



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We Protect Hoosiers and Our Environment.

100 N. Senate Avenue • Indianapolis, IN 46204
(800) 451-6027 • (317) 232-8603 • www.idem.IN.gov

Eric J. Holcomb
Governor

Brian C. Rockensuess
Commissioner

October 24, 2023

VIA ELECTRONIC MAIL

The Honorable W. SuzAnne Handshoe, Mayor
City of Kendallville
234 S. Main Street
Kendallville, Indiana 46755

Dear Mayor Handshoe:

Re: Combined Sewer Overflow Program
Long Term Control Plan
Level of Control Review
City of Kendallville
NPDES Permit No. IN0020656
Noble County

The City of Kendallville has completed all projects included in their approved Combined Sewer Overflow (CSO) Long Term Control Plan (LTCP) implementation schedule. Therefore, the Indiana Department of Environmental Management (IDEM) Office of Water Quality (OWQ) conducted a review of data included on CSO Discharge Monitoring Report (DMR) forms, CSO Monthly Report of Operation (MRO) forms, and other relevant information to determine whether CSO discharges complied with the approved LTCP level of control, which is no untreated CSO discharge below the ten-year, one-hour design storm, or an equivalent event. The timeframe included in our review was from January 2020 through June 2023.

IDEM provided Kendallville with a letter, dated October 11, 2023, where findings from our review were outlined. Even though no CSO events were reported during the review period, the findings necessitated that IDEM require Kendallville to provide follow-up information. The City of Kendallville provided the requested information on October 13, 2023. Based upon review of this information, as well as information gathered during a follow-up conversation with Patrick Howell, newly appointed Kendallville Wastewater Superintendent, IDEM has determined that additional time is necessary to further evaluate Kendallville's compliance with their approved LTCP level of control. Therefore, IDEM plans to initiate another LTCP level of control review approximately two years from the date of this letter, utilizing new data.

Therefore, Kendallville shall continue to monitor wastewater treatment plant (WWTP) data, precipitation data, and CSO discharge data (as necessary). Gathered data shall be documented on the CSO MRO form, including WWTP peak hourly flow for every day of each month. Additionally, the comment page must be included with



The Honorable W. SuzAnne Handshoe, Mayor
Page 2

monthly CSO MRO submittals and should be utilized to explain the rationale for each reported CSO event.

No response to this letter is required. Please contact Dave Tennis at 317/234-9558 or by email at dtennis@idem.in.gov if you have questions regarding this letter. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink that reads "Leigh Voss". The signature is written in a cursive style with a large initial "L" and a stylized "V".

Leigh Voss, Chief
Municipal NPDES Permits Section
Office of Water Quality

cc: Patrick Howell, Interim Superintendent
Lynn Raisor, IDEM Wastewater Inspector
Amari Farren, IDEM Water Enforcement



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October 11, 2023

VIA ELECTRONIC MAIL

The Honorable W. SuzAnne Handshoe, Mayor
City of Kendallville
234 S. Main Street
Kendallville, Indiana 46755

Dear Mayor Handshoe:

Re: Combined Sewer Overflow Program
Long Term Control Plan
Level of Control Review
City of Kendallville
NPDES Permit No. IN0020656
Noble County

The City of Kendallville has completed all projects included in their approved Combined Sewer Overflow (CSO) Long Term Control Plan (LTCP) implementation schedule. Therefore, the Indiana Department of Environmental Management (IDEM) Office of Water Quality (OWQ) has conducted a review of data included on CSO Discharge Monitoring Report (DMR) forms, CSO Monthly Report of Operation (MRO) forms, and other relevant information to determine whether CSO discharges comply with the approved LTCP level of control, which is no untreated CSO discharge below the ten-year, one-hour design storm, or an equivalent event. The timeframe included in our review was from January 2020 through June 2023. The following findings were noted:

- No CSO events were reported on the CSO MROs during the review timeframe even though many precipitation events exceeding the ten-year, one-hour design storm, or an equivalent event, were reported.
- The submitted CSO MRO forms during the review timeframe were not completed in full; wastewater treatment plant (WWTP) peak hourly flow data was not included on the forms.
- IDEM was unable to locate CSO MRO forms for the months of March 2021 and May 2022.
- CSO MRO forms for the months of August and September 2020 showed the exact same data.

