.01	5 m				24											
25	37.24	4:77				5 m					25											
26	42.73	8:35	3:50 PM	0.17	0.20	0.18	5 m				26				4:08 PM	M	0.20					
27	35.76	4:48				5 m					27											
28	32.86	3:91				5 m					28											
29	32.87	3:06				5 m					29											
30	34.61	4:01	2:00 PM	0.42	0.05	0.01	5 m				30											
31	41.24	8:08	11:45 AM	1.25	0.30	0.14	5 m				31											
Totals:	1272.60		7.00	2.72	0.27		3	0.57	0.157	2.62	5	2.21	2.62	0	0.00	0	0.00	0	0	0	0	0

City: Fort Wayne
 Facility: Fort Wayne - P.L. Brunner WWTP
 Monitoring Period: [MONTH] 7-2018
 Design Peak Hourly Flow (MGD): 80
 Design Flow (MGD): 80
 CSO Outfall No. 43
 CSO Outfall No. 51
 CSO Outfall No. 52
 Telephone: 260-427-6213
 Signature of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Date: (mm/dd/yy) 06/23/18
 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.



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 55646 (03/7-15)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 55646 (03/7-15)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		[11] [12]		Permit Number: IN002191		Page [11] of [12]		Permit Number: IN002191											
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Permit Number: IN002191											
Monitoring Period: [MONTH]		[MONTH]		[MONTH]		[MONTH]		Permit Number: IN002191											
Design Peak Hourly Flow (MGD): 60		Design Peak Hourly Flow (MGD): 85		Design Peak Hourly Flow (MGD): 33		Design Peak Hourly Flow (MGD): 60		Permit Number: IN002191											
WWTW Influent Data		Precipitation Data - P-Cell Gauge		CSO Outfall No. 27		CSO Outfall No. 33		CSO Outfall No. 36											
Day of Month	Peak Hourly Flow (MGD)	Time Precip. Began (mm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inches/Hour)	Measurement Interval (30 min. / 15 min.)	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	
1	38.18	4:53			5 m														
2	39.26	4:49			5 m														
3	38.45	5:58			5 m														
4	35.65	4:27			5 m														
5	36.10	4:40			5 m														
6	34.97	4:04			5 m														
7	46.81	6:76			5 m														
8	37.09	6:72			5 m														
9	34.54	4:59			5 m														
10	45.42	9:16	1:15 PM	0.33	0.18	5 m													
11	35.25	4:13			5 m														
12	32.78	3:21			5 m														
13	31.58	3:70			5 m														
14	32.37	3:07			5 m														
15	32.88	3:62			5 m														
16	37.17	6:59	9:00 AM	0.50	0.15	0.08	5 m												
17	32.83	3:41			5 m														
18	32.81	3:44			5 m														
19	34.00	3:32			5 m														
20	56.67	8:40	5:30 AM	1.92	1.06	0.38	5 m												
21	81.56	8:28	12:40 AM	2.58	1.13	0.13	5 m												
22	85.18	8:18	2:10 AM	0.42	0.08	0.03	5 m												
23	68.32	7:32			5 m														
24	39.19	44:12	1:30 PM	0.08	0.01	0.01	5 m												
25	37.24	41:77			5 m														
26	42.73	88:35	4:05 PM	0.08	0.40	0.40	5 m												
27	35.76	41:48			5 m														
28	32.86	38:81			5 m														
29	32.87	39:08			5 m														
30	34.81	43:01	1:55 PM	0.25	0.03	0.01	5 m												
31	41.24	54:08	11:35 AM	2.33	0.85	0.15	5 m												
Totals:	472.50			8.49	4.08														
Type of Printed Name and Title of Principal Executive Officer or Authorized Agent		Susan Beck, Program Manager		260-422-8213		Telephone		0.000		0.000		0.000		0.000		0.000		0.000	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.										Signature of Principal Executive Officer or Authorized Agent									
Susan Beck										Date: (mm/dd/yyyy) 08/26/18									



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

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Monitoring Period: 7-2018	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	Wet Weather
11	DWO
12	
13	
14	
15	
16	Wet Weather
17	
18	
19	
20	Wet Weather
21	Wet Weather
22	Wet Weather
23	
24	
25	
26	Wet Weather
27	
28	
29	
30	
31	Wet Weather

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Susan Beck, Program Manager	Telephone 260-427-6213
---	---------------------------

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent Susan Beck	Date (mm/dd/yy) 06/20/18
--	-----------------------------

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 002 External Outfall
Report Dates & Status: From 07/01/18 to 07/31/18
Monitoring Period: Considerations for Form Completion
CSD - 002 POND WHEN USED AS CSO ONLY
Principal Executive Officer:
First Name: Susan
Last Name: Beck
No Date Indicator (NODI):
Form NODI: -

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46602
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Discharge: 002.C
 002 POND - WHEN USED AS CSO ONLY
DMR Due Date: 08/28/18
Status: NotDMR Validated
Title: Program Manager
Telephone: 260-427-6213

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier: 1 Value	Qualifier: 2 Value	Qualifier: 3 Value				
50037	Duration	EG - Effluent Gross	0	-	Req Mon MO TOTAL	82	hr:mo	WHDS - When Discharging	RT - RCOTDT	C - No Discharge	
74083	Overflow volume (SSD volume, CSD volume)	EG - Effluent Gross	0	-	Req Mon MO TOTAL	3R - 4gal		AJEV - All Events	ES - ESTIMA	C - No Discharge	
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Req Mon MO TOTAL	5W - 1hr:mo		AJEV - All Events	RT - RCOTDT	C - No Discharge	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req Mon MO TOTAL	4K - 4hr:mo		AJEV - All Events	RT - RCOTDT	C - No Discharge	

Submission Note
 If a parameter row does not contain any values for the Sample not Effluent Trailing, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_LETTER_2018_07.pdf	pdf	221490
IN0032191_002C_CSDMRO_2018_07.pdf	pdf	572582

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-08-23 09:32 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Features: 003 Exernal Outfall
Report Dates & Status:
Monitoring Period: From 07/01/18 to 07/31/18
Considerations for Form Completion:
 CSO - 001 POND WHEN USED AS CSO ONLY
Principal Executive Officer:
First Name:
Last Name:
No. Data Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Sample Type
50037	Duration	EG - Effluent Gross	0	--							RT - RCOTOT
74085	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--							ES - ESTIMA
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--							RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--							RT - RCOTOT

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Status: NoDMR Validated
Telephone:

Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 003-C
 001 POND - CSO
DMR Due Date: 08/28/18

Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis
Qualifer: 1 Value: 1	Qualifer: 2 Value: 2	Qualifer: 3 Value: 3	Units
Req Mon MO TOTAL	Req Mon MO TOTAL	Req Mon MO TOTAL	WHDS - When Discharging
C - No Discharge	C - No Discharge	C - No Discharge	RT - RCOTOT
272	272	272	RT - RCOTOT
Req Mon MO TOTAL	Req Mon MO TOTAL	Req Mon MO TOTAL	RT - RCOTOT
4K - #Imp	4K - #Imp	4K - #Imp	RT - RCOTOT
C - No Discharge	C - No Discharge	C - No Discharge	RT - RCOTOT

Submission Note:
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors:
 No errors.
Comments:
Attachments:
 No attachments.
Report Last Saved By:
FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-08-23 09:29 (Time Zone: -04:00)
Report Last Signed By:
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IND032191
 Major: Yes
 Permitted Feature: 004 External Outfall
Report Dates & Status
 Monitoring Period: From 07/01/18 to 07/31/18
 Considerations for Form Completion
 CSO: J02-90 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:
Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Discharge: 004-C
 CSO: J02-90
DMR Due Date: 08/28/18
Status: NetDMR Validated
Title: Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Duration	EG - Effluent Gross	0	--			32.81	0	WHDS - When Discharging	RT - RCOTOT	
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--			2.99	0	AJEV - All Events	ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			3.46	0	AJEV - All Events	RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--			7	0	AJEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-08-23 09:24 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Features: 005 External Outfall
Report Dates & Status:
Monitoring Period: From 07/01/18 to 07/31/18
Considerations for Form Completion:
 CSO: J1-164 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Date Indicator (NOD):
Form NOD: -

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Sample Permit Req Value NOD	Sample Permit Req Value NOD	Sample Permit Req Value NOD	Sample Permit Req Value NOD	Sample Permit Req Value NOD	Quantity or Concentration	Quality of Concentration	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analyte	Sample Type
50037	Duration	EG - Effluent Gross	0	--						10.83	Req Mon MD TOTAL	82	-	-	hr:mo	0	WHDS - When Discharging	RT - RCOTOT
74095	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--						0.71	Req Mon MD TOTAL	3R	-	-	Mgal	0	AJEV - All Events	ES - ESTMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--						3.46	Req Mon MD TOTAL	5W	-	-	in:mo	0	AJEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--						6	Req Mon MD TOTAL	4K	-	-	ft	0	AJEV - All Events	RT - RCOTOT

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 005.C
 CSO: J11-164

DMR Due Date: 08/28/18
Status: NoDMR Validated

Title:
Telephone:

Submission Note:
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors:
 No errors.

Attachments:
 No attachments.

Report Last Saved By:
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-08-23 09:24 (Time Zone: -04:00)

Report Last Signed By:
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit
Permit #: IN0032191
Major: Yes
Permitted Feature: 007 External Outfall
Report Dates & Status: 08/28/18
Monitoring Period: From 07/01/18 to 07/31/18
Considerations for Form Completion: CSC: K03-92 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer
First Name:
Last Name:
No Date Indicator (NODI)
Form NODI:

Permittee Address: FORT WAYNE WWTP
CITY OF FORT WAYNE
FT WAYNE, IN 46802
007.C
CSC: K03-92
Facility Location: FORT WAYNE WWTP
P.L. BRUNNER WPC
2601 DIVENGER AVE
FORT WAYNE, IN 46803
Status: NoDMR Validated
Telephone:

Parameter Name	Monitoring Location	Seasons	Param. NOD	Sample Permit Rec. Value (NOD)	Sample Permit Rec. Value (NOD)	Sample Permit Rec. Value (NOD)	Sample Permit Rec. Value (NOD)	Quality of Concentration	Quantity of Loading	Units	# of Ex.	Frequency of Analysis	Sample Type
50307 Duration	EG - Effluent Gross	0	--					Req Mon MO TOTAL 82 - #l/mo	C - No Discharge			WHDS - When Discharging	RT - RCOTOT
74095 Overflow volume (ISO volume, CSO volume)	EG - Effluent Gross	0	--					Req Mon MO TOTAL 3R - #gal	C - No Discharge	3.48		ALIEV - All Events	ES - ESTIMA
78887 Precipitation, monthly accumulation	EG - Effluent Gross	0	--					Req Mon MO TOTAL 5W - #l/mo	C - No Discharge			ALIEV - All Events	RT - RCOTOT
84165 Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--					Req Mon MO TOTAL 4K - #l/mo	C - No Discharge			ALIEV - All Events	RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Eff Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User
Name: susan.beck@cityoffortwayne.org
E-Mail: Susan Beck
Date/Time: 2018-09-23 09:25 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit IN0032191
Permit #: Yes
Major: 011
 External Outfall
Permitted Feature: From 07/01/18 to 07/31/18
Report Dates & Status: Considerations for Form Completion
Monitoring Period: CSC: K06-233 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer
First Name:
Last Name:
No. Data Indicator (NODI)
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT. WAYNE, IN 46802
Discharge: 011-C
 CSO: K06-233
DMR Due Date: 08/28/18
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
Status: NotDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Quantity or Leasing Qualifier 1 Value 1	Quantity or Leasing Qualifier 2 Value 2	Quantity or Concentration Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--					Req Mon MO TOTAL	82 - hr/mo	C - No Discharge			WH/DS - When Discharging	RT - RCOTOT
74085	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--					Req Mon MO TOTAL	3R - Mgal	C - No Discharge			AL/EV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--					3.46	SW - hr/mo				AL/EV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--					Req Mon MO TOTAL	4K - #/mo	C - No Discharge			AL/EV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-08-23 09:25 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 012 External Outfall
Reperi Dates & Status
 Monitoring Period: From 07/01/18 to 07/31/18
 Considerations for Form Completion
 CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No. Data Indicator (NODI): -
 Form NODI: -
Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility Location: FORT WAYNE WWTP
 P. L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
Discharge: 012-C
 CSO: K06-234
DMR Due Date: 08/28/18
Status: NotDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Sector #	Permit NODI	Quantity or Loading			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Dualton	EG - Effluent Gross	0	--						WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--						AJEV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--						AJEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--						AJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-06-23 09:25 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-06-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 013 External Outfall
Report Dates & Status
 Monitoring Period: From 07/01/18 to 07/31/18
 Considerations for Form Completion
 CSC: K06-298 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 013-C
 CSC: K06-298
 DMR Due Date: 08/28/18
 Status: NetDMR Validated
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
 Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	7.06	Req Mon MO TOTAL	0	0	0	WHDS - When Discharging	RT - RCOTOT	
74063	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	1.022	Req Mon MO TOTAL	0	0	0	AJEV - All Events	ES - ESTMA	
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	2.74	Req Mon MO TOTAL	0	0	0	AJEV - All Events	RT - RCOTOT	
84165	Discharges event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	6	Req Mon MO TOTAL	0	0	0	AJEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-06-23 09:18 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Permittee: FORT WAYNE WWTP
Major: Yes
Facility Location: P.L. BRUNNER WPC
 2607 DIVINGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 017
 External Outfall
Discharge: 017.C
 CSO; K07-175

Report Dates & Status: 0828/18
DMR Due Date: 0828/18
Status: NetDMR Validated

Monitoring Period: From 07/01/18 to 07/31/18
Considerations for Form Completion:

CSO: K07-175 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:

First Name:
Last Name:
Mo Data Indicator (MODI):
Form MODI:

Title:
Telephones:

Code	Parameter Name	Monitoring Location	Season #	Param. MODI	Quantity or Loading			Quality or Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2						
50037	Duration	EG - Effluent Gross	0	--									
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--									
79897	Precipitation, monthly accumulation	EG - Effluent Gross	0	--									
94165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--									

Sample Permit Req. Value (MODI)
Sample Permit Req. Value (MODI)
Sample Permit Req. Value (MODI)
Sample Permit Req. Value (MODI)

Req Mon MO TOTAL
Req Mon MO TOTAL
Req Mon MO TOTAL
Req Mon MO TOTAL

WHDS - When Discharging
WHDS - When Discharging
WHDS - When Discharging
WHDS - When Discharging

RT - RCOTOT
RT - RCOTOT
RT - RCOTOT
RT - RCOTOT

ES - ESTIMA
ES - ESTIMA
ES - ESTIMA
ES - ESTIMA

4K - #lmo
4K - #lmo
4K - #lmo
4K - #lmo

3
3
3
3

0.665
0.665
0.665
0.665

274
274
274
274

3R - #lmo
3R - #lmo
3R - #lmo
3R - #lmo

5W - #lmo
5W - #lmo
5W - #lmo
5W - #lmo

3
3
3
3

0
0
0
0

0
0
0
0

0
0
0
0

0
0
0
0

Submission Note
 if a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments

Attachments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-09-23 09:19 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-09-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DIMENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 018 External Outfall
Discharge: 018-C
 CSO: K11-165
DMR Due Date: 08/28/18
Status: NetDMR Validated

Report Dates & Status: From 07/01/18 to 07/31/18
Monitoring Period: From 07/01/18 to 07/31/18
Considerations for Form Completion:

CSO: K11-165 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Date Indicator (MOD)
Form MOD:

Code	Parameter Name	Monitoring Location	Season	Param. MOD	Quantity or Loading			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50007	Duration	EG - Effluent Gross	0	--	35.92	Req Mon MO TOTAL	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT	
74983	Overflow volume (SSD volume, CSO volume)	ES - Effluent Gross	0	--	30.734	Req Mon MO TOTAL	3R - Mgal	0	AJ/EV - All Events	ES - ESTMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	2.9	Req Mon MO TOTAL	5W - hr/mo	0	AJ/EV - All Events	RT - RCOTOT	
84165	Discharges event observation (Visual Monitoring)	EG - Effluent Gross	0	--	7	Req Mon MO TOTAL	4K - #/mo	0	AJ/EV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-08-23 09:19 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 019 External Outfall
Report Dates & Status: From 07/01/18 to 07/31/18
Monitoring Period: From 07/01/18 to 07/31/18
Considerations for Form Completion: CSO: K11-178 MUNICIPAL MANORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
Job Title:
Form NODI:
CSO: K11-178
Monitoring Location: Season # Param. NODI
Parameter Name: EG - Effluent Gross 0
Monitoring Location: Season # Param. NODI
Parameter Name: EG - Effluent Gross 0
Parameter Name: EG - Effluent Gross 0
Parameter Name: EG - Effluent Gross 0

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Quantity or Leading Qualifier 1	Quantity or Leading Qualifier 2	Quantity or Leading Qualifier 3	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--						10.32			Req Mon MO TOTAL	B2 - hrmo	0	WHQS - When Discharging	RT - RCOTOT
74063	Overflow volume (ISO volume, CSO volume)	EG - Effluent Gross	0	--						0.053			Req Mon MO TOTAL	3R - Mgal	0	ALJEV - All Events	ES - ESTIMA
78887	Prediction, monthly accumulation	EG - Effluent Gross	0	--						2.9			Req Mon MO TOTAL	5W - hrmo	0	ALJEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--						5			Req Mon MO TOTAL	4K - hrmo	0	ALJEV - All Events	RT - RCOTOT

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 019-C
 CSO: K11-178
DMR Due Date: 08/28/18
Status: NotDMR Validated
Title:
Telephone:

Submission Note:
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors:
 No errors.
Comments:
Attachments:
 No attachments.
Report Last Saved By:
 FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-08-23 09:22 (Time Zone: -04:00)
Report Last Signed By:
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 020 External Outfall
Report Dates & Status
 Monitoring Period: From 07/01/18 to 07/31/18
 Considerations for Form Completion
 CSC: K15-116 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No. Data Indicator (NDDI)
 Form NDDI:

Facility Location:
 FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Permittee Address:
 FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge:
 03B-C
 CSC: K15-116
DMR Due Date:
 08/28/18
Status:
 NetDMR Validated
Title:
 Telephone:

Code	Parameter Name	Monitoring Location	Seasons #	Param. NDDI	Sample Permit Req. Value NDDI	Sample Permit Req. Value NDDI	Quality of Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NDDI	Sample Permit Req. Value NDDI	14.67	Req Mon MO TOTAL	82 - ltrmo	0	WPDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Permit Req. Value NDDI	Sample Permit Req. Value NDDI	1.404	Req Mon MO TOTAL	3R - Mgal	0	AUEV - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req. Value NDDI	Sample Permit Req. Value NDDI	2.9	Req Mon MO TOTAL	5W - ltrmo	0	AUEV - All Events	ES - ESTIMA
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Permit Req. Value NDDI	Sample Permit Req. Value NDDI	5	Req Mon MO TOTAL	4K - #lmo	0	AUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors
 No errors.
Comments
Attachments
 No attachments.
Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-08-23 09:23 (Time Zone: -04:00)
Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN002191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DIVINGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 021
 External Outfall
Discharge: 021-C
 CSC: K19-044

Report Dates & Status: From 07/01/18 to 07/31/18
Monitoring Period: 08/28/18
DMR Due Date: 08/28/18
Status: NetDMR Validated

Considerations for Form Completion:
 CSO: K19-044 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
 First Name:
 Last Name:
 Title:
 Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Quantity or Loading Qualifier 1 Value 1	Quantity or Loading Qualifier 2 Value 2	Quantity or Loading Qualifier 3 Value 3	# of EL	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--						Req Mon MO TOTAL	B2 - ltrmo	0	0	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--						0.44	3R - Mgal		0	AJEV - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--						2.9	SW - ltrmo		0	AJEV - All Events	ES - ESTIMA
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--						3	4K - ltrmo		0	AJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-08-23 09:23 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032181
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 023 External Outfall
Report Dates & Status: 023-C CSO; L06-103
Monitoring Period: From 07/01/18 to 07/31/18
DMR Due Date: 08/28/18
Status: NotDMR Validated

Considerations for Form Completion: CSO; L06-103 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NOD):
 Form NOD:

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading			Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2				
50307	Duration	EG - Effluent Gross	0	--	Req Mon	MO TOTAL	82 - #lmo	0	WHDS - When Discharging	RT - RCOTOT	
74063	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--	Req Mon	MO TOTAL	3R - #lmo	0	AJEV - All Events	ES - ESTMA	
73887	Preциpitation, monthly accumulation	EG - Effluent Gross	0	--	Req Mon	MO TOTAL	5W - #lmo	0	AJEV - All Events	RT - RCOTOT	
84185	Discharges event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Req Mon	MO TOTAL	4K - #lmo	0	AJEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-08-23 09:14: (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit IN0032191
Permit #: IN0032191
Major: Yes
Permitted Feature: 024 External Outfall
Report Dates & Status: From 07/01/18 to 07/31/18
Monitoring Period: From 07/01/18 to 07/31/18
Considerations for Form Completion: CSC: L08-420 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Date Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Session	Permit NODI	Quantity or Loading	Quality or Concentration	Value 1	Qualifier 1	Value 2	Qualifier 2	Value 3	Qualifier 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	--	5.59								82 - hrmo	0	WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	0.955								3R - Hgpl	0	AJEV - All Events	ES - ESTIMA
78887	Pre-precipitation, monthly accumulation	EG - Effluent Gross	0	--	3.14								5W - hrmo	0	AJEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	5								4K - hrmo	0	AJEV - All Events	RT - RCOTOT

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DVENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 024-C
 CSC: L08-420

DMR Due Date: 08/28/18
Status: NetDMR Validated

Title:
Telephone:

Quantity or Loading: Value 1, Qualifier 1, Value 2, Qualifier 2, Value 3, Qualifier 3

Quality or Concentration: Value 1, Qualifier 1, Value 2, Qualifier 2, Value 3, Qualifier 3

Units: Req Mon MO TOTAL, 82 - hrmo, 3R - Hgpl, 5W - hrmo, 4K - hrmo

of Ex.: 0, 0, 0, 0, 0

Frequency of Analysis: WHDS - When Discharging, AJEV - All Events, AJEV - All Events, AJEV - All Events, AJEV - All Events

Sample Type: RT - RCOTOT, ES - ESTIMA, RT - RCOTOT, RT - RCOTOT, RT - RCOTOT

Submission Note: If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Comments:

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-05-23 09:14 (Time Zone: -04:00)

Report Last Signed By:

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-05-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IND032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2801 DWINGER AVE FORT WAYNE, IN 46803
Permitted Feature:	025 External Outfall	Discharge:	025-C CSO, L06-421	Status:	Not DMR Validated
Report Dates & Status:	From 07/01/18 to 07/31/18	DMR Due Date:	08/28/18	Telephone:	
Monitoring Period:	From 07/01/18 to 07/31/18				
Considerations for Form Completion:					
CSO:	L06-421 MUNICIPAL MAJOR ALLEN COUNTY				
Principal Executive Officer:					
First Name:					
Last Name:					
No Data Indicator (NODI):					
Form NODI:					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration		# of Ex.	Frequency of Analysis		Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value		Qualifier 3 Value	Units	
50037	Duration	EG - Effluent Gross	0						5.51		82 - hr/mo	WHDS - When Discharging	RT - ROOTOT
74089	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0						2.407		3R - Mgal	AJEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0						3.14		SW - hr/mo	AJEV - All Events	RT - ROOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0						6		4K - #/mo	AJEV - All Events	RT - ROOTOT

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-08-23 09:16 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: 027 External Outfall
Permitted Feature: From 07/01/18 to 07/31/18
Report Dates & Status: M10-2020 MUNICIPAL MAJORALLEN COUNTY
Monitoring Period: Principal Executive Officer
Considerations for Form Completion: First Name:
CSO: M10-2020 MUNICIPAL MAJORALLEN COUNTY
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Discharge: 027 C
 CSO: M10-2020
DMR Due Date: 08/28/18
Status: NotDMR Validated
Title: Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Leading	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	--	Req Mon MO TOTAL	82 - hr:mo			WH/DS - When Discharging	RT - RCOTOT
74083	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	C - No Discharge				AJ/EV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Req Mon MO TOTAL	3R - Hgal			AJ/EV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	4.0B	SW - hr:mo			AJ/EV - All Events	RT - RCOTOT
					Req Mon MO TOTAL	4K - #mo			AJ/EV - All Events	RT - RCOTOT
					C - No Discharge					

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-08-23 08:29 (Time Zone: -04:00)

Report Last Signed By: susan.beck@cityofwayne.org

User: Susan Beck

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-08-23 08:33 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 028 External Outfall
Discharge: 028 C
 CSO: M10-238

Report Dates & Status: 08/28/18
DMR Due Date: 08/28/18
Status: NotDMR Validated

Monitoring Period: From 07/01/18 to 07/31/18
Considerations for Form Completion:

CSO: M10-238 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer

First Name:
Last Name:
Title:

No Data Indicator (NOD):
Form NOD:

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Duration	EG - Effluent Gross	0	--	Req Mon MO TOTAL	0.57	82 - hrmo	0	WHDS - When Discharging	RT - RCOTOT	
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Req Mon MO TOTAL	0.157	3P - Mgal	0	ALJEV - All Events	ES - ESTMA	
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Req Mon MO TOTAL	2.72	5W - hrmo	0	ALJEV - All Events	RT - RCOTOT	
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Req Mon MO TOTAL	3	4K - hrmo	0	ALJEV - All Events	RT - RCOTOT	

Submission Note
 if a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-06-23 09:26 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-06-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN002191
 Major: Yes
 Permitted Feature: 029 External Outfall
 Report Dates & Status: From 07/01/18 to 07/31/18
 Monitoring Period: From 07/01/18 to 07/31/18
 Considerations for Form Completion: CSO: M10-255 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 Form NOD: [Blank]

Code	Parameter Name	Monitoring Location	Season	# Param	NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Quantity or Loading Qualifier: 1 Value 1 Qualifier: 2 Value 2 Qualifier: 3 Value 3	Quality or Concentration	Units	# of Ex. W/MS - When Discharging W/MS - When Discharging	Frequency of Analysis	Sample Type
50097	Conductivity	EG - Effluent Gross	0	--	--	19.42	Req Mon MO TOTAL	82 - hr/mo					RT - ROOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	--	1.847	Req Mon MO TOTAL	3R - Mgal					ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	--	3.14	Req Mon MO TOTAL	SW - hr/mo					RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	--	7	Req Mon MO TOTAL	4K - #/mo					RT - ROOTOT

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE, FT WAYNE, IN 46802
Discharge: 029-C CSO: M10-255
DMR Due Date: 08/28/18
Status: NetDMR Validated
Facility Location: FORT WAYNE WWTP, P.L. BRUNNER WPC, 2601 DWENGER AVE, FORT WAYNE, IN 46803
Telephone: [Blank]

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-08-23 09:17 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit IN0032191
Permit #: IN0032191
Major: Yes
Permitted Feature: 032 External Outfall
Report Dates & Status
Monitoring Period: From 07/01/18 to 07/31/18
Considerations for Form Completion
CSD: M10-306 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer
First Name:
Last Name:
No Data Indicator (NODI)
Form NODI:

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWINGER AVE
 FORT WAYNE, IN 46803
Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 032-C
 CSD: M10-306
DMR Due Date: 08/28/18
Status: NetDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3						
50037	Duration	EG - Effluent Gross	0	--				13.49	B2 - Inflow	0	WHDS - When Discharging	RT - RCOTOT	
74063	Overflow volume (SSD volume, CSD volume)	EG - Effluent Gross	0	--					3R - Inflow	0	WHDS - When Discharging	RT - RCOTOT	
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--					SW - Inflow	0	AUEV - All Events	RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--					4K - Inflow	0	AUEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors
 No errors.
Comments
Attachments
 No attachments.
Report Last Saved By
FORT WAYNE WWTP
User: susan.beck@cityofortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofortwayne.org
Date/Time: 2018-08-23 09:17 (Time Zone: -04:00)
Report Last Signed By
User: susan.beck@cityofortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofortwayne.org
Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: 033 External Outfall
Permitted Feature: 033 External Outfall
Report Dates & Status: From 07/01/18 to 07/31/18
Monitoring Period: From 07/01/18 to 07/31/18
Considerations for Form Completion: Considerations for Form Completion
CSC: M10-313 MUNICIPAL WASHINGTON COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Season	Permit NODI	Permit Req. Value NODI	Sample Value NODI	Permit Req. Value NODI	Sample Value NODI	Permit Req. Value NODI	Sample Value NODI	Permit Req. Value NODI	Sample Value NODI	Permit Req. Value NODI	Sample Value NODI
50037	Duration	EG - Effluent Gross	0	--										
74003	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--										
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--										
84105	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--										

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 033-C
 CSO: M10-313
DMR Due Date: 08/28/18
Status: NetDMR Validated
Title:

Quantity or Loading	Quality of Concentration	Units	# of Ex.	Frequency of Analyte	Sample Type
Qualifier: 1 Value 1	Qualifier: 2 Value 2	Qualifier: 3 Value 3	Req Mon	WHDS - When Discharging	RT - RCOTOT
9.48			0	WHDS - When Discharging	RT - RCOTOT
20.275			0	ALVEY - All Events	ES - ESTIMA
4.08			0	ALVEY - All Events	ES - ESTIMA
8			0	ALVEY - All Events	RT - RCOTOT
			0	ALVEY - All Events	RT - RCOTOT
			0	ALVEY - All Events	RT - RCOTOT

Quantity or Loading: 9.48
Quality of Concentration: 20.275, 4.08, 8
Units: 82 - Inflow, 3R - Mg/L, 5W - Inflow, 4K - #/mo
of Ex.: 0
Frequency of Analyte: WHDS - When Discharging, ALVEY - All Events
Sample Type: RT - RCOTOT, ES - ESTIMA

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors:
No errors.
Comments:
Attachments:
No attachments.
Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-08-23 09:29 (Time Zone: -04:00)
Report Last Signed By:
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 036 External Outfall
Report Dates & Status
 Monitoring Period: From 07/01/18 to 07/31/18
 Considerations for Form Completion
 CSC: M18-032 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No. Data Indicator (NODI)
 Form NODI:
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
Discharge: 036-C
 CSO: M18-032
DMR Due Date: 08/28/18
Status: NotDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	-	Req Mon MO TOTAL 82 - hrmo			WHDS - When Discharging	RT - RCOTOT	
74085	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Req Mon MO TOTAL 38 - Mgal			AJEV - All Events	ES - ESTMA	
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	4.08			AJEV - All Events	RT - RCOTOT	
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req Mon MO TOTAL 5W - hrmo 0			AJEV - All Events	RT - RCOTOT	

Submission Note
 if a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-23 09:29 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-06-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2801 DIVENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 039
 Exernal Outfall
Discharge: 039-C
 CSO: N06-022
DMR Due Date: 08/28/18
Status: NotDMR Validated

Report Dates & Status:
Monitoring Period: From 07/01/18 to 07/31/18
Considerations for Form Completion: CSO: N06-022/MUNICIPAL MAJOR-ALLEN COUNTY
Principal Executive Officer:

First Name:
Last Name:
No. Data Indicator (NODI):
Form NODI:

Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	--	Req Mon	MO TOTAL	82 - hr/mo	15.08			0	WH/DS - When Discharging RT - RCOTOT	
74065	Overflow volume (S80 volume, CSO volume)	EG - Effluent Gross	0	--	Req Mon	MO TOTAL	3R - Hr/gal	1.95			0	AJ/EV - All Events ES - ESTIMA	
79987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Req Mon	MO TOTAL	SW - hr/mo	3.14			0	AJ/EV - All Events RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Req Mon	MO TOTAL	4K - #/mo	7			0	AJ/EV - All Events RT - RCOTOT	

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-08-23 09:17 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 044
 External Outfall
Report Dates & Status:
Monitoring Period: From 07/01/18 to 07/31/18
Considerations for Form Completion:
 CSC: N22-93 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NOD):
Form NOD:

Permittee: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWINGER AVE
 FORT WAYNE, IN 46803
Discharge: 044-C
 CSO: N22-93
DMR Due Date: 08/28/18
Status: NotDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2				
50037	Durafon	EG - Effluent Gross	0	--	Req Mon MO TOTAL	B2	-liters	WHQS - When Discharging	RT	RCOTOT	
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Req Mon MO TOTAL	3R	-Mgal	ALVEY - All Events	ES	ESTIMA	
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Req Mon MO TOTAL	3W	-liters	ALVEY - All Events	RT	RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Req Mon MO TOTAL	4K	-liters	ALVEY - All Events	RT	RCOTOT	

Submissions Note: if a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Comments:

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-05-23 09:30 (Time Zone: -04:00)

Report Last Signed By:

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IND02191
 Major: Yes
 Permitted Features: 045 External Outfall
Report Dates & Status
 Monitoring Period: From 07/01/18 to 07/31/18
 Considerations for Form Completion
 CSO: N22-103T, JOSEPH RIVER MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI: -

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1	Quality or Concentration Qualifier 2 Value 2	Quality or Concentration Qualifier 3 Value 3	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-						Req Mon MO TOTAL 82 - #/mo				WfDS - When Discharging	RT - RCOTOT
74093	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-						C - No Discharge				AJ/EV - All Events	ES - ESTIMA
79987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-						Req Mon MO TOTAL 3R - #/gal				AJ/EV - All Events	RT - RCOTOT
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-						4.09				AJ/EV - All Events	RT - RCOTOT
										Req Mon MO TOTAL 3W - #/mo				AJ/EV - All Events	RT - RCOTOT
										C - No Discharge				AJ/EV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTWP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-08-23 09:30 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

Permittee Address: FORT WAYNE WWTWP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Facility Location: FORT WAYNE WWTWP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Discharge: 045-C
 CSO: N22-103

DMR Due Date: 08/28/18

Status: NotDMR Validated

Telephone:

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 P.L. BRUNER WPC
 2801 DWINGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: D48 External Outfall
Discharge: D48-C
 CSD: 010-252
DMR Due Date: 08/28/18
Status: NetDMR Validated

Report Dates & Status:
 Monitoring Period: From 07/01/18 to 07/31/18
 Considerations for Form Completion
 CSD: 010-252 MUNICIPAL MAJORALLEN COUNTY
Principal/Executive Officer:
 First Name:
 Last Name:
 Title:

Parameter Name	Monitoring Location	Season #	Param. NOD	Occasly ex-Leading	Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Qualifier 1	Qualifier 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
80037 Duration	EG - Effluent Gross	0	--					2.21	Req Mon	MO	TOTAL	82	l-rpm	0	WHDS - When Discharging	RT - RCOTOT
74083 Overflow volume [SSD volume, CSD volume]	EG - Effluent Gross	0	--					2.632	Req Mon	MO	TOTAL	3R	Mgal	0	ALVEY - All Events	ES - ESTIMA
78887 Precipitation, monthly accumulation	EG - Effluent Gross	0	--					2.72	Req Mon	MO	TOTAL	5W	l-rpm	0	ALVEY - All Events	RT - RCOTOT
84158 Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--					5	Req Mon	MO	TOTAL	4K	l-rpm	0	ALVEY - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-08-23 09:27 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-09-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 050 External Outfall
Report Dates & Status: From 07/01/18 to 07/31/18
Monitoring Period: NetDMR Validated
Considerations for Form Completion:
 CSC: 010-277 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Date Indicator (NODI):
Form NDDI:

Code	Parameter Name	Monitoring Location	Season	# Param. NDDI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50037	Duration	EG - Effluent Gross	0	-	4.24			Req Mon MO TOTAL	WHDS - When Discharging RT - RCOTOT
74083	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	0.461			3R - Mgal	ALVEY - All Events ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	3.14			3W - Inflow	ALVEY - All Events RT - RCOTOT
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	5			4K - #/mo	ALVEY - All Events RT - RCOTOT

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 050-C
 CSC: 010-277

DMR Due Date: 06/28/18

Title:

Telephone:

Quantity or Loading: Value 1, Qualifier 2, Value 2, Units, Qualifier 1, Value 1, Qualifier 3, Value 3

Quality or Concentration: Value 1, Qualifier 2, Value 2, Qualifier 1, Value 1, Qualifier 3, Value 3

of Ex.: WHDS - When Discharging RT - RCOTOT

Frequency of Analysis: ALVEY - All Events ES - ESTIMA

Sample Type: RT - RCOTOT

Units: 3R - Mgal, 3W - Inflow, 4K - #/mo

Req Mon MO TOTAL: 0.461, 3.14, 5

Req Mon MO TOTAL: 0, 0, 0

Req Mon MO TOTAL: 0, 0, 0

Req Mon MO TOTAL: 0, 0, 0

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Comments:

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofortwayne.org

Date/Time: 2018-06-23 09:18 (Time Zone: -04:00)

Report Last Signed By:

User: susan.beck@cityofortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofortwayne.org

Date/Time: 2018-06-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: D51 External Outfall
Report Dates & Status: From 07/01/18 to 07/31/18
Monitoring Period: From 07/01/18 to 07/31/18
Considerations for Form Completion: CSC: 022-002/MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Permit Rec. Value (NODI)	Sample Permit Rec. Value (NODI)	Sample Permit Rec. Value (NODI)	Permit Rec. Value (NODI)	Permit Rec. Value (NODI)	Sample	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
Qualifier 1	Qualifier 2	Qualifier 3	Qualifier 4	Qualifier 5	Qualifier 6	Qualifier 7	Qualifier 8	Qualifier 9	Qualifier 10	Req Mon MO TOTAL	Req Mon MO TOTAL	Req Mon MO TOTAL	Req Mon MO TOTAL	Req Mon MO TOTAL	Req Mon MO TOTAL
50037	Duration	EG - Effluent Gross	0	--							WHPS - When Discharging	RT - RCOTOT			
74063	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--							WHPS - When Discharging	RT - RCOTOT			
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--							WHPS - When Discharging	RT - RCOTOT			
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--							WHPS - When Discharging	RT - RCOTOT			

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-08-23 09:27 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Facility Location: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Permittee Address: 051-C
 CSO: 022-002

Discharge: 08/28/18

DMR Due Date: 08/28/18

Status: NotDMR Validated

Telephone:

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 052 External Outfall
Report Dates & Status
 Monitoring Period: From 07/01/18 to 07/31/18
 Considerations for Form Completion
 CSC: 022-004 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:
Facility:
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2801 DIVENSER AVE
 FORT WAYNE, IN 46803
Discharge:
 052-C
 CSC: 022-004
DMR Due Date:
 08/28/18
Status:
 NetDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Sample Permit Req. Value (NODI)	Sample Permit Req. Value (NODI)	Quality or Concentration	Quantity or Loading	Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Durston	EG - Effluent Gross	0	--											Req Mon MO TOTAL 82 - Inmo	WHDS - When Discharging	RT - RCOTOT	
74063	Overflow volume (SSD volume, DSO volume)	EG - Effluent Gross	0	--											Req Mon MO TOTAL 3R - Inmo	ALVEY - All Events	ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--											Req Mon MO TOTAL 5W - Inmo	ALVEY - All Events	RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--											Req Mon MO TOTAL 4X - Inmo	ALVEY - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-09-23 09:28 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-09-23 08:33 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IND032191
 Major: Yes
 Permitted Feature: Q53
 External Outfall
Report Dates & Status
 Monitoring Period: From 07/01/18 to 07/31/18
 Considerations for Form Completion
 CSC: 022-094/MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:
Permittee
 Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: Q53-C
 CSO: 022-094
 DMR Due Date: 08/28/18
 Status: NotDMR Validated
Facility
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Telephone:

Code	Parameter Name	Monitoring Location	Season	Permit NODI	Quantity or Loading			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value				
50037	Duration	EG - Effluent Gross	0	--	Req Mon MO TOTAL	82	-h/mo		WHDS - When Discharging	RT - RCOTOT	
74083	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	C - No Discharge				AJEV - All Events	ES - ESTIMA	
78887	Freepollution, monthly accumulation	EG - Effluent Gross	0	--	Req Mon MO TOTAL	36	-Mgal		AJEV - All Events	RT - RCOTOT	
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Req Mon MO TOTAL	4K	-h/mo		AJEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors
 No errors.
Comments
Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-08-23 09:28 (Time Zone: -04:00)
Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 054 External Outfall
 Discharge: 054-C
 CSC: 023-080
 Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Report Dates & Status: 08/28/18
 Monitoring Period: From 07/01/18 to 07/31/18
 Status: NetDMR Validated
 Considerations for Form Completion:

CSC: 023-080 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name: _____
 Last Name: _____
 Title: _____
 Telephone: _____
 No Data Indicator (NOD): _____
 Form NOD: _____

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier:1 Value:1	Qualifier:2 Value:2	Qualifier:3 Value:3	Qualifier:4 Value:4	Qualifier:5 Value:5
5037	Duration	EG - Effluent Gross	0	--	0	0	0	0	0
7408	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--	0	0	0	0	0
7687	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	0	0	0	0	0
8418	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	0	0	0	0	0

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-08-23 09:26 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Features: 055 External Outfall
Report Dates & Status: From 07/01/18 to 07/31/18
Monitoring Period: Considerations for Form Completion
CSO: P06-192 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier:1 Value:1	Qualifier:2 Value:2	Qualifier:3 Value:3				
50037	Duration	EG - Effluent Gross	0	--	11.59	Req Mon MO TOTAL	82 - hrmo	0	WHDS - When Discharging	RT - RCOOT	
74003	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	1.955	Req Mon MO TOTAL	3R - Negl	0	ALVEY - All Events	ES - ESTMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	3.14	Req Mon MO TOTAL	5W - hrmo	0	ALVEY - All Events	RT - RCOOT	
84105	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	7	Req Mon MO TOTAL	4K - hrmo	0	ALVEY - All Events	RT - RCOOT	

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
Discharge: 055-C CSO: P06-192
DMR Due Date: 08/28/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Title: Telephone:

