DMR Copy of Record

Form Approved OMB No. 2040-0004 expires on 07/31/2026

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the NPDES eReporting Help Desk for further guidance. Please note that EPA may contact you after you submit this report for more information.

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

Permit #:	**IN0020044**	Permittee:	ALEXANDRIA WWTP	Facility:	ALEXANDRIA WWTP
Major:	Yes	Permittee Address:	125 N WAYNE ST PO BOX 149 ALEXANDRIA, IN 46001	Facility Location:	CR 1706 W 1100 N ALEXANDRIA, IN 46001
Permitted Feature:	001 External Outfall	Discharge:	**001-A** 3.0 MGD CLASS III OXIDATION DITCH - TO PIPE CREEK		

Report Dates & Status

Monitoring Period:	**From 05/01/24 to 05/31/24**	DMR Due Date:	**06/28/24**	Status:	**NetDMR Validated**

Considerations for Form Completion

THE FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE ANNUALLY. MUNICIPAL MAJOR MADISON COUNTY

Principal Executive Officer

First Name:	Todd	Title:	Mayor	Telephone:	765-724-4633
Last Name:	Naselroad				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					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	1	--	Sample						=	8.6					19 - mg/L		05/WK - Five Per Week	4G - 4GR24H
					Permit Req.						>=	5.0 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	4G - 4GR24H
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.4			=	7.9	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	=	47.93	=	53.82	26 - lb/d			=	3.6	=	3.92	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	300.0 MO AVG	<=	451.0 MX WK AV	26 - lb/d			<=	12.0 MO AVG	<=	18.0 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00600	Nitrogen, total [as N]	1 - Effluent Gross	0	--	Sample	=	120.0			26 - lb/d			=	9.03			19 - mg/L		01/30 - Monthly	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d				Req Mon MO AVG			19 - mg/L	0	01/30 - Monthly	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample	=	1.538	=	5.3413	26 - lb/d			=	0.115	=	0.398	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	55.0 MO AVG	<=	83.0 MX WK AV	26 - lb/d			<=	2.2 MO AVG	<=	3.3 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample	=	13.73			26 - lb/d			=	0.727			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.		Req Mon MO AVG			26 - lb/d			<=	1.0 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	1.5909			03 - MGD									05/WK - Five Per Week	TM - TOTALZ
					Permit Req.		Req Mon MO AVG			03 - MGD								0	05/WK - Five Per Week	TM - TOTALZ
					Value NODI															
50060	Chlorine, total residual	1 - Effluent Gross	1	--	Sample								=	0.01	=	0.01	19 - mg/L		05/WK - Five Per Week	GR - GRAB
					Permit Req.								<	0.06 MO AVG	<	0.06 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Sample								=	14.0	=	172.5	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.								<=	125.0 MO GEO	<=	235.0 DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
					Sample	=	39.55	=	58.56	26 - lb/d			=	3.0	=	4.06	19 - mg/L		05/WK - Five Per Week	24 - COMP24

80082	**BOD, carbonaceous [5 day, 20 C]**	1 - Effluent Gross	0	--	Permit Req.	<=	250.0 MO AVG	<=	376.0 MX WK AV	26 - lb/d			<=	10.0 MO AVG	<=	15.0 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
82220	**Flow, total**	1 - Effluent Gross	0	--	Sample			=	49.319	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo									01/30 - Monthly	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

Name	Type	Size
IN0020044_001_MRO_2024_05.pdf	pdf	229309.0

Report Last Saved By

ALEXANDRIA WWTP

User:	DAVESCHMIDT604@GMAIL.COM
Name:	David Schmidt
E-Mail:	daveschmidt604@gmail.com
Date/Time:	2024-06-27 07:59 (Time Zone: -04:00)

Report Last Signed By

User:	DAVESCHMIDT604@GMAIL.COM
Name:	David Schmidt
E-Mail:	daveschmidt604@gmail.com
Date/Time:	2024-06-27 07:59 (Time Zone: -04:00)