Even though no CSO events were reported during the review period, reported precipitation data, and the lack of WWTP peak hourly data necessitates that Kendallville provide follow-up information to IDEM. Preliminarily, the City of Kendallville must



A State that Works



The Honorable W. SuzAnne Handshoe, Mayor
Page 2

provide updated CSO MRO forms for the following months: June, July and August 2021, and July 2022. In addition to the updated CSO MRO forms, including WWTP peak hourly flow data for every day of the month, Kendallville's response must include a description of WWTP operations for June 19, July 1 and 2, August 8 through August 13 (2021), and July 6, 7, 23 and 25 (2022), explaining how the large precipitation events reported during those months were processed through the WWTP without the need to use CSO 002.

The response must also include: missing CSO MRO forms from March 2021 and May 2022, an explanation regarding the duplicate data shown on the CSO MRO forms from August and September 2020, and an explanation of Kendallville's process for determining the peak intensity (inch/hour) data shown on the CSO MROs. A specific example of the peak intensity data where IDEM would need further clarification is on August 11, 2021. The CSO MRO shows 1.72" of precipitation was received in 1 hour, yet the peak intensity per hour data shows a much higher value of 2.96 inch/hour.

Additionally, it is understood that a CSO event has occurred at CSO 002 since June 2023. Kendallville's response must include updated CSO MROs, including WWTP peak hourly flow data, for the months of July through September where a CSO event occurred.

Kendallville's response shall be submitted within forty-five (45) days of the date of this letter. Please contact Dave Tennis at 317/234-9558 or by email at dtennis@idem.in.gov if you have questions regarding this letter. Thank you for your attention to this matter.

Sincerely,



Leigh Voss, Chief
Municipal NPDES Permits Section
Office of Water Quality

cc: Patrick Howell, Interim Superintendent
Lynn Raisor, IDEM Wastewater Inspector
Amari Farren, IDEM Water Enforcement

City of
Kendallville

Wastewater Treatment Plant 501 W. Wayne Street, Kendallville, IN 46755

Phone (260) 347-1362

Fax (260) 347-7037

E-mail: phowell@kendallville-in.org

www.kendallville-in.org

October 13, 2023

In response to your inquiry regarding The City of Kendallville WWTP CSO MRO's, during the months in question, the wastewater treatment plant was under the supervision of the treatment plant's previous superintendent, until September of this year. Some of the following answers to your questions are based on assumptions since I was not superintendent at the time.

The CSO MRO forms for the months of March 2021 and May 2022 were not attached, I am assuming, by pure oversight. They were completed at the time of submission and are attached to this email.

The CSO MRO forms for the months of August and September 2020, showed the exact same data. I believe this to be operator error as it appears it was simply a copy and paste. We have the correct September 2020 CSO MRO from the time of submission also attached to this email.

I have also provided updated CSO MRO forms for the following months: June, July and August 2021, and July 2022 that include peak hourly flow data for every day of these months.

For June 19, July 1 and 2, August 8 through 13 of 2021, and July 6, 7, 23, and 25 of 2022, it is my understanding that the high flows were allowed to come in to the plant uninhibited, which is why CSO 002 was not used.

On August 11, 2021 the CSO MRO shows 1.72 inches of total precipitation with a peak intensity (inches/hr.) of 2.96 inches. Peak intensity in inches per hour is determined by a SCADA connected rain gage. The gage will pulse (signal) to SCADA as rain is collected, and will calculate the peak intensity every hour based on the number of pulses the system receives.

I have included updated CSO MROs with this email, including WWTP peak hourly flow data, for the months of July through September where a CSO event occurred. We did have a CSO in July of 2023. We had a partial blockage in front of our raw headworks slide gate which caused the CSO to occur. That CSO was reported via phone call to IDEM, and then followed up with a report as required. I have attached that report with this email for your convenience.

Should you have any further questions, please do not hesitate to contact me directly.



