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Permit			
Permit #:	IN0047473	Permittee:	CORUNNA WWTP
Major:	No	Permittee Address:	PO BOX 62 CORUNNA, IN 46730
Permitted Feature:	001 External Outfall	Discharge:	001-A 0.024 I-SP CONTROLLED DISCHARGE - TO JOHN DIEHL DRAIN
Facility:		Facility Location:	CORUNNA WWTP W DEPOT ST EXTENDED CORUNNA, IN 46730

Report Dates & Status			
Monitoring Period:	From 08/01/24 to 08/31/24	DMR Due Date:	09/28/24
Status:	NetDMR Validated		

Considerations for Form Completion
DISCHARGE MUST NOT EXCEED ONE-TENTH (1/10) THE STREAM FLOW OF THE RECEIVING STREAM. MUNICIPAL MINOR DEKALB COUNTY

Principal Executive Officer			
First Name:	Teresa	Title:	Town Council President
Last Name:	Bishop	Telephone:	260-281-2911

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
00060	Streamflow	5 - Upstream Monitoring	0	--	Sample Permit Req.	Req Mon MO AVG			03 - MGD									DL/DS - Daily When Discharging	MS - MEASRD
					Value NODI	C - No Discharge													
00400	pH	1 - Effluent Gross	0	--	Sample Permit Req.					>=	8.0 DAILY MN			<=	9.0 DAILY MX	12 - SU		01/07 - Weekly	GR - GRAB
					Value NODI									C - No Discharge			C - No Discharge		
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample Permit Req.							<=	70.0 MO AVG	<=	105.0 MX WK AV	19 - mg/L		01/07 - Weekly	GR - GRAB
					Value NODI									C - No Discharge			C - No Discharge		
00810	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample Permit Req.							<=	4.2 MO AVG	<=	9.8 DAILY MX	19 - mg/L		01/07 - Weekly	GR - GRAB
					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			03 - MGD									DL/DS - Daily When Discharging	TM - TOTALZ
					Value NODI	C - No Discharge													
50050	Flow, in conduit or thru treatment plant	G - Raw Sewage Influent	0	--	Sample Permit Req.	0.012			03 - MGD								0	05/WK - Five Per Week	TM - TOTALZ
					Value NODI	Req Mon MO AVG			03 - MGD										
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		01/07 - Weekly	GR - GRAB
					Value NODI										C - No		C - No		

					Value NODI						Dis charge	Discharge			
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	0	--	Sample Permit Req.						<= 25.0 MO AVG	<= 40.0 MX WK AV	19 - mg/L	01/07 - Weekly	GR - GRAB
					Value NODI						C - No Dis charge	C - No Dis charge			
80093	Dilution factor	1 - Effluent Gross	0	--	Sample Permit Req.		<=	0.1 DAILY MX	1U - Ratio					DL/DS - Daily When Discharging	CA - CALCTD
					Value NODI			C - No Dis charge							
82220	Flow, total	1 - Effluent Gross	0	--	Sample Permit Req.			Req Mon MO TOTAL	80 - Mgal/mo					DL/DS - Daily When Discharging	TM - TOTALZ
					Value NODI			C - No Dis charge							

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 for the month of August

Attachments

Name	Type	Size
IN0047473_001A_MRO_2024_08.pdf	pdf	108477.0

Report Last Saved By

CORUNNA WWTP

User: servicesbystouder@live.com
 Name: Justin Stouder
 E-Mail: servicesbystouder@live.com
 Date/Time: 2024-09-28 23:58 (Time Zone: -04:00)

Report Last Signed By

User: servicesbystouder@live.com
 Name: Justin Stouder
 E-Mail: servicesbystouder@live.com
 Date/Time: 2024-09-28 23:58 (Time Zone: -04:00)

Send by 28th of the Month to:
 Indiana Department of Environmental Management
 Office of Water Quality, Mail Code 65-42
 100 North Senate Avenue
 Indianapolis, Indiana 46204-2251

