

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 #:	IN0040681	Permittee:	TRAFALGAR WWTP	Facility:	TRAFALGAR WWTP
Major:	No	Permittee Address:	PO BOX 57 EAST PRONG OF STOTTS CRK TRAFALGAR, IN 46181	Facility Location:	3500 S 225 W (EAST PRONG OF STOTTS CRK) TRAFALGAR, IN 46181
Permitted Feature:	001 External Outfall	Discharge:	001-A 0.20 MGD CLASS I OXIDATION DITCH - TO EAST PRONG OF STOTTS CREEK		

Report Dates & Status

Monitoring Period:	From 06/01/24 to 06/30/24	DMR Due Date:	07/28/24	Status:	NetDMR Validated
--------------------	---------------------------	---------------	----------	---------	------------------

Considerations for Form Completion

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

Principal Executive Officer

First Name:	Jason	Title:	Board President	Telephone:	317-878-4592
Last Name:	Ramey				

No Data Indicator (NODI)

FormNODI: --

Code	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
	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						=	6.4					19 - mg/L	0	05/WK - Five Per Week	G3 - GRAB-3
					Permit Req.						>=	6.0 DLYAVMIN					19 - mg/L			
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.7			=	8.1	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6.0 DAILY MN			<=	9.0 DAILY MX	12 - SU			
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	1	--	Sample	=	3.3	=	3.7	26 - lb/d			=	2.9	=	3.3	19 - mg/L	0	03/07 - Three Per Week	24 - COMP24
					Permit Req.	<=	30.0 MO AVG	<=	45.0 MX WK AV	26 - lb/d			<=	18.0 MO AVG	<=	27.0 MX WK AV	19 - mg/L			
					Value NODI															
00810	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample	=	0.1	=	0.15	26 - lb/d			=	0.1	=	0.14	19 - mg/L	0	03/07 - Three Per Week	24 - COMP24
					Permit Req.	<=	2.5 MO AVG	<=	3.8 MX WK AV	26 - lb/d			<=	1.5 MO AVG	<=	2.3 MX WK AV	19 - mg/L			
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.133			03 - MGD								0	05/WK - Five Per Week	TM - TOTALZ
					Permit Req.		Req Mon MO AVG			03 - MGD										
					Value NODI															
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Sample								=	2.0	=	6.0	3Z - CFU/100mL	0	03/07 - Three Per Week	GR - GRAB
					Permit Req.								<=	125.0 MO GEO	<=	235.0 DAILY MX	3Z - CFU/100mL			
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Sample	=	3.8	=	5.4	26 - lb/d			=	3.4	=	4.9	19 - mg/L	0	03/07 - Three Per Week	24 - COMP24
					Permit Req.	<=	25.0 MO AVG	<=	38.0 MX WK AV	26 - lb/d			<=	15.0 MO AVG	<=	23.0 MX WK AV	19 - mg/L			
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	4.002	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo										
					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
IN0040681_001A_MRO_2024_06.pdf	pdf	339144.0

Report Last Saved By

TRAFALGAR WWTP

User:ELLETTSVILLE WWTP

Name:Jeff Farmer

E-Mail:jfarmer@bfuindiana.com

Date/Time:2024-08-09 11:33 (Time Zone: -04:00)

Report Last Signed By

User:ELLETTSVILLE WWTP

Name:Jeff Farmer

E-Mail:jfarmer@bfuindiana.com

Date/Time:2024-08-09 11:33 (Time Zone: -04:00)



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

State Form 10829 (R8 / 3-20)

Name of Facility			Permit Number	
Trafalgar WWTP			IN0040681	
Month	Year	Plant Design Flow	Telephone Number	
June	2024	0.4 mgd	812-327-1958	
E-mail address: jfarmer@bfuindiana.com			001	A
Certified Operator: Name		Class	Certificate Number	Expiration Date
Jeff Farmer		4	WW014343	6/30/2024