Submissions Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-08-23 09:18 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 056 External Outfall
Report Dates & Status
 Monitoring Period: From 07/01/18 to 07/31/18
 Considerations for Form Completion
 CSC: 009-313 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
Form NODI:
 Code: Monitoring Location Season # Param. NODI
 50037 Duration EG - Effluent Gross 0 --
 74093 Overflow volume [SSD volume, CSO volume] EG - Effluent Gross 0 --
 78887 Precipitation, monthly accumulation EG - Effluent Gross 0 --
 84165 Discharge event observation [Visual Monitoring] EG - Effluent Gross 0 --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Leading Qualifier			Quality or Concentration			# of Ex.	Frequency of Analysis			Sample Type		
					Value 1	Qualifier 1	Value 2	Qualifier 2	Value 3	Qualifier 3		Units	WH/DS - When Discharging	RT - RCOTOT		WH/DS - When Discharging	RT - RCOTOT
50037	Duration		0	--					0.45	Req Mon MO TOTAL	82 - hr/mo	0		WH/DS - When Discharging	RT - RCOTOT	WH/DS - When Discharging	RT - RCOTOT
74093	Overflow volume [SSD volume, CSO volume]		0	--				0.76	Req Mon MO TOTAL	3R - Hgal	0			AJ/EV - All Events	ES - ESTIMA	AJ/EV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation		0	--				3.46	Req Mon MO TOTAL	SW - hr/mo	0			AJ/EV - All Events	RT - RCOTOT	AJ/EV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]		0	--				4	Req Mon MO TOTAL	4K - hr/mo	0			AJ/EV - All Events	RT - RCOTOT	AJ/EV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Tracing, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTWP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-08-23 09:23 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

Facility: FORT WAYNE WWTWP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee Address: FORT WAYNE WWTWP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 056-C
 CSO: 003-313

DMR Due Date: 08/28/18
Status: NotDMR Validated

Title:

Telephone:

DMR Copy of Record

Permit IN0032191
Permit #: Yes
Major: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DIVENGER AVE
 FORT WAYNE, IN 46503

Permitted Feature: 057
 External Outfall

Report Dates & Status: 057-C
 CSD: P10-121

Monitoring Period: 08/28/18
 DMR Due Date: NetDMR Validated

Considerations for Form Completion:

Principal Executive Officer:

First Name:

Last Name:

No Data Indicator (NOD):

Form NOD:

Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading			Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2				
50037	Dissolved	EG - Effluent Gross	0		Req Mon MO TOTAL	82	-lbmo	WQDS - When Discharging	RT	RCOTOT	
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0		C - No Discharge			ALIEV - All Events	ES	ESTIMA	
76987	Pre-precipitation, monthly accumulation	EG - Effluent Gross	0		Req Mon MO TOTAL	3R	-Mgal	ALIEV - All Events	RT	RCOTOT	
					C - No Discharge			ALIEV - All Events	RT	RCOTOT	
					Req Mon MO TOTAL	4K	-#mo	ALIEV - All Events	RT	RCOTOT	
					C - No Discharge						

Submission Note
 If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-08-23 08:13 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: 060 External Outfall
Permitted Feature: 060 External Outfall
Report Dates & Status: From 07/01/18 to 07/31/18
Monitoring Period: From 07/01/18 to 07/31/18
Considerations for Form Completion: CSC: R06-31 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NDDI):
Form NDDI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
Discharge: 060-C
 CSC: R06-31
DMR Due Date: 08/28/18
Status: NotDMR Validated
Title:
Telephone:

Sample	Monitoring Location	Session #	Param. NDDI	Quantity or Loading	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
Permit Req. Value (NDDI)	Qualifier: 1 Value 1	Qualifier: 2 Value 2	Qualifier: 3 Value 3	Qualifier: 4 Value 4	Qualifier: 5 Value 5	Qualifier: 6 Value 6	Qualifier: 7 Value 7	Qualifier: 8 Value 8	Qualifier: 9 Value 9
50037 Duration	EG - Effluent Gross	0	--	Req Mon MG TOTAL B2 - Inflow	C - No Discharge			When Discharging	RT - ROOTOT
74008 Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--	Req Mon MG TOTAL QR - Ngal	C - No Discharge			All Events	ES - ESTIMA
7888 Precipitation, monthly accumulation	EG - Effluent Gross	0	--	3.18				All Events	RT - ROOTOT
84185 Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Req Mon MG TOTAL SW - Inflow 0	C - No Discharge			All Events	RT - ROOTOT

Submission Note: If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors: No errors.
Comments:
Attachments: No attachments.
Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-08-23 09:13 (Time Zone: -04:00)
Report Last Signed By:
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: External Outfall
Permitted Feature: 061
Report Dates & Status: From 07/01/18 to 07/31/18
Monitoring Period: NetDMR Validated
Considerations for Form Completion: CSC: R14-137 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
Last Name:
No Data Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Season's Param	NODI	Quantity or Loading			Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Duration	EG - Effluent Gross	0	-	Opt Mon MO TOTAL B2 - Inflow	C - No Discharge	WPHDS - When Discharging	RT - RCOTDT			
74055	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Opt Mon MO TOTAL SR - Mgal	C - No Discharge	ALVEY - All Events	ES - ESTIMA			
78887	Presipitation, monthly accumulation	EG - Effluent Gross	0	-	Opt Mon MO TOTAL SW - Inflow	C - No Discharge	ALVEY - All Events	RT - RCOTDT			
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Opt Mon MO TOTAL 4K - Inflow	C - No Discharge	ALVEY - All Events	RT - RCOTDT			

Sample Permit Recg Value NODI
Sample Permit Recg Value NODI
Sample Permit Recg Value NODI
Sample Permit Recg Value NODI

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.
Comments

Attachments
 No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityofforwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofforwayne.org

Date/Time: 2018-09-23 09:28 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofforwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofforwayne.org

Date/Time: 2018-09-23 09:33 (Time Zone: -04:00)

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2807 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 061-C
 CSC: R14-137

DMR Due Date: 08/28/18

Status: NetDMR Validated

Telephone:

Title:

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: 062 External Outfall
Permitted Feature: From 07/01/18 to 07/31/18
Report Dates & Status: Monitoring Period: From 07/01/18 to 07/31/18
Monitoring Period: Considerations for Form Completion
Considerations for Form Completion: CSC: R14-138 MUNICIPAL MAJORALLEN COUNTY
CSC: R14-138 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI)
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 062-C
 CSC: R14-138
DMR Due Date: 08/28/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2807 DWENGER AVE
 FORT WAYNE, IN 46803
Title: Telephone:

Code	Parameter Name	Monitoring Location	Session #	Param. NODI	Quantity or Loading	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50307	Duration	EG - Effluent Gross	0	--			hr:mo		WHDS - When Discharging	RT - RCOTOT
74065	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	--			Mgal		ALVEY - All Events	ES - ESTIMA
76307	Presbipulation, monthly accumulation	EG - Effluent Gross	0	--			SW - Inflow		ALVEY - All Events	RT - RCOTOT
94165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--			4K - 4hrmo		ALVEY - All Events	RT - RCOTOT

Sample Permit Req Value NODI: Opt Mon MO TOTAL 82 - Inflow
 C - No Discharge
Sample Permit Req Value NODI: Opt Mon MO TOTAL 3R - Mgal
 C - No Discharge
Sample Permit Req Value NODI: 2.72
Sample Permit Req Value NODI: Opt Mon MO TOTAL 5W - Inflow 0
 C - No Discharge
Sample Permit Req Value NODI: Opt Mon MO TOTAL 4K - 4hrmo
 C - No Discharge

Submission Note: If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors: No errors.
Comments:
Attachments: No attachments.
Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-08-23 09:28 (Time Zone: -04:00)
Report Last Signed By:
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 064 External Outfall
Report Dates & Status
 Monitoring Period: From 07/01/18 to 07/31/18
Considerations for Form Completion
 CSO: S02-35 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI: --
Facility: FORT WAYNE WWTP
Facility Location: F.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharges: 064-C
 CSC: S02-35
DMR Due Date: 08/28/18
Status: NetDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param.	NODI	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis		Sample Type
						Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units		WHDS - When Discharging	WHDS - When Discharging	
5037	Duration	EG - Effluent Gross	D	--		Req Mon	MO TOTAL	82	hr/mo	0			RT - RCOTOT
7405	Overflow volume [650 volume, CSO volume]	EG - Effluent Gross	0	--		Req Mon	MO TOTAL	3R	Mgal	0	0.001	AL/EV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--		Req Mon	MO TOTAL	3R	SW - In/mo	0	3.05	AL/EV - All Events	RT - RCOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--		Req Mon	MO TOTAL	4K	#/mo	0	1	AL/EV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.
Comments

Attachments
 No attachments.
Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-08-23 09:14 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032181
Permittee: FORT WAYNE WWTP
Major: Yes
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Permitted Feature: 080 - External Outfall
Discharge: 080-C
 CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR
Report Dates & Status: 08/28/18
Monitoring Period: From 07/01/18 to 07/31/18
Considerations for Form Completion: NetDMR Validated
 CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR
Principal Executive Officer:
First Name:
Last Name:
No. Data Indicator (NODI):
Form NODI:
Telephone:

Code	Parameter Name	Monitoring Location	Sessions #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50037	Duration	EG - Effluent Gross	0	--				WHQDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--				AUEV - All Events	ES - ESTIMA
76287	Preцирulation, monthly accumulation	EG - Effluent Gross	0	--				AUEV - All Events	RT - RCOTOT
84163	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--				AUEV - All Events	RT - RCOTOT

Submit/No Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors
 Comments

Attachments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-08-23 09:23 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permittee: FORT WAYNE WWTP
Major: Yes
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Permitted Feature: 081
 External Outfall
Discharge: 081-C
 CSC: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.
Report Dates & Status: 08/28/18
Monitoring Period: From 07/01/18 to 07/31/18
DMR Due Date: 08/28/18
Considerations for Form Completion:
 CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.
Principal Executive Officer:
First Name:
Last Name:
Title:
No Data Indicator (NODI): -
Form NODI: -
Monitoring Location, Season # Param, NODI

Code	Parameter Name	Monitoring Location, Season # Param, NODI	Quantity or Loading	Quality or Concentration	# of Ex	Frequency of Analysis	Sample Type
			Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50037	Duration	EG - Effluent Gross 0	Req Mon MO TOTAL	82 - #/mo		WHGS - When Discharging	RT - RCOTOT
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross 0	Req Mon MO TOTAL	38 - #/gal		AJ/EV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross 0	Req Mon MO TOTAL	5W - #/mo		AJ/EV - All Events	RT - RCOTOT
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross 0	Req Mon MO TOTAL	4K - #/mo		AJ/EV - All Events	RT - RCOTOT

Submissions Note
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-08-23 09:24 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-08-23 09:33 (Time Zone: -04:00)



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

October 9, 2018

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of August 2018

We are pleased to enclose a completed CSO MRO form for the month of August 2018. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

The City is completing a Long-Term Control Plan sewer separation project at the intersection of W. Superior St. and Harrison St. The flow meter for CSO outfall 032 is located at this respective intersection. The flow meter at CSO 032 had to be removed on May 16, 2018 due to this construction project. The City will be using modeling to estimate overflows for the month of August, 2018 on this CSO MRO report for CSO outfall 032 only. The flow meter was reinstalled on August 31, 2018.

It was discovered that the Third Street Pump Station had a dry weather overflow incident on August 22, 2018 and August 23, 2018. The August 22, 2018 incident was associated with work of a local contractor. After extensive research, it is believed that the August 23, 2018 incident was contributed by a nearby water main break and debris in the regulator. The City corrected these issues and will continue to monitor the pump station.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Susan Beck".

Susan Beck
Program Manager
Water Pollution Control Maintenance

ENGAGE • INNOVATE • PERFORM

CITIZENS SQUARE

200 E. Berry St. • Fort Wayne, Indiana • 46802 • www.cityoffortwayne.org
An Equal Opportunity Employer



CITY OF FORT WAYNE

THOMAS G. HENRY, MAYOR

October 9, 2018

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of August 2018

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Susan Beck
Program Manager
Water Pollution Control Maintenance

ENGAGE • INNOVATE • PERFORM

CITIZENS SQUARE

200 E. Berry St. • Fort Wayne, Indiana • 46802 • www.cityoffortwayne.org

An Equal Opportunity Employer

DMIR Copy of Record

Permit:
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Features:
 002 External Outfall
 Discharge: 002-C
 002 POND - WHEN USED AS CSO ONLY

Report Dates & Status:
 Reporting Period: From 08/01/18 to 08/31/18
 DMR Due Date: 09/28/18
 Status: NetDMR Validated

Considerations for Form Completion:
 CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer:
 First Name: Susan
 Last Name: Beck
 Title: Program Manager
 Telephone: 260-446-7931

No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
5007	Duration	EG - Effluent Creek	0	-	Req Mon	MO	TOTAL	11.3	Req Mon	MO	TOTAL	W/MS - When Discharging	RT - RCOTOT
7400	Overflow volume [SSO volume, CSO volume]	EG - Effluent Creek	0	-	Req Mon	MO	TOTAL	36.64	Req Mon	MO	TOTAL	AUEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Creek	0	-	Req Mon	MO	TOTAL	6.12	Req Mon	MO	TOTAL	AUEV - All Events	RT - RCOTOT
8410	Discharge event observation [Visual Monitoring]	EG - Effluent Creek	0	-	Req Mon	MO	TOTAL	1	Req Mon	MO	TOTAL	AUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 This is a replacement NetDMR/attachment to correct a date typo in cover letter and the naming conventions to reflect this was August data. No data has been changed.

Attachments

Name	Type	Size
IN0032191_002C_CSOHRO_2018_08.pdf	pdf	575957
IN0032191_002C_LETTER_2018_08_revision.pdf	pdf	221357

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofnorthwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofnorthwayne.org
 Date/Time: 2018-10-09 11:29 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofnorthwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofnorthwayne.org
 Date/Time: 2018-10-09 11:29 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #: IN0032191

Permittee: FORT WAYNE WWTP

Facility: FORT WAYNE
WWTP

Major: Yes

Permittee Address: CITY OF FORT WAYNE
FT WAYNE, IN 46802

Facility Location: P.L. BRUNNER
WPC
2601 DWENGER
AVE
FORT WAYNE, IN
46803

Permitted Feature: 002
External
Outfall

Discharge: 002-C
002 POND - WHEN USED
AS CSO ONLY



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 6265 (03/17-18)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 6265 (03/17-18)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne										Page 1 of 12										Permit Number: IN0032191																													
Facility: Fort Wayne - P.L. Brunner WWTP										Public Notification Requirements Met? Y										City: Fort Wayne										Page 1 of 12										Permit Number: IN0032191									
Monitoring Period: (MONTH) 8-2018										Check box if no CSO discharge occurred for the month:										Monitoring Period: (MONTH) 8-2018										Check box if no CSO discharge occurred for the month:																			
Design Peak Hourly Flow (MGD): 85										Design Average Flow (MGD): 60										Design Peak Hourly Flow (MGD): 85										Design Average Flow (MGD): 60																			
Measure & Metered (M) or Estimated (E) must be specified										Measure & Metered (M) or Estimated (E) must be specified										Measure & Metered (M) or Estimated (E) must be specified										Measure & Metered (M) or Estimated (E) must be specified																			
Precipitation Data - Adverse Gauge										CSO Outfall No. 60										CSO Outfall No. 60										CSO Outfall No. 60																			
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Begins (anytime)	Precip. Duration (hours)	Total Daily Precip. (inches)	Peak Intensity (inches/hr)	Maximum Intensity (in 30 min. or 15 min)	Time Discharge Began	Time Discharge Ended	Event Discharge (MG)	Time Discharge Began	Time Discharge Ended	Event Discharge (MG)	Time Discharge Began	Time Discharge Ended	Event Discharge (MG)	Time Discharge Began	Time Discharge Ended	Event Discharge (MG)	Time Discharge Began	Time Discharge Ended	Event Discharge (MG)	Time Discharge Began	Time Discharge Ended	Event Discharge (MG)	Time Discharge Began	Time Discharge Ended	Event Discharge (MG)																					
1	50.76	91.60	12:05 AM	0.17	0.02	0.01	5 m																																										
2	36.24	43.88					5 m																																										
3	35.12	39.81					5 m																																										
4	33.31	39.72					5 m																																										
5	32.79	39.31					5 m																																										
6	46.13	75.99	10:10 PM	0.75	0.61	0.34	5 m																																										
7	74.84	90.64	12:40 AM	0.33	0.11	0.06	5 m																																										
8	59.15	77.85	3:55 PM	0.25	0.14	0.11	5 m																																										
9	42.24	88.16	9:10 PM	0.25	0.24	0.13	5 m																																										
10	52.60	67.94	10:00 AM	0.17	0.02	0.01	5 m																																										
11	45.62	61.59	10:10 AM	0.08	0.01	0.01	5 m																																										
12	38.28	43.92					5 m																																										
13	36.24	40.99					5 m																																										
14	34.48	39.05					5 m																																										
15	33.46	39.55	8:05 PM	0.42	0.06	0.02	5 m																																										
16	84.51	88.79	12:05 AM	1.92	1.06	0.21	5 m																																										
17	87.96	88.27	6:23 AM	1.50	0.38	0.05	5 m																																										
18	87.75	88.56	5:50 AM	0.17	0.02	0.01	5 m																																										
19	71.41	81.28					5 m																																										
20	60.38	89.59	4:45 PM	0.67	1.04	0.30	5 m																																										
21	87.99	88.34	2:45 AM	1.92	0.46	0.06	5 m																																										
22	87.97	88.32					5 m																																										
23	81.45	88.51					5 m																																										
24	73.69	78.00					5 m																																										
25	80.35	88.47	8:00 AM	1.92	1.05	0.39	5 m																																										
26	86.02	88.47	2:40 AM	0.50	0.13	0.07	5 m																																										
27	67.96	88.06					5 m																																										
28	69.64	67.53					5 m																																										
29	54.64	60.48					5 m																																										
30	49.68	55.75					5 m																																										
31	44.56	51.31					5 m																																										
Totals:	1819.75			11.02	5.37					0			0.56	0																																			

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
Telephone: 210.427.6213

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Beck
Date (mm/dd/yyyy): 09/21/18



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

State Form 6206 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 6206 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page 2 of 12	Permit Number: IN0032191	City: Fort Wayne	Page 2 of 12	Permit Number: IN0032191															
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y															
Monitoring Period: (MONTH) 8-2018	Check box if no CSO discharge occurred for the month:	Monitoring Period: (MONTH) 8-2018	Check box if no CSO discharge occurred for the month:	Monitoring Period: (MONTH) 8-2018	Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60															
WWTP Influent Data	Precipitation Data - Bureau Gauge	CSO Outfall No. 57	CSO Outfall No. 64	CSO Outfall No. 65	CSO Outfall No. 66															
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (Hour:Min)	Precip. Depth (Inches)	Total Daily Precip. (Inches)	Peak Intensity (Inches/Hour)	Measurement Interval (Hr:Min)	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	
1	50.76	94.60	12:00 AM	0.17	0.02	0.01	5 m													
2	38.24	43.88					5 m													
3	35.12	39.81					5 m													
4	33.34	36.72					5 m													
5	32.70	39.31					5 m													
6	46.13	75.99	10:00 PM	0.92	0.52	0.16	5 m													
7	74.64	90.64	12:50 AM	0.33	0.07	0.04	5 m													
8	59.15	77.85	3:55 PM	0.17	0.14	0.13	5 m													
9	42.24	65.16	9:10 PM	0.33	0.26	0.15	5 m													
10	52.60	67.94	10:10 AM	0.33	0.09	0.05	5 m													
11	45.62	61.59	10:15 AM	0.08	0.01	0.01	5 m													
12	38.28	43.92					5 m													
13	36.24	40.99					5 m													
14	34.48	39.05					5 m													
15	33.46	39.55	7:55 PM	0.50	0.08	0.03	5 m													
16	64.61	86.79	12:05 AM	2.42	1.12	0.20	5 m													
17	67.96	86.27	5:10 AM	1.75	0.52	0.08	5 m													
18	67.75	66.56	4:50 AM	0.17	0.02	0.01	5 m													
19	71.41	81.28					5 m													
20	60.38	69.59	4:35 PM	6.67	1.14	0.45	5 m	5:15 PM	0.75	M	0.007	M								
21	67.99	88.34	2:50 AM	1.92	0.61	0.12	5 m													
22	67.97	66.32					5 m													
23	61.45	66.51					5 m													
24	73.69	79.09					5 m													
25	60.35	68.47	7:45 AM	2.25	1.07	0.39	5 m	9:20 AM	0.67	M	0.008	M								
26	66.02	68.47	2:40 AM	0.42	0.07	0.03	5 m													
27	67.96	68.06					5 m													
28	58.64	67.53					5 m													
29	54.64	60.46	8:35 AM	0.17	0.02	0.01	5 m													
30	49.68	55.75					5 m													
31	44.56	51.31					5 m													
Totals:	1818.76			12.50	5.75			0	0.00	0	2	0.142	0.015							

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager Telephone: 260-427-5213

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 MADE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Beck Date (mm/dd/yyyy): 08/21/18



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50548 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50548 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page 15 of 112	Permit Number: IN0032191	City: Fort Wayne	Page 15 of 112	Permit Number: IN0032191																							
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? <input checked="" type="checkbox"/> Y	Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? <input checked="" type="checkbox"/> Y	Monitoring Period: (MONTH) 8-2018	Check box if no CSO discharge occurred for the month: <input type="checkbox"/>																							
Monitoring Period: (MONTH) 8-2018	Design Average Flow (MGD): 60	Measured/Estimated (M) or Estimated (E) must be specified	Monitoring Period: (MONTH) 8-2018	Design Flow (MGD): 60	Measured/Estimated (M) or Estimated (E) must be specified																							
WWTP Influent Data	Precipitation Data - Fairfield Gauge	CSO Outfall No. 13	CSO Outfall No. 17	CSO Outfall No. 85	CSO Outfall No. 60																							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm-p)	Precip. Duration (hours)	Total Daily Precip. (inches)	Peak Intensity (inches)	Maximum Intensity (inches)	Time Discharge Began	M	E	Event Duration (hours)	Event Discharge (MG)	M	E	Time Discharge Began	M	E	Event Duration (hours)	Event Discharge (MG)	M	E	Time Discharge Began	M	E	Event Duration (hours)	Event Discharge (MG)	M	E
1	60.76	84.60	12:05 AM	0.25	0.04	0.02	5 m																					
2	38.24	43.88					5 m																					
3	35.12	39.01					5 m																					
4	33.34	39.72					5 m																					
5	32.79	39.31					5 m																					
6	46.13	75.99	9:50 PM	0.83	0.51	0.17	5 m	10:25 PM	1.58	M	0.298	M	10:15 PM	1.33	M	0.37	M											
7	74.94	90.64	12:00 AM	0.25	0.03	0.01	5 m																					
8	69.15	77.85	3:45 PM	0.33	0.16	0.09	5 m	4:20 PM	0.67	M	0.043	M																
9	42.24	68.16	8:10 PM	0.33	0.29	0.19	5 m	9:30 PM	1.42	M	0.205	M	2:05 PM	8.00	M	0.781	M											
10	62.80	87.94	9:10 AM	0.33	0.05	0.02	5 m							12:30 AM	22.08	M	0.993	M										
11	45.82	61.59	9:55 AM	0.08	0.01	0.01	5 m																					
12	38.28	43.92					5 m																					
13	36.24	40.99					5 m																					
14	34.48	39.05					5 m																					
15	33.45	39.55	8:15 PM	0.33	0.05	0.02	5 m																					
16	84.51	88.79	12:05 AM	1.75	1.01	0.23	5 m	1:35 AM	4.09	M	0.442	M	1:25 AM	15.92	M	3.034	M											
17	87.96	88.27	1:10 AM	1.60	0.59	0.15	5 m	12:15 AM	1.25	M	0.335	M	12:00 AM	18.63	M	2.318	M											
18	87.75	88.56	9:00 AM	0.08	0.01	0.01	5 m																					
19	71.41	81.28					5 m																					
20	60.38	69.59	4:40 PM	0.67	1.25	0.47	5 m	5:10 PM	5.00	M	1.888	M	12:00 AM	21.92	M	3.228	M											
21	87.99	88.34	2:50 AM	1.83	0.56	0.14	5 m	3:20 AM	7.08	M	0.671	M	3:10 AM	4.92	M	0.914	M											
22	87.97	88.32					5 m																					
23	81.45	88.51					5 m																					
24	73.69	79.09					5 m																					
25	80.35	88.47	7:50 AM	1.83	1.04	0.30	5 m	9:15 AM	1.67	M	1.152	M	12:00 AM	13.50	M	1.678	M											
26	86.02	88.47	2:50 AM	0.25	0.03	0.01	5 m																					
27	67.96	88.06					5 m																					
28	59.04	67.53					5 m																					
29	54.84	60.48	1:55 AM	0.25	0.03	0.01	5 m																					
30	49.68	55.75					5 m																					
31	44.56	51.31					5 m																					
Totals:	1819.75		10.89	5.67			8	22.67	6.235			8	106.50	12.324														

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
Telephone: 260-427-6213

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Beck
Date (mm/dd/yyyy): 09/21/18



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 55546 (03/17-18)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 55546 (03/17-18)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page (7) of (12)	Permit Number: IN0032191	City: Fort Wayne	Page (7) of (12)	Permit Number: IN0032191																																		
Facility: Fort Wayne - P.L. Brunner WWTP			Facility: Fort Wayne - P.L. Brunner WWTP																																				
Monitoring Period: (MONTH) 8-2018			Monitoring Period: (MONTH) 8-2018																																				
Design Peak Hourly Flow (MGD): 81			Design Peak Hourly Flow (MGD): 60																																				
Public Notification Requirements Met? Y			Public Notification Requirements Met? Y																																				
Check box if no CSO discharge occurred for the month:			Check box if no CSO discharge occurred for the month:																																				
Design Peak Flow (MGD): 81			Design Peak Flow (MGD): 60																																				
Measured (M) or Estimated (E) must be specified			Measured (M) or Estimated (E) must be specified																																				
WWTP Influent Data			CSO Outfall No. 4																																				
Precipitation Data - Study Gauge			CSO Outfall No. 5																																				
CSO Outfall No. 6			CSO Outfall No. 11																																				
CSO Outfall No. 12			CSO Outfall No. 86																																				
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Begins (Average)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Hourly Precip. (Inches)	Measurements (By 30 min. Intervals)	Time Discharge Begins	Event Duration (Hours)	Event Discharge (MG)	Flow Discharge (MG)	Event Discharge (MG)	Event Duration (Hours)	Event Discharge (MG)	Day of Month	Time Discharge Begins	Event Duration (Hours)	Event Discharge (MG)	Flow Discharge (MG)	Event Discharge (MG)	Event Duration (Hours)	Event Discharge (MG)	Day of Month	Time Discharge Begins	Event Duration (Hours)	Event Discharge (MG)	Flow Discharge (MG)	Event Discharge (MG)	Event Duration (Hours)	Event Discharge (MG)	Day of Month	Time Discharge Begins	Event Duration (Hours)	Event Discharge (MG)	Flow Discharge (MG)	Event Discharge (MG)	Event Duration (Hours)	Event Discharge (MG)	
1	50.75	94.60	12:00 AM	0.25	0.03	0.01	5 m								1																								
2	38.24	43.88					5 m								2																								
3	35.12	39.81					5 m								3																								
4	33.34	33.72					5 m								4																								
5	32.79	39.31					5 m								5																								
6	46.13	75.99	9:55 PM	0.92	0.53	0.13	5 m	10:20 PM	1.50	M	0.413	M	10:20 PM	1.67	M	0.241	M																						
7	74.01	90.64	12:05 AM	0.42	0.07	0.03	5 m	12:00 AM	3.08	M	0.131	M	12:00 AM	1.08	M	0.018	M	12:00 AM	3.45	M	4.625	M																	
8	59.15	77.85	4:10 PM	0.68	0.27	0.27	5 m	4:10 PM	3.00	M	0.154	M	4:10 PM	0.50	M	0.032	M																						
9	42.24	68.18	9:00 PM	0.42	0.47	0.20	5 m	9:25 PM	2.58	M	0.382	M	9:30 PM	1.33	M	0.267	M																						
10	52.80	87.94	10:15 AM	0.75	0.15	0.04	5 m	12:00 AM	5.50	M	0.245	M	7:55 PM	0.75	M	0.032	M	12:00 AM	1.53	M	2.056	M																	
11	45.82	61.59	10:25 AM	0.08	0.01	0.01	5 m																																
12	38.28	43.82					5 m																																
13	35.24	40.99					5 m																																
14	34.45	39.05					5 m																																
15	33.46	39.55	7:55 PM	0.58	0.07	0.01	5 m																																
16	84.51	88.79	12:00 AM	2.33	0.95	0.19	5 m	1:26 AM	2.42	M	0.38	M	1:05 AM	5.83	M	0.622	M																						
17	67.96	88.27	1:00 AM	1.92	0.95	0.27	5 m	5:30 PM	6.50	M	0.662	M	12:00 AM	12.08	M	1.667	M																						
18	87.75	88.56	12:35 AM	0.17	0.02	0.01	5 m																																
19	71.41	81.28					5 m																																
20	60.38	89.59	4:40 PM	0.75	1.22	0.40	5 m	5:05 PM	6.92	M	1.367	M	5:05 PM	6.92	M	1.714	M																						
21	87.99	88.34	2:50 AM	1.92	0.77	0.11	5 m	12:00 AM	23.83	M	1.891	M	12:00 AM	24.00	M	1.502	M	12:00 AM	1.90	M	2.547	M																	
22	87.97	88.32					5 m																																
23	81.45	88.51					5 m																																
24	73.69	79.09					5 m																																
25	80.35	88.47	7:45 AM	2.08	0.91	0.43	5 m	8:16 AM	10.58	M	1.239	M	9:00 AM	15.00	M	1.5	M																						
26	86.02	88.47	2:30 AM	0.33	0.04	0.01	5 m																																
27	67.96	88.06					5 m																																
28	59.64	67.53					5 m																																
29	54.64	60.48	8:45 AM	0.17	0.02	0.01	5 m																																
30	48.68	56.75					5 m																																
31	44.56	51.31					5 m																																
Totals:			1819.75		13.17	8.48		10	63.91	7.144		11	75.45	7.670		0	0.00	0	5	22.96	2.547		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent			Telephone																																				
Susan Beck, Program Manager			260-427-5213																																				
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 KNOWLEDGE OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.																																							
Signature of Principal Executive Officer or Authorized Agent			Date (mm/dd/yyyy)																																				
Susan Beck			08/21/18																																				



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 60545 (03/17-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 60545 (03/17-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page [8] of [12]	Permit Number: IN0032191	City: Fort Wayne	Page [8] of [12]	Permit Number: IN0032191															
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	Public Notification Requirements Met? Y	Public Notification Requirements Met? Y															
Monitoring Period: (MONTH) 8/2018	Check box if no CSO discharge occurred for the month: <input type="checkbox"/>	Monitoring Period: (MONTH) 8/2018	Check box if no CSO discharge occurred for the month: <input type="checkbox"/>	Check box if no CSO discharge occurred for the month: <input type="checkbox"/>	Check box if no CSO discharge occurred for the month: <input type="checkbox"/>															
Design Peak Hourly Flow (MGD): 81	Design Average Flow (MGD): 60	Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	Measured/Retired (M) or Estimated (E) must be specified	Measured/Retired (M) or Estimated (E) must be specified															
WWTP Influent Data	Precipitation Data - In-situ Gauge	CSO Outfall No. 54	CSO Outfall No.	CSO Outfall No.	CSO Outfall No.															
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Begins (Month)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inches)	Measurements (M) or Estimate (E)	Time Discharge Begins	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Begins	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Begins	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Begins	Event Duration (Hours)	Event Discharge (MG)	
1	50.76	61.60	12:00 AM	0.17	0.02	0.01	5 m													
2	38.24	43.88					5 m													
3	35.12	39.81					5 m													
4	33.34	39.72					5 m													
5	32.79	39.31					5 m													
6	46.13	75.99	9:55 PM	0.67	0.47	0.17	5 m													
7	74.94	90.64	12:25 AM	0.26	0.03	0.01	5 m													
8	59.15	77.85	3:40 PM	0.25	0.33	0.14	5 m													
9	42.24	88.16	9:15 PM	0.33	0.28	0.17	5 m													
10	52.80	87.94	12:05 AM	0.42	0.13	0.06	5 m													
11	45.82	61.59	10:20 AM	0.08	0.01	0.01	5 m													
12	38.28	43.92					5 m													
13	36.24	40.99					5 m													
14	34.48	39.05					5 m													
15	33.46	39.55	7:50 PM	0.58	0.08	0.02	5 m													
16	84.51	99.79	12:00 AM	2.58	1.29	0.20	5 m	10:30 PM	M	1.33	M	0.027	M							
17	87.96	88.27	5:00 AM	2.00	0.78	0.15	5 m	12:00 AM	M	6.75	M	0.425	M							
18	87.75	88.58	3:55 AM	0.17	0.02	0.01	5 m													
19	71.41	81.28					5 m													
20	60.39	69.59	4:40 PM	0.42	1.00	0.57	5 m	5:40 PM	M	2.50	M	0.173	M							
21	87.99	88.34	2:40 AM	2.17	0.73	0.13	5 m													
22	87.97	88.32					5 m													
23	81.45	88.51					5 m													
24	73.69	79.09					5 m													
25	80.35	88.47	8:00 AM	2.25	1.16	0.33	5 m	9:30 AM	M	3.58	M	0.311	M							
26	80.02	88.47	2:45 AM	0.17	0.02	0.01	5 m													
27	67.96	68.06					5 m													
28	59.64	67.53					5 m													
29	54.64	60.48					5 m													
30	49.68	55.75					5 m													
31	44.56	51.31					5 m													
Totals	1818.75		12.51	6.44				4	14.18	0.585										
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone	Signature of Principal Executive Officer or Authorized Agent	Date (mm/dd/yyyy)																	
Susan Beck, Program Manager	260.427.6213	[Signature]	09/21/18																	



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 565-16 (R) 7-7-13
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Page 9 of 12		Permit Number: IN0032191		City: Fort Wayne																							
Facility: Fort Wayne - P.L. Brunner WWTP				Public Notification Requirements Met? Y				Facility: Fort Wayne - P.L. Brunner WWTP																					
Monitoring Period: (MONTH) 8-2018		Check box if no CSO discharge occurred for the month:						Monitoring Period: (MONTH) 8-2018		Design Peak Flow (fourty) (MGD): 85		Design Flow (MGD): 60																	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 60		Measured (M) or Estimated (E) must be specified		Design Peak Flow (fourty) (MGD): 85		Design Flow (MGD): 60																					
WWTP Influent Data		Precipitation Data - Brentwood Gauge					CSO Outfall No. 28					CSO Outfall No. 48					CSO Outfall No. 51					CSO Outfall No. 52							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm/yr)	Precip. Duration (Hours)	Total Daily Precip. (inches)	Peak Intensity (Inch/Hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Day of Month	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E			
1	50.76	94.60	12:05 AM	0.25	0.05	0.03	5 m														1								
2	38.24	43.88					5 m														2								
3	35.12	39.81					5 m														3								
4	33.34	39.72					5 m														4								
5	32.79	39.31					5 m														5								
6	46.13	75.99	5:50 PM	0.58	1.13	0.48	5 m	10:18 PM	M	0.38	M	0.109	M	11:57 PM	M	0.03	M	0.041	M	6									
7	74.94	90.64	11:20 AM	0.08	0.01	0.01	5 m							12:00 AM	M	0.05	M	0.175	M	7									
8	59.15	77.85	4:35 AM	0.50	0.07	0.02	5 m							8:29 PM	M	0.18	M	0.217	M	8									
9	42.24	88.16	9:40 PM	0.08	0.24	0.24	5 m													9									
10	52.60	87.94	11:00 AM	0.25	0.04	0.02	5 m													10									
11	45.82	61.59	11:05 AM	0.25	0.04	0.02	5 m													11									
12	38.28	43.92	11:05 AM	0.08	0.01	0.01	5 m													12									
13	36.24	40.99					5 m													13									
14	34.48	39.05					5 m													14									
15	33.46	39.55	8:15 PM	0.33	0.04	0.01	5 m							1:38 AM	M	0.53	M	0.615	M	15									
16	84.51	88.79	12:05 AM	2.58	0.97	0.16	5 m													16									
17	87.98	88.27	5:25 AM	1.67	0.54	0.08	5 m	6:00 PM	M	0.12	M	0.03	M	5:49 PM	M	0.73	M	0.896	M	17									
18	87.75	88.56	1:00 AM	0.17	0.02	0.01	5 m													18									
19	71.41	81.28					5 m													19									
20	60.38	89.59	4:45 PM	0.5	1.15	0.52	5 m	5:06 PM	M	1.52	M	0.413	M	5:10 PM	M	2.90	M	3.329	M	20									
21	87.99	88.34	2:45 AM	1.92	0.96	0.13	5 m	3:22 AM	M	0.23	M	0.07	M	3:25 AM	M	0.33	M	0.555	M	21									
22	87.97	88.32					5 m													22									
23	81.45	88.51					5 m													23									
24	73.69	79.09					5 m													24									
25	80.35	88.47	7:45 AM	2.00	1.06	0.33	5 m	9:17 AM	M	1.08	M	0.287	M	9:12 AM	M	2.00	M	2.421	M	25									
26	86.02	88.47	2:40 AM	0.75	0.19	0.08	5 m							3:58 AM	M	0.07	M	0.114	M	26									
27	67.96	88.06					5 m													27									
28	59.64	67.53					5 m													28									
29	54.64	60.48					5 m													29									
30	49.68	55.75					5 m													30									
31	44.56	51.31					5 m													31									
Totals:		1819.75			11.99	6.12		5	Da	3.33	M	0.909		9	Da	6.82	M	8.323		Totals:	0	Da	0.00	M	0	Da	0.000	M	0
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent				Susan Beck, Program Manager				Telephone				260.427.6213																	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.												Signature of Principal Executive Officer or Authorized Agent				Date (mm/dd/yy)													
Susan Beck								09/21/18																					



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 00540 (12/17-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Page [10] of [12]		Permit Number: IN0032191		City: Fort Wayne		Page [10] of [12]		Permit Number: IN0032191																	
Public Notification Requirements Met? Y		Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y																					
Check box if no CSO discharge occurred for the month:		Monitoring Period: (MONTH) 8-2018		Design Peak Flow (MGD): 85		Design Flow (MGD): 60		Check box if no CSO discharge occurred for the month:																	
Measured/Metered (M) or Estimated (E) must be specified		Measured/Metered (M) or Estimated (E) must be specified		Measured/Metered (M) or Estimated (E) must be specified		Measured/Metered (M) or Estimated (E) must be specified		Measured/Metered (M) or Estimated (E) must be specified																	
CSO Outfall No. 53		CSO Outfall No. 61		CSO Outfall No. 62		CSO Outfall No. 68		CSO Outfall No. 692		CSO Outfall No. 693															
Time Discharge Began	M or E	Event Duration (Hours)	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	Event Discharge (MG)	M or E	
					Day of Month																				
					1																				
					2																				
					3																				
					4																				
					5																				
					6	10:10 PM	M	0.92	M	0.198	M														
					7																				
					8																				
					9																				
					10																				
					11																				
					12																				
					13																				
					14																				
					15																				
					16	1:50 AM	M	1.17	M	0.047	M														
					17	8:05 PM	M	1.00	M	0.019	M														
					18																				
					19																				
					20	5:25 PM	M	2.92	M	0.496	M														
					21																				
					22																				
					23																				
					24																				
					25	9:25 AM	M	3.92	M	0.621	M														
					26	4:15 AM	M	0.25	M	0.001	M				11:40 AM	M	11.30	M	36.84	M					
					27																				
					28																				
					29																				
					30																				
					31																				
0	Da	0	0	0	Totals	6	Da	10.17	1.382	0	Da	0.00	0	1	Da	11.30	36.84	0	Da	0.00	0				

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck Program Manager
 Telephone: 260-427-6213
 I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTOR OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.
 Signature of Principal Executive Officer or Authorized Agent: Susan Beck
 Date (mm/dd/yy): 09/21/18



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

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?	Y
Monitoring Period: 8-2018	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD):	60

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	Wet Weather
2	
3	
4	
5	
6	Wet Weather
7	Wet Weather
8	Wet Weather
9	Wet Weather
10	Wet Weather
11	Wet Weather
12	
13	
14	
15	
16	Wet Weather
17	Wet Weather
18	Wet Weather
19	
20	Wet Weather
21	Wet Weather
22	DWO
23	DWO
24	
25	Wet Weather
26	Wet Weather
27	
28	
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Susan Beck, Program Manager	Telephone 260-427-6213
---	---------------------------

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent Susan Beck	Date (mm/dd/yy) 09/21/18
--	-----------------------------



DMR Copy of Record

Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location: P. L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Features: 002 External Outfall	Discharge: 002-C 002 FOND - WHEN USED AS CSO ONLY	
Report Dates & Status		
Monitoring Period: From 08/01/18 to 08/31/18	DMR Due Date: 09/28/18	Status: NotDMR Validated
Considerations for Form Completion		
CSO - 002 POND WHEN USED AS CSO ONLY		
Principal Executive Officer		
First Name: Susan	Title: Program Manager	Telephone: 260-446-7931
Last Name: Beck		

No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Session #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample				11.3	82 - in/mo	0	WHDS - When Discharging RT - RCOTOT	
					Permit Req. Value NODI					Req Mon MO TOTAL	0	WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample				36.84	3R - Mgal	0	AL/EV - A3 Events ES - ESTMA	
					Permit Req. Value NODI					Req Mon MO TOTAL	0	AL/EV - A3 Events ES - ESTMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample				6.12	5W - in/mo	0	AL/EV - A3 Events RT - RCOTOT	
					Permit Req. Value NODI					Req Mon MO TOTAL	0	AL/EV - A3 Events RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample				1	4K - #/mo	0	AL/EV - A3 Events RT - RCOTOT	
					Permit Req. Value NODI					Req Mon MO TOTAL	0	AL/EV - A3 Events RT - RCOTOT	

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

This is a replacement NetDMR/attachment to correct a date typo in cover letter and the naming conventions to reflect this was August data. No data has been changed.

