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Permit #: INM020346		Permittee: NEW HAVEN COMBINED SEWER COLLECTION SYSTEM		Facility: NEW HAVEN COLLECTION SYSTEM	
Major: No		Permittee Address: 815 LINCOLN HWY E NEW HAVEN, IN 46774		Facility Location: 815 LINCOLN HWY E NEW HAVEN, IN 46774	
Permitted Feature: 001 External Outfall		Discharge: 001-C CSO: 800 FEET N OF 1326 ROSE AVE			

Report Dates & Status	
Monitoring Period: From 03/01/24 to 03/31/24	DMR Due Date: 04/28/24
Status: NetDMR Validated	

Considerations for Form Completion
CSO: 200' EAST OF PAUL STEMMLER PARKWAY DEAD END - TO MARTIN DRAIN. MUNICIPAL MINOR ALLEN COUNTY

Principal Executive Officer	
First Name:	Title:
Last Name:	Telephone:

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		
50037	Duration	EG - Effluent Gross	0	--	Sample																
					Permit Req.										Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT		
					Value NODI												C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample																
					Permit Req.										Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA		
					Value NODI												C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample																
					Permit Req.												=	3.89	5W - in/mo	AL/EV - All Events	RT - RCOTOT
					Value NODI												Req Mon MO TOTAL	5W - in/mo	AL/EV - All Events	RT - RCOTOT	
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample																
					Permit Req.												Req Mon MO TOTAL	4K - #/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI												C - No Discharge				

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
DOCMarchMRO.pdf	pdf	223531.0

Report Last Saved By
NEW HAVEN COMBINED SEWER COLLECTION SYSTEM

User: in5202009
Name: David Jones
E-Mail: djones@newhavenin.org
Date/Time: 2024-06-28 10:54 (Time Zone: -04:00)

Report Last Signed By

User: in5202009
Name: David Jones
E-Mail: djones@newhavenin.org
Date/Time: 2024-06-28 10:55 (Time Zone: -04:00)



**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**

State Form 50546 (R3/7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: New Haven Page 1 of 2 Permit Number: INM020346

Facility: New Haven Utility Department Public Notification Requirements Met? Y

Month: March Check box if no CSO discharge occurred for the month:

Design Peak Hourly Flow (MGD): 2024 Measured/Metered (M) or Estimated (E) must be specified

Design Average Flow (MGD): 5 N/A

CSO Outfall No. 001 CSO Outfall No. #REF!

Day of Month	WWTP Influent Data			Precipitation Data			CSO Outfall No. 001			CSO Outfall No. #REF!								
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (in/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	0.55	0.05					1 hr				0							
2	1.21	0.09	10:00 AM	9.00	0.79	0.08	1 hr				0							
3	0.63	0.07					1 hr				0							
4	0.51	0.05					1 hr				0							
5	0.80	0.07					1 hr				0							
6	0.56	0.04					1 hr				0							
7	0.63	0.06					1 hr				0							
8	0.44	0.04					1 hr				0							
9	0.51	0.06					1 hr				0							
10	0.49	0.03					1 hr				0							
11	0.43	0.05					1 hr				0							
12	0.45	0.04					1 hr				0							
13	0.53	0.04					1 hr				0							
14	0.58	0.05					1 hr				0							
15	0.61	0.06					1 hr				0							
16	0.53	0.04					1 hr				0							
17	0.58	0.06					1 hr				0							
18	0.71	0.08	10:00 AM	2.00	0.50	0.29	1 hr				0							
19	0.63	0.07					1 hr				0							
20	0.63	0.06	10:00 PM	1.00	0.03	0.02	1 hr				0							
21	0.85	0.09	4:00 AM	2.00	0.47	0.19	1 hr				0							
22	0.67	0.05					1 hr				0							
23	0.57	0.05					1 hr				0							
24	0.60	0.05					1 hr				0							
25	1.64	0.13	9:00 AM	15.00	1.53	0.33	1 hr				0							
26	1.36	0.11	12:00 AM	2.00	0.16	0.08	1 hr				0							
27	1.01	0.10	5:00 PM	2.00	0.10	0.07	1 hr				0							
28	0.88	0.09	4:00 PM	2.00	0.02	0.01	1 hr				0							
29	0.84	0.09					1 hr				0							
30	0.78	0.08	3:00 PM	6.00	0.29	0.09	1 hr				0							
31	0.80	0.09					1 hr				0							
Totals:	22.00			41.00	3.89			0	0	0.00	0	0	0	0.00	0	0	0	0

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Telephone

David Jones 260-748-7066
Superintendent

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.

Signature of Principal Executive Officer or Authorized Agent Date (mm/dd/yyyy)

David Jones 6/28/24



**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**

State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: New Haven		Page: 2 of 2	Permit Number: INNM020346
Facility: New Haven Utility Department		Public Notification Requirements Met? Y	
Month: March	Year: 2024	Check box if no CSO discharge occurred for the month: <input checked="" type="checkbox"/>	
Design Peak Hourly Flow (MGD):	Design Average Flow (MGD):	N/A	
Day or Month			
1	Comments (further explanation as to why each CSO event occurred)		
2			
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31			
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent			
David Jones	Superintendent	260-748-7056	Telephone
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.			
Signature of Principal Executive Officer or Authorized Agent			Date (mm/dd/yyyy)
			6/28/24