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total=1.75	Bypass At Plant Site ("x" if Occurred)	Sanitary Sewer Overflow ("x" if Occurred)	CHEMICALS USED			RAW SEWAGE							
				Precipitation - Inches			Chlorine - Lbs/day	LbsDay or Gal./Day	LbsDay 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	Sat									0.092							
2	Sun									0.086							
3	Mon	24								0.178	7.6	58.5	86.844	85	126.18		28.3
4	Tue	24								0.157	7.6	58	75.944	122	159.74		27.3
5	Wed	24		0.5						0.137	7.7	61.5	70.269	87	99.404		34.2
6	Thu	24		0.5						0.15	7.6						
7	Fri	8								0.072	7.6						
8	Sat									0.128							
9	Sun									0.116							
10	Mon	24								0.136	7.5	51	57.846	172	195.09		41.2
11	Tue	24								0.151	7.6	61.5	77.449	190	239.27		35
12	Wed	24								0.121	7.6	51	51.466	110	111.01		40.5
13	Thu	24		0.75						0.11	7.5						
14	Fri	24								0.144	7.6						
15	Sat									0.131							
16	Sun									0.128							
17	Mon	24								0.175	7.6	72	105.08	128	186.82		35.8
18	Tue	24								0.125	7.9	92	95.91	68	70.89		34.7
19	Wed	24								0.11	7.7	94.5	86.694	67	61.466		42.8
20	Thu	24								0.116	7.7						
21	Fri	24								0.059	7.6						
22	Sat									0.11							
23	Sun									0.124							
24	Mon	24								0.146	7.6			68	82.8		38.4
25	Tue	24								0.115	7.6			62	59.464		35
26	Wed	24								0.112	7.6	35.2	32.88	68	63.517		43.6
27	Thu	24								0.113	7.6	36.4	34.304				
28	Fri	24								0.104	7.6						
29	Sat									0.029							
30	Sun									0.112							
Average										0.1196		61.05	70.426	102.3	121.3		36.4
Maximum				0.75						0.178	7.9	94.5	105.08	190	239.27		43.6
Minimum										0.029	7.5	35.2	32.88	62	59.464		27.3
# of Data				3	0	0	0	0	0	30	20	11	11	12	12	0	12

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)
	Jeff Farmer	
	Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)	Date (month, day, year)
	Jason Ramey	

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE
WASTEWATER TREATMENT PLANT

State Form 10829 (R8 / 3-20)

Name of Facility	Permit Number	For Month Of:	Year
Trafalgar WWTP	IN0040681	June	2024

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																			
2																			
3						4.2	69									8.0		6.4	
4			710	3090	230	3.4	70								2	7.8		6.5	
5			710	3260	218	2.9	71		3550						1	7.9		6.6	
6			610	4410	138	2.9	70		4470						1	7.9		6.7	
7						2.9	71									8.0		6.6	
8																			
9																			
10						3.3	70									7.9		6.6	
11			700	3060	229	3.7	68		3490						1	8.1		6.5	
12			600	3510	171	3.2	69		4100						1	8.0		6.7	
13			580	3230	180				2920						1	8.0		6.6	
14						3.0	70									8.0		6.6	
15																			
16																			
17						1.6	73									8.1		6.4	
18			550	3290	167	1.4	74		4480						5	7.7		6.5	
19			480	3280	146	1.3	74		4120						1	7.9		6.5	
20			510	3910	130	1.4	74		3890						1	7.9		6.5	
21						1.8	78									7.8		6.6	
22																			
23																			
24						2.4	75									7.8		6.4	
25			540	5630	96	1.8	75		4870						4	7.8		6.5	
26			590	3570	165	2.4	74		3550						6	8.1		6.4	
27			680	3470	196	2.5	74		3400						1	8.1		6.6	
28						2.8	74									8.1		6.7	
29																			
30																			
Avg.			605	3643	172.2	2.572	72.2		3895						2			6.545	
Max.			710	5630	229.8	4.24	78		4870						6	8.1		6.7	
Min.			480	3060	95.91	1.3	68		2920						1	7.7		6.4	
Daily Max															6				
# of Days above 235															0				
Data	0	0	12	12	12	19	19	0	11	0	0		0	0	12	20		20	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 (R8 / 3-20)

Name of Facility	Permit Number	For Month Of:	Year
Trafalgar WWTP	IN0040681	June	2024