Attachments

Name	Type	Size
IN0032191_002C_CSOMRO_2018_08.pdf	pdf	575897
IN0032191_002C_LETTER_2018_08_revision.pdf	pdf	221367

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-10-09 11:29 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-10-09 11:29 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	003 External Outfall	Discharge:	003-C 001 POND - CSO		
Report Dates & Status					
Monitoring Period:	From 08/01/18 to 08/31/18	DMR Due Date:	09/28/18	Status:	NetDMR Validated
Considerations for Form Completion					
CSO - 001 POND WHEN USED AS CSO ONLY					
Principal Executive Officer					
First Name:			Title:		
Last Name:			Telephone:		
No Data Indicator (NODI)					
Form NODI: -					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading				Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50937	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					Req Mon MO TOTAL	62 - hr/mo		WQDS - When Discharging	RT - RCOTOT
					Sample Permit Req. Value NODI					C - No Discharge				
74063	Overflow volume [550 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					Req Mon MO TOTAL	3R - Mgal		ALIEV - All Events	ES - ESTIMA
					Sample Permit Req. Value NODI					C - No Discharge	5W - in/mo		ALIEV - All Events	RT - RCOTOT
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					Req Mon MO TOTAL	5W - in/mo 0		ALIEV - All Events	RT - RCOTOT
					Sample Permit Req. Value NODI									
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					Req Mon MO TOTAL	4K - R/mo		ALIEV - All Events	RT - RCOTOT
					Sample Permit Req. Value NODI					C - No Discharge				

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:											
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP											
Major:	Yes	Permittee Address:		Facility Location:											
		CITY OF FORT WAYNE FT WAYNE, IN 46802		P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803											
Permitted Feature:		Discharge:													
004 External Outfall		004-C CSO, JO2-90													
Report Dates & Status															
Monitoring Period:		DMR Due Date:		Status:											
From 08/01/18 to 08/31/18		09/28/18		NetDMR Validated											
Considerations for Form Completion															
CSO: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY															
Principal Executive Officer															
First Name:			Title:		Telephone:										
Last Name:															
No Data Indicator (NODI)															
Form NODI: --															
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Value 3	
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					85.91	82 - hr/mo	WHDS - When Discharging	RT - RCOTOT		
					Sample Permit Req. Value NODI						Req Mon MO TOTAL	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
74053	Overflow volume [50 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					7.144	3R - Mgal	AL/EV - A1 Events	ES - ESTAMA		
					Sample Permit Req. Value NODI						Req Mon MO TOTAL	3R - Mgal	0	AL/EV - A1 Events	ES - ESTAMA
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					6.48	5W - in/mo	AL/EV - A1 Events	RT - RCOTOT		
					Sample Permit Req. Value NODI						Req Mon MO TOTAL	5W - in/mo	0	AL/EV - A1 Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					10	4K - 8/mo	AL/EV - A1 Events	RT - RCOTOT		
					Sample Permit Req. Value NODI						Req Mon MO TOTAL	4K - 8/mo	0	AL/EV - A1 Events	RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP				
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803				
Permitted Feature:	007 External Outfall	Discharge:	007-C CSO: K03-92						
Report Dates & Status									
Monitoring Period:	From 08/01/18 to 08/31/18	DMR Due Date:	09/28/18	Status:	NetDMR Validated				
Considerations for Form Completion									
CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY									
Principal Executive Officer									
First Name:		Title:		Telephone:					
Last Name:									
No Data Indicator (NODI)									
Form NODI:	--								
Code	Parameter Name	Monitoring Location	Session #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 1	Qualifier 3 Value 3		
50037	Duration	EG - Effluent Gross	0	--	Sample	Req Mon MO TOTAL	82 - m/mo	WHDS - When Discharging	RT - RCOTOT
					Permit Req. Value NODI	C - No Discharge			
74003	Overflow volume [S50 volume, C50 volume]	EG - Effluent Gross	0	--	Sample	Req Mon MO TOTAL	3R - Mgal	ALIEV - A1 Events	ES - ESTMA
					Permit Req. Value NODI	C - No Discharge			
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample	Req Mon MO TOTAL	5W - in/mo	ALIEV - A1 Events	RT - RCOTOT
					Permit Req. Value NODI				
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample	Req Mon MO TOTAL	4K - #mo	ALIEV - A1 Events	RT - RCOTOT
					Permit Req. Value NODI	C - No Discharge			
Submission Note									
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
Edit Check Errors									
No errors.									
Comments									
Attachments									
No attachments.									
Report Last Saved By									
FORT WAYNE WWTP									
User:	susan.beck@cityoffortwayne.org								
Name:	Susan Beck								
E-Mail:	susan.beck@cityoffortwayne.org								
Date/Time:	2018-09-21 15:22 (Time Zone: -04:00)								
Report Last Signed By									
User:	susan.beck@cityoffortwayne.org								
Name:	Susan Beck								
E-Mail:	susan.beck@cityoffortwayne.org								
Date/Time:	2018-09-21 15:23 (Time Zone: -04:00)								

DMR Copy of Record

Permit		Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Permit #:	IN0032191	Permittee Address:	CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location:	PL BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Major:	Yes				
Permitted Feature:	011 External Outfall	Discharge:	011-C CSO: K06-233		
Report Dates & Status					
Monitoring Period:	From 08/01/18 to 08/31/18	DMR Due Date:	09/28/18	Status:	NetDMR Validated
Considerations for Form Completion					
CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI: -					

Code	Parameter Name	Monitoring Location	Session #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 3			
50037	Duration	EG - Effluent Gross	0	-	Sample					22.66	82 - hrmo	WINDS - When Discharging	RT - RCOTOT
					Permit Req.								
					Value NODI								
74063	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	-	Sample					2.547	3R - Mgal	ALIEV - All Events	ES - ESTIMA
					Permit Req.								
					Value NODI								
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample					6.48	8W - inmo	ALIEV - All Events	RT - RCOTOT
					Permit Req.								
					Value NODI								
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample					5	4K - 8mo	ALIEV - All Events	RT - RCOTOT
					Permit Req.								
					Value NODI								

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191 | Permittee: FORT WAYNE WWTP | Facility: FORT WAYNE WWTP
 Major: Yes | Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802 | Facility Location: P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
 Permitted Feature: 012 External Outfall | Discharge: 012-C CSO: K06-234
 Report Dates & Status
 Monitoring Period: From 08/01/18 to 08/31/18 | DMR Due Date: 09/28/18 | Status: NetDMR Validated
 Considerations for Form Completion
 CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer
 First Name: | Title: | Telephone:

No Data Indicator (NODI)
Form NODI: --

Code	Parameter Name	Monitoring Location	Basin #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type									
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1				Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				
50037	Duration	EG - Effluent Gross	0	--	Sample																	
					Permit Req.																	
					Value NODI																	
74053	Overflow volume [550 volume, CSO volume]	EG - Effluent Gross	0	--	Sample																	
					Permit Req.																	
					Value NODI																	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample																	
					Permit Req.																	
					Value NODI																	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample																	
					Permit Req.																	
					Value NODI																	

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location:	P. L. BRUNNER WPC 2601 OWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	013 External Outfall	Discharge:	013-C CSO: K06-298		
Report Dates & Status					
Monitoring Period:	From 08/01/18 to 08/31/18	DMR Due Date:	09/28/18	Status:	NetDMR Validated
Considerations for Form Completion					
CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Duration	EG - Effluent Gross	0	--	Sample					22.67	82 - h/mo	0	WHDS - When Discharging	RT - RCOTOT
					Permit Req.					Req Mon MO TOTAL	82 - h/mo	0	WHDS - When Discharging	RT - RCOTOT
					Value NODI					=	5.235	3R - Mgal	AL/EV - A1 Events	ES - ESTIMA
74063	Overflow volume [S90 volume, CSO volume]	EG - Effluent Gross	0	--	Sample					Req Mon MO TOTAL	3R - Mgal	0	AL/EV - A1 Events	ES - ESTIMA
					Permit Req.									
					Value NODI					=	5.67	5W - in/mo	AL/EV - A1 Events	RT - RCOTOT
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample					Req Mon MO TOTAL	5W - in/mo	0	AL/EV - A1 Events	RT - RCOTOT
					Permit Req.									
					Value NODI					=	6	4K - h/mo	AL/EV - A1 Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample					Req Mon MO TOTAL	4K - h/mo	0	AL/EV - A1 Events	RT - RCOTOT
					Permit Req.									
					Value NODI									

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP	
Majors: Yes		Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802		Facility Location: P. L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803	
Permitted Feature: 017 External Outfall		Discharge: 017-C CSO: K07-176			
Report Dates & Status					
Monitoring Period: From 08/01/18 to 08/31/18		DMR Due Date: 09/28/18		Status: NoDMR Validated	
Considerations for Form Completion					
CSO: K07-176 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:			Title:		Telephone:
Last Name:					
No Data Indicator (NODI)					
Form NODI: --					

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading				Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type				
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1				Qualifier 2	Value 2	Qualifier 3	Value 3
59037	Duration	EG - Effluent Gross	0	--	Sample													
					Permit Req.													
					Value NODI													
74063	Overflow volume [550 volume, CSO volume]	EG - Effluent Gross	0	--	Sample													
					Permit Req.													
					Value NODI													
72827	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample													
					Permit Req.													
					Value NODI													
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample													
					Permit Req.													
					Value NODI													

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location: P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature: 018 External Outfall	Discharge: 018-C CSO: K11-165	

Report Dates & Status
Monitoring Period: From 08/01/18 to 08/31/18 | **DMR Due Date:** 09/28/18 | **Status:** NetDMR Validated

Considerations for Form Completion
 CSO: K11-165 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer
First Name: | **Title:** | **Telephone:**

No Data Indicator (NODI)
 Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50937	Duration	EG - Effluent Gross	0	--	Sample						100.42	82 - hr/mo	WHDS - When Discharging	RT - RCOTOT
					Permit Req. Value NODI						Req Mon MO TOTAL	82 - hr/mo	0	WHDS - When Discharging
74063	Overflow volume (S50 volume, CSO volume)	EG - Effluent Gross	0	--	Sample						150.229	3R - Mgal	ALJEV - All Events	ES - ESTMA
					Permit Req. Value NODI						Req Mon MO TOTAL	3R - Mgal	0	ALJEV - All Events
78287	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample						7.33	5W - in/mo	ALJEV - All Events	RT - RCOTOT
					Permit Req. Value NODI						Req Mon MO TOTAL	5W - in/mo	0	ALJEV - All Events
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample						12	4K - #/mo	ALJEV - All Events	RT - RCOTOT
					Permit Req. Value NODI						Req Mon MO TOTAL	4K - #/mo	0	ALJEV - All Events

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 DateTime: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 DateTime: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location: P. L. BRUNNER WPC 2601 DWENIGER AVE FORT WAYNE, IN 46803
Permitted Feature: 019 External Outfall	Discharge: 019-C CSO-K11-178	
Report Dates & Status		
Monitoring Period: From 08/01/18 to 08/31/18	DMR Due Date: 09/28/18	Status: NetDMR Validated
Considerations for Form Completion		
CSO: K11-178 MUNICIPAL MAJORALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI: --		

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading				Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1				Qualifier 2
55037	Duration	EG - Effluent Gross	0	-	Sample							32.75	82 - hr/mo	WWS - When Discharging	RT - RCOTOT
					Permit Req. Value NODI										
74063	Overflow volume (550 volume, CSO volume)	EG - Effluent Gross	0	-	Sample							1.485	3R - Mgal	AL/EV - A1 Events	ES - ESTIMA
					Permit Req. Value NODI										
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample							7.33	5W - in/mo	AL/EV - A1 Events	RT - RCOTOT
					Permit Req. Value NODI										
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample							8	4K - 8/mo	AL/EV - A1 Events	RT - RCOTOT
					Permit Req. Value NODI										

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location: P. L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature: 020 External Outfall	Discharge: 020-C CSO: K15-116	
Report Dates & Status		
Monitoring Period: From 08/01/18 to 08/31/18	DMR Due Date: 09/28/18	Status: NotDMR Validated

Considerations for Form Completion
CSO: K15-116 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 3				
50037	Duration	EG - Effluent Gross	0	-	Sample					64.49	82 - hr/mo		WHDS - When Discharging	RT - RCOTOT
					Permit Req.								WHDS - When Discharging	RT - RCOTOT
					Value NODI									
74003	Overflow volume [550 volume, CSO volume]	EG - Effluent Gross	0	-	Sample					17.728	3R - Mgal		AL/EV - All Events	ES - ESTMA
					Permit Req.								AL/EV - All Events	ES - ESTMA
					Value NODI									
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample					7.33	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.								AL/EV - All Events	RT - RCOTOT
					Value NODI									
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample					11	4K - #mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.								AL/EV - All Events	RT - RCOTOT
					Value NODI									

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP				
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803				
Permitted Feature:	021 External Outfall	Discharge:	021-C CSO: K19-044						
Report Dates & Status									
Monitoring Period:	From 08/01/18 to 08/31/18	DMR Due Date:	09/28/18	Status:	NotDMR Validated				
Considerations for Form Completion									
CSO: K19-044 MUNICIPAL MAJOR ALLEN COUNTY									
Principal Executive Officer									
First Name:		Title:		Telephone:					
Last Name:									
No Data Indicator (NODI)									
Form NODI:	-								
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units	95.5 82 - hr/mo Req Mon MO TOTAL 82 - hr/mo 0	WHDS - When Discharging WHDS - When Discharging	RT - RCOTOT RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units	7.476 3R - Mgal Req Mon MO TOTAL 3R - Mgal 0	AL/EV - A3 Events AL/EV - A3 Events	ES - ESTIMA ES - ESTIMA
78327	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units	7.33 5W - in/mo Req Mon MO TOTAL 5W - in/mo 0	AL/EV - A3 Events AL/EV - A3 Events	RT - RCOTOT RT - RCOTOT
84163	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units	11 4K - 8/mo Req Mon MO TOTAL 4K - 8/mo 0	AL/EV - A3 Events AL/EV - A3 Events	RT - RCOTOT RT - RCOTOT
Submission Note									
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
Edit Check Errors									
No errors.									
Comments									
Attachments									
No attachments.									
Report Last Saved By									
FORT WAYNE WWTP									
User:	susan.beck@cityoffortwayne.org								
Name:	Susan Beck								
E-Mail:	susan.beck@cityoffortwayne.org								
Date/Time:	2018-09-21 15:22 (Time Zone: -04:00)								
Report Last Signed By									
User:	susan.beck@cityoffortwayne.org								
Name:	Susan Beck								
E-Mail:	susan.beck@cityoffortwayne.org								
Date/Time:	2018-09-21 15:23 (Time Zone: -04:00)								

DMR Copy of Record

Permit
 Permit #: IN0032191 | Permittee: FORT WAYNE WWTP | Facility: FORT WAYNE WWTP
 Major: Yes | Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802 | Facility Location: P. L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803

Permitted Feature: 023 External Outfall | Discharge: 023-C CSO: L06-103

Report Dates & Status
 Monitoring Period: From 08/01/18 to 08/31/18 | DMR Due Date: 09/28/18 | Status: NetDMR Validated

Considerations for Form Completion
 CSO: L06-103 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer
 First Name: | Title: | Telephone: | Last Name: |

No Data Indicator (NODI)
 Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading				Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					12	82 - h/mo	WHDS - When Discharging	RT - RCOTOT	
					Sample Permit Req. Value NODI					Req Mon MO TOTAL	82 - h/mo	WHDS - When Discharging	RT - RCOTOT	
74003	Overflow volume [SS0 volume, CS0 volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					2.031	3R - Mgal	AL/EV - All Events	ES - ESTMA	
					Sample Permit Req. Value NODI					Req Mon MO TOTAL	3R - Mgal	AL/EV - All Events	ES - ESTMA	
78337	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					6.04	5W - in/mo	AL/EV - All Events	RT - RCOTOT	
					Sample Permit Req. Value NODI					Req Mon MO TOTAL	5W - in/mo	AL/EV - All Events	RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					10	4K - 8/mo	AL/EV - All Events	RT - RCOTOT	
					Sample Permit Req. Value NODI					Req Mon MO TOTAL	4K - 8/mo	AL/EV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit	Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP						
Major: Yes	Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location: P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803							
Permitted Feature: 024 External Outfall	Discharge: 024-C CSO: L06-420								
Report Dates & Status	Monitoring Period: From 08/01/18 to 08/31/18	DMR Due Date: 09/28/18	Status: NetDMR Validated						
Considerations for Form Completion									
CSO: L06-420 MUNICIPAL MAJOR ALLEN COUNTY									
Principal Executive Officer									
First Name:	Title:	Telephone:							
Last Name:									
No Data Indicator (NODI)									
Form NODI:	-								
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	11.63 Req Mon MO TOTAL 82 - hr/mo 0	82 - hr/mo	WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT
74003	Overflow volume [S50 volume, CSO volume]	EG - Effluent Gross	0	-	Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	5.111 Req Mon MO TOTAL 3R - Mgal 0	3R - Mgal	AL/EV - All Events ES - ESTIMA AL/EV - All Events ES - ESTIMA
78837	Precipitation, monthly occurrence	EG - Effluent Gross	0	-	Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	6.04 Req Mon MO TOTAL 5W - in/mo 0	5W - in/mo	AL/EV - All Events RT - RCOTOT AL/EV - All Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	8 Req Mon MO TOTAL 4K - #mo 0	4K - #mo	AL/EV - All Events RT - RCOTOT AL/EV - All Events RT - RCOTOT
Submission Note									
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.									
Edit Check Errors									
No errors.									
Comments									
Attachments									
No attachments.									
Report Last Saved By									
FORT WAYNE WWTP									
User:	susan.beck@cityoffortwayne.org								
Name:	Susan Beck								
E-Mail:	susan.beck@cityoffortwayne.org								
Date/Time:	2018-09-21 15:22 (Time Zone: -04:00)								
Report Last Signed By									
User:	susan.beck@cityoffortwayne.org								
Name:	Susan Beck								
E-Mail:	susan.beck@cityoffortwayne.org								
Date/Time:	2018-09-21 15:23 (Time Zone: -04:00)								

DMR Copy of Record

Permit		Permittee:		Facility:										
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP										
Major:	Yes	Permittee Address:		Facility Location:										
		CITY OF FORT WAYNE FT WAYNE, IN 46802		P. L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803										
Permitted Feature:		Discharge:												
025 External Outfall		025-C CSO: L06-421												
Report Dates & Status														
Monitoring Period:		DMR Due Date:		Status:										
From 08/01/18 to 08/31/18		09/28/18		NoDMR Validated										
Considerations for Form Completion														
CSO: L06-421 MUNICIPAL MAJOR ALLEN COUNTY														
Principal Executive Officer														
First Name:			Title:		Telephone:									
Last Name:														
No Data Indicator (NODI)														
Form NODI: -														
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1 Value	Qualifier 2 Value	Units	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value				Units
50037	Duration	EG - Effluent Gross	0	-	Sample					9.82	62 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
					Permit Req.					Req Mon MO TOTAL	62 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
					Value NODI									
74063	Overflow volume [S50 volume, CSO volume]	EG - Effluent Gross	0	-	Sample					1.98	3R - Mgal	0	AL/EV - A1 Events	ES - ESTATA
					Permit Req.					Req Mon MO TOTAL	3R - Mgal	0	AL/EV - A1 Events	ES - ESTATA
					Value NODI									
78587	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample					6.04	5W - in/mo	0	AL/EV - A1 Events	RT - RCOTOT
					Permit Req.					Req Mon MO TOTAL	5W - in/mo	0	AL/EV - A1 Events	RT - RCOTOT
					Value NODI									
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample					10	4K - 8/mo	0	AL/EV - A1 Events	RT - RCOTOT
					Permit Req.					Req Mon MO TOTAL	4K - 8/mo	0	AL/EV - A1 Events	RT - RCOTOT
					Value NODI									
Submission Note														
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.														
Edit Check Errors														
No errors.														
Comments														
Attachments														
No attachments.														
Report Last Saved By														
FORT WAYNE WWTP														
User:	susan.beck@cityoffortwayne.org													
Name:	Susan Beck													
E-Mail:	susan.beck@cityoffortwayne.org													
Date/Time:	2018-09-21 15:22 (Time Zone: -04:00)													
Report Last Signed By														
User:	susan.beck@cityoffortwayne.org													
Name:	Susan Beck													
E-Mail:	susan.beck@cityoffortwayne.org													
Date/Time:	2018-09-21 15:23 (Time Zone: -04:00)													

DMR Copy of Record

Permit		Permittee:		Facility:											
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP											
Major:	Yes	CITY OF FORT WAYNE FT WAYNE, IN 46802		P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803											
Permitted Feature:		Discharge:													
027 External Outfall		027-C CSO: M10-202													
Report Dates & Status			Status:												
Monitoring Period: From 08/01/18 to 08/31/18			NetDMR Validated												
DMR Due Date: 09/28/18															
Considerations for Form Completion															
CSO: M10-202 MUNICIPAL MAJOR ALLEN COUNTY															
Principal Executive Officer															
First Name:			Title:		Telephone:										
Last Name:															
No Data Indicator (NODI)															
Form NODI: -															
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1				Value 1	Qualifier 2
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI							Req Mon MO TOTAL C - No Discharge	62 - in/mo	WIDS - When Discharging	RT - RCOTOT
74063	Overflow volume [S50 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI							Req Mon MO TOTAL C - No Discharge	3ft - Mgal	ALIEV - A1 Events	ES - ESTN/A
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI							Req Mon MO TOTAL	6.9 SW - in/mo	ALIEV - A1 Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI							Req Mon MO TOTAL C - No Discharge	4K - in/mo	ALIEV - A1 Events	RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location: P. L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature: 028 External Outfall	Discharge: 028-C CSO, M10-238	
Report Dates & Status		
Monitoring Period: From 08/01/18 to 08/31/18	DMR Due Date: 09/28/18	Status: Not DMR Validated
Considerations for Form Completion		
CSO, M10-238 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Basin #	Param. NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1				
5037	Duration	EG - Effluent Gross	0	--	Sample						3.33	B2 - m/mo	WHDS - When Discharging	RT - RCOTOT
					Permit Req.								WHDS - When Discharging	RT - RCOTOT
					Value NODI									
74063	Overflow volume [850 volume, CSO volume]	EG - Effluent Gross	0	--	Sample						0.909	3R - Mgal	ALIEV - All Events	ES - ESTMA
					Permit Req.								ALIEV - All Events	ES - ESTMA
					Value NODI									
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample						6.12	5W - m/mo	ALIEV - All Events	RT - RCOTOT
					Permit Req.								ALIEV - All Events	RT - RCOTOT
					Value NODI									
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample						5	4K - #/mo	ALIEV - All Events	RT - RCOTOT
					Permit Req.								ALIEV - All Events	RT - RCOTOT
					Value NODI									

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	029 External Outfall	Discharge:	029-C CSO. M110-265		
Report Dates & Status					
Monitoring Period:	From 08/01/18 to 08/31/18	DMR Due Date:	09/28/18	Status:	NotDMR Validated
Considerations for Form Completion					
CSO: M110-265 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units	
90017	Duration	EG - Effluent Gross	0	--	Sample					16.99	82 - hr/mo	WHDS - When Discharging	RT - RCOTOT		
					Permit Req.						Req Mon MO TOTAL	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
					Value NODI										
74063	Overflow volume [550 volume, C50 volume]	EG - Effluent Gross	0	--	Sample					5.708	3R - Mgal	AL/EV - A1 Events	ES - ESTMA		
					Permit Req.						Req Mon MO TOTAL	3R - Mgal	0	AL/EV - A1 Events	ES - ESTMA
					Value NODI										
78281	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample					6.04	5W - in/mo	AL/EV - A1 Events	RT - RCOTOT		
					Permit Req.						Req Mon MO TOTAL	5W - in/mo	0	AL/EV - A1 Events	RT - RCOTOT
					Value NODI										
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample					10	4K - 8/mo	AL/EV - A1 Events	RT - RCOTOT		
					Permit Req.						Req Mon MO TOTAL	4K - 8/mo	0	AL/EV - A1 Events	RT - RCOTOT
					Value NODI										

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP												
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location:	P. L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803												
Permitted Feature:	032 External Outfall	Discharge:	032-C CSO: M10-306														
Report Dates & Status		DMR Due Date:		Status:													
Monitoring Period: From 08/01/18 to 08/31/18		09/28/18		NoIDMR Validated													
Considerations for Form Completion																	
CSO: M10-306 MUNICIPAL MAJOR ALLEN COUNTY																	
Principal Executive Officer																	
First Name:			Title:		Telephone:												
Last Name:																	
No Data Indicator (NODI)																	
Form NODI: -																	
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type				
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1				Value 1	Qualifier 2	Value 2	Qualifier 3
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI								22.517	82 - hr/mo	W/IDS - When Discharging	RT - RCOTOT	
					Sample Permit Req. Value NODI								Req Mon MO TOTAL	82 - hr/mo	0	W/IDS - When Discharging	RT - RCOTOT
74063	Overflow volume [S50 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI								3.946	3R - Mgal	AL/VE - A1 Events	ES - EST/MA	
					Sample Permit Req. Value NODI								Req Mon MO TOTAL	3R - Mgal	0	AL/VE - A1 Events	ES - EST/MA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI								6.04	5W - in/mo	AL/VE - A1 Events	RT - RCOTOT	
					Sample Permit Req. Value NODI								Req Mon MO TOTAL	5W - in/mo	0	AL/VE - A1 Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI								9	4K - 4/mo	AL/VE - A1 Events	RT - RCOTOT	
					Sample Permit Req. Value NODI								Req Mon MO TOTAL	4K - 4/mo	0	AL/VE - A1 Events	RT - RCOTOT
Submission Note																	
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.																	
Edit Check Errors																	
No errors.																	
Comments																	
Attachments																	
No attachments.																	
Report Last Saved By																	
FORT WAYNE WWTP																	
User:	susan.beck@cityoffortwayne.org																
Name:	Susan Beck																
E-Mail:	susan.beck@cityoffortwayne.org																
Date/Time:	2018-09-21 15:22 (Time Zone: -04:00)																
Report Last Signed By																	
User:	susan.beck@cityoffortwayne.org																
Name:	Susan Beck																
E-Mail:	susan.beck@cityoffortwayne.org																
Date/Time:	2018-09-21 15:23 (Time Zone: -04:00)																

DMR Copy of Record

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP								
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803								
Permitted Feature:	033 External Outfall	Discharge:	033-C CSO: M10-313										
Report Dates & Status													
Monitoring Period:	From 08/01/18 to 08/31/18	DMR Due Date:	09/28/18	Status:	NetDMR Validated								
Considerations for Form Completion													
CSO: M10-313 MUNICIPAL MAJOR ALLEN COUNTY													
Principal Executive Officer													
First Name:		Title:		Telephone:									
Last Name:													
No Data Indicator (NODI)													
Form NODI: -													
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 3			
50037	Duration	EG - Effluent Gross	0	-	Sample				34.24	82 - hr/mo	0	WKDS - When Discharging	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	82 - hr/mo	0	WKDS - When Discharging	RT - RCOTOT
					Value NODI								
74063	Overflow volume [S50 volume, C50 volume]	EG - Effluent Gross	0	-	Sample				71.05	3R - Mgal	0	AL/VE - All Events	ES - ESTIMA
					Permit Req.				Req Mon MO TOTAL	3R - Mgal	0	AL/VE - All Events	ES - ESTIMA
					Value NODI								
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample				6.9	SW - in/mo	0	AL/VE - All Events	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	SW - in/mo	0	AL/VE - All Events	RT - RCOTOT
					Value NODI								
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample				14	4K - k/mo	0	AL/VE - All Events	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	4K - k/mo	0	AL/VE - All Events	RT - RCOTOT
					Value NODI								
Submission Note													
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.													
Edit Check Errors													
No errors.													
Comments													
Attachments													
No attachments.													
Report Last Saved By													
FORT WAYNE WWTP													
User:	susan.beck@cityoffortwayne.org												
Name:	Susan Beck												
E-Mail:	susan.beck@cityoffortwayne.org												
Date/Time:	2018-09-21 15:22 (Time Zone: -04:00)												
Report Last Signed By													
User:	susan.beck@cityoffortwayne.org												
Name:	Susan Beck												
E-Mail:	susan.beck@cityoffortwayne.org												
Date/Time:	2018-09-21 15:23 (Time Zone: -04:00)												

DMR Copy of Record

Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location: P. L. BRUNIER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature: 03G External Outfall	Discharge: 036-C CSO. M18-032	
Report Dates & Status		
Monitoring Period: From 08/01/18 to 08/31/18	DMR Due Date: 09/28/18	Status: NetDMR Validated
Considerations for Form Completion		
CSO: M18-032 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				
50037	Duraton	EG - Effluent Gross	0	--	Sample					0.83	82 - inmo	WH/DS - When Discharging	RT - RCOTOT	
					Permit Req.							WH/DS - When Discharging	RT - RCOTOT	
					Value NODI									
74063	Overflow volume [S50 volume, CSO volume]	EG - Effluent Gross	0	--	Sample					0.003	3R - Mgal	AI/EV - AI Events	ES - ESTIMA	
					Permit Req.							AI/EV - AI Events	ES - ESTIMA	
					Value NODI									
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample					6.9	5IV - inmo	AI/EV - AI Events	RT - RCOTOT	
					Permit Req.							AI/EV - AI Events	RT - RCOTOT	
					Value NODI									
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample					1	4K - #mo	AI/EV - AI Events	RT - RCOTOT	
					Permit Req.							AI/EV - AI Events	RT - RCOTOT	
					Value NODI									

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 DateTime: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 DateTime: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP									
Permit #: IN0032191		Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802		Facility Location: P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803									
Major: Yes													
Permitted Feature: 039 External Outfall		Discharge: 039-C CSO: N06-022											
Report Dates & Status			Status: NetDMR Validated										
Monitoring Period: From 08/01/18 to 08/31/18		DMR Due Date: 09/28/18											
Considerations for Form Completion													
CSO: N06-022 MUNICIPAL MAJOR ALLEN COUNTY													
Principal Executive Officer													
First Name:			Title:		Telephone:								
Last Name:													
No Data Indicator (NODI)													
Form NODI: -													
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 3			
50037	Duration	EG - Effluent Gross	0	-	Sample				35.74	82 - l/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Permit Req.					Req Mon MO TOTAL	82 - l/mo	WH/DS - When Discharging	RT - RCOTOT
					Value NODI								
74053	Overflow volume [S50 volume, CSO volume]	EG - Effluent Gross	0	-	Sample				5.541	3R - Mgal	0	AL/VEV - All Events	ES - ESTMA
					Permit Req.					Req Mon MO TOTAL	3R - Mgal	AL/VEV - All Events	ES - ESTMA
					Value NODI								
78887	Precipitation, monthly occurrence	EG - Effluent Gross	0	-	Sample				0.64	SW - l/mo	0	AL/VEV - All Events	RT - RCOTOT
					Permit Req.					Req Mon MO TOTAL	SW - l/mo	AL/VEV - All Events	RT - RCOTOT
					Value NODI								
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample				9	4K - l/mo	0	AL/VEV - All Events	RT - RCOTOT
					Permit Req.					Req Mon MO TOTAL	4K - l/mo	AL/VEV - All Events	RT - RCOTOT
					Value NODI								

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP											
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DWENIGER AVE FORT WAYNE, IN 46803											
Permitted Feature:	045 External Outfall	Discharge:	045-C CSO: N22-103													
Report Dates & Status																
Monitoring Period:	From 09/01/18 to 09/31/18	DMR Due Date:	09/28/18	Status:	NetDMR Validated											
Considerations for Form Completion																
CSO: N22-103T, JOSEPH RIVER MUNICIPAL MAJOR ALLEN COUNTY																
Principal Executive Officer																
First Name:		Title:		Telephone:												
Last Name:																
No Data Indicator (NODI)																
Form NODI: --																
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type			
					Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				Units		
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI								Req Mon MO TOTAL 82 - Inflow C - No Discharge	82	W/DS - When Discharging	RT - RCOTDT
74063	Overflow volume [S50 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI								Req Mon MO TOTAL 3R - Mgal C - No Discharge	3R	AL/EV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI								Req Mon MO TOTAL 5W - Inflow C - No Discharge	5W	AL/EV - All Events	RT - RCOTDT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI								Req Mon MO TOTAL 4K - W/mo C - No Discharge	4K	AL/EV - All Events	RT - RCOTDT
Submission Note																
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.																
Edit Check Errors																
No errors.																
Comments																
Attachments																
No attachments.																
Report Last Saved By																
FORT WAYNE WWTP																
User:	susan.beck@cityoffortwayne.org															
Name:	Susan Beck															
E-Mail:	susan.beck@cityoffortwayne.org															
Date/Time:	2018-09-21 15:22 (Time Zone: -04:00)															
Report Last Signed By																
User:	susan.beck@cityoffortwayne.org															
Name:	Susan Beck															
E-Mail:	susan.beck@cityoffortwayne.org															
Date/Time:	2018-09-21 15:23 (Time Zone: -04:00)															

DMR Copy of Record

Permit		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP											
Permit #: IN0032191	Major: Yes	Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802		Facility Location: P. L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803											
Permitted Feature: 018 External Outfall		Discharge: 048-C CSO: O10-252													
Report Dates & Status		DMR Due Date: 09/28/18		Status: NotDMR Validated											
Monitoring Period: From 08/01/18 to 08/31/18															
Considerations for Form Completion															
CSO: O10-252 MUNICIPAL MAJOR ALLEN COUNTY															
Principal Executive Officer															
First Name:		Title:		Telephone:											
Last Name:															
No Data Indicator (NODI)															
Form NODI: -															
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1				Value 1	Qualifier 2
56937	Duration	EG - Effluent Gross	0	-	Sample					6.82	82 - l/mo	0	WHDS - When Discharging	RT - RCOTOT	
					Permit Req.						Req Mon MO TOTAL	82 - l/mo	0	WHDS - When Discharging	RT - RCOTOT
					Value NODI										
74903	Overflow volume [50 volume, CSO volume]	EG - Effluent Gross	0	-	Sample					8.323	3R - Mgal	0	AL/VE - All Events	ES - ESTMA	
					Permit Req.						Req Mon MO TOTAL	3R - Mgal	0	AL/VE - All Events	ES - ESTMA
					Value NODI										
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample					6.12	5W - l/mo	0	AL/VE - All Events	RT - RCOTOT	
					Permit Req.						Req Mon MO TOTAL	5W - l/mo	0	AL/VE - All Events	RT - RCOTOT
					Value NODI										
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample					9	4K - l/mo	0	AL/VE - All Events	RT - RCOTOT	
					Permit Req.						Req Mon MO TOTAL	4K - l/mo	0	AL/VE - All Events	RT - RCOTOT
					Value NODI										

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location:	P. L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	Discharge:	050-C CSO: 010-277		
Report Dates & Status					
Monitoring Period:	From 08/01/18 to 08/31/18	DMR Due Date:	09/28/18	Status:	NetDMR Validated
Considerations for Form Completion					
CSO: 010-277 MUNICIPAL MAJOR ALLEN COUNTY					
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units	
50037	Duration	EG - Effluent Gross	0	--	Sample					6.03	82 - hr/mo	WHDS - When Discharging	RT - RCOTOT		
					Permit Req. Value NODI						Req Mon MO TOTAL	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (S50 volume, CSO volume)	EG - Effluent Gross	0	--	Sample					1.397	3R - Mgal	ALIEV - AI Events	ES - ESTAMA		
					Permit Req. Value NODI						Req Mon MO TOTAL	3R - Mgal	0	ALIEV - AI Events	ES - ESTAMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample					6.04	5W - in/mo	ALIEV - AI Events	RT - RCOTOT		
					Permit Req. Value NODI						Req Mon MO TOTAL	5W - in/mo	0	ALIEV - AI Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample					9	4K - #/mo	ALIEV - AI Events	RT - RCOTOT		
					Permit Req. Value NODI						Req Mon MO TOTAL	4K - #/mo	0	ALIEV - AI Events	RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:									
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP									
Major:	Yes	Permittee Address:		Facility Location:									
		CITY OF FORT WAYNE FT WAYNE, IN 46802		P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803									
Permitted Feature:		Discharge:											
051 External Outfall		051-C CSO-022-002											
Report Dates & Status													
Monitoring Period:		DMR Due Date:		Status:									
From 08/01/18 to 08/31/18		09/28/18		NetDMR Validated									
Considerations for Form Completion													
CSO-022-002 MUNICIPAL MAJOR ALLEN COUNTY													
Principal Executive Officer													
First Name:			Title:		Telephone:								
No Data Indicator (NODI)													
Form NODI: --													
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				Req Mon MO TOTAL C - No Discharge	R2 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
74063	Overflow volume [50 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				Req Mon MO TOTAL C - No Discharge	3R - Mgal		AI/EV - AI Events	ES - ESTIMA
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				Req Mon MO TOTAL C - No Discharge	5W - in/mo	0	AI/EV - AI Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				Req Mon MO TOTAL C - No Discharge	4K - hr/mo		AI/EV - AI Events	RT - RCOTOT
Submission Note													
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.													
Edit Check Errors													
No errors.													
Comments													
Attachments													
No attachments.													
Report Last Saved By													
FORT WAYNE WWTP													
User:		susan.beck@cityoffortwayne.org											
Name:		Susan Beck											
E-Mail:		susan.beck@cityoffortwayne.org											
Date/Time:		2018-09-21 15:22 (Time Zone: -04:00)											
Report Last Signed By													
User:		susan.beck@cityoffortwayne.org											
Name:		Susan Beck											
E-Mail:		susan.beck@cityoffortwayne.org											
Date/Time:		2018-09-21 15:23 (Time Zone: -04:00)											

DMR Copy of Record

Permit
 Permit #: IN0032191 | Permittee: FORT WAYNE WWTP | Facility: FORT WAYNE WWTP
 Major: Yes | Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802 | Facility Location: P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803

Permitted Feature: 052 External Outfall | Discharge: 052-C CSO. 022-001

Report Dates & Status
 Monitoring Period: From 08/01/18 to 08/31/18 | DMR Due Date: 09/28/18 | Status: Not DMR Validated

Considerations for Form Completion
 CSO: 022-001 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer
 First Name: | Title: | Telephone:

No Data Indicator (NODI)
 Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading				Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type				
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1				Qualifier 2	Value 2	Qualifier 3	Value 3
50937	Duration	EG - Effluent Gross	0	--	Sample													
					Permit Req.													
					Value NODI													
					Sample													
74063	Overflow volume (50 volume, CSO volume)	EG - Effluent Gross	0	--	Permit Req.													
					Value NODI													
					Sample													
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req.													
					Value NODI													
					Sample													
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Permit Req.													
					Value NODI													
					Sample													

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location: P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature: 054 External Outfall	Discharge: 054-C CSO, 023-080	
Report Dates & Status		
Monitoring Period: From 08/01/18 to 08/31/18	DMR Due Date: 09/28/18	Status: NoDMR Validated
Considerations for Form Completion		
CSO: 023-080 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NOD)

Form NOD: --

Code	Parameter Name	Monitoring Location	Season	#	Param. NOD	Quantity or Loading			Quality or Concentration			Units	# of Exc.	Frequency of Analysis	Sample Type
						Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Duration	EG - Effluent Gross	0	--	Sample						14.16	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
					Permit Req.						Opt Mon MO TOTAL	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
					Value NOD										
74063	Overflow volume (550 volume, CSO volume)	EG - Effluent Gross	0	--	Sample						0.956	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Permit Req.						Opt Mon MO TOTAL	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Value NOD										
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample						6.44	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.						Opt Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NOD										
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample						4	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Permit Req.						Opt Mon MO TOTAL	4K - #/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NOD										

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP										
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803										
Permitted Feature:	055 External Outfall	Discharge:	055-C CSO: P06-192												
Report Dates & Status															
Monitoring Period:	From 08/01/18 to 08/31/18	DMR Due Date:	09/28/18	Status:	NetDMR Validated										
Considerations for Form Completion															
CSO: P06-192 MUNICIPAL MAJORALLEN COUNTY															
Principal Executive Officer															
First Name:		Title:		Telephone:											
Last Name:															
No Data Indicator (NODI)															
Form NODI: -															
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading				Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1				Qualifier 2
50037	Duration	EG - Effluent Gross	0	-	Sample							22.24	82 - h/mo	WHDS - When Discharging	RT - RCOTOT
					Permit Req.										
					Value NODI										
					Sample										
74063	Overflow volume (S50 volume, CSO volume)	EG - Effluent Gross	0	-	Permit Req.							6.022	3R - Mgal	AL/EV - A3 Events	ES - ESTIMA
					Value NODI										
					Sample										
					Permit Req.										
					Value NODI										
					Sample										
78887	Precipitation, monthly summation	EG - Effluent Gross	0	-	Permit Req.							6.04	5W - in/mo	AL/EV - A3 Events	RT - RCOTOT
					Value NODI										
					Sample										
					Permit Req.										
					Value NODI										
					Sample										
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit Req.							9	4K - #/mo	AL/EV - A3 Events	RT - RCOTOT
					Value NODI										
					Sample										
					Permit Req.										
					Value NODI										

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP								
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803								
Permitted Feature:	056 External Outfall	Discharge:	056-C CSO: J03-313										
Report Dates & Status													
Monitoring Period:	From 08/01/18 to 08/31/18	DMR Due Date:	09/28/18	Status:	NotDMR Validated								
Considerations for Form Completion													
CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY													
Principal Executive Officer													
First Name:		Title:		Telephone:									
Last Name:													
No Data Indicator (NODI)													
Form NODI: -													
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Quasifier 1 Value 1	Quasifier 2 Value 2	Units	Quasifier 1 Value 1	Quasifier 2 Value 2	Quasifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample				5.59	82 - l/mo		W/DS - When Discharging	RT - RCOTOT
					Permit Req.					Req Mon MO TOTAL	82 - l/mo	W/DS - When Discharging	RT - RCOTOT
					Value NODI								
74063	Overflow volume [S50 volume, CSO volume]	EG - Effluent Gross	0	-	Sample				7.96	3R - Mgal		AL/EV - A1 Events	ES - ESTMA
					Permit Req.					Req Mon MO TOTAL	3R - Mgal	AL/EV - A1 Events	ES - ESTMA
					Value NODI								
78387	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample				6.48	5W - l/mo		AL/EV - A1 Events	RT - RCOTOT
					Permit Req.					Req Mon MO TOTAL	5W - l/mo	AL/EV - A1 Events	RT - RCOTOT
					Value NODI								
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample				7	4K - l/mo		AL/EV - A1 Events	RT - RCOTOT
					Permit Req.					Req Mon MO TOTAL	4K - l/mo	AL/EV - A1 Events	RT - RCOTOT
					Value NODI								