DMR Copy of Record

Form Approved OMB No. 2040-0004 expires on 07/31/2026

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Permit

Permit #:	**IN0020044**	Permittee:	ALEXANDRIA WWTP	Facility:	ALEXANDRIA WWTP
Major:	Yes	Permittee Address:	125 N WAYNE ST PO BOX 149 ALEXANDRIA, IN 46001	Facility Location:	CR 1706 W 1100 N ALEXANDRIA, IN 46001
Permitted Feature:	005 External Outfall	Discharge:	**005-C** CSO-CENTRAL & RIVERVIEW STREET		

Report Dates & Status

Monitoring Period:	**From 05/01/24 to 05/31/24**	DMR Due Date:	**06/28/24**	Status:	**NetDMR Validated**

Considerations for Form Completion

RECEIVING WATER: PIPE CREEK

Principal Executive Officer

First Name:	Todd	Title:	Mayor	Telephone:	765-724-4633
Last Name:	Naselroad				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					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.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	**Overflow volume [SS0 volume, CSO volume]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	**Precipitation, monthly accumulation**	EG - Effluent Gross	0	--	Sample										=	3.04	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	**Discharge event observation [Visual Monitoring]**	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

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Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0020044_CSO_MRO_2024_05.pdf	pdf	179260.0

Report Last Saved By

ALEXANDRIA WWTP

User:	DAVESCHMIDT604@GMAIL.COM
Name:	David Schmidt
E-Mail:	daveschmidt604@gmail.com

Date/Time:	2024-06-27 07:14 (Time Zone: -04:00)
Report Last Signed By	
User:	DAVESCHMIDT604@GMAIL.COM
Name:	David Schmidt
E-Mail:	daveschmidt604@gmail.com
Date/Time:	2024-06-27 07:59 (Time Zone: -04:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility		Permit Number	
Alexandria WWTP		IN0020044	
Month	Year	Plant Design Flow	Telephone Number
May	2024	3 mgd	765-724-4733
E-mail address:	dschmidt@cityofalexandria.in.gov	01	0
Certified Operator: Name	Class	Certificate Number	Expiration Date
David P Schmidt	3	WW021620	6/30/2026

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 3.04 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Sanitary Sewer Overflow ("x" If Occurred)	CHEMICALS USED: Chlorine - Lbs/day	Sulphur dioxid - Lbs/Day	Alum - Gal/Day	RAW SEWAGE: 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	Wed						18	22		2.33	7.3	32.4	629.6	35	680.13		4.55	
2	Thu						14	17		1.74	7.2	56.4	818.45	34	493.39	0.835	4.82	
3	Fri						6	17		1.65	7.2	72.6	999.05	32	440.35		6.65	
4	Sat						1	19		1.6								
5	Sun						5	14		1.68								
6	Mon						7	15		1.53	7.2	102	1301.5	103	1314.3		6.78	
7	Tue			0.17			14	15		1.6	7.2	61.8	824.66	60	800.64		6.02	
8	Wed						14	15		1.48	7.4	54	666.53	17	209.83		6.95	
9	Thu			0.2			15	14		1.64	7.3	57.6	787.83	52	711.24	1.13	6.53	
10	Fri			0.01			14	13		1.46	7.4	100.2	1220.1	70	852.35		6.46	
11	Sat			0.03			14	14		1.39								
12	Sun						13	13		1.37								
13	Mon						13	12		1.42	7.2	72	852.68	95	1125.1		7.26	
14	Tue			0.71			17	18		2.16	7.2	74.7	1345.7	40	720.58		7.68	
15	Wed			0.05			15	17		1.66	7.2	147	2035.1	117	1619.8		6.27	
16	Thu						15	16		1.61	7.3	52.5	704.94	38	510.24	0.984	5.56	
17	Fri			0.23			4	14		1.61	7.2	68.4	918.43	48	644.52		6.28	
18	Sat						22	13		1.45								
19	Sun						13	13		1.35								
20	Mon						12	10		1.39	7.5	48	556.44	21	243.44		6.61	
21	Tue						12	11		1.37	7.3	70.8	808.95	57	651.27		7.75	
22	Wed			0.01			15	16		1.7	7.3	69	978.28	62	879.04		7.6	
23	Thu						2	11		1.2	7.3	78.3	783.63	61	610.49	2.31	8.02	
24	Fri			0.49			25	16		1.58	7.2	88.8	1170.1	58	764.28		7.99	
25	Sat						11	12		1.33								
26	Sun			0.54			17	22		2.49								
27	Mon			0.47			16	14		1.69	7.4	16.2	228.33	13	183.23		6.09	
28	Tue			0.09			10	14		1.69	7.2	31.2	439.75	32	451.03		4.81	
29	Wed			0.04			13	14	10	1.51	7.2	48	604.48	43	541.52		5.26	
30	Thu						11	13	10	1.34	7.2	49.2	549.84	33	368.79	1.2	6.16	
31	Fri						11	11	7	1.29	7.2	64.2	690.7	44	473.38		6.76	
Average							12.55	14.68	9	1.5906		65.88	865.88	50.65	664.73	1.292	6.472	
Maximum				0.71			25	22	10	2.49	7.5	147	2035.1	117	1619.8	2.31	8.02	
Minimum							1	10	7	1.2	7.2	16.2	228.33	13	183.23	0.835	4.55	
# of Data				13	0	0	31	31	3	31	23	23	23	23	23	5	23	0