Monthly Report of Operation Lagoon Type Wastewater Treatment Plant

(Version 12/08)

Name of Facility Corunna		Permit Number IN0047473	
Certified Operator: Name Justin M. Stouder		Class 1	Certificate Number WW018895
		Expiration Date 6/30/2025	
Month: # 8	August	Year: 2024	E-mail address: servicebvstouder@live.com

General Information						Bypasses/ Overflows		Raw Wastewater					Final Effluent							Controlled Discharge								
Day of the Month	Day of the Week	Precip. - Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)	Chemical Used (lbs)	At Plant Site ("X" if occurred)	Collection System ("X" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) (Cont. Tank)	Residual Chlorine (mg/l) (Final)	E. Coli colony/100 ml	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)	
1	Thu	0						0.012																				
2	Fri	0.39						0.013																				
3	Sat	0						0.014																				
4	Sun	0						0.012																				
5	Mon	0						0.012																				
6	Tue	0						0.012																				
7	Wed	0						0.011																				
8	Thu	2.33						0.021																				
9	Fri	0.07						0.01																				
10	Sat	0						0.012																				
11	Sun	0						0.012																				
12	Mon	0						0.011	7.7	190	98	22.2																
13	Tue	0.32						0.011																				
14	Wed	0						0.009																				
15	Thu	0						0.011																				
16	Fri	0						0.011																				
17	Sat	0						0.014																				
18	Sun	0						0.011																				
19	Mon	0						0.012																				
20	Tue	0						0.01																				
21	Wed	0						0.011																				
22	Thu	0						0.012																				
23	Fri	0						0.011																				
24	Sat	0						0.012																				
25	Sun	0						0.012																				
26	Mon	0						0.009																				
27	Tue	0						0.011																				
28	Wed	0						0.01																				
29	Thu	0.2						0.012																				
30	Fri	0						0.013																				
31	Sat	0						0.011																				
Average		0.1088						0.011774		190	98	22.2																
Maximum		2.33						0.021	7.7	190	98	22.2																
Minimum								0.009	7.7	190	98	22.2																
Totals		3.31		0	0	0	0	0.365																				

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.

Justin M. Stouder **Sept. 28th 2024**
 Signature of Certified Operator Date
 Phone Number: **260-281-2911**

Teresa Bishop **Sept. 28th 2024**
 Signature of Officer, Principal Executive, or Authorized Agent Date

Monthly Report of Operation
Lagoon Type
Wastewater Treatment Plant
 (Version 12/06)

Name of Facility	Permit Number	For Month Of:	Year
Corunna	IN0047473	August	2024

Page 2 of 2

Day of the Month	Influent Loading				Effluent Loading				Enter Comments Below:						
	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)							
1									No discharge for the month of August						
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12	17.44	8.81		2.04											
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
Avg	17.44	8.81		2.04					<table border="1"> <tr> <td>Removal Rates:</td> <td>Monthly Totals:</td> </tr> <tr> <td>Overall BOD removal:</td> <td>Influent flow (mg): 0.365</td> </tr> <tr> <td>Overall TSS removal:</td> <td>Effluent flow (mg): 0</td> </tr> </table>	Removal Rates:	Monthly Totals:	Overall BOD removal:	Influent flow (mg): 0.365	Overall TSS removal:	Effluent flow (mg): 0
Removal Rates:	Monthly Totals:														
Overall BOD removal:	Influent flow (mg): 0.365														
Overall TSS removal:	Effluent flow (mg): 0														
Max	17.44	8.81		2.04											
Min	17.44	8.81		2.04											

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.

<u>Justin M. Stouder</u>	<u>Sept. 28th 2024</u>
(SIGNATURE OF CERTIFIED OPERATOR)	(DATE)
<u>Teresa Bishop</u>	<u>Sept. 28th 2024</u>
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT)	(DATE)