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

<b>Report Dates &amp; Status</b>		<b>Monitoring Period:</b> From 12/01/24 to 12/31/24	<b>DMR Due Date:</b> 01/28/25	<b>Status:</b> NetDMR Validated
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**Considerations for Form Completion**  
THE FLOW METER(S) SHALL BE CALIBRATED AT LEAST ONCE ANNUALLY. MUNICIPAL MINOR JOHNSON COUNTY

<b>Principal Executive Officer</b>		<b>Title:</b> Board President		<b>Telephone:</b> 317-878-4592	
<b>First Name:</b> Jason	<b>Last Name:</b> Ramey				

**No Data Indicator (NODI)**  
FormNODI: --

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					=	6.4					19 - mg/L	0	05/WK - Five Per Week	G3 - 3 Grabs	
					Permit Req.					>=	5.0 DLYAVMIN					19 - mg/L				
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample					=	7.8			=	8.0	12 - SU	0	05/WK - Five Per Week	GR - Grab	
					Permit Req.					>=	6.0 DAILYMN			<=	9.0 DAILY MX	12 - SU				
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	2	--	Sample	=	6.4	=	9.9	26 - lb/d			=	2.8	=	3.1	19 - mg/L	0	03/07 - Three Per Week	24 - 24 Hour Composite
					Permit Req.	<=	80.0 MO AVG	<=	120.0 MX WK AV	26 - lb/d			<=	24.0 MO AVG	<=	36.0 MX WKAV	19 - mg/L			
					Value NODI															
00810	Nitrogen, ammonia total [as N]	1 - Effluent Gross	2	--	Sample	=	0.24	=	0.4	26 - lb/d			=	0.1	=	0.13	19 - mg/L	0	03/07 - Three Per Week	24 - 24 Hour Composite
					Permit Req.	<=	10.0 MO AVG	<=	15.0 MX WK AV	26 - lb/d			<=	3.0 MO AVG	<=	4.5 MX WKAV	19 - mg/L			
					Value NODI															
50050	Flow in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.21			03 - MGD							0	05/WK - Five Per Week	TM - Totalizer	
					Permit Req.		Req Mon MO AVG			03 - MGD										
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	2	--	Sample	=	6.0	=	7.9	26 - lb/d			=	2.7	=	2.9	19 - mg/L	0	03/07 - Three Per Week	24 - 24 Hour Composite
					Permit Req.	<=	67.0 MO AVG	<=	100.0 MX WK AV	26 - lb/d			<=	20.0 MO AVG	<=	30.0 MX WKAV	19 - mg/L			
					Value NODI															
82220	Flow total	1 - Effluent Gross	0	--	Sample			=	6.518	80 - Mgal/mo							0	01/30 - Monthly	RT - Recorder Total	
					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
IN0040881_001A_MRO_2024_12.pdf	pdf	360158.0

*Report Last Saved By*

**TRAFALGAR WWTP**

User: ELLETTSMILLE WWTP  
Name: Jeff Farmer  
E-Mail: jfarmer@bfindiana.com  
Date/Time: 2025-02-05 07:46 (Time Zone: -05:00)

*Report Last Signed By*

User: ELLETTSMILLE WWTP  
Name: Jeff Farmer  
E-Mail: jfarmer@bfindiana.com  
Date/Time: 2025-02-05 07:46 (Time Zone: -05:00)



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

State Form 10829 (R8 / 3-20)

Name of Facility Trafalgar WWTP		Permit Number IN0040681	
Month December	Year 2024	Plant Design Flow 0.4 mgd	Telephone Number 812-327-1958
E-mail address: jfarmer@bfuindiana.com			001 A
Certified Operator: Name Jeff Farmer	Class 4	Certificate Number WW014343	Expiration Date 6/30/2027

Day of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 1 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Sanitary Sewer Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE							
							Chlorine - Lbs/day	Lbs/Day or Gal./Day	Lbs/Day 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	Sun									0.103							
2	Mon	24								0.103	7.6	46	39.515	58	49.823		20.7
3	Tue	24								0.16	7.7	45	60.048	45	60.048		22.3
4	Wed	24								0.145	7.7	51	61.674	48	58.046		21.1
5	Thu	24								0.135	7.6						
6	Fri	24								0.136	7.7						
7	Sat									0.112							
8	Sun									0.132							
9	Mon	24								0.124	7.6	53	54.81	55	56.879		25.7
10	Tue	24								0.135	7.6	57	64.176	98	110.34		38.2
11	Wed	24								0.156	7.6	50	65.052	82	106.69		37.5
12	Thu	24								0.127	7.6						
13	Fri	24								0.136	7.6						
14	Sat									0.212							
15	Sun									0.158							
16	Mon	24		1						0.169	7.7	57	80.339	42	59.197		18.9
17	Tue	24								0.33	7.6	58	159.63	35	96.327		19.5
18	Wed	24								0.245	7.7	53	108.29	47	96.035		20.1
19	Thu	24								0.236	7.7						
20	Fri	24								0.212	7.7						
21	Sat									0.145							
22	Sun									0.186							
23	Mon	24								0.226	7.6	53	99.897	54	101.78		22.3
24	Tue	24								0.352	7.6	52	152.66	68	199.63		26.2
25	Wed	24								0.255	7.6	56	119.1	55	116.97		27.1
26	Thu	24								0.255	7.6						
27	Fri	24								0.136	7.7						
28	Sat									0.201							
29	Sun									0.143							
30	Mon	24								0.224	7.6	48	89.672	52	97.144		18.5
31	Tue	24								0.412	7.6	50	171.8	49	168.37		20.8
1	Wed									0.354							
2	Thu									0.131							
3	Fri									0.388							
Average										0.1871		52.07	94.761	56.29	98.376		24.21
Maximum				1						0.412	7.7	58	171.8	98	199.63		38.2
Minimum										0.103	7.6	45	39.515	35	49.823		18.5
# of Data				1	0	0	0	0	0	31	22	14	14	14	14	0	14
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):  Jeff Farmer					Date (month, day, year)		
										Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)  Jason Ramey					Date (month, day, year)		