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit													
Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP								
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803								
Permitted Feature:	057 External Outfall	Discharge:	057-C CSO: P10-121										
Report Dates & Status													
Monitoring Period:	From 08/01/18 to 08/31/18	DMR Due Date:	09/28/18	Status:	NetDMR Validated								
Considerations for Form Completion													
CSO: P10-121 MUNICIPAL MAJOR ALLEN COUNTY													
Principal Executive Officer													
First Name:		Title:		Telephone:									
Last Name:													
No Data Indicator (NODI)													
Form NODI:	-												
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1			
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				Req Mon MO TOTAL C - No Discharge	82	-nlmo	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				Req Mon MO TOTAL C - No Discharge	3R	-Mgal	AL/EV - All Events	ES - ESTATA
78387	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				Req Mon MO TOTAL SIV - iclmo	5.76	-nlmo	AL/EV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI				Req Mon MO TOTAL C - No Discharge	4K	-nlmo	AL/EV - All Events	RT - RCOTOT
Submission Note													
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row. Units, Number of Excursions, Frequency of Analysis, and Sample Type.													
Edit Check Errors													
No errors.													
Comments													
Attachments													
No attachments.													
Report Last Saved By													
FORT WAYNE WWTP													
User:	susan.beck@cityoffortwayne.org												
Name:	Susan Beck												
E-Mail:	susan.beck@cityoffortwayne.org												
Date/Time:	2018-09-21 15:22 (Time Zone: -04:00)												
Report Last Signed By													
User:	susan.beck@cityoffortwayne.org												
Name:	Susan Beck												
E-Mail:	susan.beck@cityoffortwayne.org												
Date/Time:	2018-09-21 15:23 (Time Zone: -04:00)												

DMR Copy of Record

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP									
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location:	P. L. BRUNNER WPC 2601 DWIENGER AVE FORT WAYNE, IN 46803									
Permitted Feature:	060 External Outfall	Discharge:	060-C CSO: R06-31											
Report Dates & Status														
Monitoring Period:	From 08/01/18 to 08/31/18	DMR Due Date:	09/28/18	Status:	NetDMR Validated									
Considerations for Form Completion														
CSO: R06-31 MUNICIPAL MAJOR ALLEN COUNTY														
Principal Executive Officer														
First Name:		Title:		Telephone:										
Last Name:														
No Data Indicator (NODI)														
Form NODI:	--													
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				Req Mon/MO TOTAL	82	hr/mo	WVDS - When Discharging	RT - RCOTOT	
									C - No Discharge					
74063	Overflow volume [S50 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				Req Mon/MO TOTAL	38	Mgal	AI/EV - AI Events	ES - ESTAWA	
									C - No Discharge					
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				Req Mon/MO TOTAL	5.0	in/mo	AI/EV - AI Events	RT - RCOTOT	
									S.37	5.0	in/mo	AI/EV - AI Events	RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				Req Mon/MO TOTAL	4K	hr/mo	AI/EV - AI Events	RT - RCOTOT	
									C - No Discharge					
Submission Note														
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.														
Edit Check Errors														
No errors.														
Comments														
Attachments														
No attachments.														
Report Last Saved By														
FORT WAYNE WWTP														
User:	susan.beck@cityoffortwayne.org													
Name:	Susan Beck													
E-Mail:	susan.beck@cityoffortwayne.org													
Date/Time:	2018-09-21 15:22 (Time Zone: -04:00)													
Report Last Signed By														
User:	susan.beck@cityoffortwayne.org													
Name:	Susan Beck													
E-Mail:	susan.beck@cityoffortwayne.org													
Date/Time:	2018-09-21 15:23 (Time Zone: -04:00)													

DMR Copy of Record

Permit #: IN0032191	Permittee: FORT WAYNE WWTP	Facility: FORT WAYNE WWTP
Major: Yes	Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location: P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature: 061 External Outfall	Discharge: 061-C CSO, R14-137	
Report Dates & Status		
Monitoring Period: From 08/01/18 to 08/31/18	DMR Due Date: 09/28/18	Status: NoIDMR Validated
Considerations for Form Completion		
CSO: R14-137 MUNICIPAL MAJOR ALLEN COUNTY		
Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		
No Data Indicator (NODI)		
Form NODI: --		

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quality or Loading				Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 4 Value 4	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Duration	EG - Effluent Gross	0	--	Sample					Opt Mon MO TOTAL	82	- hr/mo	WHDS - When Discharging	RT - RCOTOT	
					Permit Req. Value NODI					C - No Discharge					
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample					Opt Mon MO TOTAL	3R	- Mgal	ALIEV - All Events	ES - ESTIMA	
					Permit Req. Value NODI					C - No Discharge					
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample					6.12	5W	- in/mo	ALIEV - All Events	RT - RCOTOT	
					Permit Req. Value NODI					Opt Mon MO TOTAL	5W	- in/mo	ALIEV - All Events	RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample					Opt Mon MO TOTAL	4K	- #/mo	ALIEV - All Events	RT - RCOTOT	
					Permit Req. Value NODI					C - No Discharge					

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	062 External Outfall	Discharge:	062-C CSO, R14-138		
Report Dates & Status					
Monitoring Period:	From 08/01/18 to 08/31/18	DMR Due Date:	09/28/18	Status:	NetDMR Validated

Considerations for Form Completion
CSO: R14-138 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer		Title:		Telephone:	
First Name:					
Last Name:					

No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Session #	Param	NOOI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
						Quarter 1 Value 1	Quarter 2 Value 1	Quarter 3 Value 1	Quarter 1 Value 2	Quarter 2 Value 2	Quarter 3 Value 2				
55037	Durton	EG - Effluent Gross	0	--		Sample					10.17	82 - hr/mo	0	WHDS - When Discharging	RT - RCOOT
						Permit Req.									
						Value NODI									
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--		Sample					1.332	3R - Mgal	0	ALEV - All Events	ES - ESTIMA
						Permit Req.									
						Value NODI									
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	--		Sample					6.12	5W - in/mo	0	ALEV - All Events	RT - RCOOT
						Permit Req.									
						Value NODI									
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--		Sample					6	4K - #/mo	0	ALEV - All Events	RT - RCOOT
						Permit Req.									
						Value NODI									

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee:		Facility:	
Permit #:	IN0032191	FORT WAYNE WWTP		FORT WAYNE WWTP	
Major:	Yes	Permittee Address:		Facility Location:	
		CITY OF FORT WAYNE FT WAYNE, IN 46802		P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803	
Permitted Feature:		Discharge:			
064 External Outfall		064-C CSO: S02-35			
Report Dates & Status					
Monitoring Period:		DMR Due Date:		Status:	
From 08/01/18 to 09/31/18		09/28/18		NetDMR Validated	

Considerations for Form Completion
 CSO: S02-35 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NOD)

Form NOD:	Parameter Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
Code					Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Units		
50037	Duration	EG - Effluent Gross	0	-		= 1.42 Req Mon MD TOTAL	82 - hr/mo 82 - hr/mo 0	WHDS - When Discharging WHDS - When Discharging	RT - RCOTOT RT - RCOTOT
74063	Overflow volume [50 volume, CSO volume]	EG - Effluent Gross	0	-		= 0.015 Req Non MD TOTAL	3R - Mgal 3R - Mgal 0	AI/EV - AI Events AI/EV - AI Events	ES - ESTINA ES - ESTINA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-		= 5.76 Req Mon MD TOTAL	5W - in/mo 5W - in/mo 0	AI/EV - AI Events AI/EV - AI Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-		= 2 Req Non MD TOTAL	4K - #/mo 4K - #/mo 0	AI/EV - AI Events AI/EV - AI Events	RT - RCOTOT RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
FORT WAYNE WWTP

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By

User:	susan.beck@cityoffortwayne.org
Name:	Susan Beck
E-Mail:	susan.beck@cityoffortwayne.org
Date/Time:	2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit		Permittee: FORT WAYNE WWTP		Facility: FORT WAYNE WWTP											
Permit #: IN0032191	Major: Yes	Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802		Facility Location: P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803											
Permitted Feature: 068 External Outfall		Discharge: 068-C CSO: N18-254													
Report Dates & Status		DMR Due Date: 09/28/18		Status: NetDMR Validated											
Monitoring Period: From 08/01/18 to 08/31/18															
Considerations for Form Completion															
CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY															
Principal Executive Officer															
First Name:		Title:		Telephone:											
Last Name:															
No Data Indicator (NODI)															
Form NODI: -															
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 2				Value 2	Qualifier 3
56037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							Req Mon MO TOTAL 82 - Inmo C - No Discharge		WHDS - When Discharging	RT - RCOTOT
74003	Overflow volume [S0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							Req Mon MO TOTAL 3R - Mgal C - No Discharge		AL/EV - All Events	ES - ESTIMA
78587	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							6.12 SW - Inmo Req Mon MO TOTAL 5W - Inmo 0		AL/EV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							Req Mon MO TOTAL 4K - Inmo C - No Discharge		AL/EV - All Events	RT - RCOTOT
Submission Note															
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.															
Edit Check Errors															
No errors.															
Comments															
Attachments															
No attachments.															
Report Last Saved By															
FORT WAYNE WWTP															
User:		susan.beck@cityoffortwayne.org													
Name:		Susan Beck													
E-Mail:		susan.beck@cityoffortwayne.org													
Date/Time:		2018-09-21 15:22 (Time Zone: -04:00)													
Report Last Signed By															
User:		susan.beck@cityoffortwayne.org													
Name:		Susan Beck													
E-Mail:		susan.beck@cityoffortwayne.org													
Date/Time:		2018-09-21 15:23 (Time Zone: -04:00)													

DMR Copy of Record

Permit					
Permit #:	IN0032191	Permittee:	FORT WAYNE WWTP	Facility:	FORT WAYNE WWTP
Major:	Yes	Permittee Address:	CITY OF FORT WAYNE FT WAYNE, IN 46802	Facility Location:	P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Permitted Feature:	050 External Outfall	Discharge:	080-C CSO: P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR		
Report Dates & Status					
Monitoring Period:	From 08/01/18 to 08/31/18	DMR Due Date:	09/28/18	Status:	NetDMR Validated

Considerations for Form Completion
CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR

Principal Executive Officer		
First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NOD)

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3		
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD	=	2.58	82 - h/mo	WHDS - When Discharging RT - RCOTOT
								Req Mon MO TOTAL	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume [S50 volume, C50 volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD	=	1.032	3R - Mgal	AL/EV - A1 Events ES - ESTMA
								Req Mon MO TOTAL	AL/EV - A1 Events ES - ESTMA
78837	Precipitation, monthly occurrence	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD	=	7.33	5W - in/mo	AL/EV - A1 Events RT - RCOTOT
								Req Mon MO TOTAL	AL/EV - A1 Events RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD	=	3	4K - #/mo	AL/EV - A1 Events RT - RCOTOT
								Req Mon MO TOTAL	AL/EV - A1 Events RT - RCOTOT

Submission Note
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191 | Permittee: FORT WAYNE WWTP | Facility: FORT WAYNE WWTP
 Major: Yes | Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46602 | Facility Location: P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46603

Permitted Feature: 081 External Outfall | Discharge: 081-C CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.

Report Dates & Status
 Monitoring Period: From 08/01/18 to 08/31/18 | DMR Due Date: 09/28/18 | Status: Not DMR Validated

Considerations for Form Completion
 CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.

Principal Executive Officer
 First Name: | Title: | Telephone:

No Data Indicator (NODI)
 Form NODI: --

Code	Parameter Name	Monitoring Location	Session #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					Req Mon MO TOTAL 62 - hr/mo C - No Discharge		WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					Req Mon MO TOTAL 3R - Mgal C - No Discharge		AL/EV - All Events	ES - EST/MA
78837	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					7.33 5W - in/mo Req Mon MO TOTAL 5W - in/mo 0		AL/EV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					Req Mon MO TOTAL 4K - #mo C - No Discharge		AL/EV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row. Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-09-21 15:22 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-09-21 15:23 (Time Zone: -04:00)



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

October 16, 2018

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of September 2018

We are pleased to enclose a completed CSO MRO form for the month of September 2018. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

A fiber connection caused a data processing failure for the City's rain gauges for the period of September 8 to September 11, 2018. Therefore, the City is reporting the Total Daily Precipitation for these time periods according to what was recorded by the Fort Wayne Airport rain gauge made available publicly at www.wunderground.com. No start and stop times were indicated on the Fort Wayne Airport rain gauge site. Therefore, that information has not been reported on the September 2018 MRO for periods between September 8 through 11, 2018.

On September 4, 2018, CSO 055 overflowed. The rain gauge associated with this CSO experienced a potential data collection failure as no rain was registered on this date. Upon further investigation several other rain gauges closer to CSO 055 registered rain for that day. Therefore, this is not a dry weather overflow. The City is evaluating its rain gauges to ensure accurate representation of CSO data associated with rain.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Susan Beck".

Susan Beck
Program Manager
Water Pollution Control Maintenance

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CITIZENS SQUARE

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ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection

Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts

Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff

Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps

Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine



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

State Form 50546 (03/7-15)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		City: Fort Wayne													
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Facility: Fort Wayne - P.L. Brunner WWTP													
Monitoring Period: (MONTH) 9-2018		Check box if no CSO discharges occurred for the month:		Monitoring Period: (MONTH) 9-2018													
Design Peak Hourly Flow (MGD): 85		Measured/Estimated (M) or Estimated (E) must be specified		Design Peak Hourly Flow (MGD): 85													
WWTP Inflow Data		Precipitation Data - City/County Gauge		CSO Outfall No. 23													
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Total Daily Precip. (inches)	Time Precip. Began (mm/yr)	Time Discharge Began (M)	Event Duration (Hours)	Event Discharge (MG)	Day of Month	Time Discharge Began (M)	Event Duration (Hours)	Event Discharge (MG)						
1	40.72	70.47	0.17	1:50 PM	3:05 PM	M	0.008	1	2:15 PM	M	0.005						
2	42.06	53.73			5 m			2									
3	38.33	46.21			5 m			3									
4	37.59	87.88			5 m			4									
5	42.62	48.15			5 m			5									
6	34.93	38.98			5 m			6									
7	36.71	47.59	0.58	11:50 AM	0.01	5 m		7									
8	45.26	63.13	0.27		5 m			8	1:55 AM	M	0.003						
9	56.69	78.31	0.28		5 m			9									
10	42.19	47.98	0.06		5 m			10									
11	40.41	55.83			5 m			11									
12	42.95	48.74	0.30	7:25 PM	0.30	5 m		12									
13	41.07	47.06			5 m			13									
14	40.06	46.17			5 m			14									
15	37.79	49.37			5 m			15									
16	35.24	46.95			5 m			16									
17	38.23	43.67			5 m			17									
18	37.54	63.34			5 m			18									
19	33.88	39.06			5 m			19									
20	32.10	38.09			5 m			20									
21	31.47	36.70			5 m			21									
22	34.88	47.95			5 m			22									
23	38.47	47.29			5 m			23									
24	44.44	80.90	0.58	3:25 PM	0.12	0.03	5 m	24									
25	47.96	86.80	2.00	12:25 AM	0.36	0.04	5 m	25	8:55 PM	M	0.083						
26	57.13	88.26	0.08	11:40 AM	0.27	0.27	5 m	26	12:50 AM	M	0.503						
27	37.02	55.06			5 m			27									
28	38.80	73.19			5 m			28									
29	30.81	38.24			5 m			29									
30	37.61	53.27			5 m			30									
31								31									
Totals:		1205.06	3.49		1.79			3	1	0.92	0.281	3	1.17	0.591	5	4.83	0.447

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Principal Executive Officer or Authorized Agent: _____ Date (mm/dd/yyyy): _____

Telephone: _____

Susan Beck, Program Manager
260-427-6213
10/6/18



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50246 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50246 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		City: Fort Wayne		City: Fort Wayne		City: Fort Wayne		City: Fort Wayne											
Facility: Fort Wayne - P.L. Brunner WWTP		Facility: Fort Wayne - P.L. Brunner WWTP		Facility: Fort Wayne - P.L. Brunner WWTP		Facility: Fort Wayne - P.L. Brunner WWTP		Facility: Fort Wayne - P.L. Brunner WWTP											
Monitoring Period: [MONTH] 5-2018		Monitoring Period: [MONTH] 5-2018		Monitoring Period: [MONTH] 5-2018		Monitoring Period: [MONTH] 5-2018		Monitoring Period: [MONTH] 5-2018											
Design Peak Hourly Flow (MGD): 60		Design Peak Hourly Flow (MGD): 60		Design Peak Hourly Flow (MGD): 60		Design Peak Hourly Flow (MGD): 60		Design Peak Hourly Flow (MGD): 60											
Wastewater Treatment Plant		Wastewater Treatment Plant		Wastewater Treatment Plant		Wastewater Treatment Plant		Wastewater Treatment Plant											
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time of Peak (am/pm)	Precipitation (inches)	Field Daily Peak Intensity (inches)	Field Daily Peak Intensity (inches)	Field Daily Peak Intensity (inches)	Field Daily Peak Intensity (inches)	Field Daily Peak Intensity (inches)										
1	40.72	70.47	1:45 PM	0.25	0.14	0.09	5 m	2:35 PM	0.17	M	0.003	M							
2	42.06	53.73					5 m												
3	38.33	46.21					5 m												
4	37.59	87.88					5 m												
5	42.62	46.15					5 m												
6	34.93	36.98					5 m												
7	38.71	47.59	12:20 PM	0.92	0.13	0.02	5 m												
8	45.26	63.13		0.27	0.28	0.27	5 m												
9	58.69	76.31		0.06	0.06	0.06	5 m												
10	42.19	47.98					5 m												
11	40.41	55.83					5 m												
12	42.95	46.74	7:25 PM	0.08	0.24	0.24	5 m												
13	41.07	47.06					5 m												
14	40.06	46.17					5 m												
15	37.78	46.37					5 m												
16	35.24	46.95					5 m												
17	38.23	43.87					5 m												
18	37.64	62.54	11:30 PM	0.08	0.04	0.04	5 m												
19	33.85	39.06					5 m												
20	32.10	38.09	7:30 AM	0.08	0.07	0.07	5 m												
21	31.47	36.70					5 m												
22	34.88	47.95					5 m												
23	38.47	47.29					5 m												
24	44.44	80.90	3:20 PM	0.83	0.16	0.04	5 m												
25	47.96	86.80	12:50 AM	1.58	0.24	0.02	5 m												
26	67.13	86.26	11:45 AM	0.08	0.45	0.45	5 m	12:55 AM	1.33	M	0.369	M	12:40 AM	6.87	M	0.402	M		
27	37.02	55.06					5 m												
28	39.80	73.19					5 m												
29	30.81	36.24					5 m												
30	37.61	53.27					5 m												
31																			
Totals	1205.06			9.99	2.02			2	1.50	0.372			1	6.67	0.402				

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Signature of Principal Executive Officer or Authorized Agent: Susan Beck
 Date: 10/16/18
 Telephone: 393-427-6213
 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.



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

State Form 50546 (02/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50546 (03/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: 9-2018		Permit Number: IN002191		Page [8] of [12]		Public Notification Requirements Met? Y	
Design Peak Hourly Flow (MGD)		Precipitation Data - In-lin Gauge		Design Average Flow (MGD)		Design Peak Flow (Hourly) (MGD)		Design Flow (MGD)		Measured/Measured (M) or Estimated (E) must be specified	
Day of Month	Peak Hourly Flow (MGD)	Time (mm:ss)	Peak (inches)	Time (mm:ss)	Time (mm:ss)	Time (mm:ss)	Time (mm:ss)	Time (mm:ss)	Time (mm:ss)	Time (mm:ss)	Time (mm:ss)
1	40.72	7:47	1:50 PM	0.25	0.32	0.15	5 m				
2	42.06	5:73					5 m				
3	38.33	46:21					5 m				
4	37.59	87:68	7:15 PM	0.25	0.04	0.02	5 m				
5	42.62	48:15	9:00 AM	0.08	0.01	0.01	5 m				
6	34.93	38:98					5 m				
7	36.71	47:59	11:50 AM	1.25	0.15	0.01	5 m				
8	45.26	63:13			0.27		5 m				
9	56.69	76:31			0.28		5 m				
10	42:19	47:98			0.06		5 m				
11	40:41	55:83					5 m				
12	42:95	46:74					5 m				
13	41:97	47:06					5 m				
14	40:08	46:17					5 m				
15	37:79	49:37	12:10 AM	0.08	0.67	0.67	5 m				
16	35:24	46:95					5 m				
17	38:23	43:67					5 m				
18	37:64	63:54					5 m				
19	33:88	39:06	1:05 AM	0.08	0.01	0.01	5 m				
20	32:10	36:09	3:45 AM	0.08	0.01	0.01	5 m				
21	31:47	36:70					5 m				
22	34:68	47:95					5 m				
23	38:47	47:29					5 m				
24	44:44	60:30	3:20 PM	0.67	0.22	0.08	5 m				
25	47:96	66:80	12:20 AM	1.83	0.23	0.02	5 m				
26	67:13	88:26	11:50 AM	0.08	0.66	0.66	5 m				
27	37:02	55:06					5 m				
28	33:80	73:19					5 m				
29	30:81	38:24					5 m				
30	37:61	53:27	7:35 AM	0.17	0.02	0.01	5 m				
31											
Totals:	1205.06			4.82	2.65			0	0.60	0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
Telephone: 260-427-6213
Date (mm/dd/yyyy): 10/16/18
Signature of Principal Executive Officer or Authorized Agent: _____
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.



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

State Form 50546 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		City: Fort Wayne											
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Facility: Fort Wayne - P.L. Brunner WWTP											
Monitoring Period: [MONTH] 9-2018		Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 9-2018											
Design Peak Hourly Flow (MGD): 50		Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (hourly) (MGD): 50											
WWTP Inflow Data		CSO Outfall No. 28		CSO Outfall No. 48											
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (ampm)	Precip. Duration (hours)	Time Discharge Began (M)	Event Duration (hours)	Event Discharge (MG)	Day of Month	Time Discharge Began (M)	Event Duration (hours)	Event Discharge (MG)	Day of Month	Time Discharge Began (M)	Event Duration (hours)	Event Discharge (MG)	Day of Month
40.72	70.47	2:00 PM	0.08				1								
42.06	53.73						2								
38.33	46.21						3								
37.59	87.68	7:25 PM	0.08				4								
42.62	49.15	11:20 AM	0.08				5								
34.93	38.98						6								
36.71	47.59	11:25 AM	0.58				7								
45.26	63.13						8								
56.69	78.31						9								
42.19	47.98						10								
40.41	55.83						11								
42.95	48.74	8:25 PM	0.08				12								
41.07	47.06						13								
40.06	46.17						14								
37.79	49.37						15								
35.24	46.95						16								
38.23	43.67						17								
37.64	63.54	11:20 PM	0.17				18								
33.88	39.06	1:10 AM	0.08				19								
32.10	38.09	7:25 AM	0.08				20								
31.47	36.70						21								
34.88	47.95						22								
38.47	47.29						23								
44.44	80.90	3:25 PM	0.92				24								
47.96	86.80	12:45 AM	1.75				25								
67.13	88.26	11:35 AM	0.08				26								
37.02	55.06						27								
38.80	73.19						28								
30.81	36.24						29								
37.61	53.27						30								
37.61	53.27						31								
Totals:	1205.06		3.89	2.31	0.00	0.152		2	0.13	0.00	0	0	0.00	0.000	0

Telephone: 266-427-6213

Susan Beck, Program Manager

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer of Authorized Agent: Susan Beck
Date (mm/dd/yyyy): 10/16/18



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

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Monitoring Period: 9-2018	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	Wet Weather
2	
3	
4	Wet Weather
5	
6	
7	
8	Wet Weather
9	Wet Weather
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	Wet Weather
25	Wet Weather
26	Wet Weather
27	
28	
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Susan Beck, Program Manager	Telephone 260-427-6213
---	---------------------------

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent Susan Beck	Date (mm/dd/yy) 10/16/18
--	-----------------------------

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Features: 002 External Outfall
 Discharge: 002-C
 002 POND - WHEN USED AS CSO ONLY
 Status: NoDMR Validated

Report Dates & Status
 Monitoring Period: From 09/01/16 to 09/30/18
 DMR Due Date: 10/28/18

Considerations for Form Completion
 CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer
 First Name: Susan
 Last Name: Beck
 Title: Program Manager
 Telephone: 260-427-6213

No Data Indicator (NODI)
 Form NODI: -

Parameter Name	Monitoring Location	Seasons	Perom. NODI	Quantity of Loading	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Units	# of Ex.	Frequency of Analysis	Sample Type
90037 Duration	EG - Effluent Gross	0	--	Req Mon MO TOTAL 82 - Inflow				WHDS - When Discharging	RT - RCOTOT		
74063 Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	C - No Discharge				Req Mon MO TOTAL 3R - Mgal	ES - ESTIMA		
76887 Precipitation, monthly accumulation	EG - Effluent Gross	0	--	231				SW - Inflow	RT - RCOTOT		
84165 Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Req Mon MO TOTAL SW - Inflow 0				Req Mon MO TOTAL 4K - Inflow	RT - RCOTOT		

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments

Name	Type	Size
IN0032191_002C_CSOWRO_2018_09.pdf	pdf	533194
IN0032191_002C_LETTER_2018_09.pdf	pdf	142848

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-10-16 13:45 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 004 External Outfall
 Report Dates & Status: From 09/01/18 to 09/30/18
 Monitoring Period: From 09/01/18 to 09/30/18
 Considerations for Form Completion: CSC: J02-90 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer:
 First Name:
 Last Name:
 Form NODI: No Data Indicator (NODI)

Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
 Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 4802
 Discharge: 004-C
 CSC: J02-90
 DMR Due Date: 10/28/18
 Status: NetDMR Validated
 Telephone:
 Title:

Code	Parameter Name	Monitoring Location	Sector #	Param. NODI	Quantity or Loading			Quality or Concentration			Units	No of Ex	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
5037	Duration	EG - Effluent Gross	0	-	Req Mon	MD TOTAL	82	-	hr/mo	0	0	WHDS - When Discharging	RT - ROOTOT	
7493	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Req Mon	MD TOTAL	3R	-	Mgal	0	0	AUEV - All Events	ES - ESTIMA	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Req Mon	MD TOTAL	3R	-	in/mo	0	0	AUEV - All Events	ES - ESTIMA	
8418	Discharge event observation [visual monitoring]	EG - Effluent Gross	0	-	Req Mon	MD TOTAL	4K	-	in/mo	0	0	AUEV - All Events	RT - ROOTOT	

Submission Note

If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-10-16 13:31 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 007 External Outfall
 Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 007-C
 CSO: K03-92
DMR Due Date: 10/28/18
Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 09/01/18 to 09/30/18
Considerations for Form Completion
 CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
Form NODI:

Code	Parameter Name	Monitoring Location	Seasons of Param. NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1	Quantity or Loading Qualifier 2 Value 2	Quantity or Loading Qualifier 3 Value 3	# of Ex. Units	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	-	-	-	-	Req Mon MD TOTAL 92 - hrmo				WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SS0 volume, CSD volume)	EG - Effluent Gross	0	-	-	-	-	-	C - No Discharge				AJEV - All Events	ES - ESTIMA
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	-	2.63	Req Mon MD TOTAL 5W - hrmo				AJEV - All Events	RT - RCOTOT
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	-	-		Req Mon MD TOTAL 4K - hrmo				AJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-10-16 13:33 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 011 External Outfall
Report Dates & Status
 Monitoring Period: From 09/01/18 to 09/30/18
 Considerations for Form Completion
 CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NDD)
 Form NDD:
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
 Status: Not DMR Validated
 Telephone:
 Discharge: 011-C
 CSC: K06-233
 DMR Due Date: 10/28/18

Parameter Name	Monitoring Location	Season	Permit NDD	Sample Permit Req. Value NDD	Sample Permit Req. Value NDD	Quantity or Loading Qualifier 1 Value 1	Quantity or Loading Qualifier 2 Value 2	Quantity or Loading Qualifier 3 Value 3	# of Ex. Units	Frequency of Analysis	Sample Type
50037 Duration	EG - Effluent Gross	0	-	-	-	Req Mon MO TOTAL 82 - hrmo	C - No Discharge			WH/DS - When Discharging	RT - RCOTOT
74093 Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	-	-	Req Mon MO TOTAL 3R - Mgal	C - No Discharge			AL/EV - All Events	ES - ESTIMA
7897 Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	2.E2				AL/EV - All Events	RT - RCOTOT
84185 Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	-	Req Mon MO TOTAL 5W - hrmo				AL/EV - All Events	RT - RCOTOT
						Req Mon MO TOTAL 4K - hrmo	C - No Discharge			AL/EV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample or Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

Comments

Attachments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-10-16 13:41 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0022191
Permit #: Yes
Major: 017 External Outfall
Permitted Feature: 017-C CSC: K07-176
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT. WAYNE, IN 46802
Discharge: 017-C CSC: K07-176
DMR Due Date: 10/28/18
Status: NotDMR Validated

Report Dates & Status: From 09/01/18 to 09/30/18
Monitoring Period: From 09/01/18 to 09/30/18
Considerations for Form Completion: CSO: K07-176 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No. Data Indicator (NODI): -
Form NODI: -
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Seasons	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Dissolution	EG - Effluent Gross	0	-	Req Mon MO TOTAL	5.67	Value 3	Req Mon MO TOTAL	BZ - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
74043	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	-	Req Mon MO TOTAL	0.402	Value 3	Req Mon MO TOTAL	3R - Mgal	0	ALJEV - All Events	ES - ESTIMA
78987	Preprecipitation, monthly accumulation	EG - Effluent Gross	0	-	Req Mon MO TOTAL	2.02	Value 3	Req Mon MO TOTAL	SW - hr/mo	0	ALJEV - All Events	RT - RCOTOT
84-85	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req Mon MO TOTAL	1	Value 3	Req Mon MO TOTAL	4K - hr/mo	0	ALJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type

Edit Check Errors

No errors

Comments

Attachments
 No attachments

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-10-16 13:30 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: D18 External Outfall
Permitted Feature: From 09/01/18 to 09/30/18
Monitoring Period: CSO: K11-165 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer
First Name:
Last Name:
No Data Indicator (NODI)
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
Facility Location: FT WAYNE, IN 46802
Discharge: 018-C
CSC: K11-165
DMR Due Date: 10/28/18
Status: NetDMR Validated

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWINGER AVE
 FORT WAYNE, IN 46803
Telephone:
Title:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3		WHDS - When Discharging	WHDS - When Discharging
5037	Duration	EG - Effluent Gross	0	--	17	Req Mon MO TOTAL	B2 - hrmo	0	RT - RCOTOT	RT - RCOTOT
7486	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	8.522	Req Mon MD TOTAL	3R - Mgal	0	RT - RCOTOT	RT - RCOTOT
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	2.59	Req Mon MD TOTAL	SW - hrmo	0	RT - RCOTOT	RT - RCOTOT
8465	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	6	Req Mon MO TOTAL	4K - hrmo	0	RT - RCOTOT	RT - RCOTOT

Sample Permit Req. Value NODI
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Sample Permit Req. Value NODI
Sample Permit Req. Value NODI

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-10-16 13:30 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DIVINGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 019-C
 External Outfall
Discharge: 019-C
 CSC: K11-178

Report Dates & Status: NetDMR Validated
Monitoring Period: From 09/01/18 to 09/30/18
Considerations for Form Completion: 10/28/18
 CSC: K11-178 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NOD):
Form NOD:

Permittee: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DIVINGER AVE
 FORT WAYNE, IN 46803
Facility Location:
Status: NetDMR Validated
Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NDI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	-	3.34			82 - hr/mo			0	WHDS - When Discharging RT - RCOTOT	RT - RCOTOT
74063	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	0.074			3R - Mgal			0	AJLEV - All Events	ES - ESTIMA
76897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	2.86			5W - hr/mo			0	AJLEV - All Events	ES - ESTIMA
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	3			4K - hr/mo			0	AJLEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-10-16 13:30 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Features: 020 External Outfall
 Report Dates & Status: From 09/01/18 to 09/30/18
 Monitoring Period: From 09/01/18 to 09/30/18
 Considerations for Form Completion: CSO: K15-116 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:
 Title:
 Telephone:
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 020-C
 CSO: K15-116
 DMR Due Date: 10/28/18
 Status: NetDMR Validated

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Rec. Value NODI	Sample Permit Rec. Value NODI	Quality or Loading Qualifier 1 Value 1	Quality or Loading Qualifier 2 Value 2	Quality or Concentration Qualifier 3 Value 3	# of Ex. Units	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0				5.41			82 - #/mo	WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0				1.805			3R - Mgal	ALIEV - All Events	ES - ESTIMA
78887	Prebubblen, monthly accumulation	EG - Effluent Gross	0				2.56			5W - #/mo	ALIEV - All Events	RT - RCOTOT
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0				5			4K - #/mo	ALIEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-10-16 13:30 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Features: 021 External Outfall
 Report Dates & Status
 Monitoring Period: From 09/01/18 to 09/30/18
 Considerations for Form Completion
 CSO: K19-044 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:
 Title:
 Telephone:
 Facility:
 Facility Location:
 FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Permittee:
 Permittee Address:
 Discharge:
 DMR Due Date:
 Status:
 FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 021-C
 CSO: K19-044
 10/29/18
 NetDMR Validated

Code	Parameter Name	Monitoring Location	Season	Permit NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50387	Duration	EG - Effluent Gross	0	-	Permit Req. Value NODI			0.09			92 - hrmo	WHDS - When Discharging RT - RCOTOT	RT - RCOTOT	
74063	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	Permit Req. Value NODI			0.029			3R - Mgal	AJEV - All Events	ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req. Value NODI			2.58			5W - hrmo	AJEV - All Events	RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit Req. Value NODI			1			4K - hrmo	AJEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User
 susan.beck@cityofwayne.org

Name
 Susan Beck

E-Mail
 susan.beck@cityofwayne.org

Date/Time
 2018-10-18 13:31 (Time Zone: -04:00)

Report Last Signed By
 susan.beck@cityofwayne.org

User
 Susan Beck

Name
 Susan Beck

E-Mail
 susan.beck@cityofwayne.org

Date/Time
 2018-10-16 13:48 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature:
 D23
 External Outfall
 Discharge: 023-C
 CSC: LD6-103

Report Dates & Status
 Monitoring Period: From 09/01/18 to 09/30/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: LD6-103 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)
 Form NODI:

Code	Parameter Name	Monitoring Location	Season	Permit	NODI	Qualifier	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	--	1.5	Req Mon MO TOTAL	82	hr/mo	0	WHDS - When Discharging	RT - RCOTOT			WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--	--	0.078	Req Mon MO TOTAL	3R - Mgal	0		AJEV - All Events	ES - ESTIMA			AJEV - All Events	ES - ESTIMA
78807	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	--	1.79	Req Mon MO TOTAL	5W - In/mo	0		AJEV - All Events	RT - RCOTOT			AJEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	--	3	Req Mon MO TOTAL	4K - #/mo	0		AJEV - All Events	RT - RCOTOT			AJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User
 Name: susan.beck@cityofwayne.org
 E-Mail: Susan Beck
 Date/Time: 2018-10-16 13:28 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 024 External Outfall
 Report Dates & Status
 Monitoring Period: From 09/01/18 to 09/30/18
 Considerations for Form Completion
 CSO: L06-42 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:
 Title:
 Telephone:
 Facility:
 Facility Location:
 FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2801 DWINGER AVE
 FORT WAYNE, IN 46803
 Permittee:
 Permittee Address:
 Discharge:
 DMR Due Date:
 Status:
 FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 024-C
 CSO: L06-420
 10/28/18
 NetDMR Validated

Code	Parameter Name	Monitoring Location	Season	Param. NDI	Quantity or Loading			Quality of Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
5037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NODI	0.92	Req. Mon MO TOTAL	82	hr/mo	WHDS - When Discharging WHDS - When Discharging RT - RCOTOT	
7493	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Permit Req. Value NODI	0.281	Req. Mon MO TOTAL	3R - Mgal	0	AJEV - All Events AJEV - All Events ES - ESTIMA ES - ESTIMA	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req. Value NODI	1.79	Req. Mon MO TOTAL	5W - hr/mo	0	AJEV - All Events AJEV - All Events RT - RCOTOT RT - RCOTOT	
8465	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Permit Req. Value NODI	1	Req. Mon MO TOTAL	4K - #/mo	0	AJEV - All Events AJEV - All Events RT - RCOTOT RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Attachments
 Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-10-16 13:27 (Time Zone: -04:00)

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-10-16 13:48 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permittee: FORT WAYNE WWTP
Major: Yes
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Permitted Feature: 027 External Outfall
Discharge: 027-C
 CSO: M10-202
Report Dates & Status: DMR Due Date: 10/28/18
Monitoring Period: From 09/01/18 to 09/30/18
Considerations for Form Completion: NetDMR Validated
 CSO: M10-202 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1	Quantity or Loading Qualifier 2 Value 2	Quantity or Loading Qualifier 3 Value 3	Quality of Concentration	% of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-						Req Mon MO TOTAL BZ - Inflow						WHDS - When Discharging RT - RCOTOT
74063	Overflow volume (SSD volume, CSD volume)	EG - Effluent Gross	0	-						C - No Discharge						ALIEV - All Events ES - ESTIMA
78887	Prebublation, monthly accumulation	EG - Effluent Gross	0	-						1.94						ALIEV - All Events RT - RCOTOT
84165	Discharge event observation (Mean Monitoring)	EG - Effluent Gross	0	-						Req Mon MO TOTAL SW - Inflow 0						ALIEV - All Events RT - RCOTOT
										Req Mon MO TOTAL 4K - Inflow						ALIEV - All Events RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

Comments

Attachments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-10-16 13:45 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: 029 External Outfall
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2604 DIVENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 029 External Outfall
Discharge: CSC: M10-265
DMR Due Date: 10/28/18
Status: NetDMR Validated

Report Dates & Status: From 09/01/18 to 09/30/18
Monitoring Period: From 09/01/18 to 09/30/18
Considerations for Form Completion: CSC: M10-265/MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer:
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NDI	Sample Permit Recd. Value (NOD)	Sample Permit Recd. Value (NOD)	Sample Permit Recd. Value (NOD)	Sample Permit Recd. Value (NOD)	Quantity or Loading	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	-	-	-	-	4.83	-	-	-	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
74983	Overflow volume (SSD volume, CSD volume)	EG - Effluent Gross	0	-	-	-	-	-	0.447	-	-	-	3R - Mgal	0	ALIEV - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	-	-	1.79	-	-	-	5W - hr/mo	0	ALIEV - All Events	RT - RCOTOT
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	-	-	-	5	-	-	-	4K - hr/mo	0	ALIEV - All Events	RT - RCOTOT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Tracking, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors: No errors.

Comments:

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-10-16 13:28 (Time Zone: -04:00)

Report Last Signed By:
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 032 External Outfall
 Report Dates & Status: DMR Due Date: 10/28/18 Status: NetDMR Validated
 Monitoring Period: From 09/01/18 to 09/30/18
 Considerations for Form Completion: CSO: M10-306 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NDDI): [Blank]
 Form NDDI: [Blank]
 Title: [Blank]
 Telephone: [Blank]

Permittee: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Discharge: 032-C
 CSC: M10-306

Code	Parameter Name	Monitoring Location	Season of Param. NDDI	Sample Permit Req. Value NDDI	Sample Permit Req. Value NDDI	Quantity or Discharge	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Quality of Concentration	Units	# of Ex.	Frequency of Analyte	Sample Type
50037	Duration	EG - Effluent Gross	0	-	-	Req Man MO TOTAL	2.86				82 - #/mo	WHPS - When Discharging	RT - RCOTOT	RT - RCOTOT
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	-	Req Man MO TOTAL	0.052				3R - Mgal	ALJEV - All Events	ES - ESTIMA	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	Req Man MO TOTAL	1.79				5W - #/mo	ALJEV - All Events	RT - RCOTOT	RT - RCOTOT
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	Req Man MO TOTAL	4				4K - #/mo	ALJEV - All Events	RT - RCOTOT	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-10-16 13:28 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: 033 External Outfall
Permitted Feature: 033 External Outfall
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 033-C
 CSO: M10-313
DMR Due Date: 10/28/18
Status: NetDMR Validated

Report Dates & Status: From 09/01/18 to 09/30/18
Monitoring Period: From 09/01/18 to 09/30/18
Considerations for Form Completion: CSO: M10-313 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	# of Ex.	Frequency of Analyte	Sample Type
60037	Durston	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - Inflow	C - No Discharge		Req Mon MO TOTAL 82 - Inflow	C - No Discharge		WHDS - When Discharging	RT - RCOTOT	RT - RCOTOT
74963	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Mgal	C - No Discharge		Req Mon MO TOTAL 3R - Mgal	C - No Discharge		AJEV - All Events	ES - ESTMA	ES - ESTMA
76837	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	1.54			1.54			AJEV - All Events	RT - RCOTOT	RT - RCOTOT
8165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - Inflow	C - No Discharge		Req Mon MO TOTAL 4K - Inflow	C - No Discharge		AJEV - All Events	RT - RCOTOT	RT - RCOTOT

Telephone:
Title:

Submission Note:
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors:
 No errors.

Comments:

Attachments:
 No attachments.

Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-10-16 13:46 (Time Zone: -04:00)

Report Last Signed By:
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-10-16 13:46 (Time Zone: -04:00)

DMR Copy of Record

Permit:
 Permit #: IN002191
 Major: Yes
 Permitted Feature: 036 External Outfall
 Report Dates & Status: From 09/01/18 to 09/30/18
 Monitoring Period: From 09/01/18 to 09/30/18
 Considerations for Form Completion: CSC: M18-032 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer:
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
 Permittee: FORT WAYNE WWTP
 City of Fort Wayne
 FT WAYNE, IN 46802
 Discharge: 036-C
 CSC: M18-032
 DMR Due Date: 10/28/18
 Status: NetDMR Validated
 Telephone:
 Title:

Code	Parameter Name	Monitoring Location	Seasons	Param. NODI	Sample Permit Req. Value (NODI)	Sample Permit Req. Value (NODI)	Quality or Concentration	Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
80337	Duration	EG - Effluent Gross	0	--			Req Mon MO TOTAL 82 - hr/mo	C - No Discharge								WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SS0 volume)	EG - Effluent Gross	0	--			Req Mon MO TOTAL 3R - Mgal	C - No Discharge								ALJEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			Req Mon MO TOTAL 5W - hr/mo									ALJEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--			Req Mon MO TOTAL 4K - hr/mo	C - No Discharge								ALJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User
 Name: susan.beck@cityofwayne.org
 E-Mail: Susan Beck
 Date/Time: 2018-10-16 13:46 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-10-16 13:48 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 039 External Outfall
 Report Dates & Status: From 09/01/18 to 09/30/18
 Monitoring Period: From 09/01/18 to 09/30/18
 Considerations for Form Completion: NetDMR Validated
 CSO: N05-022 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: 039-C
 First Name: CSC: N05-022
 Last Name: 10/28/18
 Form NODI: --
 Title: Telephone:

Code	Parameter Name	Monitoring Location	Seasons	Param	NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analyze	Sample Type
50037	Duration	EG - Effluent Gross	0	--	--	3.76			Req Mon MO TOTAL	82 - hrmo	0	WHDS - When Discharging	RT - RCOTOT
74683	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	--	0.49			Req Mon MO TOTAL	3R - Mgal	0	ALEV - All Events	ES - ESTIMA
78987	Pre-precipitation, monthly accumulation	EG - Effluent Gross	0	--	--	1.79			Req Mon MO TOTAL	SW - hrmo	0	ALEV - All Events	RT - RCOTOT
94185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	--	4			Req Mon MO TOTAL	4K - hrmo	0	ALEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User
 Name: susan.beck@cityofwayne.org
 E-Mail: Susan Beck
 Date/Time: 2018-10-18 13:28 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: D45 External Outfall
 Report Dates & Status: From 06/01/18 to 09/30/18
 Monitoring Period: From 06/01/18 to 09/30/18
 Considerations for Form Completion: CSC: N22-103T, JOSEPH RIVER MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NDDI): [Blank]
 Form NDDI: [Blank]

Code	Parameter Name	Monitoring Location	Season	Param. NDDI	Sample Permit Req. Value NDDI	Sample Permit Req. Value NDDI	Quantity or Usable Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
60037	Durstan	EG - Effluent Gross	0	--			Req Mon MD TOTAL 62 - Inflow C - No Discharge	WHDS - When Discharging	RT - RCOTOT			
74983	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--			Req Mon MD TOTAL 3R - Mgal C - No Discharge	AJEV - All Events	ES - ESTIMA			
78947	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			Req Mon MD TOTAL SW - Inflow 1.94	AJEV - All Events	RT - RCOTOT			
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--			Req Mon MD TOTAL 4K - #m C - No Discharge	AJEV - All Events	RT - RCOTOT			

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 [Blank]

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-10-16 13:45 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 045-C
 CSC: N22-103
DMR Due Date: 10/28/18
Status: NetDMR Validated
Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
Title: [Blank]
Telephone: [Blank]

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 048 External Outfall
 Report Dates & Status: From 09/01/18 to 09/30/18
 Monitoring Period: NetDMR Validated
 Considerations for Form Completion: NetDMR Validated
 CSO: 010-252 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: Telephone:
 First Name: Title:
 Last Name: Telephone:
 No Data Indicator (NDDI):
 Form NDDI:

Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
 Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 048-C
 CSO: 010-252
 DMR Due Date: 10/28/18
 Status: NetDMR Validated

Code	Parameter Name	Monitoring Location	Season	Param. NDDI	Sample Permit Rec. Value NDDI	Sample Permit Rec. Value NDDI	Sample Permit Rec. Value NDDI	Sample Permit Rec. Value NDDI	Sample Permit Rec. Value NDDI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50237	Duration	EG - Effluent Gross	0	--						0-13			Req Mon MD TOTAL	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
74663	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--						0-152			Req Mon MD TOTAL	3R - Mgal	0	AJEV - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--						2-31			Req Mon MD TOTAL	5W - hr/mo	0	AJEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--						2			Req Mon MD TOTAL	4K - hr/mo	0	AJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-10-16 13:43 (Time Zone: -04:00)

Report Last Signed By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 050 External Outfall
Report Dates & Status: From 09/01/18 to 09/30/18
Monitoring Period: From 09/01/18 to 09/30/18
Considerations for Form Completion: CSO: 010-277 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI:

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
Facility Location: FT WAYNE, IN 46802
Discharge: 050-C
CSC: 010-277
DMR Due Date: 10/28/18
Status: NetDMR Validated

Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req Value NODI	Sample Permit Req Value NODI	Sample Permit Req Value NODI	Sample Permit Req Value NODI	Sample Permit Req Value NODI	Quality or Concentration	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
90087	Duration	EG - Effluent Gross	0	-	-	-	-	-	-	0.87	-	-	-	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSD volume, CSS volume)	EG - Effluent Gross	0	-	-	-	-	-	-	0.728	-	-	-	3R - Mgal	0	ALIEV - All Events	ES - ESTMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	-	-	-	1.79	-	-	-	5W - hr/mo	0	ALIEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	-	-	-	-	1	-	-	-	4K - hr/mo	0	ALIEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-10-16 13:29 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: 051 External Outfall
Permitted Feature: 051 External Outfall
Report Dates & Status: From 09/01/18 to 09/30/18
Monitoring Period: From 09/01/18 to 09/30/18
Considerations for Form Completion: CSO: 022-002 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NDDI):
Form NDDI: -
Monitoring Location: Station's Param. NDDI
Sample Value: EG - Effluent Gross 0
Permit Req. Value NDDI: EG - Effluent Gross 0
Sample Value NDDI: EG - Effluent Gross 0
Permit Req. Value NDDI: EG - Effluent Gross 0
Sample Value NDDI: EG - Effluent Gross 0
Permit Req. Value NDDI: EG - Effluent Gross 0

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
Discharge: 051-C
DMR Due Date: 10/28/18
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
Status: NetDMR Validated
Telephone:
Title:

Code	Parameter Name	Monitoring Location	Station's Param. NDDI	Quantity or Loading			Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
				Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value					
50037	Duration	EG - Effluent Gross	0	Req Mon MO TOTAL	92 - hr/mo	WHDS - When Discharging	RT - RCOTOT				RT - RCOTOT
74963	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	Req Mon MO TOTAL	3R - Mgal	AJEV - All Events	ES - ESTIMA				ES - ESTIMA
78887	Pre-cipitation, monthly accumulation	EG - Effluent Gross	0	Req Mon MO TOTAL	SW - hr/mo	AJEV - All Events	RT - RCOTOT				RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	Req Mon MO TOTAL	4R - #/mo	AJEV - All Events	RT - RCOTOT				RT - RCOTOT

Submission Note:
 If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors
Comments
Attachments
Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-10-16 13:43 (Time Zone: -04:00)
Report Last Signed By:
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN002191
 Major: Yes
 Permitted Feature: 053 External Outfall
 Report Dates & Status: From 09/01/18 to 09/30/18
 Monitoring Period: From 09/01/18 to 09/30/18
 Considerations for Form Completion: CSO: 022-054/MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NODI): [Blank]
 Form NODI: [Blank]
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DWINGER AVE
 FORT WAYNE IN 46803
 Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 053-C
 CSO: 022-094
 DMR Due Date: 10/28/18
 Status: NotDMR Validated
 Telephone: [Blank]

Code	Parameter Name	Monitoring Location Station #	Param. NODI	Sample Permit Rec Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 3	Quality or Concentration Value 1 Qualifier 1 Value 2 Qualifier 2 Value 3	# of EL	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Req Mon MO TOTAL 02 - hr/mo C - No Discharge		WHDS - When Discharging	RT - RCOTOT	
74063	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	Req Mon MO TOTAL 3R - Ngal C - No Discharge		ALIEV - All Events	ES - ESTIMA	
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	2.31 Req Mon MO TOTAL 5W - hr/mo 0		ALIEV - All Events	RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req Mon MO TOTAL 4K - hr/mo C - No Discharge		ALIEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-10-16 13:44 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: 054 External Outfall
Permitted Feature: 054 External Outfall
Report Dates & Status: From 09/01/18 to 09/30/18
Monitoring Period: From 09/01/18 to 09/30/18
Considerations for Form Completion: CSC: 023-080 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NOD):
Form NOD:

Code	Parameter Name	Monitoring Location	Seasons	Param. NOD	Sample Permit Req. Value (NOD)	Sample Permit Req. Value (NOD)	Sample Permit Req. Value (NOD)	Sample Permit Req. Value (NOD)	Sample Permit Req. Value (NOD)	Quantity or Loading Qualifier 1 Value	Quantity or Loading Qualifier 2 Value	Quantity or Loading Qualifier 3 Value	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	-						Opt Mon MD TOTAL 82 - n/mo	C - No Discharge				WHOS - When Discharging	RT - RCOTOT
74083	Overflow volume (SSD volume, CSS volume)	EG - Effluent Gross	0	-						Opt Mon MD TOTAL 3R - Mgal	C - No Discharge				AUEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-						2.85			SW - n/mo		AUEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-						Opt Mon MD TOTAL 4K - #/mo	C - No Discharge				AUEV - All Events	RT - RCOTOT

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharges: 054-C
 CSC: 023-080

DMR Due Date: 10/28/18
Status: NetDMR Validated

Title:
Telephone:

Quantity or Loading Qualifier 1 Value 1
Quantity or Loading Qualifier 2 Value 2
Quantity or Loading Qualifier 3 Value 3

Sample Permit Req. Value (NOD)
Sample Permit Req. Value (NOD)
Sample Permit Req. Value (NOD)
Sample Permit Req. Value (NOD)

Units
of Ex.
Frequency of Analysis

Sample Type
WHOS - When Discharging
AUEV - All Events
ES - ESTIMA
RT - RCOTOT

Opt Mon MD TOTAL 82 - n/mo
C - No Discharge
Opt Mon MD TOTAL 3R - Mgal
C - No Discharge
2.85
Opt Mon MD TOTAL 4K - #/mo
C - No Discharge

Opt Mon MD TOTAL 4K - #/mo
C - No Discharge

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-10-16 13:42 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0052191
 Major: Yes
 Permitted Features: 055 External Outfall
 Report Dates & Status: From 09/01/18 to 09/30/18
 Monitoring Period: From 09/01/18 to 09/30/18
 Considerations for Form Completion: CSO: P06-192 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NDDI): [Blank]

Permittee
 Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 055-C
 CSO: P06-192
 Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
 Facility Location: [Blank]

DMR Due Date: 10/26/18
Status: NetDMR Validated
Title: [Blank]
Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Station #	Param. NDDI	Quantity or Loading	Quality or Concentration	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	
50037	Duration	EG - Effluent Gross	0	-	4.41	Req Mon MO TOTAL	0	WHDS - When Discharging RT - RCOTOT WHDS - When Discharging RT - RCOTOT
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	0.574	Req Mon MO TOTAL	0	AUEV - All Events AUEV - All Events
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	1.79	Req Mon MO TOTAL	0	AUEV - All Events AUEV - All Events
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	6	Req Mon MO TOTAL	0	AUEV - All Events AUEV - All Events

Submission Note
 If a parameter row does not contain any values for the Sample not Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 [Blank]

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-10-16 13:29 (Time Zone: -04:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-10-15 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit: IN0032191
Permit #: Yes
Major: 056 External Outfall
Permitted Feature: 056 External Outfall
Report Dates & Status: From 09/01/18 to 09/30/18
Monitoring Period: From 09/01/18 to 09/30/18
Considerations for Form Completion: CSO: J03-313 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI): --
Form NODI: --
Monitoring Location: Season # Param. NODI
 EG - Effluent Gross 0 --
 EG - Effluent Gross 0 --
 EG - Effluent Gross 0 --
 EG - Effluent Gross 0 --
Sample: Permit Rec Value NODI
 EG - Effluent Gross 0 --
Sample: Permit Rec Value NODI
 EG - Effluent Gross 0 --
Sample: Permit Rec Value NODI
 EG - Effluent Gross 0 --
Sample: Permit Rec Value NODI
 EG - Effluent Gross 0 --

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 056-C
 CSO: J03-313
DMR Due Date: 10/28/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2801 DWINGER AVE
 FORT WAYNE, IN 46803
Telephone:
Title:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	--	Req Mon MO TOTAL	82 - hr/mo	C - No Discharge	WH/OS - When Discharging	RT - RCOTOT	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Req Mon MO TOTAL	3K - Mgal	C - No Discharge	AJ/EV - All Events	ES - ESTIMA	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	2.62	SW - hr/mo		AJ/EV - All Events	RT - RCOTOT	RT - RCOTOT
94165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Req Mon MO TOTAL	4K - #mo	C - No Discharge	AJ/EV - All Events	RT - RCOTOT	RT - RCOTOT

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Tracing, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors:
 No errors.
Comments:
Attachments:
 No attachments.
Report Last Saved By: FORT WAYNE WWTP
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-10-16 13:42 (Time Zone: -04:00)
Report Last Signed By:
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 057 External Outfall
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWINGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 057-C
 CSO: P10-121
DMR Due Date: 10/28/18
Status: NetDMR Validated

Report Dates & Status: From 09/01/18 to 09/30/18
Monitoring Period: From 09/01/18 to 09/30/18
Considerations for Form Completion: CSO: P10-121 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI)
Form NODI:

Code	Parameter Name	Monitoring Location	Session #	Prism	NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1	Quantity or Loading Qualifier 2 Value 2	Quantity or Concentration Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
60337	Duration	EG - Effluent Gross	0	--	--	Permit Req. Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	Req Mon MO TOTAL 82 - hr/mo	C - No Discharge		hr/mo	WHDS - When Discharging	RT - RCOTOT	
74563	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	--	Permit Req. Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	Req Mon MO TOTAL 36 - Mgal	C - No Discharge		Mgal	AJEV - All Events	ES - ESTIMA	
76987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	--	Permit Req. Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	276			in/mo	AJEV - All Events	RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	--	Permit Req. Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	Req Mon MO TOTAL 4K - /hr/mo	C - No Discharge		/hr/mo	AJEV - All Events	RT - RCOTOT	

Submission Note: If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.
Edit Check Errors

Comments: No errors.

Attachments: No attachments.

Report Last Saved By: FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-10-16 13:25 (Time Zone: -04:00)

Report Last Signed By: susan.beck@cityofwayne.org
User: Susan Beck
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0022191
 Major: Yes
 Permitted Feature: 060 External Outfall
 Report Dates & Status
 Monitoring Period: From 09/01/18 to 09/30/18
 Considerations for Form Completion
 CSO: R06-31 MUNICIPAL MAJORFALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 060-C
 CSO: R06-31
 DMR Due Date: 10/28/18
 Status: NetDMR Validated
 Title:
 Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Req Value NODI	Sample Permit Req Value NODI	Sample Permit Req Value NODI	Sample Permit Req Value NODI	Sample Permit Req Value NODI	Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 3 Qualifier 2 Value 3 Qualifier 3	Quality or Concentration	Value 3	# of Ex.	Units	Frequency of Analysis	Sample Type
50387	Duration	EG - Effluent Gross	0	-	-	-	-	-	-	Req Mon MO TOTAL 82 - hr/mo C - No Discharge	WHDS - When Discharging					RT - RCOTOT
74683	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	-	-	-	-	-	-	Req Mon MO TOTAL 3R - Mail C - No Discharge	ALJEV - All Events					ES - ESTIMA
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	-	-	-	-	285 Req Mon MO TOTAL SW - hr/mo 0	ALJEV - All Events					RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	-	-	-	-	-	Req Mon MO TOTAL 4K - hr/mo C - No Discharge	ALJEV - All Events					RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edfi Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-10-16 13:25 (Time Zone: -04:00)

Report Last Signed By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit IN0032191
Permit #: Yes
Major: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
Permitted Feature: 061
 External Outfall
Report Dates & Status From 09/01/18 to 09/30/18
Monitoring Period: NetDMR Validated
Considerations for Form Completion CSO: R14-137 MUNICIPAL MAJORALLEN COUNTY
Principal/ Executive Officer
First Name:
Last Name:
No Data Indicator (NOD):
Form NOD: -
Monitoring Location Season # Param. NOD
Code

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Sample Permit Rec. Value NOD	Sample Permit Rec. Value NOD	Sample Permit Rec. Value NOD	Sample Permit Rec. Value NOD	Sample Permit Rec. Value NOD	Quantity or Loading Qualifier: 1 Value 1	Quantity or Loading Qualifier: 2 Value 2	Quantity or Concentration Qualifier: 3 Value 3	Units	# of EL	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-						Opt Mon MO TOTAL B2 - N/mo	C - No Discharge		WHDS - When Discharging	RT - RCOTOT		
74063	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-						Opt Mon MO TOTAL 3R - Mgal	C - No Discharge		ALEV - All Events	ES - ESTIMA		
7897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-						2.31			ALEV - All Events	RT - RCOTOT		
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-						Opt Mon MO TOTAL 4K - #mo	C - No Discharge		ALEV - All Events	RT - RCOTOT		

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-10-16 13:44 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Permitted Feature: 062 External Outfall
 Discharges: 062-C
 CSO: R14-138
 Report Dates & Status: DMR Due Date: 10/28/18
 Monitoring Period: From 09/01/18 to 09/30/18
 Status: NetDMR Validated
 Considerations for Form Completion: CSO: R14-138/MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NODI): [Blank]
 Form NODI: [Blank]
 Title: [Blank]
 Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Sensor #	Param. NODI	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Quality or Concentration	# of Exc.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	0.25	0	0	WHDS - When Discharging	RT	RCOTOT	RT - RCOTOT
74063	Overflow volume (\$50 volume, CSO volume)	EG - Effluent Gross	0	-	0.002	0	0	ALEV - All Events	ES	ESTIMA	ES - ESTIMA
76897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	2.31	0	0	ALEV - All Events	RT	RCOTOT	RT - RCOTOT
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	1	0	0	ALEV - All Events	RT	RCOTOT	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-10-16 13:44 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0022191
 Major: Yes
 Permitted Feature: 064
 External Outfall
Report Dates & Status
 Monitoring Period: From 09/01/18 to 09/30/18
 Considerations for Form Completion: CSO: S02-35 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:

Code	Parameter Name	Monitoring Location	Seasons	Param. NODI	Quantity or Loading	Quality or Concentration	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Qualifier 2	Qualifier 1	Qualifier 2	Qualifier 3				
5037	Duration	EG - Effluent Gross	0	--	Permit Req.	Value NODI	0.87			82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Permit Req.	Value NODI	0.006			3R - Mgal	0	AJEV - All Events	ES - ESTIMA
7687	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req.	Value NODI	2.76			5W - hr/mo	0	AJEV - All Events	RT - RCOTOT
8465	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Permit Req.	Value NODI	1			4K - hr/mo	0	AJEV - All Events	RT - RCOTOT

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWINGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 064-C
 CSO: S02-35
DMR Due Date: 10/28/18
Status: NetDMR Validated

Title:
Telephone:

Submission Note
 If a parameter row does not contain any values for the Sample no, Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-10-16 13:26 (Time Zone: -04:00)

Report Last Signed By
 susan.beck@cityofwayne.org

User: Susan Beck
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN002191
 Major: Yes
 Permitted Feature: 058 External Outfall
 Report Date & Status: From 09/01/18 to 09/30/18
 Monitoring Period: From 09/01/18 to 09/30/18
 Considerations for Form Completion: CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NODI): [Blank]
 Form NODI: [Blank]

Permittee
 Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT. WAYNE, IN 46802
 Discharge: 068-C
 CSO: N18-254
 DMR Due Date: 10/28/18
 Status: Not DMR Validated

Facility
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803

Title: [Blank]
Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season	Permit NODI	Quantity or Loading			Quality or Concentration			A of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
90037	Duration	EG - Effluent Gross	0	-	Req Mon MO TOTAL	B2 - hrmo	C - No Discharge	WH/DS - When Discharging	RT - RCOTOT				
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	Req Mon MO TOTAL	3R - Mgal	C - No Discharge	ALEV - All Events	ES - ESTIMA				
78887	Prebipulation, monthly accumulation	EG - Effluent Gross	0	-	Req Mon MO TOTAL	5W - hrmo	C - No Discharge	ALEV - All Events	RT - RCOTOT				
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req Mon MO TOTAL	4K - hrmo	C - No Discharge	ALEV - All Events	RT - RCOTOT				

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Tracing, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-10-16 13:44 (Time Zone: -04:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 080 - External Outfall
 Report Dates & Status: 080-C
 Monitoring Period: From 09/01/18 to 09/30/18
 Considerations for Form Completion: 10/28/18
 Facility Location: FORT WAYNE WWTP, P.L. BRUNNER WPC, 2601 DWENGER AVE, FORT WAYNE, IN 46803
 Facility: FORT WAYNE WWTP
 Status: NetDMR Validated
 Telephone:
 Discharge: 080-C
 DMR Due Date: 10/28/18
 Monitoring Location Season 3 Form NOD: CSO - P10-001 250' EAST, NE OF PEMBERTON DR. & NIAGRA DR
 Principal Executive Officer: CSO - P10-001 250' EAST, NE OF PEMBERTON DR. & NIAGRA DR
 First Name:
 Last Name:
 Title:
 Form NOD: No Data Indicator (NOD)
 Parameter Name: Monitoring Location Season 3 Form NOD

Code	Parameter Name	Monitoring Location Season 3 Form NOD	Quantity or Loading	Quality or Concentration	# of Ex.	Sample Type
			Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Units	
50037	Duration	EG - Effluent Gross	0	Req Mon MO TOTAL BZ - N/mo	WHIGS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	C - No Discharge		
76887	Resuspension, monthly accumulation	EG - Effluent Gross	0	Req Mon MO TOTAL 3R - Ngal	AUEV - All Events	ES - ESTIMA
84185	Discharge event observation (visual monitoring)	EG - Effluent Gross	0	C - No Discharge		

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-10-15 13:31 (Time Zone: -04:00)

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DAVENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 081 External Outfall
 Discharge: 081-C
 CSC: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.

Report Dates & Status
 Monitoring Period: From 09/01/18 to 09/30/18
 DMR Due Date: 10/28/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.

Principal Executive Officer
 First Name: _____ Title: _____
 Last Name: _____ Telephone: _____
 No Data Indicator (NODI) _____

Code	Parameter Name	Monitoring Location	Sessant #	Param. NODI	Quantity or Loading	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	-	Req Mon MO TOTAL	82 - #/mo	C - No Discharge		WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	Req Mon MO TOTAL	3R - #/gal			AJEV - All Events	ES - ESTIMA
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Req Mon MO TOTAL	5W - #/mo			AJEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Req Mon MO TOTAL	4K - #/mo			AJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors

Comments
 No comments

Attachments
 No attachments

Report Last Saved By
 FORT WAYNE WWTP

User
 Name: susan.beck@cityofwayne.org
 E-Mail: Susan Beck

Date/Time
 Report Last Signed By: susan.beck@cityofwayne.org
 User: Susan Beck
 Date/Time: 2018-10-16 13:31 (Time Zone: -04:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 Date/Time: 2018-10-16 13:49 (Time Zone: -04:00)



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

November 15, 2018

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of October 2018

We are pleased to enclose a completed CSO MRO form for the month of October 2018. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Susan Beck".

Susan Beck
Program Manager
Water Pollution Control Maintenance

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ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection

Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts

Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff

Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps

Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 59546 (03/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 59546 (03/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Permit Number: IN0032191 Page 5 of 12

Facility: Fort Wayne - P.L. Brunner WWTP Monitoring Period: 10-2018 Public Notification Requirements Met? Y

Design Peak Flow (MGD): 85 Design Flow (MGD): 60 CSO Outfall No. 17

WWTW Influent Data

Day of Month	Peak Hourly Flow (MGD)	Time Flow Began (am/pm)	Time Flow Ended (am/pm)	Peak Intensity (inches)	Peak Intensity (feet)	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)
1	31.03	35:52									
2	30.39	35:88									
3	30.23	34:28									
4	40.17	33:30	3:15 AM	0.42	0.09	0.04	5 m				
5	50.15	38:29	6:35 AM	2.00	0.35	0.05	5 m				
6	62.55	38:17	4:00 AM	1.25	0.36	0.10	5 m				
7	50.59	37:55	12:55 AM	0.08	0.01	0.01	5 m				
8	45.59	30:14	9:35 AM	0.08	0.01	0.01	5 m				
9	34.95	40:23									
10	49.16	39:98	12:45 PM	0.92	0.13	0.02	5 m				
11	37.88	51:90	10:35 AM	0.08	0.01	0.01	5 m				
12	41.75	38:46	4:45 PM	1.00	0.12	0.01	5 m				
13	39.80	32:95	9:35 AM	0.08	0.09	0.09	5 m				
14	40.03	53:13									
15	33.27	37:08	12:30 AM	0.25	0.04	0.02	5 m				
16	39.06	53:53									
17	31.16	36:40									
18	37.33	47:45									
19	30.85	35:53									
20	37.04	53:65	5:45 PM	0.33	0.04	0.01	5 m				
21	35.30	47:63	10:15 AM	0.08	0.11	0.11	5 m				
22	32.45	48:60									
23	37.84	49:49									
24	29.81	34:56									
25	29.55	35:34									
26	32.15	44:51	8:30 AM	0.92	0.26	0.12	5 m				
27	33.90	44:48	5:50 AM	0.33	0.05	0.02	5 m				
28	50.12	38:27	8:40 AM	1.88	0.27	0.03	5 m				
29	39.09	51:42	9:15 AM	0.08	0.11	0.11	5 m				
30	43.49	55:80									
31	59.12	36:18	6:10 AM	0.83	0.11	0.02	5 m				
Total:	1215.09			10.31	2.16						

CSO Outfall No. 13

Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)
1						
2						
3						
4						
5						
6	9:45 AM	10:75 M	0.037 M			
7						
8						
9						
10						
11	1:00 AM	11:00 M	0.022 M			
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28	12:20 PM	0.42 M	0.005 M			
29						
30						
31						
Total:						

CSO Outfall No. 85

Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)
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						
Total:						

CSO Outfall No. 60

Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)
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						
Total:						

CSO Outfall No. 17

Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)
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						
Total:						

CSO Outfall No. 85

Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)
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						
Total:						

CSO Outfall No. 60

Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)
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						
Total:						

CSO Outfall No. 17

Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)
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						
Total:						

CSO Outfall No. 85

Day of Month	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)	Event Discharge (MG)	Event Discharge (MG)
1						
2						
3						
4						
5						
6						
7						



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

State Form 5546 (R/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5546 (R/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: I00032191		Page [5] of [12]		Permit Number: I00032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Public Notification Requirements Met? Y		Public Notification Requirements Met? Y	
Monitoring Period: 10-2018		Monitoring Period: 10-2018		Monitoring Period: 10-2018		Monitoring Period: 10-2018	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 85		Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 85	
WWTWP Influent Data		Precipitation Data - Harrison Gauge		CSO Outfall No. 19		CSO Outfall No. 20	
Day of Month	Average Daily Flow (MGD)	Time Peak Flow (MGD)	Peak Flow (MGD)	Time Discharge Began	Event Discharge (MG)	Time Discharge Began	Event Discharge (MG)
1	31.03	35.52	5 m				
2	30.59	35.88	5 m				
3	30.23	34.28	5 m				
4	40.17	53.30	3:10 AM	0.67			
5	50.15	88.28	7:05 AM	3.00	0.48	0.04	5 m
6	62.55	88.17	3:55 AM	1.50	0.72	0.17	5 m
7	50.58	87.85	12:45 AM	0.25	0.04	0.02	5 m
8	45.59	60.14	5:15 AM	0.58	0.01	0.01	5 m
9	34.95	40.23					
10	45.16	80.86	12:50 PM	1.17	0.15	0.02	5 m
11	37.88	51.90					
12	41.75	88.48	5:00 PM	1.25	0.15	0.01	5 m
13	39.80	62.95	12:15 AM	0.08	0.01	0.01	5 m
14	40.03	53.13					
15	33.27	37.68	12:05 AM	0.42	0.05	0.01	5 m
16	38.06	53.63					
17	31.16	36.44					
18	37.33	47.46					
19	30.65	35.53					
20	37.04	53.65	2:30 PM	0.33	0.05	0.02	5 m
21	35.30	47.63					
22	32.45	48.60					
23	37.84	49.49					
24	29.81	34.66					
25	29.95	35.34	2:40 PM	0.08	0.08	0.08	5 m
26	32.15	44.91	4:15 PM	1.33	0.16	0.01	5 m
27	33.80	44.48	5:50 AM	0.33	0.04	0.01	5 m
28	50.12	89.27	9:25 AM	2.75	0.45	0.03	5 m
29	39.09	51.42					
30	49.49	55.80					
31	59.12	86.18	6:10 AM	1.00	0.13	0.02	5 m
Totals:	1218.09			14.24	2.64	4.07	0.101

City: Fort Wayne		Permit Number: I00032191		Page [5] of [12]		Permit Number: I00032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Public Notification Requirements Met? Y		Public Notification Requirements Met? Y	
Monitoring Period: 10-2018		Monitoring Period: 10-2018		Monitoring Period: 10-2018		Monitoring Period: 10-2018	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 85		Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 85	
WWTWP Effluent Data		Precipitation Data - Harrison Gauge		CSO Outfall No. 19		CSO Outfall No. 20	
Day of Month	Average Daily Flow (MGD)	Time Peak Flow (MGD)	Peak Flow (MGD)	Time Discharge Began	Event Discharge (MG)	Time Discharge Began	Event Discharge (MG)
1	31.03	35.52	5 m				
2	30.59	35.88	5 m				
3	30.23	34.28	5 m				
4	40.17	53.30	3:10 AM	0.67			
5	50.15	88.28	7:05 AM	3.00	0.48	0.04	5 m
6	62.55	88.17	3:55 AM	1.50	0.72	0.17	5 m
7	50.58	87.85	12:45 AM	0.25	0.04	0.02	5 m
8	45.59	60.14	5:15 AM	0.58	0.01	0.01	5 m
9	34.95	40.23					
10	45.16	80.86	12:50 PM	1.17	0.15	0.02	5 m
11	37.88	51.90					
12	41.75	88.48	5:00 PM	1.25	0.15	0.01	5 m
13	39.80	62.95	12:15 AM	0.08	0.01	0.01	5 m
14	40.03	53.13					
15	33.27	37.68	12:05 AM	0.42	0.05	0.01	5 m
16	38.06	53.63					
17	31.16	36.44					
18	37.33	47.46					
19	30.65	35.53					
20	37.04	53.65	2:30 PM	0.33	0.05	0.02	5 m
21	35.30	47.63					
22	32.45	48.60					
23	37.84	49.49					
24	29.81	34.66					
25	29.95	35.34	2:40 PM	0.08	0.08	0.08	5 m
26	32.15	44.91	4:15 PM	1.33	0.16	0.01	5 m
27	33.80	44.48	5:50 AM	0.33	0.04	0.01	5 m
28	50.12	89.27	9:25 AM	2.75	0.45	0.03	5 m
29	39.09	51.42					
30	49.49	55.80					
31	59.12	86.18	6:10 AM	1.00	0.13	0.02	5 m
Totals:	1218.09			14.24	2.64	4.07	0.101

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM OPERATING PLAN THAT WAS DEVELOPED AND APPROVED BY THE INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
Date (mm/dd/yyyy): 11/15/18
Telephone: 765-427-4313

National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 50248 (03/17-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 50248 (03/17-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: 10-2018		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 60		Measure/Metered (M) or Estimated (E) must be specified	
WWTW Influent Data		CSO Outfall No. 27	
Average Daily Peak Hourly Flow (MGD)	Time Precip. (inches)	Time Discharge Began (E)	Event Duration (Hours) (M)
1 31.03 35.52			
2 30.59 35.88			
3 30.23 34.26			
4 40.17 55.90	1:25 AM		
5 50.15 88.29	6:40 AM		
6 62.55 85.17	4:20 AM		
7 50.58 87.95	3:00 AM		
8 45.59 60.14	10:25 AM		
9 34.95 40.23			
10 49.16 80.85	1:05 PM		
11 37.88 51.90	10:30 AM		
12 41.75 66.45	5:00 PM		
13 39.90 62.95	12:30 AM		
14 40.03 53.13			
15 33.27 37.98	2:40 AM		
16 38.06 53.53			
17 31.16 36.40			
18 37.33 47.46			
19 30.65 35.53			
20 37.04 50.65	5:40 PM		
21 35.30 47.83	12:35 PM		
22 32.45 48.80			
23 37.84 48.49			
24 28.81 34.65			
25 29.95 35.34	9:10 AM		
26 32.15 44.91	4:45 PM		
27 33.80 44.48	5:40 AM		
28 50.12 88.27	8:30 AM		
29 39.08 51.42	3:55 PM		
30 43.49 55.80			
31 59.12 88.18	5:55 AM		
Total: 1245.09	12.68	2.37	

City: Fort Wayne		Permit Number: IN0032191	
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y	
Monitoring Period: 10-2018		Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 60		Measure/Metered (M) or Estimated (E) must be specified	
WWTW Effluent Data		CSO Outfall No. 44	
Average Daily Peak Hourly Flow (MGD)	Time Discharge Began (E)	Event Duration (Hours) (M)	Event Duration (Hours) (M)
1 31.03 35.52			
2 30.59 35.88			
3 30.23 34.26			
4 40.17 55.90			
5 50.15 88.29			
6 62.55 85.17			
7 50.58 87.95			
8 45.59 60.14			
9 34.95 40.23			
10 49.16 80.85			
11 37.88 51.90			
12 41.75 66.45			
13 39.90 62.95			
14 40.03 53.13			
15 33.27 37.98			
16 38.06 53.53			
17 31.16 36.40			
18 37.33 47.46			
19 30.65 35.53			
20 37.04 50.65			
21 35.30 47.83			
22 32.45 48.80			
23 37.84 48.49			
24 28.81 34.65			
25 29.95 35.34			
26 32.15 44.91			
27 33.80 44.48			
28 50.12 88.27			
29 39.08 51.42			
30 43.49 55.80			
31 59.12 88.18			
Total: 1245.09	0	0	0

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Signature of Principal Executive Officer or Authorized Agent: [Signature]
 Date (mm/dd/yyyy): 1/15/18
 Telephone: 265-674213
 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 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.



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

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met?	Y
Monitoring Period: 10-2018	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD):	60

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	
5	Wet Weather
6	Wet Weather
7	Wet Weather
8	
9	
10	Wet Weather
11	Wet Weather
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	Wet Weather
29	
30	
31	Wet Weather

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Susan Beck, Program Manager	Telephone 260-427-6213
---	---------------------------

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent Susan Beck	Date (mm/dd/yy) 10/16/18
--	-----------------------------

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWINGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 002 External Outfall
 Discharge: 002 POND - WHEN USED AS CSO ONLY

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 DMR Due Date: 11/28/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer
 First Name: Susan
 Last Name: Beck
 Title: Program Manager
 Telephone: 260-427-6213

Form NODI: -

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality of Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NODI Sample				Req Mon MO TOTAL 82 - hrmo C - No Discharge			WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Permit Req. Value NODI Sample				Req Mon MO TOTAL 3R - Mgal C - No Discharge			AUEV - All Events ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req. Value NODI Sample				228 SW - hrmo			AUEV - All Events RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Permit Req. Value NODI Sample				Req Mon MO TOTAL 4K - #mo C - No Discharge			AUEV - All Events RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments

Name	Type	Size
IN0032191_002C_CSONMRO_2018_10.pdf	pdf	576951
IN0032191_002C_LETTER_2018_10.pdf	pdf	218127

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:07 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 003 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 003-C
 001 POND - CSO

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 Status: NetDMR Validated
 Considerations for Form Completion: CSO - 001 POND WHEN USED AS CSO ONLY

Principal/Executive Officer
 First Name: _____
 Last Name: _____
 Title: _____
 Telephone: _____

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							Req Mon MO TOTAL 02 - hr/mo		WHDS - When Discharging	RT - RCOTOT
74053	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							Req Mon MO TOTAL 3R - Mgal		ALUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							2.28 SW - hr/mo		ALUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							Req Mon MO TOTAL 4K - #/mo		ALUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofortwayne.org
 Date/Time: 2018-11-15 10:03 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofortwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 004 External Outfall
Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
Facility Location: FORT WAYNE WWTP P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803

Discharge: 004-C
CSO: JO2-90
DMR Due Date: 11/28/18
Status: NetDMR Validated

Monitoring Period: From 10/01/18 to 10/31/18
Considerations for Form Completion: CSC: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer
First Name:
Last Name:
Title:
Telephone:

No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	5.83	Req Mon MO TOTAL	82	-hr:mo	0	WHIDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	0.369	Req Mon MO TOTAL	3R	-Mgal	0	ALIEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	2.29	Req Mon MO TOTAL	SW	-in:mo	0	ALIEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	3	Req Mon MO TOTAL	4K	-#mo	0	ALIEV - All Events	RT - RCOTOT

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-11-15 09:59 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 005 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 005-C
 CSO: J11-164

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 Status: NetDMR Validated
 Considerations for Form Completion
 CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer

Form NODI: --
 Last Name: Title:
 No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1	Qualifier 2 Value 2	Units Qualifier 1 Value 1	Qualifier 2 Value 2	Quality or Concentration Value 1	Qualifier 3 Value 3	Units Value 3	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			82 - hr/mo		7.06		82 - hr/mo	0	WHIOS - When Discharging	RT - RCOTOT
7495	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			3R - Magal		0.245		3R - Magal	0	ALUEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			5W - hr/mo		2.29		5W - hr/mo	0	ALUEV - All Events	RT - RCOTOT
8416	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			4K - hr/mo		3		4K - hr/mo	0	ALUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-11-15 09:59 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 007 External Outfall
 Discharge: 007-C
 CSO: K03-92
 Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 Status: NetDMR Validated
 DMR Due Date: 11/28/18
 CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY

Principal/Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NOD)

Form NOD:

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Sample Permit Req. Value NOD	Sample	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
							Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3		
5037	Duration	EG - Effluent Gross	0				Req Mon MO TOTAL 92 - hr/mo				WHDS - When Discharging RT - RCOTOT
7405	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0				Req Mon MO TOTAL 3R - Mgal				ALVEY - All Events ES - ESTMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0				2.29				ALVEY - All Events RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0				Req Mon MO TOTAL 5W - hr/mo				ALVEY - All Events RT - RCOTOT
							Req Mon MO TOTAL 4K - #mo				ALVEY - All Events RT - RCOTOT
							C - No Discharge				

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:00 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 011 External Outfall
 Discharge: 011-C
 CSC: K06-233

Report Dates & Status: DMR Due Date: 11/28/18
 Status: NetDMR Validated

Monitoring Period: From 10/01/18 to 10/31/18

Considerations for Form Completion: CSC: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NOD)

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample	Permit Req. Value	Permit NODI	Sample	Permit Req. Value	Permit NODI	Quality or Concentration	Value 1	Qualifier 1	Value 2	Qualifier 2	Value 3	Qualifier 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample			Req Mon MO TOTAL 82 - hrmo												WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample			Req Mon MO TOTAL 3R - Mgal												ALUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample			2.29												ALUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample			Req Mon MO TOTAL 4K - hrmo												ALUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:00 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 012- External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 012-C
 CSO: K06-234

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3		
50037	Duration	EG - Effluent Gross	0		Req Mon MO TOTAL 82 - hr/mo			WHDS - When Discharging	RT - RCOTOT
74093	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0		C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0		Req Mon MO TOTAL 3R - Mg/gal			ALVEY - All Events	ES - ESTIMA
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0		2.26			ALVEY - All Events	RT - RCOTOT
					Req Mon MO TOTAL 5W - hr/mo 0			ALVEY - All Events	RT - RCOTOT
					Req Mon MO TOTAL 4K - #/mo			ALVEY - All Events	RT - RCOTOT
					C - No Discharge				

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:00 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 013 External Outfall
 Discharge: 013-C
 CSO: K06-298

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal/Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Value	Permit Req. Value	NODI Value	Quality or Concentration	Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type	
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value	0.59	Req Mon MO TOTAL	Req Mon MO TOTAL	82	-	-	hr:mo	82	-	-	hr:mo	0	WHDS - When Discharging WHDS - When Discharging	RT - RCOTOT RT - RCOTOT
74065	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value	0.007	Req Mon MO TOTAL	Req Mon MO TOTAL	3R	-	-	Mgal	3R	-	-	Mgal	0	ALVEY - All Events ALVEY - All Events	ES - ESTIMA ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value	2.16	Req Mon MO TOTAL	Req Mon MO TOTAL	5W	-	-	in:mo	5W	-	-	in:mo	0	ALVEY - All Events ALVEY - All Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value	2	Req Mon MO TOTAL	Req Mon MO TOTAL	4K	-	-	#mo	4K	-	-	#mo	0	ALVEY - All Events ALVEY - All Events	RT - RCOTOT RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 09:57 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 017 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 017-C
 CSO: K07-176

DMR Due Date: 11/28/18
Status: NetDMR Validated

Title:

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18

Considerations for Form Completion
 CSO: K07-176 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:

No Data Indicator (NODI)
 Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 3	Quality or Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	21.75	Req Mon MO TOTAL	82	hr:mo	0	WHIOS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	0.059	Req Mon MO TOTAL	3R - Magal		0	ALUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	2.16	Req Mon MO TOTAL	5W - Irmo		0	ALUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	2	Req Mon MO TOTAL	4K - Irmo		0	ALUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-11-15 09:58 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 018 External Outfall
 Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
 Facility Location: FORT WAYNE WWTP P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803

Discharge: 018-C
 CSO: K11-165
 Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 Considerations for Form Completion: CSO: K11-165 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer

First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	15.67			Req Mon MO TOTAL	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	4.407			Req Mon MO TOTAL	3R - Magal	0	ALVEY - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	2.64			Req Mon MO TOTAL	5W - hr/mo	0	ALVEY - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	4			Req Mon MO TOTAL	4K - #/mo	0	ALVEY - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 09:58 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #: IN0032191
Major: Yes
Permitted Feature: 019 External Outfall
Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
Facility Location: FORT WAYNE WWTP P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Discharge: 019-C
CSO: K11-178
DMR Due Date: 11/28/18
Status: NetDMR Validated
Monitoring Period: From 10/01/18 to 10/31/18
Considerations for Form Completion: CSO: K11-178 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
Title:
Telephone:

No Data Indicator (NODI)

