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Permit		Permittee: WEST COLLEGE CORNER WWTP		Facility: WEST COLLEGE CORNER WWTP, TOWN OF	
Permit #: IN0039411	Major: No	Permittee Address: 403 LIBERTY AVENUE PO BOX 177 WEST COLLEGE CORNER, IN 47003	Facility Location: 120 BROOKVILLE RD WEST COLLEGE CORNER, IN 47003		
Permitted Feature: 001 External Outfall	Discharge: 001-A 0.24 MGD CLASS II ACTIVATED SLUDGE - TO W FK FOUR MILE CREEK				

Report Dates & Status		Monitoring Period: From 04/01/24 to 04/30/24	DMR Due Date: 05/28/24	Status: NetDMR Validated
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Considerations for Form Completion
THE FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE ANNUALLY. MUNICIPAL MINOR UNION COUNTY

Principal Executive Officer		Title: President	Telephone: 765-732-3482
First Name: Emiley			
Last Name: Bourne			

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
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	2	--	Sample	=	8.4									19 - mg/L	0	05/WK - Five Per Week 3R - 3GR24H
					Permit Req.	>=	5.0 DLYAVMIN								19 - mg/L			
					Value NODI													
00400	pH	1 - Effluent Gross	0	--	Sample	=	7.4				=	8.0			12 - SU	0	05/WK - Five Per Week GR - GRAB	
					Permit Req.	>=	6.0 DAILYMN			<=	9.0 DAILYMX			12 - SU				
					Value NODI													
X 00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	=	8.29	=	19.9	28 - lb/d	=	11.1	=	32.2	25 - mL/L	4	03/07 - Three Per Week 24 - COMP24	
					Permit Req.	<=	20.0 MO AVG	<=	30.0 MX WK AV	28 - lb/d	<=	10.0 MO AVG	<=	15.0 MX WK AV	25 - mL/L			
					Value NODI													
00810	Nitrogen, ammonia total [as N]	1 - Effluent Gross	2	--	Sample	=	0.052	=	0.135	28 - lb/d	=	0.058	=	0.13	19 - mg/L	0	03/07 - Three Per Week 24 - COMP24	
					Permit Req.	<=	4.4 MO AVG	<=	6.6 MX WK AV	28 - lb/d	<=	2.2 MO AVG	<=	3.3 MX WK AV	19 - mg/L			
					Value NODI													
X 00885	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample	=	1.7			28 - lb/d	=	1.9			19 - mg/L	1	03/07 - Three Per Week 24 - COMP24	
					Permit Req.		Req Mon MO AVG			28 - lb/d	<=	1.0 MO AVG			19 - mg/L			
					Value NODI													
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.098			03 - MGD						0	05/WK - Five Per Week TM - TOTALZ	
					Permit Req.		Req Mon MO AVG			03 - MGD								
					Value NODI													
X 50080	Chlorine, total residual	1 - Effluent Gross	0	--	Sample	=	0.03				=	0.17			19 - mg/L	1	05/WK - Five Per Week GR - GRAB	
					Permit Req.		<	0.08 MO AVG	<	0.08 DAILYMX				19 - mg/L				
					Value NODI													
50060	Chlorine, total residual	X - End of Chlorine Contact Chamber	0	--	Sample	=	0.52				=	4.8			19 - mg/L	0	05/WK - Five Per Week GR - GRAB	
					Permit Req.	>=	0.5 DAILYMN							Req Mon DAILYMX	19 - mg/L			
					Value NODI													
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Sample						=	52.0	=	201.0	3Z - CFU/100mL	0	03/07 - Three Per Week GR - GRAB	
					Permit Req.					<=	125.0 MO GEO	<=	235.0 DAILYMX	3Z - CFU/100mL				
					Value NODI													
					Sample						=	201.0		3Z - CFU/100mL		03/07 - Three Per Week GR - GRAB		



