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 www.email.nu.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.

Facility Name			FACILITY INFORMATION County	NPDES Perm	it Number	
William Edwin Ross WWTF			Wayne	IN0025615		
Individual Reporting			relephone Number		Reporting Date (month, day, year)	
Tim L Orrill		ļ -	765-983-7447	6/27/2024		
Email Address			70 000 1 111			
torrill@richmondin	diana.gov					
			ONCOMPLIANCE INFORMATION			
Date (month, day, year)	Outfall	Parameter	Permit Limit (Units/Daily/We	eekly/Ave/Max/Min)	Monitored Value	
6/26/2024	001	Ecoli	235 Daily Max.		365.4	
Date (month, day, year)	Outfall	Parameter	Permit Limit (Units/Daily/We	eekly/Ave/Max/Min)	Monitored Value	
The District believe	es these ev	ents along with hi	gh humidity for the week resi	ulted in the violation se	en.	

Steps Taken or Planned to Reduce, Eliminate, and Prevent Reoccurrence of the Noncompliance:

The District at this point is unclear as to steps to reduce or eliminate reoccurrance of the Ecoli issue. Results tomorrow will help show either a trending problem or corrective action success. As mentioned multiple Ecoli samples were taken along with increased addition of chlorine. This Ecoli noncompliance was the District's first for June 2024 and we expect to remove the violation using the "10%" rule.

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: Tim Orrill	DATE (month, day, year): 6/27/2024
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