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

Prepared by or under the direction of (Certified Operator): David P Schmidt

Date *(month, day, year)*: 6/26/2024

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Mayor Todd Naselroad

Date *(month, day, year)*: 6/26/2024

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
Alexandria WWTP	IN0020044	May	2024

Day Of Month	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
			MIXED LIQUOR					RETURN SLUDGE											
	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - C	Volume - MG	Susp. Solids - mg/l	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)
1			22	3687	60	9.4	13	0.826	10900	2.4	5.4		0.01	0.18	10.9	7.6		8.8	
2			24	3993	60	9.8	13	0.793	12100	2	1.4		0.01	0.18	4.1	7.5		8.8	
3			24	3933	61	9.5	14	0.768	10700	1.7	1.4		0.01	0.21	6.3	7.5		9.9	
4								0.78											
5								0.773											
6			26	3967	66	8.6	14	0.786	10540	1.8	3.5		0.01	0.02	172.5	7.6		8.9	
7			26	3747	69	8.0	14	0.752	10220	0.2	2.8		0.01	0.09	15.8	7.5		8.8	
8			21	3387	62	9.1	14	0.798	8160	2	0.8		0.01	0.25	10.9	7.8		8.7	
9			22	3563	62	6.7	14	0.766	9540	1.6	1.6		0.01	0.21	9.6	7.5		8.8	
10			22	3240	68	7.5	14	0.821	8420	3.1	2		0.01	0.2	8.4	7.4		9.4	
11								0.804											
12								0.813											
13			22	3300	67	7.5	14	0.812	8390	0.9	3.8		0.01	0.17	18.3	7.5		9.6	
14			22	3320	66	7.5	14	0.813	8330	1	1.2		0.01	0.19	12	7.5		8.8	
15			20	2787	72	7.4	15	0.822	11760	1.1	2.4		0.01	0.17	14.6	7.4		9.6	
16			20	3200	63	7.1	15	0.824	8960	1.2	2.3		0.01	0.17	12.1	7.5		8.6	
17			22	3240	68	8.8	15	0.795	10730	1.4	1.8		0.01	0.19	14.4	7.6		9.5	
18								0.852											
19								0.825											
20			23	3380	68	7.8	15	0.835	9450	2.4	0.9		0.01	0.17	6.2	7.9		8.8	
21			24	3807	63	6.5	15	0.32	9900	1.8	2.3		0.01	0.15	5.2	7.5		8.6	
22			10	1433	70	6.1	15	0.708	10310	1.3	1.6		0.01	0.2	12.1	7.5		9.0	
23			26	3867	67	6.7	15	0.763	7770	1.4	1.9		0.01	0.14	11	7.5		8.9	
24			5	760	66	7.2	15	0.831	8050	1.3	1.3		0.01	0.17	13.5	7.4		9.6	
25								0.858											
26								0.77											
27			21	3200	66	6.9	20	0.732	16990	6.8	2.8		0.01	0.18	56.5	7.5		9.1	
28			28	12053	23	7.0	20	0.731	11400	5.1	2.6		0.01	0.48	17.3	7.5		8.9	
29			20	2940	68	8.4	15	1.103	8200	2.4	2		0.01	0.16	20.3	7.5		8.9	
30			23	3740	61	8.4	15	0.944	8500	1.4	2		0.01	0.15	19.9	7.6		8.9	
31			22	3720	59	8.4	15	0.985	8200	1.5	1.7		0.01	0.16	24.9	7.6		9.0	
Avg.			21.52	3664	63.21	7.839	14.9	0.8	9892	1.991	2.152		0.01	0.182	14			9.039	
Max.			28	12053	71.76	9.8	20	1.103	16990	6.8	5.4		0.01	0.48	172.5	7.9		9.9	
Min.			5	760	23.23	6.1	13	0.32	7770	0.2	0.8		0.01	0.02	4.1	7.4		8.6	
Daily Max															173				
# of Days above 235															0				
Data	0	0	23	23	23	23	23	31	23	23	23		23	23	23	23		23	0

