



NONCOMPLIANCE 24-HOUR NOTIFICATION REPORT

State Form 52415 (R / 10-13)
Indiana Department of Environmental Management
Office of Water Quality

INSTRUCTIONS: Complete all sections of this form and email it to Office of Water Quality, Compliance Data Section at wwreports@idem.IN.gov. Thorough completion of this report will satisfy the Office of Water Quality (OWQ) telephone and 5-day written noncompliance notification reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317) 232-8670.

Additionally, any noncompliance which may pose a significant danger to human health or the environment (including a fish kill) must be immediately reported to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

FACILITY INFORMATION		
Facility Name City of Auburn WPC	County Dekalb	NPDES Permit Number IN0020672
Individual Reporting Todd Sattison	Telephone Number 260-925-1714	Reporting Date (month, day, year) 06/20/2024
Email Address tmsattison@ci.auburn.in.us		

NONCOMPLIANCE INFORMATION				
Date (month, day, year) 06/19/2024	Outfall 001	Parameter E. coli	Permit Limit (Units/Daily/Weekly/Ave/Max/Min) 235 MPN	Monitored Value 653 MPN
Date (month, day, year)	Outfall	Parameter	Permit Limit (Units/Daily/Weekly/Ave/Max/Min)	Monitored Value

Description of the Noncompliance and its Cause:
The E. coli noncompliance occurred because of insufficient disinfection.

Description of the Period of Noncompliance, Including Exact Dates and Time, and if the Noncompliance has not been Corrected, the Anticipated Time it is Expected to Continue:
The noncompliance occurred on 06/19/2024.
The noncompliance is expected to be corrected by 06/20/2024.

Steps Taken or Planned to Reduce, Eliminate, and Prevent Reoccurrence of the Noncompliance:
Operators continue to monitor the sodium hypochlorite feed to ensure sufficient disinfection.

CERTIFICATION AND SIGNATURE	
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 person or 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: <u>Todd Sattison</u>	DATE (month, day, year): <u>6/20/24</u>