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This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(l)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit		Permittee: WESTVILLE CORRECTIONAL FACILITY		Facility: WESTVILLE CORRECTIONAL FACILITY WWTP	
Permit #: IN0042978	Major: No	Permittee Address: 110 W SR 2 WESTVILLE, IN 46391	Facility Location: 110 W SR 2 SR 2 & CR 1100 W WESTVILLE, IN 46391		
Permitted Feature: 001 External Outfall	Discharge: 001-A 0.75 MGD CLASS III MAIN OUTFALL INTO CRUMPACKER ARM INTO CROOKED CREEK EXTENDED AERATION PLT				

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. STATE MINOR / LAPORTE COUNTY

Principal Executive Officer		Title:		Telephone:	
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	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	2	--	Sample														
					Permit Req.					>=	5.0 DLYAVMIN					19 - mg/L	05/WK - Five Per Week	G3 - GRAB-3	
					Value NODI						C - No Discharge								
00400	pH	1 - Effluent Gross	0	--	Sample														
					Permit Req.					>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU	05/WK - Five Per Week	GR - GRAB	
					Value NODI						C - No Discharge				C - No Discharge				
00530	Solids, total suspended	1 - Effluent Gross	2	--	Sample														
					Permit Req.	<=	188.0 MO AVG	<=	282.0 MX WK AV	26 - lb/d			<=	30.0 MO AVG	<=	45.0 MX WK AV	19 - mg/L	05/WK - Five Per Week	24 - COMP24
					Value NODI						C - No Discharge				C - No Discharge				
00810	Nitrogen, ammonia total [as N]	1 - Effluent Gross	2	--	Sample														
					Permit Req.	<=	11.9 MO AVG	<=	18.1 MX WK AV	26 - lb/d			<=	1.9 MO AVG	<=	2.9 MX WK AV	19 - mg/L	05/WK - Five Per Week	24 - COMP24
					Value NODI						C - No Discharge				C - No Discharge				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample														
					Permit Req.						Req Mon MO AVG							05/WK - Five Per Week	TM - TOTALZ
					Value NODI						C - No Discharge								
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Sample														
					Permit Req.								<=	125.0 MO GEO	<=	235.0 DAILY MX	3Z - CFU/100mL	03/07 - Three Per Week	GR - GRAB
					Value NODI									C - No Discharge			C - No Discharge		
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	2	--	Sample														
					Permit Req.	<=	156.0 MO AVG	<=	250.0 MX WK AV	26 - lb/d			<=	25.0 MO AVG	<=	40.0 MX WK AV	19 - mg/L	05/WK - Five Per Week	24 - COMP24
					Value NODI						C - No Discharge				C - No Discharge				
82220	Flow, total	1 - Effluent Gross	0	--	Sample														
					Permit Req.						Req Mon MO TOTAL	80 - Mgal/mo						01/30 - Monthly	RT - ROOTOT
					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

NO DISCHARGE

Attachments

Name	Type	Size
IN0042978_001A_MRO_2024_04.pdf	pdf	289402.0

Report Last Saved By

WESTVILLE CORRECTIONAL FACILITY

User: bgertzen@utilityservicescorp.com
Name: Robert Gertzen
E-Mail: bgertzen@utilityservicescorp.com
Date/Time: 2024-06-26 15:44 (Time Zone: -04:00)

Report Last Signed By

User: bgertzen@utilityservicescorp.com
Name: Robert Gertzen
E-Mail: bgertzen@utilityservicescorp.com
Date/Time: 2024-06-26 15:44 (Time Zone: -04:00)



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

State Form 53463 (R2 / 3-14)

Name of Facility Westville Correctional Facility		Permit Number IN0042978	
Month April	Year 2024	Plant Design Flow 0.750 mgd	Telephone Number 219-759-0193
E-mail address: bgertzen@utilityservicescorp.com			
Certified Operator: Name Robert L. Gertzen Jr.		Class IV	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	Bypass At Plant Site ("X" If Occurred)	Collection System Overflow ("X" If Occurred)	BIO TOWER			RAW SEWAGE								
				Precipitation - Inches 0.00			Bio Tower SS mg/L	Bio Tower CBOD mg/L	Bio Tower Ammonia mg/L	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																	
3	Wed																	
4	Thu																	
5	Fri																	
6	Sat																	
7	Sun																	
8	Mon																	
9	Tue																	
10	Wed																	
11	Thu																	
12	Fri																	
13	Sat																	
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21	Sun																	
22	Mon																	
23	Tue																	
24	Wed																	
25	Thu																	
26	Fri																	
27	Sat																	
28	Sun																	
29	Mon																	
30	Tue																	
Average																		
Maximum																		
Minimum																		
No. of Data				0	0	0	0	0	0	0	0	0	0	0	0	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): Bob Gertzen	Date (month, day, year) 5/16/2024
	Signature of principal executive officer or authorized agent Bob Gertzen	Date (month, day, year) 5/16/2024