**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	December	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									
1																	
2						4.5	56						8.0			6.5	
3			640	4660	137	3.1	56						8.0			6.7	
4			610	4880	125	3.5	56						7.9			6.5	
5			640	4620	139	4.8	56						8.0			6.5	
6						5.1	55						7.9			6.7	
7																	
8																	
9						2.1	68						7.9			6.5	
10			670	5690	118	3.5	54						7.9			6.7	
11			650	5530	118	1.9	57						7.9			6.5	
12			700	5550	126	3.7	55						7.9			6.4	
13						2.5	56						7.9			6.5	
14																	
15																	
16						3.1	57						7.9			6.5	
17			600	5220	115	3.5	57						7.9			6.5	
18			670	5020	133	4.5	56						7.9			6.7	
19			580	4470	130	3.5	57						7.8			6.6	
20						4.5	55						8.0			6.5	
21																	
22																	
23						3.1	54						7.9			6.6	
24			640	4700	136	1.7	65						8.0			6.7	
25			590	4470	132	2.4	65						7.9			6.7	
26			550	4900	112	5.8	58						8.0			6.6	
27						4.7	58						8.0			6.5	
28																	
29																	
30						2.5	58						8.0			6.6	
31			610	4450	137	2.6	58						8.0			6.4	
Avg.			626.9	4935	127.5	3.482	57.6									6.564	
Max.			700	5690	138.5	5.8	68						8.0			6.7	
Min.			550	4450	112.2	1.7	54						7.8			6.4	
Daily Max													#NUM!				
# of Days above 235													0				
Data	0	0	13	13	13	22	22	0	13	0	0	0	0	0	22	22	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 (R6 / 3-20)

Name of Facility Trafalgar WWTP	Permit Number IN0040681	For Month Of December	Year 2024
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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	Sun	0.177															
2	Mon	0.177		2.1		3.102		3		4.431		0.138		0.204			
3	Tue	0.178		2		2.971		2		2.971		0.056		0.083			
4	Wed	0.182		3		4.556		3		4.556		0.078		0.118			
5	Thu	0.148															
6	Fri	0.142															
7	Sat	0.135	0.1627		2.367		3.543		2.667		3.986		0.091		0.1352		
8	Sun	0.133															
9	Mon	0.165		2		2.754		3		4.131		0.064		0.088			
10	Tue	0.159		4		5.307		3		3.981		0.214		0.284			
11	Wed	0.155		2.7		3.492		2		2.587		0.116		0.15			
12	Thu	0.168															
13	Fri	0.182															
14	Sat	0.158	0.16		2.9		3.851		2.667		3.566		0.131		0.174		
15	Sun	0.22															
16	Mon	0.301		1.7		4.27		4		10.05		0.311		0.781			
17	Tue	0.275		2.1		4.819		1.7		3.901		0.021		0.048			
18	Wed	0.289		2		4.823		2		4.823		0.022		0.053			
19	Thu	0.212															
20	Fri	0.201															
21	Sat	0.187	0.2407		1.933		4.638		2.567		6.257		0.118		0.2941		
22	Sun	0.154															
23	Mon	0.224		2		3.739		2		3.739		0.056		0.105			
24	Tue	0.506		3		12.67		4.4		18.58		0.24		1.013			
25	Wed	0.289		3		7.235		3		7.235		0.036		0.087			
26	Thu	0.22															
27	Fri	0.201															
28	Sat	0.168	0.2517		2.667		7.88		3.133		9.851		0.111		0.4016		
29	Sun	0.224															
30	Mon	0.268		4		8.946		2		4.473		0.048		0.107			
31	Tue	0.32		3		8.011		3		8.011		0.057		0.152			
1	Wed	0.298		3		7.46043		3		7.46043		0.068		0.1691			
2	Thu	0.103															
3	Fri	0.124															
Avg		0.2103		2.7		6.006		2.8		6.425		0.102		0.243			
Max		0.506	0.2517	4	2.9	12.67	7.88	4.4	3.133	18.58	9.851	0.311	0.131	1.013	0.4016		
Min		0.133	0.16	1.7	1.933	2.754	3.543	1.7	2.567	2.587	3.566	0.021	0.091	0.048	0.1352		
Data		31	4	14	4	14	4	14	4	14	4	14	4	14	4	0	0

MONTHLY REMOVAL SUMMARY					Total Monthly Flow
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 6.518
Primary Treatment	NA	NA			
Secondary Treatment	NA	NA			Percent Capacity
Tertiary Treatment	NA	NA			(actual flow/design) 53%
Overall Treatment	94.8	95.1	99.6	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	December	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														
4														
5														
6														
7														
8														
9														
10		11												
11		11												
12		11												
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24														
25		11												
26														
27														
28														
29														
30														
31														
Avg.		11												
Max.		11												
Min.		11												
Data	0	9	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