**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility Town of West College Corner		Permit Number IN0039411	
Month April	Year 2024	Plant Design Flow 0.24 mgd	Telephone Number 765-561-6551
E-mail address: e.rock@dswaterservices.com			001 A
Certified Operator: Name Eric Schlechtweg		Class III	Certificate Number 21228
		Expiration Date 6/30/2024	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total=0 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Sanitary Sewer Overflow ("X" If Occurred)	CHEMICALS USED			RAW SEWAGE							
							Chlorine - Lbs/day	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs/day	Susp. Solids - mg/l	Susp. Solids - lbs/day	Phosphorus - mg/l	Ammonia - mg/l
1	Mon	2								7.4							
2	Tue	2								7.6							
3	Wed	2								7.5	210	299.489	80	114.091	2.28	15.3	
4	Thu	2								7.7	210	218.925	32	33.36	3.93	20.9	
5	Fri	2								7.7	201	147.518	24	17.6141	4.24	20.2	
6	Sat																
7	Sun																
8	Mon	2								7.2							
9	Tue	2								7.4	135	79.9389	284	168.168	4.12	39.1	
10	Wed	2								7.7	162	145.917	164	147.718	4.5	43.7	
11	Thu	2								7.4	135	266.838	18	35.5784	2.15	14.8	
12	Fri	2								7.6							
13	Sat																
14	Sun																
15	Mon	2								7.7							
16	Tue	2								7.6							
17	Wed	2								7.5	126	88.2706	88	61.6493	3.83	70.6	
18	Thu	2								7.6	123	70.7816	60	34.5276	4.12	64	
19	Fri	2									138	87.4699	64	40.5658	3.83	64	
20	Sat																
21	Sun																
22	Mon	2								7.4							
23	Tue	2								7.7							
24	Wed	2								7.7	144	68.4547	32	15.2122	5.57	63.6	
25	Thu	2								7.7	222	92.574	92	38.364	5.43	37.4	
26	Fri	2								7.5	231	94.4005	110	44.9526	6.8	21.9	
27	Sat																
28	Sun																
29	Mon	2								7.4							
30	Tue	2								7.5							
Average											169.75	138.381	87.333	62.6501	4.233	39.63	
Maximum										7.7	231	299.489	284	168.168	6.8	70.6	
Minimum										7.2	123	68.4547	18	15.2122	2.15	14.8	
# of Data				0	0	0	0	0	0	21	12	12	12	12	12	12	0

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): Eric Schlechtweg	Date (month, day, year): 5/9/2024
Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement) Eric Schlechtweg	Date (month, day, year): 5/9/2024

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10629 (R9/2-23)

Name of Facility Town of West College Corner	Permit Number IN0039411	For Month Of April	Year 2024
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Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
	CBOD5 - mg/l	Susp. Solids - mg/l	MIXED LIQUOR				RETURN SLUDGE			CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Final	Residual Chlorine - Contact Tank	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Oil & Grease (mg/l)
			Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l									
1												0.17	2.39		7.7		10.1	
2												0.02	0.6		7.8		11.2	
3				5660					6120			0	0.57	56.5	7.6		9.5	
4				6840					6920			0.04	0.79	24.1	7.7		11.2	
5			900	5240	172				8800			0.04	0.8	201.4	7.7		11.1	
6																		
7																		
8			500									0.04	0.97		7.4		10.9	
9			750	7300	103				6880			0.03	1.07	15.5	7.5		9.6	
10				4760					21600			0.05	1.51	9.3	7.8		10.0	
11				5820					6440			0.05	1.19	25.4	7.6		8.4	
12												0	0.52		7.7		9.2	
13																		
14																		
15												0.02	2		7.8		9.7	
16												0.04	2.7	145	7.9		9.1	
17				7260					8700			0.03	2	178.9	7.8		10.2	
18				6500					7380					160.7	7.7		10.5	
19				6740					8140								10.0	
20																		
21																		
22												0.04	4.6		7.5		13.3	
23												0.04	3.69	42	7.6		10.8	
24			700	6340	110				6500			0.02	1.91	56.5	7.9		10.0	
25			900	5940	152				7120			0.04	1.43	39.3	8.0		10.5	
26				5600					6660			0.05	3.11		8.0		10.2	
27																		
28																		
29												0.03	0.95		7.4		9.6	
30												0.04	2.19		7.7		9.1	
Avg.			750	6166.7	134.11				8438.3			0.0395	1.75	52			10.19	
Max.			900	7300	171.76				21600			0.17	4.6	201.4	8.0		13.3	
Min.			500	4760	102.74				6120			0	0.52	9.3	7.4		8.4	
Daily Max														201				
# of Days above 235														0				
Data	0	0	5	12	4	0	0	0	12	0	0	20	20	12	21	22	0	0