Form NODI: -

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	5.09			Req Mon MO TOTAL	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	0.101			Req Mon MO TOTAL	3R - Magal	0	ALVEY - All Events	ES - ESTIMA
78487	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	2.64			Req Mon MO TOTAL	5W - Inv/mo	0	ALVEY - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	3			Req Mon MO TOTAL	4K - #/mo	0	ALVEY - All Events	RT - RCOTOT

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityofortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofortwayne.org

Date/Time: 2018-11-15 09:58 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityofortwayne.org

Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 020 External Outfall
 Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 Considerations for Form Completion
 CSO: K15-116 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI: --

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 020-C
 CSO: K15-116

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

DMR Due Date: 11/28/18
Status: NetDMR Validated

Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Quality or Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	11.16		82 - hr/mo	Req Mon MO TOTAL			0	WHIDS - When Discharging	RT - RCOTOT
74093	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	2.967		3R - Magal	Req Mon MO TOTAL			0	ALUEV - All Events	ES - ESTIMA
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	2.64		5W - Inrmo	Req Mon MO TOTAL			0	ALUEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	4		4K - #rmo	Req Mon MO TOTAL			0	ALUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofortwayne.org
 Date/Time: 2018-11-15 09:58 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofortwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 021 External Outfall
 Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
 Facility Location: FORT WAYNE WWTP P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
 Discharge: 021-C
 CSC: K19-044

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 DMR Due Date: 11/28/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSC: K19-044 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer

First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NOD)
 Form NOD: --

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Sample Permit Req. Value NOD	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD	7.75				82 - hr/mo	0		WHDS - When Discharging	RT - RCOTOT
7406	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD	0.249				3R - Magal	0		ALVEY - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD	2.64				5W - hr/mo	0		ALVEY - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD	3				4K - hr/mo	0		ALVEY - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 09:59 (Time Zone: -05:00)
Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 023 External Outfall
 Report Dates & Status: From 10/01/18 to 10/31/18
 Monitoring Period: From 10/01/18 to 10/31/18
 Considerations for Form Completion: L06-103 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:
 No Data Indicator (NODI): --
 Form NODI: --
 Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
 Discharge: 023-C
 Discharge Location: L06-103
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
 DMR Due Date: 11/28/18
 Status: NetDMR Validated

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
5037	Duration	EG - Effluent Gross	0	--	Permit Req Value			2.41	Req Mon MO TOTAL	82 - hrmo	0	WHDS - When Discharging RT - RCOTOT	
74053	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req Value			0.213	Req Mon MO TOTAL	3R - Magal	0	ALVEY - All Events ES - ESTIMA	
78487	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req Value			1.87	Req Mon MO TOTAL	5W - hrmo	0	ALVEY - All Events RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req Value			3	Req Mon MO TOTAL	4K - hrmo	0	ALVEY - All Events RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 09:55 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 024 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 024-C
 CSO: L06-420

DMR Due Date: 11/28/18
Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 Considerations for Form Completion
 CSO: L06-420 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Quality or Concentration	Value 3	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	0.5		82 - hr:mo	Req Mon MO TOTAL		0	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	0.011		3R - Magal	Req Mon MO TOTAL		0	ALVEY - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	1.87		5H - hr:mo	Req Mon MO TOTAL		0	ALVEY - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	1		4K - #lmo	Req Mon MO TOTAL		0	ALVEY - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 09:55 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 025 External Outfall
 Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 Considerations for Form Completion
 CSO: L06-421 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI: -

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 025-C
 CSO: L06-421

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

DMR Due Date: 11/28/18
Status: NetDMR Validated

Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3		
50037	Duration	EG - Effluent Gross	0	-	1			WHIDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-	0.006			WHIDS - When Discharging	RT - RCOTOT
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	1.87			ALVEY - All Events	ES - ESTIMA
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	1			ALVEY - All Events	ES - ESTIMA

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-11-15 09:55 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 027 External Outfall
 Discharge: 027-C
 CSO: M10-202

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: M10-202 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer

First Name:
 Last Name:
 Title:

No Data Indicator (NODI)
 Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
5037	Duration	EG - Effluent Gross	0	--	Permit Req Value NODI							WHDS - When Discharging RT - RCOTOT	
74095	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req Value NODI							AL/EV - All Events ES - ESTIMA	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req Value NODI							AL/EV - All Events RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req Value NODI							AL/EV - All Events RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:04 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 028 External Outfall
 Discharge: 028-C
 CSC: M10-238

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 DMR Due Date: 11/28/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSC: M10-238 MUNICIPAL MAJORALLEN COUNTY
 Principal/Executive Officer

First Name:
 Last Name:
 Title:

No Data Indicator (NOD)

Form NOD:

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Sample Permit Req. Value NOD	Sample	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
3037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NOD	Sample					Req Mon MO TOTAL 92 - hrmo C - No Discharge		WHDS - When Discharging	RT - RCOTOT
7405	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Permit Req. Value NOD	Sample					Req Mon MO TOTAL 3R - Mgal C - No Discharge 2.28		AUEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req. Value NOD	Sample					Req Mon MO TOTAL 5W - Inflow 0		AUEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Permit Req. Value NOD	Sample					Req Mon MO TOTAL 4K - #mo C - No Discharge		AUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:01 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032791
 Major: Yes
 Permitted Feature: 029 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 029-C
 CSO: M10-265

DMR Due Date: 11/28/18
Status: NetDMR Validated

Title:
Telephone:

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18

Considerations for Form Completion
 CSO: M10-265 MUNICIPAL MAJORALLEN COUNTY

Principal/Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Sample Value	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--			7.08	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
74053	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--			0.359	3R - Mgal	0	AUEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			1.87	5W - in/mo	0	AUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--			5	4K - #/mo	0	AUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-11-15 09:55 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature:
 032
 External Outfall

Permittee Address:
 FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge:
 032-C
 CSC: M10-306

DMR Due Date: 11/28/18
Status: NetDMR Validated

Monitoring Period: From 10/01/18 to 10/31/18

Consolidations for Form Completion:
 CSC: M10-306 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NOD)

Form NOD:

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Sample Permit Req. Value NOD	Sample	Quantity or Loading	Quality or Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
							Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Duration	EG - Effluent Gross	0	--					4.92	82 - hr/mo	WHIDS - When Discharging	RT - RCOTOT	
74065	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--					0.186	3R - Magal	ALUEV - AI Events	ES - ESTIMA	
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--					1.87	3R - Magal	ALUEV - AI Events	ES - ESTIMA	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--					1.87	5W - hr/mo	ALUEV - AI Events	RT - RCOTOT	
									5	4K - hr/mo	ALUEV - AI Events	RT - RCOTOT	
										4K - hr/mo	ALUEV - AI Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 09:55 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 033 External Outfall
 Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 Considerations for Form Completion
 CSC: M10-313 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:
 Facility:
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 033-C
 CSC: M10-313
 DMR Due Date: 11/28/18
 Status: NetDMR Validated

No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value	Sample NODI	Quantity or Loading	Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value	Sample NODI								Req Mon MO TOTAL 82 - hr/mo		WHDS - When Discharging	RT - RCOTOT
74065	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value	Sample NODI								Req Mon MO TOTAL 3R - Mgal		ALUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value	Sample NODI								2.27 SW - in/mo		ALUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value	Sample NODI								Req Mon MO TOTAL 4K - #/mo		ALUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:04 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 036 External Outfall
 Discharge: 036-C
 CSO: M18-032

Permittee: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803

Facility Location: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

DMR Due Date: 11/28/18
Status: NetDMR Validated

Monitoring Location: From 10/01/18 to 10/31/18
Considerations for Form Completion: CSO: M18-032 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Sample Value	Sample	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--				Req Mon MO TOTAL 32 - ltrmo C - No Discharge			WHIDS - When Discharging RT - RCOTOT	
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--				Req Mon MO TOTAL 3R - Mgal C - No Discharge 2.27			ALVEV - All Events ALVEV - All Events ALVEV - All Events	ES - ESTIMA RT - RCOTOT RT - RCOTOT
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--				Req Mon MO TOTAL 5W - ltrmo 0			ALVEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--				Req Mon MO TOTAL 4K - #lmo C - No Discharge			ALVEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-11-15 10:04 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 039 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 039-C
 CSO: N06-022

DMR Due Date: 11/28/18
Status: NetDMR Validated

Monitoring Period: From 10/01/18 to 10/31/18

Considerations for Form Completion
 CSO: N06-022 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name: _____
 Last Name: _____
 Title: _____
 Telephone: _____

No Data Indicator (NOD)
 Form NOD: --

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NOD			6	Req Mon MO TOTAL	82 - hrmo	0	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Permit Req. Value NOD			0.237	Req Mon MO TOTAL	3R - Mgal	0	ALVEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req. Value NOD			1.87	Req Mon MO TOTAL	5W - hrmo	0	ALVEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Permit Req. Value NOD			3	Req Mon MO TOTAL	4K - hrmo	0	ALVEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-11-15 09:56 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature:
 044
 External Outfall
 Discharge: 044-C
 CSC: N22-93

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 Status: NetDMR Validated
 Considerations for Form Completion
 CSC: N22-93 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name: _____
 Last Name: _____
 Title: _____
 Telephone: _____

No Data Indicator (NODI)
 Form NODI: -

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3		
50937	Duration	EG - Effluent Gross	0	--				WHDS - When Discharging	RT - RCOTOT
74065	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--				ALUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--				ALUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--				ALUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofortwayne.org
Date/Time: 2018-11-15 10:04 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityofortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofortwayne.org
Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 045 External Outfall
 Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
 Facility Location: FORT WAYNE WWTP P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803

Discharge: 045-C
 CSO: NZZ-103
 Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 Considerations for Form Completion: CSO: NZZ-103T. JOSEPH RIVERMUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer

First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-				Req Mon MO TOTAL 82 - hr/mo C - No Discharge			WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	-				Req Mon MO TOTAL 3R - Mgal C - No Discharge			AUEV - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-				2.27 Req Mon MO TOTAL 5W - hr/mo 0			AUEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-				Req Mon MO TOTAL 4K - #/mo C - No Discharge			AUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:05 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 048 External Outfall
 Report Dates & Status: From 10/01/18 to 10/31/18
 Monitoring Period: From 10/01/18 to 10/31/18
 Considerations for Form Completion: CSO: 010-252 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NODI): --
 Form NODI: --

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE, FT WAYNE, IN 46802
 Discharge: 048-C
 CSO: 010-252
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Status: NetDMR Validated
 Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units	Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	0.31	Req Mon MO TOTAL 82 - hrmo 0	WHDS - When Discharging	RT - RCOTOT	RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	0.375	Req Mon MO TOTAL 3R - Megal 0	ALVEY - All Events	ES - ESTIMA	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	2.28	Req Mon MO TOTAL 5W - hrmo 0	ALVEY - All Events	RT - RCOTOT	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	3	Req Mon MO TOTAL 4K - hrmo 0	ALVEY - All Events	RT - RCOTOT	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 [Blank]

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:01 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 050 External Outfall
 Report Dates & Status: From 10/01/18 to 10/31/18
 Monitoring Period: 11/28/18
 Considerations for Form Completion: NetDMR Validated
 CSO: 010-277 MUNICIPAL MAJORALLEN COUNTY
 Principal/Executive Officer: 050-C CSO: 010-277
 First Name: _____ Title: _____
 Last Name: _____ Telephone: _____
 Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2	Quality or Concentration	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NODI	0.5	Req Mon MO TOTAL	82	hr:mo	0	WHDS - When Discharging WHDS - When Discharging	RT - RCOTOT RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Permit Req. Value NODI	0.019	Req Mon MO TOTAL	3R - Magal	0	0	ALVEV - All Events ALVEV - All Events	ES - ESTIMA ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req. Value NODI	1.87	Req Mon MO TOTAL	3R - Magal	0	0	ALVEV - All Events ALVEV - All Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	2	Req Mon MO TOTAL	4K - #lmo	0	0	ALVEV - All Events ALVEV - All Events	RT - RCOTOT RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 09:56 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 051 External Outfall
 Discharge: 051-C
 CSO: 022-002

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 DMR Due Date: 11/28/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: 022-002 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 Title: _____
 Telephone: _____

Last Name: _____
First Name: _____
No Data Indicator (NODI) _____

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
5037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NODI							WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Permit Req. Value NODI							Req Mon MO TOTAL 3R - Mgal C - No Discharge	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req. Value NODI							Req Mon MO TOTAL 5W - lvr/mo C - No Discharge	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Permit Req. Value NODI							Req Mon MO TOTAL 4K - #/mo C - No Discharge	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:02 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 052 External Outfall
 Discharge: 052-C
 CSO: 022-004

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: 022-004 MUNICIPAL MAJOR ALLEN COUNTY
 Principal/Executive Officer

First Name:
 Last Name:
 Title:

No Data Indicator (NOD)
 Form NOD: --

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2				
5037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NOD				WHDS - When Discharging	RT - RCOTOT	
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Permit Req. Sample Value NOD				ALVEY - All Events	ES - ESTIMA	
78877	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req. Sample Value NOD				ALVEY - All Events	RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Permit Req. Sample Value NOD				ALVEY - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:02 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 053 External Outfall
 Discharge: 053-C
 CSC: 022-094

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSC: 022-094 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)
 Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
5037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NODI			Req Mon MO TOTAL 92 - hr/mo				WHDS - When Discharging	RT - RCOTOT
7405	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Permit Req. Sample Value NODI			Req Mon MO TOTAL 3R - Mgal				ALVEY - All Events	ES - ESTIMA
7987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req. Sample Value NODI			2.28				ALVEY - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Permit Req. Sample Value NODI			Req Mon MO TOTAL 4K - #/mo				ALVEY - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:02 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 054 External Outfall
 Report Dates & Status: From 10/01/18 to 10/31/18
 Monitoring Period: From 10/01/18 to 10/31/18
 Considerations for Form Completion: CSC: 023-080 MUNICIPAL MAJORALLEN COUNTY
 Principal/Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NODI): [Blank]

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 054-C
 CSO: 023-080
DMR Due Date: 11/28/18
Status: NetDMR Validated

Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Title: [Blank]
Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NODI			Opt Mon MO TOTAL 62 - hr/mo C - No Discharge	WHDS - When Discharging RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Permit Req. Value NODI			Opt Mon MO TOTAL 3R - Mgal C - No Discharge	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req. Value NODI			2.68 SW - hr/mo Opt Mon MO TOTAL SW - hr/mo 0	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Permit Req. Value NODI			Opt Mon MO TOTAL 4K - #/mo C - No Discharge	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-11-15 10:01 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 055 External Outfall
 Report Dates & Status: From 10/01/18 to 10/31/18
 Monitoring Period: From 10/01/18 to 10/31/18
 Considerations for Form Completion: CSC: P06-192 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NODI): [Blank]
 Form NODI: [Blank]

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE, FT WAYNE, IN 46802
 Discharge: 055-C
 CSO: P06-192
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC, 2601 DWENGER AVE, FORT WAYNE, IN 46803
 DMR Due Date: 11/28/18
 Status: NetDMR Validated
 Title: [Blank]
 Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	Sample Permit Req. Value NODI			5	Req Mon MO TOTAL	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	Sample Permit Req. Value NODI			0.271	Req Mon MO TOTAL	3R - Magal	0	ALVEY - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	Sample Permit Req. Value NODI			1.87	Req Mon MO TOTAL	5W - Inrmo	0	ALVEY - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	Sample Permit Req. Value NODI			4	Req Mon MO TOTAL	4K - #/mo	0	ALVEY - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 [Blank]

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 09:56 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 056 External Outfall
 Discharge: 056-C
 CSC: J03-313

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSC: J03-313 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:

No Data Indicator (NOD)
 Form NOD: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Sample	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
5097	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI						Req Mon MO TOTAL 82 - hr/mo		WHIOS - When Discharging	RT - RCOTOT
74095	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI						Req Mon MO TOTAL 3R - Mgals		AUEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI						Req Mon MO TOTAL 5W - hr/mo		AUEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI						Req Mon MO TOTAL 4K - #/mo		AUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:01 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 057 External Outfall
 Discharge: 057-C CSO: P10-121
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 DMR Due Date: 11/28/18
 Status: NetDMR Validated
 Report Dates & Status: From 10/01/18 to 10/31/18
 Monitoring Period: From 10/01/18 to 10/31/18
 Considerations for Form Completion: CSO: P10-121 MUNICIPAL MAJORALLEN COUNTY
 Principal/Executive Officer: Title:
 First Name: Title:
 Last Name: Title:
 No Data Indicator (NODI):

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1			
50037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NODI					Req Mon MO TOTAL 82 - hrmo		WHIDS - When Discharging RT - RCOTOT	
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Permit Req. Value NODI					Req Mon MO TOTAL 3R - Mgal		ALIEV - All Events ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req. Value NODI					2.21 SW - hrmo		ALIEV - All Events RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Permit Req. Value NODI					Req Mon MO TOTAL 4K - hrmo		ALIEV - All Events RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 09:54 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 060 External Outfall
 Discharge: 060-C
 CSO: R06-31

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: R06-31 MUNICIPAL MAJORALLEN COUNTY

Principal/Executive Officer
 First Name:
 Last Name:
 Title:

No Data Indicator (NODI)

Form NODI: -

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Permit Req. Value NODI				Req Mon MO TOTAL 82 - hr/mo C - No Discharge		WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Permit Req. Value NODI				Req Mon MO TOTAL 3R - Mgal 2.08		ALVEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req. Value NODI				Req Mon MO TOTAL 5W - hr/mo 0		ALVEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Permit Req. Value NODI				Req Mon MO TOTAL 4K - #/mo C - No Discharge		ALVEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-11-15 09:54 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org

Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 061 External Outfall
 Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 Considerations for Form Completion
 CSC: R1-4-137 MUNICIPAL MAJORALLEN COUNTY
 Principal/Executive Officer
 First Name:
 Last Name:
 Title:
 No Data Indicator (NODI)
 Form NODI: -

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 061-C
 CSC: R14-137

Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Quantity or Loading:
 Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3

Status: NetDMR Validated

Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Sample	Permit Req. Value NODI	Sample	Permit Req. Value NODI	Sample	Permit Req. Value NODI	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	-	Opt Mon MO TOTAL 82 - hrmo	-	-	-	-	-	C - No Discharge	hrmo	0	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	-	Opt Mon MO TOTAL 3R - Mgal	-	-	-	-	-	C - No Discharge	Mgal	0	ALVEV - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	-	Opt Mon MO TOTAL 5W - hrmo	-	-	-	-	-	2.28	hrmo	0	ALVEV - All Events	RT - RCOTOT
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	-	Opt Mon MO TOTAL 4K - hrmo	-	-	-	-	-	C - No Discharge	hrmo	0	ALVEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:02 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 064 External Outfall
 Report Dates & Status: From 10/01/18 to 10/31/18
 Monitoring Period: From 10/01/18 to 10/31/18
 Considerations for Form Completion: CSC: S02-35 MUNICIPAL MAJORALLEN COUNTY
 Principal/Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NOD): [Blank]
 Form NOD: [Blank]

Permittee: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Discharge: 064-C
 CSC: S02-35

DMR Due Date: 11/28/18
Status: NetDMR Validated

Title: [Blank]
Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Sample Permit Req. Value NOD	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD	0.06	Req Mon MO TOTAL	82	-	hrmo	82	0	WHIOS - When Discharging	RT - RCOTOT
74095	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD	0.001	Req Mon MO TOTAL	3R	-	Mgal	3R	0	ALIEV - All Events	ES - ESTIMA
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD	2.21	Req Mon MO TOTAL	5W	-	hrmo	5W	0	ALIEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD	1	Req Mon MO TOTAL	4K	-	hrmo	4K	0	ALIEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 09:54 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 068 External Outfall
 Discharge: 068-C
 CSC: N18-254

Report Dates & Status
 Monitoring Period: From 10/01/18 to 10/31/18
 DMR Due Date: 11/28/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSC: N18-254 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer

First Name:
 Last Name:
 Title:

No Data Indicator (NODI)
 Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Sample	Permit Req. Value NODI	Sample	Permit Req. Value NODI	Sample	Permit Req. Value NODI	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-													Req Mon MO TOTAL 82 - hr/mo		WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-													Req Mon MO TOTAL 3R - Mgal		ALVEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-													2.28		ALVEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-													Req Mon MO TOTAL 5W - hr/mo		ALVEV - All Events	RT - RCOTOT
																	Req Mon MO TOTAL 4K - #mb		ALVEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:03 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #: IN0032191
Major: Yes
Permitted Feature: 080 External Outfall
Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
Discharge: 080-C
DMR Due Date: 11/28/18
Status: NetDMR Validated
Monitoring Period: From 10/01/18 to 10/31/18
Considerations for Form Completion: CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR
Principal/Executive Officer:
First Name:
Last Name:
Title:
Telephone:

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							Req Mon MO TOTAL 82 - hr/mo C - No Discharge	WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							Req Mon MO TOTAL 3R - Mgal C - No Discharge	AUEV - All Events	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							Req Mon MO TOTAL 5W - hr/mo C - No Discharge	AUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							Req Mon MO TOTAL 4K - #/mo C - No Discharge	AUEV - All Events	RT - RCOTOT

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-11-15 09:59 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 081 External Outfall
 Report Dates & Status: 081-C CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.
 Monitoring Period: From 10/01/16 to 10/31/18
 Considerations for Form Completion: CSO - R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.
 Principal/Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 Form NODI: [Blank]

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
 Discharge: 081-C CSO: R14-032, 200' NORTH AND 710' WEST OF NEVADA & LAVERNE DR.
 DMR Due Date: 11/28/18
 Status: NetDMR Validated
 Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							ALVEY - All Events ES - ESTIMA	
78487	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							ALVEY - All Events RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							ALVEY - All Events RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 09:59 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-11-15 10:08 (Time Zone: -05:00)



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

December 18, 2018

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of November 2018

We are pleased to enclose a completed CSO MRO form for the month of November 2018. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

A dry weather overflowed occurred at CSO 018 and CSO 019 on November 15, 2018. A collapse occurred at both the inlet structure and the inlet's outgoing line, sending debris into the two regulators creating a blockage and causing them both to overflow. The inlet structure and line were both repaired.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Susan Beck".

Susan Beck
Program Manager
Water Pollution Control Maintenance

ENGAGE • INNOVATE • PERFORM

CITIZENS SQUARE

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An Equal Opportunity Employer

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection

Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts

Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff

Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps

Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine



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

State Form 5046 (03/7-19)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5046 (03/7-19)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		Page [1] of [12]		Public Notification Requirements Met? Y		Permit Number: IN0032191							
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: 11-2018		Design Peak Hourly Flow (MGD): 85		Design Flow (MGD): 60		Check box if no CSO discharge occurred for the month: Y							
WWTW Influent Data		Precipitation Data - Adams Basin		Design Average Flow (MGD): 80		CSO Outlet No. 80		Check box if no CSO discharge occurred for the month: Y							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm/HR)	Precip. Duration (hours)	Total Daily Precip. (inches)	Peak Intensity (inches)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began (hours)	Event Duration (hours)	M (MG)	E (MG)	Time Discharge Began (hours)	Event Duration (hours)	M (MG)	E (MG)
1	87.19	101.90	12:50 AM	9.75	1.58	0.04	5 m								
2	100.96	102.07	12:00 AM	1.42	0.20	0.02	5 m								
3	91.83	101.51					5 m								
4	80.12	83.81	8:55 PM	0.17	0.02	0.01	5 m								
5	73.35	77.87	12:20 AM	0.50	0.06	0.01	5 m								
6	57.91	65.46	12:25 AM	0.83	0.13	0.02	5 m								
7	54.45	65.43	8:45 AM	0.08	0.01	0.01	5 m								
8	49.17	63.21					5 m								
9	48.99	67.63	7:00 AM	0.83	0.10	0.01	5 m								
10	43.02	60.46	12:10 PM	0.08	0.01	0.01	5 m								
11	40.70	64.58					5 m								
12	42.83	61.80	8:35 PM	0.33	0.04	0.01	5 m								
13	36.19	41.88					5 m								
14	41.30	54.25	12:50 PM	0.08	0.01	0.01	5 m								
15	48.17	71.35					5 m								
16	46.90	70.38	11:30 AM	0.17	0.02	0.01	5 m								
17	44.35	65.12	9:15 PM	0.33	0.04	0.01	5 m								
18	51.79	66.91	12:15 AM	1.42	0.17	0.01	5 m								
19	51.42	62.67					5 m								
20	44.29	61.90	11:30 AM	0.33	0.08	0.04	5 m								
21	44.12	59.53					5 m								
22	37.15	55.62					5 m								
23	41.89	56.87	11:30 AM	0.17	0.03	0.02	5 m								
24	64.74	77.99	12:05 AM	2.08	0.26	0.02	5 m								
25	45.82	64.18	12:45 PM	1.42	0.26	0.03	5 m								
26	91.85	93.75	12:00 AM	4.92	0.73	0.03	5 m								
27	89.23	92.74					5 m								
28	71.32	92.22					5 m								
29	63.42	70.04	12:05 PM	0.08	0.01	0.01	5 m								
30	44.22	49.84	5:30 AM	0.08	0.01	0.01	5 m								
31															
Totals:	1728.30			25.07	3.77					0	0.00	0	0	0	0

City: Fort Wayne Telephone: 260-427-6213

Facility: Fort Wayne - P.L. Brunner WWTP

Monitoring Period: 11-2018

Design Peak Hourly Flow (MGD): 85

Design Flow (MGD): 60

CSO Outlet No. 80

Public Notification Requirements Met? Y

Permit Number: IN0032191

Signature of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager

Date (mm/dd/yyyy): 12/18/18

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, I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.



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

State Form 30546 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		City: Fort Wayne																
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Facility: Fort Wayne - P.L. Brunner WWTP																
Monitoring Period: [MONTH] 11-2018		Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 11-2018																
Design Peak Hourly Flow (MGD): 85		Measured/Metered (M) or Estimated (E) must be specified		Design Peak Flow (Hourly) (MGD): 85																
Design Peak Hourly Flow (MGD): 60		CSO Outfall No. 23		Design Peak Flow (MGD): 50																
Design Peak Hourly Flow (MGD): 85		CSO Outfall No. 24		Design Peak Flow (MGD): 25																
Design Peak Hourly Flow (MGD): 85		CSO Outfall No. 25		Design Peak Flow (MGD): 11.83																
Design Peak Hourly Flow (MGD): 85		CSO Outfall No. 26		Design Peak Flow (MGD): 1.92																
Design Peak Hourly Flow (MGD): 85		CSO Outfall No. 27		Design Peak Flow (MGD): 0.021																
Design Peak Hourly Flow (MGD): 85		CSO Outfall No. 28		Design Peak Flow (MGD): 0.58																
Design Peak Hourly Flow (MGD): 85		CSO Outfall No. 29		Design Peak Flow (MGD): 0.42																
Design Peak Hourly Flow (MGD): 85		CSO Outfall No. 30		Design Peak Flow (MGD): 0.009																
Design Peak Hourly Flow (MGD): 85		CSO Outfall No. 31		Design Peak Flow (MGD): 0.009																
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (ampm)	Precip. Duration (hours)	Total Daily Precip. (inches)	Total Daily Precip. Intensity (in/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	Event Duration (hours)	Event Discharge (MG)	Day of Month	Time Discharge Began	Event Duration (hours)	Event Discharge (MG)	Day of Month	Time Discharge Began	Event Duration (hours)	Event Discharge (MG)		
1	87.19	101.90	3:50 AM	6.67	1.07	0.05	5 m	8:00 AM	4.67	M	1	7:50 AM	1.92	M	1	5:50 AM	11.83	M	0.62	
2	100.96	102.07	12:05 AM	0.50	0.09	0.03	5 m	12:35 AM	1.33	M	2	12:00 AM	0.58	M	2	12:00 AM	1.92	M	0.009	
3	91.83	101.51					5 m				3									
4	80.12	83.91	8:50 PM	0.25	0.03	0.01	5 m				4									
5	73.95	77.87	9:25 PM	0.25	0.03	0.01	5 m				5									
6	57.91	63.46	12:20 AM	0.75	0.14	0.06	5 m				6									
7	54.45	65.43					5 m				7									
8	49.17	63.21					5 m				8									
9	48.99	67.63	7:55 AM	0.33	0.04	0.01	5 m				9									
10	43.02	60.46					5 m				10									
11	40.70	64.58					5 m				11									
12	42.63	61.80	9:45 PM	0.17	0.02	0.01	5 m				12									
13	36.19	41.88					5 m				13									
14	41.30	54.26					5 m				14									
15	48.17	71.36	3:05 PM	0.58	0.08	0.02	5 m				15									
16	46.90	70.38	11:15 AM	0.42	0.05	0.01	5 m				16									
17	44.35	65.12	9:30 PM	0.17	0.02	0.01	5 m				17									
18	51.79	69.91	12:00 AM	1.08	0.14	0.02	5 m				18									
19	51.42	62.57					5 m				19									
20	44.23	61.90	11:30 AM	0.08	0.01	0.01	5 m				20									
21	44.12	59.53					5 m				21									
22	37.45	55.62					5 m				22									
23	41.89	56.87	11:50 PM	0.08	0.01	0.01	5 m				23									
24	64.74	77.99	12:15 AM	2.58	0.31	0.01	5 m				24									
25	45.62	64.18	10:25 PM	0.83	0.13	0.02	5 m				25									
26	91.86	93.75	12:05 AM	2.58	0.37	0.02	5 m	12:00 AM	3.17	M	26	12:00 AM	2.17	M	26	12:00 AM	7.00	M	0.237	
27	89.23	92.74					5 m				27									
28	71.32	82.22					5 m				28									
29	63.42	70.04					5 m				29									
30	44.22	49.84	5:30 AM	0.08	0.01	0.01	5 m				30									
31							5 m				31									
Totals:	1728.30			17.40	2.55				8.17	0.777	2		3.08	0.171	3		4.67	0.953	23.08	0.935

Telephone: _____

Signature of Principal Executive Officer or Authorized Agent: _____ Date (mm/dd/yyyy): 12/18/18

Signature of Principal Executive Officer or Authorized Agent: _____ Date (mm/dd/yyyy): 12/18/18

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.

Susan Beck, Program Manager
260-427-6213



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

State Form 5554a (03/14-15)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5554a (03/14-15)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Fort Wayne										Fort Wayne																		
Facility: Fort Wayne - P.L. Brunner WWTP										Facility: Fort Wayne - P.L. Brunner WWTP																		
Monitoring Period: 11-20-18										Monitoring Period: 11-30-18																		
Design Peak Hourly Flow (MGD): 85										Design Peak Hourly Flow (MGD): 85																		
Precipitation Data - Harrison Gauge										Design Peak Flow (MGD): 60																		
Day of Month	Average Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (ampm)	Precip. Duration (hours)	Total Daily Precip. (inches)	Peak Intensity (inches)	Measurement Interval (hr:30 m:30 s)	Time Discharge Began (M)	Event Duration (M)	Event Discharge (MG)	Time Discharge Began (M)	Event Duration (M)	Event Discharge (MG)	Time Discharge Began (M)	Event Duration (M)	Event Discharge (MG)	Time Discharge Began (M)	Event Duration (M)	Event Discharge (MG)									
1	87.19	101.90	12:40 AM	9.33	1.66	0.05	5 m	5:35 AM	18.42	M	6:00 AM	10.58	M	6:10 AM	17.83	M	6:51	M	6:51	M								
2	100.96	102.07	12:05 AM	1.17	0.18	0.03	5 m	12:00 AM	2.42	M	12:00 AM	0.92	M	12:00 AM	10.92	M	2:52	M	2:52	M								
3	91.83	101.51					5 m																					
4	80.12	83.81	4:45 AM	0.17	0.02	0.01	5 m																					
5	73.35	77.87	12:20 AM	0.33	0.05	0.02	5 m																					
6	57.91	63.46	12:35 AM	0.92	0.13	0.02	5 m																					
7	54.45	65.43					5 m																					
8	49.17	63.21					5 m																					
9	48.99	67.53	8:10 AM	0.83	0.10	0.01	5 m																					
10	43.02	60.46					5 m																					
11	40.70	64.58					5 m																					
12	42.83	61.80	8:35 PM	0.33	0.04	0.01	5 m																					
13	36.19	41.88					5 m																					
14	41.30	54.28					5 m																					
15	48.17	71.36					5 m	9:35 AM	6.00	M	7:30 AM	2.17	M	12:00 AM	0.044	M												
16	46.50	70.38	12:15 PM	0.17	0.02	0.01	5 m																					
17	44.35	65.12	9:15 PM	0.33	0.04	0.01	5 m																					
18	51.79	66.91	12:15 AM	1.42	0.18	0.02	5 m																					
19	51.42	62.57					5 m	12:20 AM	0.17	M	0.002	M																
20	44.29	61.90	11:30 AM	0.17	0.02	0.01	5 m	2:25 PM	0.33	M	0.003	M																
21	44.12	59.53					5 m																					
22	37.15	55.62					5 m																					
23	41.89	56.87	11:45 PM	0.08	0.01	0.01	5 m																					
24	64.74	77.99	12:10 AM	2.33	0.29	0.02	5 m	2:05 AM	9.00	M	1.416	M																
25	45.62	64.18	10:20 PM	1.25	0.22	0.04	5 m	11:30 PM	0.50	M	0.043	M																
26	91.86	93.75	12:00 AM	4.08	0.74	0.05	5 m	12:00 AM	14.17	M	23.88	M	12:15 AM	4.42	M	0.084	M											
27	89.23	92.74					5 m																					
28	71.32	82.22					5 m																					
29	63.42	70.04	12:00 PM	0.08	0.01	0.01	5 m																					
30	44.22	49.84	6:00 AM	0.08	0.01	0.01	5 m																					
31																												
Totals:	1728.30			23.07	3.72			9	55.18	61.653	4	18.09	0.389	5	46.24	12.151	5	14	63.92	3.293	1	1	6.50	0.002	0	0	0.00	0

City: Fort Wayne Permit Number: IN0032191 Page 10 of 12 Public Notification Requirements Met? Y

Facility: Fort Wayne - P.L. Brunner WWTP Monitoring Period: 11-30-18 Design Peak Flow (MGD): 85 CSO Outfall No. 20 Measured/Estimated (M) or Estimated (E) must be specified

City: Fort Wayne Permit Number: IN0032191 Page 11 of 12 Public Notification Requirements Met? Y

Facility: Fort Wayne - P.L. Brunner WWTP Monitoring Period: 11-30-18 Design Peak Flow (MGD): 60 CSO Outfall No. 19 Measured/Estimated (M) or Estimated (E) must be specified

City: Fort Wayne Permit Number: IN0032191 Page 12 of 12 Public Notification Requirements Met? Y

Facility: Fort Wayne - P.L. Brunner WWTP Monitoring Period: 11-30-18 Design Peak Flow (MGD): 60 CSO Outfall No. 18 Measured/Estimated (M) or Estimated (E) must be specified

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager

Signature of Principal Executive Officer or Authorized Agent: [Signature]

Date (mm/dd/yyyy): 12/18/18

260-427-5213

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.



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

State Form 55546 (R3/17-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		Permit Number: IN0032191		City: Fort Wayne												
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Facility: Fort Wayne - P.L. Brunner WWTP												
Monitoring Period: [MONTH] 11-2018		Check box if no CSO discharge occurred for the month:		Monitoring Period: [MONTH] 11-2018												
Design Peak Hourly Flow (MGD): 85		Measured/Estimated (M) or Estimated (E) must be specified		Design Peak Flow (MGD): 85												
WWTP Inflow Data		CSO Outfall No. 28		CSO Outfall No. 49												
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm/hr)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Measurement Intensity (Inches)	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)		
1	87.19	10:50	9.50	1.72	0.08	5 m	12:22 PM	0.43	M	0.122	M	7:00 AM	1.37	M	1,723	M
2	100.96	10:07	1.33	0.25	0.05	5 m	12:05 AM	0.95	M	0.091	M	12:04 AM	0.43	M	0.563	M
3	91.83	10:51				5 m										
4	80.12	83.81	5:05 AM	0.33	0.04	0.01	5 m									
5	73.95	77.87	12:30 AM	0.58	0.07	0.01	5 m									
6	57.91	83.46	12:25 AM	0.92	0.14	0.03	5 m									
7	54.45	65.43	10:30 AM	0.08	0.02	0.02	5 m									
8	49.17	63.21				5 m										
9	48.99	67.63	4:50 AM	0.83	0.10	0.01	5 m									
10	43.02	60.46	11:55 AM	0.08	0.01	0.01	5 m									
11	40.70	64.58				5 m										
12	42.63	61.80	8:45 PM	0.33	0.04	0.01	5 m									
13	38.19	41.88				5 m										
14	41.30	54.25	12:45 PM	0.08	0.02	0.02	5 m									
15	48.17	71.36				5 m										
16	46.90	70.38	10:55 AM	0.25	0.04	0.02	5 m									
17	44.35	65.12	8:50 PM	0.42	0.05	0.01	5 m									
18	51.79	66.91	12:00 AM	1.17	0.17	0.03	5 m									
19	51.42	62.57				5 m										
20	44.29	61.90				5 m										
21	44.12	58.53				5 m										
22	37.15	55.62				5 m										
23	41.89	56.87	11:45 PM	0.17	0.02	0.01	5 m									
24	64.74	77.99	12:15 AM	2.87	0.33	0.02	5 m									
25	45.62	64.18	10:35 PM	1.00	0.21	0.04	5 m									
26	91.86	93.75	12:00 AM	5.25	0.85	0.03	5 m									
27	89.23	92.74				5 m										
28	71.32	82.22				5 m										
29	63.42	70.04	12:25 PM	0.08	0.01	0.01	5 m									
30	44.22	49.84	5:35 AM	0.08	0.01	0.01	5 m									
31						5 m										
Totals:	1728.30		25.15	4.10			3	0.81	0.222	3	2.72	3.607	0	0.000	0	0

Signature of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Date (mm/dd/yyyy): 12/18/18
 Telephone: 280-427-6213

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.