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

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
Alexandria WWTP	IN0020044	May	2024

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs/day	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs/day	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs/day	Ammonia - lbs/day Weekly Average	Phosphorus - mg/l	Phosphorus - lbs/day
1	Wed	2.244		3		56.18		5.2		97.38		0.044		0.824		0.719	13.46
2	Thu	1.777		3.5		51.9		3.7		54.87		0.034		0.504		0.725	10.75
3	Fri	1.71		4.1		58.51		1.4		19.98		0.027		0.385		0.66	9.418
4	Sat	1.667	1.977		3.42		58.56		2.96		52.07		0.036		0.6426		
5	Sun	1.64															
6	Mon	1.574		2.9		38.09		3.6		47.29		0.035		0.46		0.746	9.799
7	Tue	1.629		0.9		12.23		3		40.78		0.034		0.462		0.697	9.474
8	Wed	1.539		1.9		24.4		2.9		37.24		0.038		0.488		0.748	9.607
9	Thu	1.593		2.8		37.22		4.2		55.83		0.034		0.452		0.708	9.412
10	Fri	1.507		2.9		36.47		3.9		49.05		0.04		0.503		0.769	9.671
11	Sat	1.445	1.561		2.28		29.68		3.52		46.04		0.036		0.473		
12	Sun	1.427															
13	Mon	1.385		2.3		26.58		4.4		50.85		0.03		0.347		0.761	8.796
14	Tue	2.012		2.1		35.26		1.6		26.86		0.04		0.672		0.669	11.23
15	Wed	1.762		2.5		36.76		6.4		94.1		0.028		0.412		0.698	10.26
16	Thu	1.657		3		41.48		2.9		40.1		0.034		0.47		0.654	9.043
17	Fri	1.594		2.7		35.92		4.3		57.2		0.02		0.266		0.658	8.753
18	Sat	1.499	1.6194		2.52		35.2		3.92		53.82		0.03		0.4332		
19	Sun	1.404															
20	Mon	1.45		3.4		41.14		3.5		42.35		0.035		0.424		0.674	8.156
21	Tue	1.283		6.2		66.38		2		21.41		0.058		0.621		0.678	7.259
22	Wed	1.65		4.6		63.34		3.5		48.19		0.04		0.551		0.821	11.3
23	Thu	1.257		3.4		35.66		6.1		63.99		0.05		0.524		0.926	9.713
24	Fri	1.57		2.7		35.37		1.2		15.72		0.024		0.314		0.685	8.975
25	Sat	1.38	1.4277		4.06		48.38		3.26		38.33		0.041		0.4868		
26	Sun	2.255															
27	Mon	1.619		3.8		51.34		4.5		60.8		1.84		24.86		1.22	16.48
28	Tue	1.619		0.9		12.16		3.9		52.69		0.028		0.378		1.37	18.51
29	Wed	1.483		4.2		51.98		5.9		73.02		0.087		1.077		0.525	6.497
30	Thu	1.407		2.3		27.01		1.3		15.26		0.017		0.2		0.261	3.065
31	Fri	1.281	1.6107	3.2	2.88	34.21	35.34	3.5	3.82	37.41	47.84	0.018	0.398	0.192	5.3413	0.338	3.613
Avg		1.5909		3.0		39.55		3.6		47.93		0.115		1.538		0.727	9.707
Max		2.255	1.977	6.2	4.06	66.38	58.56	6.4	3.92	97.38	53.82	1.84	0.398	24.86	5.3413	1.37	18.51
Min		1.257	1.4277	0.9	2.28	12.16	29.68	1.2	2.96	15.26	38.33	0.017	0.03	0.192	0.4332	0.261	3.065
Data		31	5	23	5	23	5	23	5	23	5	23	5	23	5	23	23