Day Of Month	Day of Week	FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Phosphorus	
		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	Sat	0.133															
2	Sun	0.146															
3	Mon	0.166		2.5		3.463		2.1		2.909		0.07		0.097			
4	Tue	0.142		2.3		2.725		3		3.555		0.126		0.149			
5	Wed	0.16		2.6		3.472		3		4.006		0.076		0.101			
6	Thu	0.154															
7	Fri	0.141															
8	Sat	0.129	0.1483		2.467		3.22		2.7		3.49		0.091		0.1159		
9	Sun	0.124															
10	Mon	0.129		2.6		2.799		4		4.306		0.129		0.139			
11	Tue	0.11		2.9		2.662		3		2.754		0.114		0.105			
12	Wed	0.129		2.8		3.014		3		3.23		0.1		0.108			
13	Thu	0.137															
14	Fri	0.196															
15	Sat	0.131	0.1366		2.767		2.825		3.333		3.43		0.114		0.1171		
16	Sun	0.128															
17	Mon	0.137		4.9		5.602		4		4.573		0.17		0.194			
18	Tue	0.13		4.7		5.099		3		3.255		0.112		0.122			
19	Wed	0.131		5.1		5.575		3		3.28		0.13		0.142			
20	Thu	0.126															
21	Fri	0.119															
22	Sat	0.117	0.1269		4.9		5.425		3.333		3.702		0.137		0.1527		
23	Sun	0.142															
24	Mon	0.132						2		2.203		0.054		0.059			
25	Tue	0.116						3		2.904		0.072		0.07			
26	Wed	0.137		2.9		3.315		2		2.287		0.069		0.079			
27	Thu	0.114		2.8		2.664											
28	Fri	0.109															
29	Sat	0.124	0.1249		2.85		2.99		2.333		2.465		0.065		0.0694		
30	Sun	0.113															
Avg		0.1334		3.3		3.672		2.9		3.272		0.102		0.114			
Max		0.196	0.1483	5.1	4.9	5.602	5.425	4	3.333	4.573	3.702	0.17	0.137	0.194	0.1527		
Min		0.109	0.1249	2.3	2.467	2.662	2.825	2	2.333	2.203	2.465	0.054	0.065	0.059	0.0694		
Data		30	4	11	4	11	4	12	4	12	4	12	4	12	4	0	0

MONTHLY REMOVAL SUMMARY					Total Monthly Flow (million gallons)
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	4.002
Primary Treatment	NA	NA			Percent Capacity (actual flow/design) 33%
Secondary Treatment	NA	NA			
Tertiary Treatment	NA	NA			
Overall Treatment	94.6	97.1	99.7	NA	

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

State Form 10829 (R8 / 3-20)

Name of Facility	Permit Number	For Month Of:	Year
Trafalgar WWTP	IN0040681	June	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														
3								0.31	1.1			48		
4														
5														
6		12												
7		12												
8														
9														
10														
11		16												
12														
13														
14														
15														
16														
17														
18		9												
19														
20														
21														
22														
23														
24														
25		21												
26														
27		15												
28		10												
29								0.31	0.7			68		
30														
Avg.		13.57						0	1			58		
Max		21						0.31	1.1			68		
Min.		9						0.31	0.7			48		
Data	0	7	0	0	0	0	0	2	2	0	0	2	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 (R8 / 3-20)

Name of Facility	Permit Number	For Month Of:	Year
Trafalgar WWTP	IN0040681	June	2024

Substitute for State Form 30530

Day Of Month	Final Effluent																	
	Chloride		Total Nitrogen															
	Chloride - mg/l	Chloride - lbs/day	Total Nitrogen- mg/l	Total Nitrogen- lbs/day														
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																		
Avg																		
Max																		
Min																		
Data	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

WASTEWATER TREATMENT PLANT

State Form 10829 (R8 / 3-20)

Name of Facility	Permit Number	For Month Of:	Year
Trafalgar WWTP	IN0040681	June	2024
Substitute for State Form 30530			

Day Of Month																	
	0																
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																	
Avg																	
Max																	
Min																	
Date	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0