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**MONTHLY REPORT OF OPERATION
LAGOON TYPE
WASTEWATER TREATMENT PLANT**

State Form 53343 (R5 / 3-19)

Name of Facility		Permit Number	
Columbus Youth Camp		IN0041777	
Month	Year	Plant Design Flow	Telephone Number
April	2024	0.014 mgd	812-418-6428
E-mail address: hoaks@columbusutilities.org			
Certified Operator: Name		Class	Certificate Number
Heath A. Oaks		I	WW017855
		Expiration Date	
		6/30/2024	

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Water Temperature	Total=	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE								
					Precipitation - Inches			Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Mon																		
2	Tue				1.07														
3	Wed				0.36														
4	Thu				0.05														
5	Fri				0.01														
6	Sat				0.01														
7	Sun																		
8	Mon				0.05														
9	Tue																		
10	Wed				0.41														
11	Thu				0.86														
12	Fri				0.27														
13	Sat				0.11														
14	Sun																		
15	Mon																		
16	Tue																		
17	Wed				0.38														
18	Thu																		
19	Fri				0.55														
20	Sat																		
21	Sun																		
22	Mon																		
23	Tue																		
24	Wed				0.1														
25	Thu																		
26	Fri																		
27	Sat																		
28	Sun																		
29	Mon	1										2		11					
30	Tue				1.04														
Average												2		11					
Maximum					1.07							2		11					
Minimum												2		11					
No. of Data					14	0	0	0	0	0	0	0	0	1	0	1	0	0	0
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.												Prepared by or under the direction of (Certified Operator):				Date (month, day, year)			
												Heath A. Oaks				5/23/2024			
												Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)				Date (month, day, year)			
												Heath A. Oaks				5/23/2024			

MONTHLY REPORT OF OPERATION
LAGOON TYPE
WASTE WATER TREATMENT PLANT

State Form 53343 (R5 / 3-19)

Name of Facility	Permit Number	For Month Of:	Year
Columbus Youth Camp	IN0041777	April	2024

Day Of Month	CONTROLLED DISCHARGE				Primary Cell Sludge Depth (ft) Measure Annually in June			Primary Cell Effluent CBOD5 mg/l - Test Monthly	TERTIARY INFLUENT		FINAL EFFLUENT						
	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)					Amm onia - mg/l Test Weekly		Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
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24																	
25																	
26																	
27																	
28																	
29																	
30																	
Avg.																	
Max.																	
Min.																	
Daily Max													#NUM!				
# of Days above 235													0				
Data	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

MONTHLY REPORT OF OPERATION
LAGOON TYPE
WASTE WATER TREATMENT PLANT

State Form 53343 (R5 / 3-19)

Name of Facility	Permit Number	For Month Of:	Year
Columbus Youth Camp	IN0041777	April	2024

Day Of Month	Day of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease (mg/l)	
1	Mon																
2	Tue																
3	Wed																
4	Thu																
5	Fri																
6	Sat																
7	Sun																
8	Mon																
9	Tue																
10	Wed																
11	Thu																
12	Fri																
13	Sat																
14	Sun																
15	Mon																
16	Tue																
17	Wed																
18	Thu																
19	Fri																
20	Sat																
21	Sun																
22	Mon																
23	Tue																
24	Wed																
25	Thu																
26	Fri																
27	Sat																
28	Sun																
29	Mon																
30	Tue																
Avg																	
Max																	
Min																	
Data		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons)	
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	Influent	0
					Effluent	0
					Percent Capacity	
					(influent flow/design)	
Overall Treatment	#VALUE!	#VALUE!	NA	NA		