MONTHLY REMOVAL SUMMARY					Total Monthly Flow (million gallons) 49.319
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	
Primary Treatment	NA	NA			
Secondary Treatment	97.0	95.8			Percent Capacity (actual flow/design) 53%
Tertiary Treatment	-51.3	-67.5			
Overall Treatment	95.4	92.9	98.2	43.8	
Phosphorus limit would be 65 % 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
Alexandria WWTI	IN0020044	May	2024

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION												
			Anaerobic Only												
	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	0	
1															
2															
3															
4															
5															
6															
7															
8		53													
9		41													
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20															
21		87													
22															
23															
24															
25															
26															
27															
28															
29															
30															
31		56													
Avg.		59.25													
Max.		87													
Min.		41													
Data	0	4	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

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
Alexandria WWTP	IN0020044	May	2024

Substitute for State Form 30530

Day Of Month	Final Effluent																	
	Chloride		Total															
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day														
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9			9.03	120														
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31																		
Avg			9.03	120														
Max			9.03	120														
Min			9.03	120														
Data	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0		

WASTEWATER TREATMENT PLANT

State Form 10829 (R9 / 2-23)

Name of Facility	Permit Number	For Month Of:	Year
Alexandria WWTP	IN0020044	May	2024

Substitute for State Form 30530

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

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R5 / 11-21)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Alexandria			Page 1 of [#]	Permit Number: IN0020044
Facility:	Alexandria WWTP			Public Notification Requirements Met?	
Monitoring Period:	May			Enter "x" if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):	5	Design Average Flow (MGD):	3	Measured/Metered (M) or Estimated (E) must be specified	

WWTP Influent Data			Precipitation Data					CSO Outfall No. 05						CSO Outfall No.					
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)	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
1	2.33	3.22																	
2	1.74	1.89																	
3	1.65	1.75																	
4	1.60	1.75																	
5	1.68	1.89																	
6	1.53	1.68																	
7	1.60	3.01	12:00pm	1.00	0.17	0.12	15 min												
8	1.48	1.61																	
9	1.64	2.59	12:45am	2.50	0.20	0.07	15 min												
10	1.46	1.54	12:30am	0.25	0.01	0.01	15 min												
11	1.39	1.54	5:30am	0.75	0.03	0.01	15 min												
12	1.37	1.54																	
13	1.42	1.89																	
14	2.16	4.27	2:30pm	8.50	0.71	0.05	15 min												
15	1.66	4.27	2:15am	1.00	0.05	0.02	15 min												
16	1.61	1.61																	
17	1.61	3.01	2:00am	2.25	0.23	0.06	15 min												
18	1.45	1.61																	
19	1.35	1.54																	
20	1.39	5.18																	
21	1.37	1.54																	
22	1.70	3.22	4:15am	0.25	0.01	0.01	15 min												
23	1.20	1.33																	
24	1.58	5.18	7:15pm	1.75	0.49	0.26	15 min												
25	1.33	1.54																	
26	2.49	5.74	2:15pm	1.25	0.54	0.36	15 min												
27	1.69	2.45	12:45am	2.00	0.47	0.19	15 min												
28	1.69	2.24	9:45pm	0.25	0.09	0.09	15 min												
29	1.51	1.68	3:00am	0.75	0.04	0.02	15 min												
30	1.34	1.48																	
31	1.29	1.40																	
Totals:	49.28			22.50	3.04			0	Days	0.00		0		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
Todd Naselroad Mayor	765-724-4633