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

State Form 5546 (R3/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 5546 (R3/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne		[1] [12]		Permit Number: IN0032191		City: Fort Wayne		Permit Number: IN0032191										
Facility: Fort Wayne - P.L. Brunner WWTP		Public Notification Requirements Met? Y		Monitoring Period: 11-2018		Public Notification Requirements Met? Y		Monitoring Period: 11-2018										
Design Peak Hourly Flow (MGD): 60		Check box if no CSO discharge occurred for the month:		Design Peak Flow (MGD): 60		Check box if no CSO discharge occurred for the month:		Design Peak Flow (MGD): 60										
WWTP Influent Data		CSO Outfall No. 27		CSO Outfall No. 33		CSO Outfall No. 36		CSO Outfall No. 44										
Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Begins (M:PM)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inches)	Measurement ent. (0.00 in. - 1.5 in.)	Time Discharge Began (M:PM)	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began (M:PM)	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began (M:PM)	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began (M:PM)	Event Duration (Hours)	Event Discharge (MG)
1	87.19	10:30 AM	12:35 AM	9.25	1.57	0.06	5 m	8:19 AM	2.77 M	5:81 M								
2	100.96	102.07	12:00 AM	1.59	0.20	0.02	5 m	12:00 AM	1.47 M	2:91 M								
3	91.83	101.51	11:25 AM	0.98	0.01	0.01	5 m											
4	90.12	89.81	3:50 AM	0.83	0.04	0.01	5 m											
5	73.35	77.87	10:00 AM	0.25	0.03	0.01	5 m											
6	57.91	83.46	12:35 AM	0.83	0.11	0.02	5 m											
7	54.45	65.43	11:30 AM	0.08	0.01	0.01	5 m											
8	49.17	63.21					5 m											
9	48.99	67.63	5:05 AM	0.67	0.08	0.01	5 m											
10	43.02	60.46	2:10 PM	0.08	0.01	0.01	5 m											
11	40.70	64.58					5 m											
12	42.63	61.80	8:35 PM	0.33	0.04	0.01	5 m											
13	36.19	41.88					5 m											
14	41.30	54.26	12:55 PM	0.98	0.01	0.01	5 m											
15	48.17	71.35	2:50 PM	0.50	0.06	0.01	5 m											
16	46.90	70.38	12:10 PM	1.25	0.15	0.01	5 m											
17	44.35	65.12	8:00 PM	0.50	0.06	0.01	5 m											
18	51.79	66.91	12:10 AM	1.58	0.19	0.01	5 m											
19	51.42	62.57					5 m											
20	44.29	61.90	11:45 AM	0.08	0.01	0.01	5 m											
21	44.12	59.53					5 m											
22	37.15	55.62					5 m											
23	41.89	56.87					5 m											
24	64.74	77.99	12:05 AM	2.00	0.24	0.01	5 m											
25	45.62	64.18	10:20 PM	1.00	0.20	0.05	5 m											
26	91.86	93.75	12:05 AM	4.67	0.75	0.04	5 m											
27	89.23	92.74					5 m											
28	71.32	82.22					5 m											
29	63.42	70.04	12:15 PM	0.98	0.01	0.01	5 m											
30	44.22	49.84	5:20 AM	0.08	0.01	0.01	5 m											
31							5 m											
Totals:	1728.30		25.20	3.79														
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent:																		
Signature of Principal Executive Officer or Authorized Agent:																		
Date (mm/dd/yyyy)																		
Telephone																		

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 BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
Date: 12/16/18



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

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Monitoring Period: 11-2018	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	Wet Weather
2	Wet Weather
3	
4	
5	
6	Wet Weather
7	
8	
9	Wet Weather
10	
11	
12	
13	
14	
15	DWO
16	
17	
18	Wet Weather
19	Wet Weather
20	Wet Weather
21	
22	
23	
24	Wet Weather
25	Wet Weather
26	Wet Weather
27	Wet Weather
28	
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Susan Beck, Program Manager	Telephone 260-427-6213
---	---------------------------

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent Susan Beck	Date (mm/dd/yy) 12/18/18
--	-----------------------------

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DIVENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature:
 002 External Outfall
 Discharge: 002-C
 002 POND - WHEN USED AS CSO ONLY

Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 DMR Due Date: 12/28/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO - 002 POND WHEN USED AS CSO ONLY

Principal Executive Officer
 First Name: Susan
 Last Name: Beck
 Title: Program Manager
 Telephone: 260-427-6213

No Data Indicator (NODI)
 Form NODI: -

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading		Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2			
50037	Duration	EG - Effluent Gross	0	-	Permit Req. Value NODI	Req Mon MO TOTAL 82 - hr/mo	C - No Discharge	WHDS - When Discharging	RT - ROOTOT		
74093	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	Permit Req. Value NODI	Req Mon MO TOTAL 3R - Mgal	C - No Discharge	AUEV - All Events	ES - ESTIMA		
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req. Value NODI	4.1	=	AUEV - All Events	RT - ROOTOT		
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Permit Req. Value NODI	Req Mon MO TOTAL 4K - #/mo	C - No Discharge	AUEV - All Events	RT - ROOTOT		

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments

Name	Type	Size
IN0032191_002C_LETTER_2018_11.pdf	pdf	218634
IN0032191_002C_CSOMRO_2018_11.pdf	pdf	499361

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 003 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER,WPC
 2601 DIVINGER AVE
 FORT WAYNE, IN 46803

Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 003-C
 001 POND - CSO

DMR Due Date: 12/28/18
 Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion
 CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer
 First Name:
 Last Name:
 Title:

Form NODI: No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier: 1 Value 1	Qualifier: 2 Value 2	Qualifier: 3 Value 3	Qualifier: 1 Value 1	Qualifier: 2 Value 2	Qualifier: 3 Value 3			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL B2 - hr/mo	C - No Discharge	WHDS - When Discharging	RT - RCOTOT				
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Mgal	C - No Discharge	AUEV - All Events	ES - ESTIMA				
7687	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	4-1 Req Mon MO TOTAL SW - hr/mo	SW - hr/mo	AUEV - All Events	RT - RCOTOT				
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - #/mo	C - No Discharge	AUEV - All Events	RT - RCOTOT				

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:31 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 004 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DIVENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 004-C
 CSO: J02-90
 DMR Due Date: 12/28/18
 Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion
 CSO: J02-90 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer
 First Name: _____ Title: _____
 Last Name: _____ Telephone: _____

Form NODI: No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3	Value 1 Value 2 Value 3	Units		
50037	Duration	EG - Effluent Gross	0	--	38.53 Req Mon MO TOTAL	82 - hr/mo 82 - hr/mo 0		WHDS - When Discharging WHDS - When Discharging	RT - RCOTOT RT - RCOTOT
74083	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	4.541 Req Mon MO TOTAL	3R - Mgal 3R - Mgal 0		AJEU - All Events AJEU - All Events	ES - ESTIMA ES - ESTIMA
78687	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	3.8 Req Mon MO TOTAL	SW - in/mo SW - in/mo 0		AJEU - All Events AJEU - All Events	RT - RCOTOT RT - RCOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	3 Req Mon MO TOTAL	4K - #/mo 4K - #/mo 0		AJEU - All Events AJEU - All Events	RT - RCOTOT RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-12-18 09:27 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 005 External Outfall
 Report Dates & Status: From 11/01/18 to 11/30/18
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion: DMR Due Date: 12/28/18
 CSO: J11-164 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer: 005-C
 CSO: J11-164
 Status: NetDMR Validated
 Telephone: _____

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	--	Req Mon	MO TOTAL	82 - hr/mo	82 - hr/mo	0	0	WHDS - When Discharging	RT - RCOTOT	
74083	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	--	Req Mon	MO TOTAL	3R - Mgal	3R - Mgal	0	0	AUEV - All Events	ES - ESTIMA	
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Req Mon	MO TOTAL	5W - hr/mo	5W - hr/mo	0	0	AUEV - All Events	RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Req Mon	MO TOTAL	4K - #/mo	4K - #/mo	0	0	AUEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:27 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 007 External Outfall
 Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 007-C
 CSO: K03-92
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 DMR Due Date: 12/28/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:

Form NODI: No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type			
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units		
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					Req Mon MO TOTAL 82 - hr/mo		WHIDS - When Discharging RT - ROOTOT				
74083	Overflow volume [SSD volume, CSD volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					Req Mon MO TOTAL 3R - Ngal		AUEV - All Events				ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					3.8 SW - hr/mo		AUEV - All Events				RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					Req Mon MO TOTAL 4K - #/mo		AUEV - All Events				RT - ROOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:28 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 011 External Outfall
 Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion
 CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI: -

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 011-C
 CSO: K06-233
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

DMR Due Date: 12/28/18
 Status: Not DMR Validated
 Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading Qualifier: 1 Value 1	Qualifier: 2 Value 2	Qualifier: 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 82 - Inflow	C - No Discharge				WHDS - When Discharging	RT - RCOTOT	
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 3R - Ngall	C - No Discharge				ALJEV - All Events	ES - ESTIMA	
7889	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	3.6				SW - Inflow	ALJEV - All Events	RT - RCOTOT	
84185	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	Req Mon MO TOTAL 4K - #mo	C - No Discharge				ALJEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-12-18 09:28 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 012 External Outfall
 Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC 2601 DWIENGER AVE FORT WAYNE, IN 46803

Discharge: 012-C
 CSO: K06-234
 DMR Due Date: 12/28/18
 Status: Not DMR Validated

Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18

Considerations for Form Completion
 CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer

First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity of Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
					Value 1	Qualifier 2	Value 2	Qualifier 1	Value 1	Qualifier 2				Value 3
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					Req Mon MO TOTAL 82 - ltr/mo			WHOS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					C - No Discharge				
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					Req Mon MO TOTAL 3R - Mgal			ALUEV - All Events	ES - ESTIMA
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					C - No Discharge			ALUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:28 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 013 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER/WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 013-C
 CSO: K06-298
DMR Due Date: 12/28/18
Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion
 CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

Form NODI: No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Req. Value NODI	Quantity of Loading Qualifier 1 Value 1	Qualifier 2 Value 2	Units Qualifier 1 Value 1	Qualifier 2 Value 2	Quality or Concentration Value 1	Qualifier 3 Value 3	Units Value 3	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	16.5		Reg Mon MO TOTAL	82	-#/mo	0	0	0	WHDS - When Discharging	RT - RCOTOT
74093	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	1.364		Reg Mon MO TOTAL	3R	- Mgal	0	0	0	ALJEV - All Events	ES - ESTIMA
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	3		Reg Mon MO TOTAL	5W	- #/mo	0	0	0	ALJEV - All Events	RT - RCOTOT
84186	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	3		Reg Mon MO TOTAL	4K	- #/mo	0	0	0	ALJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:25 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 017 External Outfall
 Report Dates & Status: From: 11/01/18 to 11/30/18
 Monitoring Period: From: 11/01/18 to 11/30/18
 Considerations for Form Completion: CSO: K07-176 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 Form NODI: [Blank]

Permittee: FORT WAYNE WWTP
 P.L. BRUNNER,WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Facility Location: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 017-C
 CSO: K07-176

DMR Due Date: 12/28/18
Status: NotDMR Validated

Title: [Blank]
Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity of Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value				
50037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NODI			16.17			Req Mon MD TOTAL	82 - #/mo	WHDS - When Discharging	RT - ROOTOT
74083	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			1.124			Req Mon MD TOTAL	3R - Mgal	AUEV - All Events	ES - ESTIMA
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			3			Req Mon MD TOTAL	3W - #/mo	AUEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			3			Req Mon MD TOTAL	4K - #/mo	AUEV - All Events	RT - ROOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:25 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 018 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 018-C
 CSO: K11-165

Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 DMR Due Date: 12/28/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: K11-165 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

Form NODI: No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				
50037	Duration	EG - Effluent Gross	0	--	Sample	Permit Req. Value NODI	55.18	Req Mon MO TOTAL	82	h/mo	0	WHDS - When Discharging	RT - RCOTOT	
74083	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	Sample	Permit Req. Value NODI	61.053	Req Mon MO TOTAL	3R - Ngal	0	0	AUEV - All Events	ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample	Permit Req. Value NODI	3.72	Req Mon MO TOTAL	SW - h/mo	0	0	AUEV - All Events	RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample	Permit Req. Value NODI	9	Req Mon MO TOTAL	4K - #/mo	0	0	AUEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:28 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 019 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 019-C
 CSO: K11-178

Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: K11-178 MUNICIPAL MAJORALLEN COUNTY

Principal/ Executive Officer
 First Name: _____
 Last Name: _____
 Title: _____
 Telephone: _____

No Data Indicator (NODI)
 Form NODI: -

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
5007	Duration	EG - Effluent Gross	0	-	18.09	Req Mon MG TOTAL	82 - #/mo	0	WHDS - When Discharging	RT - RCOTOT	WHDS - When Discharging	RT - RCOTOT	
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	0.399	Req Mon MG TOTAL	3R - Mgal	0	ALJEV - All Events	ES - ESTIMA	ALJEV - All Events	ES - ESTIMA	
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	3.72	Req Mon MG TOTAL	SW - #/mo	0	ALJEV - All Events	RT - RCOTOT	ALJEV - All Events	RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	4	Req Mon MG TOTAL	4K - #/mo	0	ALJEV - All Events	RT - RCOTOT	ALJEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:26 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P. L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 020 External Outfall
 Discharge: 020-C
 CSO: K15-116

Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: K15-116 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)

Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Sample Value NODI	Permit Req. Value NODI	Permit Req. Value NODI	Quality or Concentration	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--					46.24				82 - hr/mo	WHDCS - When Discharging	RT - RCOTOT	
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--					12.151				3R - Mgal	ALJEV - All Events	ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--					3.72				SW - hr/mo	ALJEV - All Events	RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--					6				4K - #/mo	ALJEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-12-18 09:26 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org

Name: Susan Beck

E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 021 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER/WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 021-C
 CSO: K19-044
DMR Due Date: 12/28/18
Status: NetDMR Validated
Title:
Telephone:

Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion
 CSO: K19-044 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI: -

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Req. Value NODI	Quantity of Loading Qualifier: 1 Value 1 Qualifier: 2 Value 2 Units Qualifier: 1 Value 1 Qualifier: 2 Value 2 Qualifier: 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NODI	63.32 Req Mon MO TOTAL	82 - hr/mo	0	WHDS - When Discharging WHDS - When Discharging	RT - ROOTOT RT - ROOTOT	
74083	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	3.263 Req Mon MO TOTAL	3R - Mgal	0	ALUEV - All Events ALUEV - All Events	ES - ESTIMA ES - ESTIMA	
78687	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	3.72 Req Mon MO TOTAL	SW - hr/mo	0	ALUEV - All Events ALUEV - All Events	RT - ROOTOT RT - ROOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	5 Req Mon MO TOTAL	4K - #/mo	0	ALUEV - All Events ALUEV - All Events	RT - ROOTOT RT - ROOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:26 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 023 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P. L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT. WAYNE, IN 46802
 Discharge: 023-C
 CSO: L06-103
 DMR Due Date: 12/28/18
 Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion
 CSO: L06-103 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 Title: Telephone:

No Data Indicator (NODI)
 Form NODI: -

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	9.17	Req Mon MO TOTAL	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	0.777	Req Mon MO TOTAL	3R - Mgal	0	ALJEV - All Events	ES - ESTIMA	
79687	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	2.55	Req Mon MO TOTAL	SW - hr/mo	0	ALJEV - All Events	RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	3	Req Mon MO TOTAL	4K - #/mo	0	ALJEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:22 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 024 External Outfall
 Report Dates & Status: From 11/01/18 to 11/30/18
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion: CSO: L06-420 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 Form NODI: [Blank]

Permittee: FORT WAYNE WWTP
 P.L. BRUNNER/WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Facility Location: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 024-C
 CSC: L06-420

DMR Due Date: 12/28/18
Status: NetDMR Validated

Title: [Blank]
Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity of Loading			Quality of Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value				
50037	Duration	EG - Effluent Gross	0	-	Permit Req. Value NODI	3.08	Req Mon MO TOTAL	82 - hr/mo	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT		
74083	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	0.171	Req Mon MO TOTAL	3R - Mgal	3R - Mgal	0	ALJEV - All Events	ES - ESTIMA		
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	2.55	Req Mon MO TOTAL	SV - hr/mo	SV - hr/mo	0	ALJEV - All Events	RT - RCOTOT		
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	2	Req Mon MO TOTAL	4K - #/mo	4K - #/mo	0	ALJEV - All Events	RT - RCOTOT		

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 [Blank]

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:23 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 025 External Outfall
 Report Dates & Status: 12/28/18
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion: CSO: L06-421 MUNICIPAL MAJORALLEN COUNTY
 Principal/ Executive Officer: 025-C
 First Name: CSO: L06-421
 Last Name: 12/28/18
 Form NODI: DMR Due Date: 12/28/18
 Title: NetDMR Validated
 Telephone:
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NODI	4.67	Req. Mon MO TOTAL	82 - #/mo	82 - #/mo	0	WHDS - When Discharging	RT - RCTOT	
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	0.053	Req. Mon MO TOTAL	3R - Mgal	3R - Mgal	0	AJEV - All Events	ES - ESTIMA	
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	2.55	Req. Mon MO TOTAL	5W - #/mo	5W - #/mo	0	AJEV - All Events	RT - RCTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	3	Req. Mon MO TOTAL	4K - #/mo	4K - #/mo	0	AJEV - All Events	RT - RCTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-12-18 09:23 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 027 External Outfall
 Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion
 CSO: M10-202 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 027-C
 CSO: M10-202
 DMR Due Date: 12/28/18
 Status: NetDMR Validated
 Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity of Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
					Value 1	Value 2	Value 3	Qualifier 1	Qualifier 2	Qualifier 3				Value 1
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							Req Mon MO TOTAL 82 - #/mo C - No Discharge	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							Req Mon MO TOTAL 3R - #gal C - No Discharge	ALJEV - All Events	ES - ESTIMA
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							378 Req Mon MO TOTAL 5V - #/mo 0	ALJEV - All Events ALJEV - All Events	RT - RCOTOT RT - RCOTOT
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI							Req Mon MO TOTAL 4K - #/mo C - No Discharge	ALJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:31 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 028 External Outfall
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 028-C
 CSO: M10-238
DMR Due Date: 12/28/18
Status: NetDMR Validated
Monitoring Period: From 11/01/18 to 11/30/18
Considerations for Form Completion:
 CSO: M10-238 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI)
Form NODI: -

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity of Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier: 1 Value 1	Qualifier: 2 Value 2	Qualifier: 3 Value 3	Qualifier: 1 Value 1	Qualifier: 2 Value 2	Qualifier: 3 Value 3			
50037	Duration	EG - Effluent Gross	0	-	Permit Req. Value NODI	0.81	Req. Mon MO TOTAL	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT		
74063	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	-	Permit Req. Value NODI	0.222	Req. Mon MO TOTAL	3R - Mgal	0	ALJEV - All Events	ES - ESTIMA		
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req. Value NODI	4.1	Req. Mon MO TOTAL	5W - hr/mo	0	ALJEV - All Events	RT - RCOTOT		
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Permit Req. Value NODI	3	Req. Mon MO TOTAL	4K - #/mo	0	ALJEV - All Events	RT - RCOTOT		

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-12-18 09:29 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 029 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER/WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 029-C
 CSO: M10-265
 DMR Due Date: 12/28/18
 Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion
 CSO: M10-265 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer
 First Name: _____
 Last Name: _____
 Title: _____
 Telephone: _____

No Data Indicator (NODI)
 Form NODI: _____

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity of Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NODI			23.08			Req Mon MO TOTAL 82 - hr/mo	WHDS - When Discharging RT - RCOTOT	RT - RCOTOT
74083	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			0.985			Req Mon MO TOTAL 3R - Mgal	ALJEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			2.55			Req Mon MO TOTAL 8Y - hr/mo	ALJEV - All Events	RT - RCOTOT
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			6			Req Mon MO TOTAL 4K - #/mo	ALJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:23 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 032 External Outfall
 Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion
 CSO: M10-306 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI: -

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 032-C
 CSO: M10-306
 DMR Due Date: 12/28/18
 Status: NetDMR Validated

Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Title:
 Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param.	NODI	Quantity or Loading			Quality or Concentration			Units	# of Ex.	Frequency of Analysis	Sample Type	
						Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value					
50037	Duration	EG - Effluent Gross	0	--					13.81			Req Mon MO TOTAL	82 - hr/mo	0	WHDS - When Discharging WHDS - When Discharging	RT - RCOTOT RT - RCOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--					0.657			Req Mon MO TOTAL	3R - Mgal	0	ALJEV - All Events ALJEV - All Events	ES - ESTIMA ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--					2.55			Req Mon MO TOTAL	5W - hr/mo	0	ALJEV - All Events ALJEV - All Events	RT - RCOTOT RT - RCOTOT
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--					4			Req Mon MO TOTAL	4K - #/mo	0	ALJEV - All Events ALJEV - All Events	RT - RCOTOT RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:23 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 033 External Outfall
 Report Dates & Status: From 11/01/18 to 11/30/18
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion: CSC: M10-313 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 Form NODI: [Blank]

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 033-C
 CSC: M10-313
DMR Due Date: 12/28/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Telephone: [Blank]

No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Qualifier 2	Qualifier 3	Qualifier 4	Qualifier 5	Value 1	Value 2	Value 3	Value 4	Value 5
50037	Duration	EG - Effluent Gross	0	--						7.14	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
74053	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--						17.765	3R - Mgal	0	ALJEV - All Events	ES - ESTIMA
79887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--						3.78	5V - in/mo	0	ALJEV - All Events	ES - ESTIMA
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--						3	4K - #/mo	0	ALJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:31 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 036 External Outfall
 Facility: FORT WAYNE WWTP
 P.L. BRUNNER/WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 036-C
 CSC: M18-032

Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 DMR Due Date: 12/28/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: M18-032 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

Form NODI: -

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity of Loading			Quality of Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NODI	Sample Value NODI	Req Mon MO TOTAL 82 - hr/mo	C - No Discharge	WHDS - When Discharging	RT - RCOTOT			
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Permit Req. Value NODI	Sample Value NODI	Req Mon MO TOTAL 3R - Mgal	C - No Discharge	ALJEV - All Events	ES - ESTIMA			
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req. Value NODI	Sample Value NODI	3.79	SW - hr/mo	ALJEV - All Events	RT - RCOTOT			
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Permit Req. Value NODI	Sample Value NODI	Req Mon MO TOTAL 4K - #/mo	C - No Discharge	ALJEV - All Events	RT - RCOTOT			

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:31 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 039 External Outfall
Report Dates & Status: From 11/01/18 to 11/30/18
Monitoring Period: From 11/01/18 to 11/30/18
Considerations for Form Completion: CSO: N06-022 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
First Name:
Last Name:
No Data Indicator (NODI):
Form NODI: -

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
Facility: FORT WAYNE WWTP
Facility Location: P. L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
Discharge: 039-C
DMR Due Date: 12/28/18
Status: NetDMR Validated
Title:
Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param.	NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
						Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
5037	Duration	EG - Effluent Gross	0	--		Permit Req. Value NODI	38.34	Req Mon MO TOTAL	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT	WHDS - When Discharging	RT - RCOTOT
7495	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--		Permit Req. Value NODI	2.505	Req Mon MO TOTAL	3R - Mgal	0	AUEV - All Events	ES - ESTIMA	AUEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--		Permit Req. Value NODI	2.55	Req Mon MO TOTAL	5W - hr/mo	0	AUEV - All Events	RT - RCOTOT	AUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--		Permit Req. Value NODI	5	Req Mon MO TOTAL	4K - #/mo	0	AUEV - All Events	RT - RCOTOT	AUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:24 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 044 External Outfall
Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
Facility: FORT WAYNE WWTP
Facility Location: P. L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803

Discharge: 044-C
CSO: N22-93
DMR Due Date: 12/28/18
Status: NetDMR Validated

Report Dates & Status
Monitoring Period: From 11/01/18 to 11/30/18
Considerations for Form Completion
CSO: N22-93 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer

First Name: _____
Last Name: _____
No Data Indicator (NODI) _____
Form NODI: _____
Title: _____
Telephone: _____

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Value	Permit Req. Value NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
							Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	
50837	Duration	EG - Effluent Gross	0	--	Permit Req. Value NODI	Sample				Req Mon MO TOTAL 82 - hr/mo	WHDS - When Discharging RT - RCOTOT
74053	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	--	Permit Req. Value NODI	Sample				Req Mon MO TOTAL 3R - Mgal	ES - ESTIMA
78987	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req. Value NODI	Sample				C - No Discharge	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Permit Req. Value NODI	Sample				Req Mon MO TOTAL 4K - #/mo	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-12-18 09:32 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 045 External Outfall
 Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion
 CSO: N22-103T, JOSEPH RIVERMUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 045-C
 CSO: N22-103
 DMR Due Date: 12/28/18
 Status: NetDMR Validated
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Title:
 Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			Req Mon MO TOTAL 82 - #/mo				WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			Req Mon MO TOTAL 3R - Mgal				ALJEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			3.79 SW - #/mo				ALJEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			Req Mon MO TOTAL 3V - #/mo				ALJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then note of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:32 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 048 External Outfall
 Report Dates & Status: From 11/01/18 to 11/30/18
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion: CSO: 010-252MUNICIPAL MAJORALLEN COUNTY
 Principal/ Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 Form NODI: [Blank]

No Data Indicator (NODI)
 Form NODI: [Blank]

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 048-C
 CSO: 010-252
DMR Due Date: 12/28/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NODI		Req Mon	MG TOTAL	82 - In/imo	2.72	82 - In/imo	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI		Req Mon	MG TOTAL	3R - Mgal	3.607	3R - Mgal	ALJEV - All Events	ES - ESTIMA
76897	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI		Req Mon	MG TOTAL	5W - In/imo	4.1	5W - In/imo	ALJEV - All Events	RT - RCOTOT
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI		Req Mon	MG TOTAL	4K - #/mo	3	4K - #/mo	ALJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 [Blank]

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:29 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 050 External Outfall
 Report Dates & Status: From 11/01/18 to 11/30/18
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion: CSO: 010-277 MUNICIPAL MAJORALLEN COUNTY
 Principal/ Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 Form NODI: [Blank]

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
 Discharge: 050-C
 DMR Due Date: 12/28/18
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803
 Status: NetDMR Validated

Quantity or Loading: Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3
 5.33
 Req Mon MO TOTAL 82 - #/mo 0
 0.051
 Req Mon MO TOTAL 3R - Mgal 0
 2.55
 Req Mon MO TOTAL SW - #/mo 0
 1
 Req Mon MO TOTAL 4K - #/mo 0

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
5037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	=	82 - #/mo	0	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	=	3R - Mgal	0	ALJEV - All Events	ES - ESTIMA
7687	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	=	SW - #/mo	0	ALJEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	=	4K - #/mo	0	ALJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:24 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 051 External Outfall
 Report Dates & Status: From 11/01/18 to 11/30/18
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion: CSO: 022-002
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 Form NODI: [Blank]

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Discharge: 051-C
 CSO: 022-002
DMR Due Date: 12/28/18
Status: NetDMR Validated

Title: [Blank]
Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	Req Mon MO TOTAL 82 - hr/mo	C - No Discharge				WHDS - When Discharging	RT - RCOTOT			RT - RCOTOT
74053	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	Req Mon MO TOTAL 3R - Mgal	C - No Discharge				4.1	SW - hr/mo			ES - ESTIMA
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Req Mon MO TOTAL 5W - hr/mo 0									RT - RCOTOT
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Req Mon MO TOTAL 4K - #/mo	C - No Discharge								RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:29 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 052 External Outfall
 Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion
 CSC: 022-004 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer
 First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NODI							WHDS - When Discharging RT - RCOTOT	
74069	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	--	Permit Req. Value NODI							ALJEV - All Events ES - ESTIMA	
78687	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req. Value NODI							ALJEV - All Events RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Permit Req. Value NODI							ALJEV - All Events RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-12-18 09:30 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org

Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Facility: FORT WAYNE WWTP
Facility Location: P. L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Discharge: 052-C
 CSC: 022-004
DMR Due Date: 12/28/18
Status: NetDMR Validated

Title:
Telephone:

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 059 External Outfall
Report Dates & Status: Monitoring Period: From 11/01/18 to 11/30/18
Considerations for Form Completion
 CSC: 022-094 MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer
First Name: _____
Last Name: _____
No Data Indicator (NODI): _____
Form NODI: _____

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Sample Value NODI	Sample Permit Req. Value NODI	Sample Value NODI	Quantity or Loading Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--					Req Mon MO TOTAL 82 - hr/mo	C - No Discharge				WHDS - When Discharging	RT - RCOTOT
74053	Overflow volume (S&O volume, CSO volume)	EG - Effluent Gross	0	--					Req Mon MO TOTAL 3R - Mgal	C - No Discharge				ALJEV - All Events	ES - ESTIMA
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	--					Req Mon MO TOTAL 4K - #/mo	C - No Discharge				ALJEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--					Req Mon MO TOTAL 4K - #/mo	C - No Discharge				ALJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:30 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 052-C
 CSC: 022-094
DMR Due Date: 12/28/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
Title: _____
Telephone: _____

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 054 External Outfall
 Report Dates & Status: From 11/01/18 to 11/30/18
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion: CSC: 023-080 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NODI): -
 Form NODI: -

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-								WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-								AUJEV - All Events	ES - ESTIMA
76897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-								AUJEV - All Events	RT - RCOTOT
84155	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-								AUJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:28 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 054-C
 CSO: 023-080
DMR Due Date: 12/28/18
Status: NetDMR Validated
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
Telephone: [Blank]

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 055 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 055-C
 CSO: P06-192
DMR Due Date: 12/28/18
Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion: CSO: P06-192 MUNICIPAL MAJORALLEN COUNTY

Principal/ Executive Officer
 First Name: _____ Title: _____
 Last Name: _____ Telephone: _____

Form NODI: No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--						29.33	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--						2.324	3R - Mgal	0	ALJEV - All Events	ES - ESTIMA
76897	Precipitation, monthly accumulation	EG - Effluent Gross	0	--						2.65	SW - hr/mo	0	ALJEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--						6	4K - #/mo	0	ALJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:25 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 056 External Outfall
 Report Dates & Status: From 11/01/18 to 11/30/18
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion: CSO: J03-313 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 Facility Location: FT WAYNE, IN 46802
 Discharge: 056-C
 CSO: J03-313
 DMR Due Date: 12/28/18
 Status: NetDMR Validated
 Telephone: [Blank]

First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NODI): [Blank]
 Form NODI: [Blank]

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	-	Sample	2.83					82 - In/imo	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	Sample	3.68					3R - Mgal	ALJEV - All Events	ES - ESTIMA
76897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample	3.8					5W - In/imo	ALJEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample	3					4K - #/mo	ALJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 [Blank]

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:28 (Time Zone: -05:00)

Report Last Signed By
 Name: susan.beck@cityoffortwayne.org
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P. L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature:
 060
 External Outfall
 Discharge: 060-C
 CSO: R06-31

Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 DMR Due Date: 12/28/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: R06-31/MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer

Form NODI:
 No Data Indicator (NODI)
 First Name:
 Last Name:
 Title:
 Telephone:

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI								WHDS - When Discharging	RT - RCOOTOT
74063	Overflow volume (SSO volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI								ALJEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI								ALJEV - All Events	RT - RCOOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI								ALJEV - All Events	RT - RCOOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofforwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofforwayne.org
 Date/Time: 2018-12-18 09:22 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityofforwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofforwayne.org
 Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 061 External Outfall
 Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46602
 Discharge: 061-C
 Discharge Address: CSO: R14-137
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC 2601 DWENGER AVE FORT WAYNE, IN 46803

Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion
 CSO: R14-137 MUNICIPAL MAJORALLEN COUNTY
 NetDMR Validated

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

Form NODI: No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample	Permit Req. Value NODI	Quantity or Loading	Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Value NODI	Value NODI	Qualifier: 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3	Value 3	Units		
50037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NODI	Permit Req. Value NODI	Opt Mon MO TOTAL 82 - hr/mo C - No Discharge			WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--	Permit Req. Value NODI	Permit Req. Value NODI	Opt Mon MO TOTAL 3R - Mgal C - No Discharge			AUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Permit Req. Value NODI	Permit Req. Value NODI	4.1 Opt Mon MO TOTAL 3V - hr/mo 0			AUEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Permit Req. Value NODI	Permit Req. Value NODI	Opt Mon MO TOTAL 4K - #/mo C - No Discharge			AUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:30 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 062-C
 External Outfall
 Discharge: 062-C
 CSO: R14-138

Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 DMR Due Date: 12/28/18
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: R14-138 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name: _____ Title: _____
 Last Name: _____ Telephone: _____

No Data Indicator (NODI)
 Form NODI: -

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Quantity or Loading	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	-	11.68	Opt Mon MO TOTAL	82 - hr/mo	0	0	0	WHDS - When Discharging	RT - RCOTOT	0	WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	-	0.412	Opt Mon MO TOTAL	3R - Mgal	0	0	0	ALJEV - All Events	ES - ESTIMA	0	ALJEV - All Events	ES - ESTIMA
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	4.1	Opt Mon MO TOTAL	5W - hr/mo	0	0	0	ALJEV - All Events	RT - RCOTOT	0	ALJEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	3	Opt Mon MO TOTAL	4K - #/mo	0	0	0	ALJEV - All Events	RT - RCOTOT	0	ALJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofforwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofforwayne.org
Date/Time: 2018-12-18 09:30 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofforwayne.org
Name: Susan Beck

E-Mail: susan.beck@cityofforwayne.org
Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN002191
 Major: Yes
 Permitted Feature: 064 External Outfall
 Report Dates & Status: From 11/01/18 to 11/30/18
 Monitoring Period: From 11/01/18 to 11/30/18
 Considerations for Form Completion: CSO: S02-35 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 Form NODI: [Blank]

Permittee: FORT WAYNE WWTP
 P.L. BRUNNER, WPC
 2601 DIVENGER AVE
 FORT WAYNE, IN 46803

Facility Location: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT. WAYNE, IN 46802

Discharge: 064-C
 CSO: S02-35

DMR Due Date: 12/28/18
Status: NetDMR Validated

Title: [Blank]
Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier: 1 Value 1	Qualifier: 2 Value 2	Qualifier: 3 Value 3				
50037	Duration	EG - Effluent Gross	0	-	Permit Req. Value NODI			Req Mon MO TOTAL 82 - hr/mo	WHDS - When Discharging	RT - ROOTOT	
74083	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	-	Permit Req. Value NODI			Req Mon MO TOTAL 3R - Mgal	ALUEV - All Events	ES - ESTIMA	
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Permit Req. Value NODI			3.02 Req Mon MO TOTAL SW - hr/mo 0	ALUEV - All Events	RT - ROOTOT	
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Permit Req. Value NODI			Req Mon MO TOTAL 4K - #/mo	ALUEV - All Events	RT - ROOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:22 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0002191
 Major: Yes
 Permitted Feature: 080 External Outfall
 Discharge: 080-C
 Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER,WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Report Dates & Status
 Monitoring Period: From 11/01/18 to 11/30/18
 DMR Due Date: 12/28/18
 Status: NetDMR Validated
 Considerations for Form Completion
 CSO - P10-001 250' EAST, NE OF PEMBERTON DR & NIAGRA DR

Principal/ Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)
 Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Sample Permit Value NODI	Quantity or Loading	Qualifier 1	Qualifier 2	Qualifier 3	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--			9.5	Req Mon	MO	TOTAL	82	-	Irmo	0	WHDS - When Discharging	RT - RCOTOT	
74059	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--			0.002	Req Mon	MO	TOTAL	3R	-	Mgal	0	ALJEV - All Events	ES - ESTIMA	
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	--			3.72	Req Mon	MO	TOTAL	SV	-	Irmo	0	ALJEV - All Events	RT - RCOTOT	
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--			1	Req Mon	MO	TOTAL	4K	-	Irmo	0	ALJEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-12-18 09:27 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2018-12-18 09:34 (Time Zone: -05:00)



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

January 23, 2019

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Compliance Data Section
100 North Senate Ave.
Indianapolis, IN 46204-2251

RE: City of Fort Wayne
NPDES Permit #IN0032191
For Month of December 2018

We are pleased to enclose a completed CSO MRO form for the month of December 2018. Consistent with the City's prior CSO DMR reporting, the outfalls are grouped on the form according to the basins they respectively drain.

Please note that the measurement interval used by the City in completing the form is 5 minutes, rather than 15 minute or longer interval that appears to be contemplated by the CSO MRO form. The City's system, developed at considerable expense, is designed to provide the shorter 5-minute intervals. We trust that the inherently more precise 5-minute interval information will meet IDEM's needs. The agency is, of course, free to combine the reported 5-minute intervals into longer intervals if it so wishes.

Should you have any questions or concerns regarding this submittal, please contact me to discuss at the City's Water Pollution Control Maintenance at (260) 427-6213.

Sincerely yours,

Susan Beck
Program Manager
Water Pollution Control Maintenance

ENGAGE • INNOVATE • PERFORM

CITIZENS SQUARE

200 E. Berry St. • Fort Wayne, Indiana • 46802 • www.cityoffortwayne.org

An Equal Opportunity Employer

ABBREVIATIONS USED ON COMPLETED FORT WAYNE CSO DMRs

The City of Fort Wayne uses a variety of methods to arrive at the numbers that are reported on the CSO DMR. A set of letters, in parentheses, follows the number of each discharge point. These letters indicated the method used to arrive at the start, duration, and volume numbers reported for that discharge point. These letters represent the following processes:

V – Visual Inspection

Visual inspection data is used to estimate the periods when overflows occurred. Rain data is used to estimate when the overflow began.

C – Model Charts

Charts developed from the City's interceptor and CSS subbasin hydraulic models and rain data are used to estimate the duration and volume of an overflow.

S – Storm Runoff

Rain data and the rational formula are used to estimate the volume of the separate stormwater component of an overflow.

P – Pumps

Data on pump starts, stops, and capacity (as determined by pump down test) are used to determine overflow start times, duration and volumes.

F – This indicates that the discharge point and/or regulator were flooded and no information about overflows could be collected.

NOC – This indicates that the size of the rainfall event exceeded the range of model charts used to estimate duration and volume.

NC – This indicates that no model chart to estimate the duration and volume of overflows for this discharge point is available at this time.

TS – This indicates that the volume and duration of an overflow were too small to estimate using the model chart.

BD – This indicates that the data transmitted from the overflow site to the treatment plant garbled during transmission and could not be used.

SE – This indicates a discharge point that has a very low observed volume, which has been sealed on a temporary or experimental basis.

FL – Flood

NM – No Meter

UD – Unable to determine



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 5026 (03/7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 5026 (03/7-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne
 Facility: Fort Wayne - P.L. Brunner WWTP
 Permit Number: IN0032191
 Page [2] of [12]

Monitoring Period: 12-2018
 Design Peak Flow (MGD): 60
 Design Flow (MGD): 60

Public Notification Requirements Met? Y
 Check box if no CSO discharges occurred for the month:
 Measured/Metered (M) or Estimated (E) must be specified

Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm/hr)	Time Precip. Ended (mm/hr)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inches)	Mission Interval (hr, 30 m, 15 m)	Design Average Flow (MGD)		Design Peak Flow (MGD)		Event Discharge (MG)		Event Discharge (MG)		Event Discharge (MG)		Event Discharge (MG)		
									Time Began	Time Ended	Time Began	Time Ended	Time Began	Time Ended	Time Began	Time Ended	Time Began	Time Ended	Time Began	Time Ended	Time Began
1	73.35	101.69	9:00 AM		3.58	0.70	0.07	5 m													
2	100.25	101.25	3:25 AM		0.25	0.03	0.01	5 m													
3	75.22	94.45	8:35 AM		0.25	0.03	0.01	5 m													
4	56.43	73.32						5 m													
5	59.71	74.53	11:05 AM		0.08	0.01	0.01	5 m													
6	56.09	72.15						5 m													
7	49.15	69.16	11:05 AM		0.08	0.01	0.01	5 m													
8	42.99	64.49						5 m													
9	44.43	69.63						5 m													
10	44.89	65.44						5 m													
11	38.55	48.80						5 m													
12	38.79	52.21						5 m													
13	41.36	87.11	6:15 PM		0.42	0.05	0.01	5 m													
14	48.28	62.69	12:50 AM		0.42	0.05	0.01	5 m													
15	49.04	74.66	7:40 PM		1.67	0.22	0.02	5 m													
16	60.90	75.56	12:00 AM		0.83	0.11	0.02	5 m													
17	44.25	49.54						5 m													
18	45.85	64.25						5 m													
19	51.82	69.93						5 m													
20	45.99	72.05	6:25 AM		0.25	0.03	0.01	5 m													
21	49.08	70.42	12:30 AM		0.83	0.10	0.01	5 m													
22	40.82	51.37						5 m													
23	45.48	54.31						5 m													
24	39.83	56.82	2:10 PM		0.08	0.02	0.02	5 m													
25	40.35	56.54						5 m													
26	38.09	58.93						5 m													
27	55.09	101.38	11:45 AM		2.75	0.42	0.03	5 m													
28	61.55	84.65						5 m													
29	48.38	64.20						5 m													
30	47.32	62.45	11:45 AM		0.08	0.01	0.01	5 m													
31	77.68	104.75	7:00 AM		6.17	1.17	0.07	5 m													
Totals:	1633.37				17.74	2.96			0	0	0	0	0	0	0	0	0	0	0	0	0

City: Fort Wayne
 Facility: Fort Wayne - P.L. Brunner WWTP
 Permit Number: IN0032191
 Page [2] of [12]

Monitoring Period: 12-2018
 Design Peak Flow (MGD): 60
 Design Flow (MGD): 60

Public Notification Requirements Met? Y
 Check box if no CSO discharge occurred for the month:
 Measured/Metered (M) or Estimated (E) must be specified

Signature of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Date: 01/23/19
 Telephone: 250-47-4213

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM PERSONNEL CONTROL PROGRAM. I HAVE PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MAKE THE SYSTEM AS THOSE PERSONS ARE RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I MAKE NO WARRANTY THAT THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I MAKE NO WARRANTY THAT THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I MAKE NO WARRANTY THAT THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I MAKE NO WARRANTY THAT THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE.