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
Town of West College Corner	IN0039411	April	2024

Day Of Month	Day of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		Effluent Flow Rate (MGD)	Effluent Flow w/Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l w/Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day w/Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l w/Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day w/Weekly Average	Ammonia - mg/l	Ammonia - mg/l w/Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day w/Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Mon	0.064															
2	Tue	0.202															
3	Wed	0.171		6		8.562		5.5		7.8485		0.044		0.0628		2.06	2.94
4	Thu	0.125		8.1		8.4493		5.1		5.3199		0.021		0.0219		3.06	3.192
5	Fri	0.088		7.8		5.728		4.8		3.5249		0.024		0.0176		3.28	2.409
6	Sat	0.085	0.11514		7.3		7.5798		5.1333		5.5644		0.0297		0.0341		
7	Sun	0.083															
8	Mon	0.079															
9	Tue	0.071		4.9		2.9032		2.9		1.7182		0.041		0.0243		2.23	1.321
10	Wed	0.108		5.8		5.2273		1.6		1.442		0.286		0.2578		2.65	2.388
11	Thu	0.237		6.3		12.46		8		15.822		0.063		0.1246		2.56	5.063
12	Fri	0.245															
13	Sat	0.187	0.14429		5.6667		6.8635		4.1667		6.3275		0.13		0.1356		
14	Sun	0.141															
15	Mon	0.078															
16	Tue	0.086															
17	Wed	0.084		4.2		2.9441		23.6		16.543		0.036		0.0252		0.717	0.503
18	Thu	0.069		6.4		3.6852		49.2		28.33		0.055		0.0317		0.676	0.389
19	Fri	0.076		6		3.8053		23.8		15.094		0.043		0.0273		0.474	0.301
20	Sat	0.065	0.08557		5.5333		3.4782		32.2		19.989		0.0447		0.0281		
21	Sun	0.061															
22	Mon	0.056															
23	Tue	0.063															
24	Wed	0.057		5.8		2.7589		5.7		2.7113		0.033		0.0157		2.03	0.966
25	Thu	0.05		7.5		3.1294		0.8		0.3338		0.023		0.0096		1.69	0.705
26	Fri	0.049		8.1		3.3121		2.2		0.8996		0.028		0.0114		1.93	0.789
27	Sat	0.06	0.05657		7.1333		3.0668		2.9		1.3149		0.028		0.0122		
28	Sun	0.056															
29	Mon	0.062															
30	Tue	0.094															
Avg		0.0984		6.4		5.2471		11.1		8.299		0.0581		0.0525		1.9464	1.747
Max		0.245	0.14429	8.1	7.3	12.46	7.5798	49.2	32.2	28.33	19.989	0.286	0.13	0.2578	0.1356	3.28	5.063
Min		0.049	0.05657	4.2	5.5333	2.7589	3.0668	0.8	2.9	0.3338	1.3149	0.021	0.028	0.0096	0.0122	0.474	0.301
Data		30	4	12	4	12	4	12	4	12	4	12	4	12	4	12	12

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons)
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	2.952
Primary Treatment	NA	NA			
Secondary Treatment	NA	NA			Percent Capacity
Tertiary Treatment	NA	NA			(actual flow/design)
Overall Treatment	96.2	87.3	99.9	54.0	41%

Phosphorus limit would be 80 % removal. (compliance not achieved)

**MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT**

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
Town of West Col	IN00394 11	April	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION											
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	0	
			pH	Gas Production Cubic Ft. x 1000	Temperature - F									
1		2												
2														
3														
4														
5		12												
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25		5												
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27														
28														
29														
30														
Avg.		6.2												
Max		12												
Min.		2												
Data	0	5	0	0	0	0	0	0	0	0	0	0	0	0

Once completed, this form should be converted to a pdf document, named appropriately & attached to the corresponding netDMR for submittal

WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of	Year
Town of West College	IN0039411	April	2024
Substitute for State Form 30530			

Day Of Month																				
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Data	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0