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)*
Todd Naselroad	06/25/24

National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R5 / 11-21)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Alexandria		Page 2 of [#]	Permit Number: IN0020044
Facility Alexandria WWTP		Public Notification Requirements Met?	
Monitoring Period: May		Enter "x" if no CSO discharge occurred for the month:	
Design Peak Flow (Hourly) (MGD): 5	Design Flow (MGD): 3	Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R5 / 11-21)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Alexandria												Page 3 of [#]						Permit Number:	IN0020044				
Facility	Alexandria WWTP												Public Notification Requirements Met?											
Monitoring Period:	May												Enter "x" if no CSO discharge occurred for the month:											
Design Peak Flow (Hourly) (MGD):	5						Design Flow (MGD):	3					Measured/Metered (M) or Estimated (E) must be specified											
	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R5 / 11-21)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Alexandria		Page 4 of [#]	Permit Number: IN0020044
Facility Alexandria WWTP		Public Notification Requirements Met?	
Monitoring Period: May		Enter "x" if no CSO discharge occurred for the month:	
Design Peak Flow (Hourly) (MGD): 5	Design Flow (MGD): 3	Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R5 / 11-21)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Alexandria		Page 5 of [#]	Permit Number: IN0020044
Facility: Alexandria WWTP		Public Notification Requirements Met?	
Monitoring Period: May		Enter "x" if no CSO discharge occurred for the month:	
Design Peak Flow (Hourly) (MGD): 5	Design Flow (MGD): 3	Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R5 / 11-21)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Alexandria		Page 6 of [#]	Permit Number: IN0020044
Facility: Alexandria WWTP		Public Notification Requirements Met?	
Monitoring Period: May		Enter "x" if no CSO discharge occurred for the month:	
Design Peak Flow (Hourly) (MGD): 5	Design Flow (MGD): 3	Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R5 / 11-21)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Alexandria		Page 7 of [#]	Permit Number: IN0020044
Facility: Alexandria WWTP		Public Notification Requirements Met?	
Monitoring Period: May		Enter "x" if no CSO discharge occurred for the month:	
Design Peak Flow (Hourly) (MGD): 5	Design Flow (MGD): 3	Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
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National Pollutant Discharge Elimination System (NPDES)

CSO Monthly Report of Operation (CSO MRO)

State Form 50546 (R5 / 11-21)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: Alexandria		Page 8 of [#]	Permit Number: IN0020044
Facility: Alexandria WWTP		Public Notification Requirements Met?	
Monitoring Period: May		Enter "x" if no CSO discharge occurred for the month:	
Design Peak Flow (Hourly) (MGD): 5	Design Flow (MGD): 3	Measured/Metered (M) or Estimated (E) must be specified	

	CSO Outfall No.						CSO Outfall No.						CSO Outfall No.						CSO Outfall No.					
Day of Month	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	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
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Totals:	0	Days	0.00		0		0	Days	0.00		0		0	Days	0.00		0		0	Days	0.00		0	

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R5 / 11-21)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City :	Alexandria			Page: 9 of 9	Permit Number: IN0020044
Facility	Alexandria WWTP			Public Notification Requirements Met?	Y
Monitoring Period:	May			Enter "x" if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD):	5	Design Average Flow (MGD):	3		

Day of Month	Comments (further explanation as to why each CSO event occurred)
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	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	Date *(mm/dd/yy)*