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

State Form 50046 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50046 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne Facility: Fort Wayne - P.L. Brunner WWTP Permit Number: IN0032191
Monitoring Period: (MONTH) 12-2018 Public Notification Requirements Met? Y

Design Peak Hourly Flow (MGD): 85 Design Average Flow (MGD): 60 Design Flow (MGD): 50

CSO Outfall No. 13 CSO Outfall No. 17 CSO Outfall No. 85

Day of Month	Average Hourly Flow (MGD)			Peak Hourly Flow (MGD)			Peak Intensity (MGD/Inch)			Total Daily Precipitation (Inches)			Prescribed Data - Fairfield Gauge			Design Peak Hourly Flow (MGD)			CSO Outfall No. 13			CSO Outfall No. 17			CSO Outfall No. 85					
	Avg	Peak	Interval	Time	Precip.	Time	Peak	Intensity	Time	Precip.	Time	Peak	Intensity	Time	Flow	Flow	Flow	Time	Flow	Flow	Flow	Time	Flow	Flow	Flow	Time	Flow	Flow	Flow	
1	73.35	101.69	5 m	8:55 AM	2.75	0.45	0.04	0.04	10:50 AM	3.00	M	0.253	M	12:05 AM	14.25	M	0.045	M												
2	100.25	101.25	5 m	3:25 AM	0.17	0.02	0.01	0.01																						
3	75.22	94.45	5 m	9:20 AM	0.33	0.30	0.17	0.17																						
4	58.43	73.32	5 m																											
5	69.71	74.33	5 m																											
6	56.09	72.15	5 m																											
7	49.15	69.16	5 m																											
8	42.89	64.49	5 m																											
9	44.43	66.53	5 m																											
10	44.89	65.44	5 m																											
11	38.55	49.80	5 m																											
12	38.79	50.21	5 m																											
13	41.96	87.11	5 m	8:45 PM	0.33	0.04	0.01	0.01																						
14	48.26	62.69	5 m	7:55 AM	0.25	0.10	0.08	0.08																						
15	49.04	74.66	5 m	7:50 PM	1.00	0.12	0.01	0.01																						
16	80.90	75.56	5 m	3:20 AM	0.50	0.30	0.21	0.21																						
17	44.25	49.54	5 m																											
18	45.85	64.25	5 m																											
19	51.82	89.93	5 m																											
20	45.99	72.05	5 m	6:25 AM	0.17	0.02	0.01	0.01																						
21	49.08	70.42	5 m	1:35 AM	0.59	0.07	0.01	0.01																						
22	40.62	51.37	5 m																											
23	45.46	54.31	5 m																											
24	39.83	56.82	5 m	8:40 AM	0.08	0.24	0.24	0.24																						
25	40.35	56.54	5 m																											
26	38.09	58.93	5 m																											
27	65.09	101.38	5 m	11:50 AM	2.42	0.36	0.04	0.04																						
28	61.65	84.55	5 m																											
29	48.35	64.20	5 m																											
30	47.92	62.45	5 m	9:30 AM	0.17	0.14	0.11	0.11																						
31	77.69	101.75	5 m	7:05 AM	5.58	0.96	0.08	0.08																						
Totals:	1635.37				14.33	3.12			3	8.69	0.792			2	22.67	5.175														

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
Telephone: 260-427-6713

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A STATE POLICY AND ALL APPLICABLE LAWS. I HAVE REVIEWED AND EVALUATED THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DESIGNATED BY THEM TO PROVIDE THE INFORMATION. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: Susan Beck Date (mm/dd/yy): 01/23/19

Page [5] of [12] Permit Number: IN0032191
Public Notification Requirements Met? Y

Check box if no CSO discharge occurred for the month: Measured/Measured (M) or Estimated (E) must be specified



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

State Form 65646 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 65646 (03/17-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Page 17 of 121		Permit Number: IN0032191		City: Fort Wayne		Permit Number: IN0032191		Public Notification Requirements Met? Y	
Facility: Fort Wayne - P.L. Brunner WWTP		Monitoring Period: 12-2018		Monitoring Period: 12-2018		Monitoring Period: 12-2018		Public Notification Requirements Met? Y	
Design Peak Hourly Flow (MGD): 85		Design Average Flow (MGD): 85		Design Peak Flow (hourly) (MGD): 85		Design Flow (MGD): 85		Check box if no CSO discharges occurred for the month:	
WWTP Influent Data		Precipitation Data - Study Gauge		CSO Outfall No. 4		CSO Outfall No. 5		CSO Outfall No. 11	
Average Hourly Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. (mm)	Time Precip. (inches)	Time Discharge or Duration (Hours)	Event Discharge or Duration (Hours)	Time Discharge or Duration (Hours)	Event Discharge or Duration (Hours)	Time Discharge or Duration (Hours)	Event Discharge or Duration (Hours)
Day of Month	Day of Month	Day of Month	Day of Month	Day of Month	Day of Month	Day of Month	Day of Month	Day of Month	Day of Month
1	73.98	101.89	4:35 AM	10:00 AM	6:50 M	0:398 M	9:55 AM	10:92 M	0:245 M
2	100.25	101.26	1:55 AM	12:00 AM	4:50 M	0:006 M			
3	75.22	94.45	9:00 AM						
4	58.43	73.92							
5	69.71	74.33							
6	56.09	72.15							
7	49.15	69.16							
8	42.89	64.49							
9	44.43	68.63							
10	44.99	65.44							
11	38.55	48.80							
12	38.78	32.21							
13	41.96	87.11							
14	48.26	62.69							
15	49.04	74.56							
16	60.90	73.56							
17	44.25	49.54							
18	45.85	64.25							
19	51.92	69.93							
20	45.89	72.06							
21	49.08	70.42							
22	40.62	61.37							
23	45.46	64.31							
24	39.63	56.92	12:10 AM						
25	40.35	56.54	9:25 AM						
26	38.09	58.93							
27	55.09	101.38	11:45 AM						
28	61.65	84.65							
29	48.36	64.20							
30	47.92	62.45	2:20 PM						
31	77.69	101.75	7:05 AM						
Totals:	1633.37			3	22-17	2:25	4	33.59	1:304

Types of Printed Name and Title of Principal/Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Telephone: 261-477-6213
 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 DATA AND INFORMATION FROM ANY INDUSTRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.
 Signature of Principal/Executive Officer or Authorized Agent: Susan Beck
 Date: (mm/dd/yyyy) 01/23/19



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

State Form 50046 (03/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



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

State Form 50046 (03/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne
 Facility: Fort Wayne - P.L. Brunner WWTP
 Monitoring Period: 12-2013
 Design Peak Flow (MGD): 60
 WWTW Influent Data
 Design Peak Flow (MGD): 60
 WWTW Effluent Data
 Design Peak Flow (MGD): 60
 Public Notification Requirements Met? Y
 Permit Number: IN0032191
 Public Notification Requirements Met? Y
 Permit Number: IN0032191

Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Began	Time Ended	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inches/Hour)	Measurement Interval (Minutes)	CSO Outfall No. 60		CSO Outfall No. 64		CSO Outfall No. 65		CSO Outfall No. 63			
									Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began	Time Discharge Ended	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began	Time Discharge Ended
1	73.36	101.69						5 m										
2	180.25	101.26	8:10 AM		0.17	0.87	0.88	5 m										
3	75.22	84.45	9:15 AM		0.58	0.11	0.05	5 m										
4	58.43	73.32						5 m										
5	89.71	74.93						5 m										
6	56.09	79.15						5 m										
7	49.15	69.18	8:10 AM		0.08	0.04	0.04	5 m										
8	42.89	64.48						5 m										
9	44.43	68.83						5 m										
10	44.89	65.44						5 m										
11	38.55	46.80						5 m										
12	38.79	82.21						5 m										
13	41.96	87.11	6:40 PM		0.50	0.06	0.01	5 m										
14	48.28	62.89	7:45 AM		0.33	0.04	0.01	5 m										
15	49.04	74.66	7:20 PM		1.87	0.23	0.02	5 m										
16	60.80	75.56	12:10 AM		0.83	0.12	0.02	5 m										
17	44.25	49.54						5 m										
18	45.85	64.25						5 m										
19	51.82	69.93						5 m										
20	45.99	72.05	6:30 AM		0.25	0.03	0.01	5 m										
21	49.08	70.42	12:05 AM		1.33	0.16	0.01	5 m										
22	40.62	51.37						5 m										
23	45.46	54.31						5 m										
24	39.83	56.82						5 m										
25	40.35	66.54						5 m										
26	38.09	56.93	9:40 AM		0.17	0.02	0.01	5 m										
27	65.09	101.38	11:50 AM		2.92	0.40	0.02	5 m										
28	61.65	84.85						5 m										
29	48.36	64.20						5 m										
30	47.32	62.45	10:55 AM		0.98	0.01	0.01	5 m										
31	77.69	101.75	7:00 AM		6.42	1.15	0.06	5 m	2:30 PM	M	0.045	M						
Totals:	1638.37				15.93	3.25			1	3.25	0.045							

Type of Printed Name and Title of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Telephone: 260-427-6513

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE REQUIREMENTS OF THE NPDES PERMIT AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MAKE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR THE INFORMATION SUBMITTED, 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 IMPROVEMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent: _____ Date (mm/dd/yyyy): _____
 Telephone: _____



National Pollutant Discharge Elimination System (NPDES)
 CSO Monthly Report of Operation (CSO MRO)
 State Form 5524E (03/17-13)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne
 Facility: Fort Wayne - P.L. Brunner WWTP
 Permit Number: IN0032191
 Page 9 of 12
 Public Notification Requirements Met? Y
 Monitoring Period: 12-2018
 Design Peak Hourly Flow (MGD): 85
 Design Average Flow (MGD): 60
 Precipitation Data - Brentwood Gauge
 Design Flow (MGD): 85
 CSO Outfall No. 48
 CSO Outfall No. 28
 CSO Outfall No. 51
 CSO Outfall No. 52

Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)	Day of Month	Time Discharge Began	Event Duration (Hours)	Event Discharge (MG)
1	73.35	101.69	9:25 AM	0.33	0.73	0.70	5 m	1:28 PM	0.07	0.017	11:17 AM	0.48	0.592	1			
2	100.25	101.25					5 m							2			
3	75.22	84.45	9:15 AM	0.50	0.06	0.01	5 m							3			
4	58.43	73.32					5 m							4			
5	59.71	74.33					5 m							5			
6	55.09	72.15					5 m							6			
7	49.15	59.16	9:05 AM	0.08	0.01	0.01	5 m							7			
8	42.89	64.49					5 m							8			
9	44.43	68.63					5 m							9			
10	44.89	65.44					5 m							10			
11	38.55	46.80					5 m							11			
12	38.79	52.21					5 m							12			
13	41.96	87.11	6:25 PM	0.42	0.05	0.01	5 m							13			
14	48.26	62.89	7:55 AM	0.50	0.06	0.01	5 m							14			
15	49.04	74.86	7:50 PM	1.67	0.20	0.01	5 m							15			
16	60.90	75.56	12:10 AM	1.00	0.12	0.01	5 m							16			
17	44.25	49.54					5 m							17			
18	45.85	64.25					5 m							18			
19	51.82	69.93					5 m							19			
20	45.99	72.05	6:30 AM	0.33	0.04	0.01	5 m							20			
21	49.08	70.42	12:05 AM	1.33	0.16	0.01	5 m							21			
22	40.62	51.37					5 m							22			
23	45.46	54.31					5 m							23			
24	39.83	55.82	2:40 PM	0.08	0.02	0.02	5 m							24			
25	40.35	55.54					5 m							25			
26	38.09	58.93	10:20 AM	0.17	0.02	0.01	5 m							26			
27	65.09	101.38	11:55 AM	2.50	0.46	0.04	5 m				3:09 PM	0.07	0.082	27			
28	61.65	84.65					5 m							28			
29	48.38	64.20					5 m							29			
30	47.32	62.45	12:25 PM	0.08	0.01	0.01	5 m							30			
31	77.69	101.75	7:10 AM	6.00	1.20	0.11	5 m	11:04 AM	0.59	0.17	9:55 AM	1.68	2.064	31			
Totals:	1639.37		14.99	3.14	3.14			2	0.65	0.167	3	2.23	2.738	Totals:	0	0.00	0.000

Signature of Principal Executive Officer or Authorized Agent: Susan Beck, Program Manager
 Date (mm/dd/yyyy): 01/23/19
 Telephone: 260-427-6213
 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 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.



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

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Fort Wayne	Page: [12] of [12]	Permit Number: IN0032191
Facility: Fort Wayne - P.L. Brunner WWTP	Public Notification Requirements Met? Y	
Monitoring Period: 12-2018	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 85	Design Average Flow (MGD): 60	

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	Wet Weather
2	Wet Weather
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	Wet Weather
16	Wet Weather
17	
18	
19	
20	
21	Wet Weather
22	
23	
24	
25	
26	
27	Wet Weather
28	
29	
30	
31	Wet Weather

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Susan Beck, Program Manager	Telephone 260-427-6213
---	---------------------------

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent Susan Beck	Date (mm/dd/yy) 01/23/19
--	-----------------------------

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 002 External Outfall
Report Dates & Status: From 12/01/18 to 12/31/18
Monitoring Period: 01/28/19
Considerations for Form Completion: CSO - 002 POND WHEN USED AS CSO ONLY
Principal Executive Officer: Susan Beck
First Name: Susan
Last Name: Beck
No Data Indicator (NODI): -
Form NODI: -
Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE FT WAYNE, IN 46802
Discharge: 002-C
DMR Due Date: 01/28/19
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2601 DIVENGER AVE
 FORT WAYNE, IN 46803
Status: NetDMR Validated
Telephone: 260-427-6213
Title: Program Manager

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					Req Mon MO TOTAL 82 - hr/mo			WHIDS - When Discharging	RT - RCOTOT
74060	Overflow volume [SS volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					Req Mon MO TOTAL 3R - Mgal			AUEV - All Events	ES - ESTIMA
76887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					3-14 SW - hr/mo			AUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					Req Mon MO TOTAL 3V - hr/mo 0			AUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments

Name	Type	Size
IN0032191_002C_CSOWRO_2018_12.pdf	pdf	479011
IN0032191_002C_LETTER_2018_12.pdf	pdf	218446

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityofwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityofwayne.org
Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 003 External Outfall
 Discharge: 003-C
 001 POND - CSO

Report Dates & Status: From 12/01/18 to 12/31/18
 DMR Due Date: 01/28/19
 Status: NetDMR Validated

Monitoring Period: From 12/01/18 to 12/31/18
 Considerations for Form Completion: CSO - 001 POND WHEN USED AS CSO ONLY

Principal Executive Officer: [Blank]
 Title: [Blank]

First Name: [Blank]
 Last Name: [Blank]
 Telephone: [Blank]

No Data Indicator (NODI): [Blank]

Form NODI: [Blank]

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
5007	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					ALIEV - All Events	ES - ESTIMA
78867	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	3.14				ALIEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					ALIEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 [Blank]

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:36 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 004 External Outfall
 Discharge: 004-C
 CSO: JO2-90

Report Dates & Status
 Monitoring Period: From 12/01/18 to 12/31/18
 DMR Due Date: 01/28/19
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: JO2-90 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NOD)
 Form NOD: --

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Units	Qualifier 2	Value 2	Qualifier 3			
5007	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NDI	22.17	B2 - hr/mo	Req Mon MG TOTAL	0		WHDS - When Discharging	RT - ROOTOT	
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NDI	2.25	3R - Mgal	Req Mon MG TOTAL	0		ALUEV - All Events	ES - ESTIMA	
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NDI	9.24	SW - hr/mo	Req Mon MG TOTAL	0		ALUEV - All Events	RT - ROOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NDI	3	4K - #/mo	Req Mon MG TOTAL	0		ALUEV - All Events	RT - ROOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:31 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 007 External Outfall
 Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 007-C
 CSO: K03-92
 DMR Due Date: 01/28/19
 Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 12/01/18 to 12/31/18
 Considerations for Form Completion
 CSO: K03-92 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)
 Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				
50037	Duration	EG - Effluent Gross	0	--	Permit Req. Value NODI				Req Mon MD TOTAL 82 - hr/mo C - No Discharge	When Discharging RT - RCOTOT	
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				Req Mon MD TOTAL 3R - Mgal C - No Discharge	ALIEV - All Events ES - ESTIMA	
78897	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				3.24 Req Mon MD TOTAL 3W - hr/mo 0	ALIEV - All Events ALIEV - All Events	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI				Req Mon MD TOTAL 4K - #/mo C - No Discharge	ALIEV - All Events RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:31 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 011 External Outfall
 Discharge: 011-C
 CSO: K06-233
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Report Dates & Status: From 12/01/18 to 12/31/18
 Monitoring Period: 01/28/19
 DMR Due Date: 01/28/19
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: K06-233 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer
 First Name: _____
 Last Name: _____
 Title: _____
 Telephone: _____

No Data Indicator (NODI)
 Form NODI: _____

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
5037	Duration	EG - Effluent Gross	0	-	Permit Req. Value NODI	8.43	Reg Mon MO TOTAL	82	-	hr/mo	0	WHDS - When Discharging WHDS - When Discharging RT - RCOTOT	
74080	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	11.31	Reg Mon MO TOTAL	3R - Mgal	0	ALJEV - All Events ALJEV - All Events	0	ES - ESTIMA ES - ESTIMA	
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	3.24	Reg Mon MO TOTAL	SW - In/mo	0	ALJEV - All Events ALJEV - All Events	0	RT - RCOTOT RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	1	Reg Mon MO TOTAL	4K - #/mo	0	ALJEV - All Events ALJEV - All Events	0	RT - RCOTOT RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2019-01-23 13:31 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 012 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 012-C
 CSO: K06-234
DMR Due Date: 01/28/19
Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 12/01/18 to 12/31/18
Considerations for Form Completion
 CSO: K06-234 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer
 First Name: _____
 Last Name: _____
 Title: _____
 Telephone: _____

Form NODI: -

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Units	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			Req Mon MO TOTAL B2 - #/mo				WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			Req Mon MO TOTAL 3R - Mgal				AUEV - All Events ES - ESTIMA	
78887	Pre-cipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			3.24				AUEV - All Events RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			Req Mon MO TOTAL SW - #/mo 0				AUEV - All Events RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:32 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 013 External Outfall
 Discharge: 013-C
 CSO: K06-298

Report Dates & Status
 Monitoring Period: From 12/01/18 to 12/31/18
 DMR Due Date: 01/28/19
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: K06-298 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)
 Form NODI: -

Code	Parameter Name	Monitoring Location	Season	Param. NODI	Quantity or Loading			Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2				
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			82 - #/mo	0	WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			3R - Mgal	0	ALJEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			3R - Mgal	0	ALJEV - All Events	ES - ESTIMA
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI			SW - #/mo	0	ALJEV - All Events	RT - RCOTOT
					Sample Permit Req. Value NODI			4K - #/mo	0	ALJEV - All Events	RT - RCOTOT
					Sample Permit Req. Value NODI			Req Mon MO TOTAL	0	ALJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2019-01-23 13:29 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 017 External Outfall
 Report Dates & Status: From 12/01/18 to 12/31/18
 Monitoring Period: From 12/01/18 to 12/31/18
 Considerations for Form Completion: DMR Due Date: 01/28/19
 Status: NetDMR Validated
 Principal Executive Officer: Susan Beck
 First Name: Susan
 Last Name: Beck
 Title: Principal Executive Officer
 Telephone:
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 017-C
 CSC: K07-176

No Data Indicator (NODI)

Form NODI: -

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
5057	Duration	EG - Effluent Gross	0	-	Sample	Permit Req	Value NODI	22.87	Req Mon MG TOTAL	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	-	Sample	Permit Req	Value NODI	5.175	Req Mon MG TOTAL	3R - Mgal	0	ALJEV - All Events	ES - ESTIMA
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample	Permit Req	Value NODI	3.12	Req Mon MG TOTAL	SW - hr/mo	0	ALJEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample	Permit Req	Value NODI	2	Req Mon MG TOTAL	4K - #/mo	0	ALJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:29 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 018 External Outfall
 Report Dates & Status: From 12/01/18 to 12/31/18
 Monitoring Period: From 12/01/18 to 12/31/18
 Considerations for Form Completion: CSO: K11-16S MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NOD): [Blank]
 Form NOD: [Blank]

Permittee: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Facility Location: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 018-C
 CSO: K11-16S

DMR Due Date: 01/28/19

Status: NetDMR Validated

Title: [Blank]

Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Units	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Durablon	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD			45.01	Req Mon MO TOTAL	B2 - #/mo	0	WHDS - When Discharging RT - RCOTOT	RT - RCOTOT
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD			45.52	Req Mon MO TOTAL	3R - Mgal	0	AJEV - All Events ES - ESTIMA	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD			2.85	Req Mon MO TOTAL	SW - #/mo	0	AJEV - All Events	RT - RCOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD			7	Req Mon MO TOTAL	4K - #/mo	0	AJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 [Blank]

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:29 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 020 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 020-C
 CSO: K15-116
DMR Due Date: 01/28/19
Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 12/01/18 to 12/31/18
 Considerations for Form Completion
 CSO: K15-116 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

Form NODI: No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Units	# of Ex.	Frequency of Analysis		Sample Type
					Qualifier: 1 Value	Qualifier: 2 Value	Qualifier: 3 Value			WHDS - When Discharging	WHDS - When Discharging	
50037	Duration	EG - Effluent Gross	0	--	Sample	Permit Req.	28.75	Req Mon MO TOTAL	82 - hr/mo	0	0	RT - RCOTOT
74063	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	Sample	Permit Req.	5.888	Req Mon MO TOTAL	3R - Mgal	0	0	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample	Permit Req.	2.95	Req Mon MO TOTAL	5W - hr/mo	0	0	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample	Permit Req.	5	Req Mon MO TOTAL	4K - #/mo	0	0	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2019-01-23 13:30 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 021 External Outfall
 Discharge: 021-C
 CSO: K19-044

Report Dates & Status
 Monitoring Period: From 12/01/18 to 12/31/18
 DMR Due Date: 01/28/19
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: K19-044 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)
 Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Units	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
5007	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	45.5	Req Mon MO TOTAL	B2 - hr/mo	0	WHDS - When Discharging	RT - RCO TOT		
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	1.164	Req Mon MO TOTAL	3R - Mgal	0	WHDS - When Discharging	RT - RCO TOT		
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	2.95	Req Mon MO TOTAL	SW - hr/mo	0	AL/EV - All Events	ES - ESTIMA		
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	3	Req Mon MO TOTAL	4K - #/mo	0	AL/EV - All Events	RT - RCO TOT		

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:30 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 023 External Outfall
 Report Dates & Status: From 12/01/18 to 12/31/18
 Monitoring Period: DMR Due Date: 01/28/19
 Considerations for Form Completion: NetDMR Validated
 CSO: L06-103MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 First Name: _____
 Last Name: _____
 Title: _____
 Telephone: _____
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50037	Durability	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	7.75	Req Mon MO TOTAL	B2 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT		
74083	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	0.815	Req Mon MO TOTAL	3R - Mgal	0	AJEV - All Events	ES - ESTIMA		
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	1.98	Req Mon MO TOTAL	SW - hr/mo	0	AJEV - All Events	RT - RCOTOT		
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	3	Req Mon MO TOTAL	4K - #/mo	0	AJEV - All Events	RT - RCOTOT		

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2019-01-23 13:26 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 024 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 024-C
 CSO: L06-420

Report Dates & Status: From 12/01/18 to 12/31/18
 Monitoring Period: 01/28/19
 DMR Due Date: 01/28/19
 Status: NetDMR Validated

Considerations for Form Completion: CSO: L06-420 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 Title: [Blank]
 Telephone: [Blank]

No Data Indicator (NODI): [Blank]
 Form NODI: [Blank]

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units
5037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					6.33	Req Mon MO TOTAL	82 - hr/mo	WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					0.419	Req Mon MO TOTAL	3R - Mgal	AJEV - All Events	ES - ESTIMA
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					1.88	Req Mon MO TOTAL	SW - hr/mo	AJEV - All Events	ES - ESTIMA
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					2	Req Mon MO TOTAL	4K - #/mo	AJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No attachments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:26 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 025 External Outfall
 Report Dates & Status: From 12/01/18 to 12/31/18
 Monitoring Period: 01/28/19
 Considerations for Form Completion: DMR Due Date: 01/28/19
 CSO: L06-421 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: NetDMR Validated
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 025-C
 CSO: L06-421
 Title: Telephone:
 Status: NetDMR Validated

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			4.91	Req Mon MO TOTAL	82 - #/mo	0	WHDS - When Discharging RT - RCOTOT	RT - RCOTOT
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			0.041	Req Mon MO TOTAL	3R - Mgal	0	ALJEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			1.98	Req Mon MO TOTAL	SW - #/mo	0	ALJEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI			2	Req Mon MO TOTAL	4K - #/mo	0	ALJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:27 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 027 External Outfall
 Discharge: 027-C
 CSO: M10-202

Report Dates & Status
 Monitoring Period: From 12/01/18 to 12/31/18
 DMR Due Date: 01/28/19
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: M10-202 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name: _____ Title: _____
 Last Name: _____ Telephone: _____

No Data Indicator (NOD)

Form NOD: --

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Sample	Permit Req. Value NOD	Quality or Concentration	Units	# of Ex.	Frequency of Analysis	Sample Type
5007	Duration	EG - Effluent Gross	0	--	Sample	Permit Req. Value NOD	Req. Mon MO TOTAL C - No Discharge	82 - hr/mo		WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	Sample	Permit Req. Value NOD	Req. Mon MO TOTAL C - No Discharge	3R - Mgal		ALIEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample	Permit Req. Value NOD	2.9	SW - hr/mo		ALIEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample	Permit Req. Value NOD	Req. Mon MO TOTAL C - No Discharge	4K - #/mo		ALIEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:36 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature:
 028 External Outfall
 Discharge: 028-C
 CSO: M10-238

Report Dates & Status
 Monitoring Period: From 12/01/18 to 12/31/18
 DMR Due Date: 01/28/19
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: M10-238 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NOD)
 Form NOD: --

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Units	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
50057	Burialton	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD			0.65	Req Mon MG TOTAL	82 - #/mo	0	WHDS - When Discharging RT - ROOTOT	RT - ROOTOT
74083	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD			0.187	Req Mon MG TOTAL	3R - Mgal	0	ALJEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD			3.14	Req Mon MG TOTAL	SW - #/mo	0	ALJEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD			2	Req Mon MG TOTAL	4K - #/mo	0	ALJEV - All Events	RT - ROOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:33 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 029 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 029-C
 CSO: M10-265

Report Dates & Status
 Monitoring Period: From 12/01/18 to 12/31/18
 DMR Due Date: 01/28/19
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: M10-265 MUNICIPAL MAJOR ALLEN COUNTY
Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)
 Form NODI: -

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
5037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	15.5	Req Mon MD TOTAL	82 - #/mo	82 - #/mo	0	WHDS - When Discharging	RT - RCOTOT	
74063	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	0.841	Req Mon MD TOTAL	3R - Mgal	3R - Mgal	0	AUEV - All Events	ES - ESTIMA	
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	1.88	Req Mon MD TOTAL	5W - #/mo	5W - #/mo	0	AUEV - All Events	ES - ESTIMA	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI	5	Req Mon MD TOTAL	4K - #/mo	4K - #/mo	0	AUEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:27 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit #: IN0032191
Major: Yes
Permitted Feature: 032 External Outfall
Report Dates & Status: From 12/01/18 to 12/31/18
Monitoring Period: From 12/01/18 to 12/31/18
Considerations for Form Completion: CSO: M10-306/MUNICIPAL MAJORALLEN COUNTY
Principal Executive Officer:
Facility: FORT WAYNE WWTP
Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 032-C
 CSO: M10-306
DMR Due Date: 01/28/19
Status: NetDMR Validated

Title: _____ **Telephone:** _____

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units
5007	Duration	EG - Effluent	Gross	0					9.82	Req Mon MD TOTAL	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
7403	Overflow volume [SSO volume, CSO volume]	EG - Effluent	Gross	0					0.737	Req Mon MD TOTAL	3R - Ngal	0	AJEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent	Gross	0					1.98	Req Mon MD TOTAL	SW - hr/mo	0	AJEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent	Gross	0					3	Req Mon MD TOTAL	4K - #/mo	0	AJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2019-01-23 13:27 (Time Zone: -05:00)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 033 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 033-C
 CSO: M10-313

DMR Due Date: 01/28/19
Status: NetDMR Validated

Monitoring Period: From 12/01/18 to 12/31/18

Considerations for Form Completion
 CSO: M10-313 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NOD)

Form NOD:

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Units	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
5007	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD	6.31	Req Mon MO TOTAL	B2 - #/mo	0	WHDS - When Discharging	RT - RCOTOT		
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD	12.96	Req Mon MO TOTAL	3R - Mgal	0	AJEV - All Events	ES - ESTIMA		
78867	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD	2.9	Req Mon MO TOTAL	SW - #/mo	0	AJEV - All Events	RT - RCOTOT		
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NOD	2	Req Mon MO TOTAL	4K - #/mo	0	AJEV - All Events	RT - RCOTOT		

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:37 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 039 External Outfall
 Discharge: 039-C
 CSO: N06-022

Report Dates & Status: From 12/01/18 to 12/31/18
 DMR Due Date: 01/28/19
 Status: NetDMR Validated

Monitoring Period: From 12/01/18 to 12/31/18
 Considerations for Form Completion

CSO: N06-022 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer

First Name:
 Last Name:
 Title:

No Data Indicator (NODI)

Form NODI:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
5007	Duration	EG - Effluent	Gross	0	Sample Permit Req. Value NODI			25.25	Req Mon MG TOTAL	82 - #/mo	0	WHDS - When Discharging WHDS - When Discharging	RT - RCOTOT RT - RCOTOT
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent	Gross	0	Sample Permit Req. Value NODI			2.789	Req Mon MG TOTAL	3R - Mgal	0	ALJEV - All Events ALJEV - All Events	ES - ESTIMA ES - ESTIMA
78957	Precipitation, monthly accumulation	EG - Effluent	Gross	0	Sample Permit Req. Value NODI			1.98	Req Mon MG TOTAL	SW - #/mo	0	ALJEV - All Events ALJEV - All Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent	Gross	0	Sample Permit Req. Value NODI			3	Req Mon MG TOTAL	4K - #/mo	0	ALJEV - All Events ALJEV - All Events	RT - RCOTOT RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:28 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 044 External Outfall
 Discharge: 044-C
 CSO: N22-93
 Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2501 DWENGER AVE
 FORT WAYNE, IN 46803
 Report Dates & Status: From 12/01/18 to 12/31/18
 Monitoring Period: 01/28/19
 DMR Due Date: 01/28/19
 Status: NetDMR Validated
 Considerations for Form Completion: CSO: N22-93 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: _____
 Title: _____
 First Name: _____
 Last Name: _____
 No Data Indicator (NODI): _____
 Form NODI: _____
 Telephone: _____

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units
50037	Duration	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NODI					Req Mon MO TOTAL 82 - #l/mo	WH/DS - When Discharging	RT - RCOTOT
74063	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NODI					Req Mon MO TOTAL 3R - Mgal	AUEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NODI					Req Mon MO TOTAL 5W - #l/mo	AUEV - All Events	RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample	Permit Req.	Value NODI					Req Mon MO TOTAL 4K - #l/mo	AUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofortwayne.org
 Date/Time: 2019-01-23 13:37 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN002191
 Major: Yes
 Permitted Feature: 045 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 045-C
 CSO: N22-103
DMR Due Date: 01/28/19
Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 12/01/18 to 12/31/18
Considerations for Form Completion
 CSO: N22-103T, JOSEPH RIVERMUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)
 Form NODI: -

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
5037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					Req Mon MD TOTAL 82 - hr/mo		WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					Req Mon MD TOTAL 3R - Mgal		AUEV - All Events	ES - ESTIMA
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					Req Mon MD TOTAL SW - hr/mo		AUEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					Req Mon MD TOTAL 4K - #/mo		AUEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:37 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 048 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
 Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 048-C
 CSO: O10-252
 Report Dates & Status: DMR Due Date: 01/28/19
 Status: NetDMR Validated
 Monitoring Period: From 12/01/18 to 12/31/18
 Considerations for Form Completion: CSO: O10-252 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer
 Last Name: _____ Title: _____
 Telephone: _____

No Data Indicator (NODI)
 Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units
5037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					2.23	Req Mon MD TOTAL	B2 - #l/mo	WHDS - When Discharging	RT - RCOTOT
7493	Overflow volume [S80 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					2.738	Req Mon MD TOTAL	3R - Mgal	AJEV - All Events	ES - ESTIMA
7887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					3.14	Req Mon MD TOTAL	SW - #l/mo	AJEV - All Events	ES - ESTIMA
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					3	Req Mon MD TOTAL	4K - #l/mo	AJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:33 (Time Zone: -05:00)
Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 050 External Outfall
 Report Dates & Status: From 12/01/18 to 12/31/18
 Monitoring Period: 01/28/19
 Considerations for Form Completion: DMR Due Date: 01/28/19
 Principal Executive Officer: NetDMR Validated
 First Name: Telephone:
 Last Name: Title:
 No Data Indicator (NOD):
 Form NOD: -

Code	Parameter Name	Monitoring Location	Session #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
5007	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	1.5	Req Mon MO TOTAL	82 - hr/mo	82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT	
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	0.106	Req Mon MO TOTAL	3R - Mgal	3R - Mgal	0	AJEV - All Events	ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	1.98	Req Mon MO TOTAL	SW - hr/mo	SW - hr/mo	0	AJEV - All Events	RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	2	Req Mon MO TOTAL	4K - #/mo	4K - #/mo	0	AJEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:28 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 052 External Outfall
 Report Dates & Status: From 12/01/18 to 12/31/18
 Monitoring Period: From 12/01/18 to 12/31/18
 Considerations for Form Completion: CSO: 022-004 MUNICIPAL MAJOR ALLEN COUNTY
 Principal Executive Officer: Susan Beck
 First Name: Susan
 Last Name: Beck
 Form NODI: 052-C
 Discharge: CSO: 022-004
 DMR Due Date: 01/28/19
 Status: NetDMR Validated
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803
 Telephone: _____

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Units	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				
50037	Durillon	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					Req Mon MO TOTAL	82 - hr/mo	WHDS - When Discharging	RT - ROOTOT	
74083	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					C - No Discharge		Req Mon MO TOTAL SR - Mgal	ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					3.14	SW - hr/mo	Req Mon MO TOTAL SW - hr/mo	RT - ROOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI							Req Mon MO TOTAL 4K - #/mo	RT - ROOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:33 (Time Zone: -05:00)
Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 053 External Outfall
 Report Dates & Status: From 12/01/18 to 12/31/18
 Monitoring Period: From 12/01/18 to 12/31/18
 Considerations for Form Completion: DMR Due Date: 01/28/19
 Status: NetDMR Validated
 Principal Executive Officer: CSO: 022-094
 Telephone:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					Req Mon MO TOTAL B2 - In/No C - No Discharge	WHDS - When Discharging RT - RCOTOT		
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					Req Mon MO TOTAL 3R - Mgal C - No Discharge	AUEV - All Events ES - ESTIMA		
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					3.14 Req Mon MO TOTAL SW - In/No 0	AUEV - All Events RT - RCOTOT		
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					Req Mon MO TOTAL 4K - #/mo C - No Discharge	AUEV - All Events RT - RCOTOT		

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:34 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 054 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
Discharge: 054-C
 CSO: 023-080

Report Dates & Status
 Monitoring Period: From 12/01/18 to 12/31/18
 DMR Due Date: 01/28/19
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: 023-080 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

Form NODI: No Data Indicator (NODI)

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample	Permit Req. Value NODI	Sample	Permit Req. Value NODI	Quality or Concentration	Value 1	Value 2	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Durition	EG - Effluent Gross	0	--	Sample				Opt Mon MG TOTAL	3.25			82 - hr/mo	0	WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume [SSD volume, CSD volume]	EG - Effluent Gross	0	--	Sample				Opt Mon MG TOTAL	0.045			3R - Mgal	0	ALJEV - All Events	ES - ESTIMA
78887	Precepitation, monthly accumulation	EG - Effluent Gross	0	--	Sample				Opt Mon MG TOTAL	3.25			SW - hr/mo	0	ALJEV - All Events	RT - RCOTOT
84155	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample				Opt Mon MG TOTAL	1			4K - #/mo	0	ALJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By

FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:32 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 055 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803
 Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 055-C
 CSO: P06-192
 DMR Due Date: 01/28/19
 Status: NetDMR Validated
 Monitoring Period: From 12/01/18 to 12/31/18
 Considerations for Form Completion
 CSO: P06-192 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer

First Name:
 Last Name:
 No Data Indicator (NODI)
 Form NODI: --
 Title:
 Telephone:

Code	Parameter Name	Monitoring Location	Season	# Param. NODI	Quantity or Loading			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	19.51	82 - hr/mo	WHDS - When Discharging	RT - RCOTOT	
74083	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	1.729	3R - Mgal	WHDS - When Discharging	RT - RCOTOT	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	1.98	3R - Mgal	AUEV - All Events	ES - ESTIMA	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI	5	5W - hr/mo	AUEV - All Events	ES - ESTIMA	
							4K - #/mo	AUEV - All Events	RT - RCOTOT	
							Req Mon MO TOTAL	AUEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:28 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 056 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee Address: FORT WAYNE WWTP
 CITY OF FORT WAYNE
 FT WAYNE, IN 46802

Discharge: 056-C
 CSO: J03-313

DMR Due Date: 01/28/19
Status: NotDMR Validated

Monitoring Location: From 12/01/18 to 12/31/18
Monitoring Location Season #: Param: NODI

Considerations for Form Completion: CSO: J03-313 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer:
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)
 Form NODI: -

Code	Parameter Name	Monitoring Location	Season #	Param: NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Units	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value				
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					1.95	Req Mon MO TOTAL	B2 - hr/mo	WHDS - When Discharging WHDS - When Discharging	RT - RCOTOT RT - RCOTOT
74063	Overflow volume (SS0 volume, CSO volume)	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					2.34	Req Mon MO TOTAL	3R - Ngal	AJEV - All Events AJEV - All Events	ES - ESTIMA ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					3.24	Req Mon MO TOTAL	SW - hr/mo	AJEV - All Events AJEV - All Events	RT - RCOTOT RT - RCOTOT
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					2	Req Mon MO TOTAL	4K - #/mo	AJEV - All Events AJEV - All Events	RT - RCOTOT RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:32 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 057 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 057-C
 CSO: P10-121
 DMR Due Date: 01/28/19
 Status: NetDMR Validated

Monitoring Period: From 12/01/18 to 12/31/18
 Considerations for Form Completion
 CSO: P10-121 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)
 Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Units	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI		Req Mon MO TOTAL B2 - In/mo C - No Discharge	WHJDS - When Discharging RT - RCOTOT	RT - RCOTOT	
74083	Overflow volume (SSD volume, CSO volume)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI		Req Mon MO TOTAL 3R - Mgal C - No Discharge	AUEV - All Events	ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI		2.96 Req Mon MO TOTAL SW - In/mo 0	AUEV - All Events	RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI		Req Mon MO TOTAL 4K - #mo C - No Discharge	AUEV - All Events	RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:25 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2801 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 060 External Outfall
 Discharge: 060-C
 CSO: R06-31

Report Dates & Status
 Monitoring Period: From 12/01/18 to 12/31/18
 DMR Due Date: 01/28/19
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: R06-31 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NOD)
Form NOD:

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type	
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units
5007	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD					Req Mon MD TOTAL 82 - h/mo			WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD					Req Mon MD TOTAL 3R - Mgal			ALJEV - All Events	ES - ESTIMA
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD					1.92 SW - h/mo			ALJEV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD					Req Mon MD TOTAL 4K - #/mo			ALJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:24 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 061 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 061-C
 CSO: R14-137
 DMR Due Date: 01/28/19
 Status: NetDMR Validated

Report Dates & Status: From 12/01/18 to 12/31/18
 Monitoring Period: From 12/01/18 to 12/31/18
 Considerations for Form Completion: CSO: R14-137 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name: _____
 Last Name: _____
 Title: _____
 Telephone: _____

No Data Indicator (NOD) _____
 Form NOD: _____

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1 Value	Qualifier 2 Value	Units	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value				Value 3	Units
50037	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD								Opt Mon MO TOTAL B2 - hr/mo C - No Discharge	WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD								Opt Mon MO TOTAL 3R - Mgal C - No Discharge	ALJEV - All Events ES - ESTIMA	
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD								3.14 SW - In/mo Opt Mon MO TOTAL SW - In/mo 0	ALJEV - All Events RT - RCOTOT	
84165	Discharge event observation (Visual Monitoring)	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD								Opt Mon MO TOTAL 4K - #/mo C - No Discharge	ALJEV - All Events RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No errors.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2019-01-23 13:34 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityofwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityofwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 062 External Outfall
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permittee: FORT WAYNE WWTP
 Permittee Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 062-C
 CSO: R14-138
 DMR Due Date: 01/28/19
 Status: NetDMR Validated

Report Dates & Status
 Monitoring Period: From 12/01/18 to 12/31/18
 Considerations for Form Completion
 CSO: R14-138 MUNICIPAL MAJORALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NOD)
 Form NOD:

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Quality or Concentration	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
50037	Duration	EG - Effluent Gross	0	--	8.75	Opt Mon MO TOTAL	82 - hr/mo	0	0	WHDS - When Discharging	RT - RCOTOT	WHDS - When Discharging	RT - RCOTOT	WHDS - When Discharging	RT - RCOTOT	WHDS - When Discharging	RT - RCOTOT
74083	Overflow volume [SSD volume, CSO volume]	EG - Effluent Gross	0	--	0.711	Opt Mon MO TOTAL	3R - Mgal	0	0	ALJEV - All Events	ES - ESTIMA	ALJEV - All Events	ES - ESTIMA	ALJEV - All Events	ES - ESTIMA	ALJEV - All Events	ES - ESTIMA
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	3.14	Opt Mon MO TOTAL	5W - in/mo	0	0	ALJEV - All Events	RT - RCOTOT	ALJEV - All Events	RT - RCOTOT	ALJEV - All Events	RT - RCOTOT	ALJEV - All Events	RT - RCOTOT
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	2	Opt Mon MO TOTAL	4K - #/mo	0	0	ALJEV - All Events	RT - RCOTOT	ALJEV - All Events	RT - RCOTOT	ALJEV - All Events	RT - RCOTOT	ALJEV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:34 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Permitted Feature: 064 External Outfall
 Report Dates & Status: From 12/01/18 to 12/31/18
 Monitoring Period: From 12/01/18 to 12/31/18
 Considerations for Form Completion: CSO: S02-35 MUNICIPAL MAJORALLEN COUNTY
 Principal Executive Officer: [Blank]
 First Name: [Blank]
 Last Name: [Blank]
 No Data Indicator (NODI): [Blank]
 Form NODI: [Blank]

Permittee: FORT WAYNE WWTP
 Permit Address: CITY OF FORT WAYNE
 FT WAYNE, IN 46802
 Discharge: 064-C
 CSO: S02-35
 DMR Due Date: 01/28/19
 Status: NetDMR Validated

Facility Location: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Telephone: [Blank]

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3			
50037	Duration	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					Req Mon MO TOTAL B2 - hr/mo		WHDS - When Discharging RT - RCOTOT	
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					Req Mon MO TOTAL 3R - Mgal		ES - ESTIMA	
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					2.86 SW - hr/mo		RT - RCOTOT	
84185	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample Permit Req. Value NODI					Req Mon MO TOTAL 4K - #/mo		RT - RCOTOT	

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 [Blank]

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2019-01-23 13:25 (Time Zone: -0500)

Report Last Signed By
User: susan.beck@cityoffortwayne.org
Name: Susan Beck
E-Mail: susan.beck@cityoffortwayne.org
Date/Time: 2019-01-23 13:43 (Time Zone: -0500)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 068 External Outfall
 Discharge: 068-C
 CSO: N18-254

Report Dates & Status
 Monitoring Period: From 12/01/18 to 12/31/18
 DMR Due Date: 01/28/19
 Status: NetDMR Validated

Considerations for Form Completion
 CSO: N18-254 MUNICIPAL MAJOR ALLEN COUNTY

Principal Executive Officer
 First Name:
 Last Name:
 Title:
 Telephone:

No Data Indicator (NODI)
 Form NODI: -

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value				
5007	Duration	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					WHDS - When Discharging	RT - RCOTOT
74063	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					AJ/EV - All Events	ES - ESTIMA
78867	Precipitation, monthly accumulation	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					AJ/EV - All Events	RT - RCOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI					AJ/EV - All Events	RT - RCOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:36 (Time Zone: -05:00)

Report Last Signed By

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

DMR Copy of Record

Permit
 Permit #: IN0032191
 Major: Yes
 Facility: FORT WAYNE WWTP
 Facility Location: P.L. BRUNNER WPC
 2601 DWENGER AVE
 FORT WAYNE, IN 46803

Permitted Feature: 080-C External Outfall
 Discharge: 080-C
 CSO: P10-001 250' EAST, NE OF PEMBERTON DR. & NIAGRA DR.

Report Dates & Status
 Monitoring Period: From 12/01/18 to 12/31/18
 DMR Due Date: 01/28/19
 Status: NetDMR Validated

Considerations for Form Completion
 CSO - P10-001 250' EAST, NE OF PEMBERTON DR. & NIAGRA DR.

Principal Executive Officer
 First Name: _____ Title: _____
 Last Name: _____ Telephone: _____

No Data Indicator (NOD)
 Form NOD: --

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value	Qualifier 1 Value	Qualifier 2 Value	Qualifier 3 Value			
5057	Duration	EG - Effluent Gross	0	--				Req Mon MO TOTAL	B2 - hr/mo			WHDS - When Discharging	RT - ROOTOT
74083	Overflow volume [SSO volume, CSO volume]	EG - Effluent Gross	0	--				Req Mon MO TOTAL	3R - Mgal			AUEV - All Events	ES - ESTIMA
78857	Precipitation, monthly accumulation	EG - Effluent Gross	0	--				2.95	SW - hr/mo			AUEV - All Events	RT - ROOTOT
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--				Req Mon MO TOTAL	4K - #/mo			AUEV - All Events	RT - ROOTOT

Submission Note
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 No comments.

Attachments
 No attachments.

Report Last Saved By
 FORT WAYNE WWTP

User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:30 (Time Zone: -05:00)

Report Last Signed By
 User: susan.beck@cityoffortwayne.org
 Name: Susan Beck
 E-Mail: susan.beck@cityoffortwayne.org
 Date/Time: 2019-01-23 13:43 (Time Zone: -05:00)