Patrick Howell
City Of Kendallville
WWTP Superintendent



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: CITY OF KENDALLVILLE								Page 1 of 1		Permit Number: IN0020656										
Facility: WATER POLLUTION CONTROL FACILITY								Public Notification Requirements Met? Y												
Monitoring Period: July 2023				Check box if no CSO discharge occurred for the month:																
Design Peak Hourly Flow (MGD): 5.14				Design Average Flow (MGD): 2.68				Measured/Metered (M) or Estimated (E) must be specified												
WWTP Influent Data			Precipitation Data					CSO Outfall No. 002				CSO Outfall No. [#]								
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	1.830	7.1447	2228	1.00	0.09		1 hr													
2	2.170	4.0487	1008	1.00	1.31	0.20	1 hr													
3	2.290	3.0476	1704	4.00	0.34	2.72	1 hr													
4	1.700	2.0846	846	2.00	0.01	0.76	1 hr													
5	1.540	2.6070		0.25	0.00	0.04	1 hr													
6	1.670	2.8376	33	0.00	0.02	0.00	1 hr													
7	1.660	2.8370	0	0.25	0.00	0.08	1 hr													
8	1.660	2.4099	717	0.00	0.04	0.00	1 hr													
9	1.620	2.5046	800	1.00	0.20	0.08	1 hr													
10	1.620	3.3916	0	2.00	0.00	0.20	1 hr													
11	1.950	3.0367	0	0.00	0.00	0.00	1 hr													
12	1.920	2.8866	639	0.00	0.14	0.00	1 hr													
13	2.050	2.9787	1559	2.00	0.14	0.12	1 hr													
14	1.910	2.3848	0	2.00	0.00	0.24	1 hr													
15	1.920	2.5600	250	0.00	0.38	0.00	1 hr													
16	1.950	2.6076	808	5.00	0.10	0.40	1 hr													
17	1.800	2.7526	851	2.00	0.03	0.08	1 hr													
18	1.910	2.9645	815	1.00	0.13	0.08	1 hr													
19	1.910	2.4260	1145	1.00	0.03	0.28	1 hr													
20	1.840	3.0070	0	0.25	0.00	0.12	1 hr													
21	1.930	2.8576	1625	0.00	0.34	0.00	1 hr													
22	1.930	2.0523	0	1.00	0.00	0.68	1 hr													
23	1.550	2.6289	0	0.00	0.00	0.00	1 hr													
24	1.650	2.4724	1114	0.00	0.06	0.00	1 hr													
25	1.750	2.4853	0	1.00	0.00	0.20	1 hr													
26	1.830	6.7427	0	0.00	0.00	0.00	1 hr													
27	2.570	2.7738	1343	0.00	1.54	0.00	1 hr													
28	2.100	8.7693	0	3.00	0.00	1.60	1 hr													
29	3.590	4.1975	814	0.00	2.21	0.00	1 hr													
30	2.760	2.8292	0	6.00	0.00	2.64	1 hr													
31	2.250	2.8969	0	0.00	0.00	0.00	1 hr													
Totals:		56.27		1.642	1.00	7.11			Days						Days					
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent												Telephone								
Patrick E Howell, Superintendent												260-347-1362								
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/yy)								
Patrick E Howell																				



**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: CITY OF KENDALLVILLE										Page 1 of 1		Permit Number: IN0020656								
Facility: WATER POLLUTION CONTROL FACILITY										Public Notification Requirements Met? Y										
Monitoring Period: August 2023										Check box if no CSO discharge occurred for the month:										
Design Peak Hourly Flow (MGD): 5.14					Design Average Flow (MGD): 2.68					Measured/Metered (M) or Estimated (E) must be specified										
WWTP Influent Data			Precipitation Data					CSO Outfall No. 002				CSO Outfall No. [#]								
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	2.240	3.0405	0	0.00	0.00		1 hr													
2	2.080	2.7236	0	0.00	0.00	0.00	1 hr													
3	1.980	3.1178	0	0.00	0.00	0.00	1 hr													
4	2.100	2.7829	0	0.00	0.00	0.00	1 hr													
5	1.990	3.0992		0.00	0.00	0.00	1 hr													
6	2.060	3.4013	1841	0.00	0.84	0.00	1 hr													
7	2.110	4.0816	1325	6.00	0.11	0.56	1 hr													
8	2.090	2.8615	950	2.00	0.01	0.20	1 hr													
9	2.100	3.2943	0	0.25	0.00	0.04	1 hr													
10	2.080	3.0599	2051	0.00	0.06	0.00	1 hr													
11	2.060	2.5716	2145	1.00	0.08	0.08	1 hr													
12	1.990	2.6276	0	1.00	0.00	0.28	1 hr													
13	1.860	2.7803	0	0.00	0.00	0.00	1 hr													
14	1.870	3.1971	0	0.00	0.00	0.00	1 hr													
15	2.010	3.3601	1737	0.00	0.07	0.00	1 hr													
16	1.960	2.5922	1426	1.00	0.01	0.12	1 hr													
17	1.890	3.7749	0	0.25	0.00	0.04	1 hr													
18	2.200	3.6448	1210	0.00	0.54	0.00	1 hr													
19	1.980	2.2482	0	2.00	0.00	0.88	1 hr													
20	1.640	2.7674	0	0.00	0.00	0.00	1 hr													
21	1.750	6.9823	0	0.00	0.00	0.00	1 hr													
22	2.010	6.9823	0	0.00	0.00	0.00	1 hr													
23	1.910	2.8209	0	0.00	0.00	0.00	1 hr													
24	1.920	2.4717	0	0.00	0.00	0.00	1 hr													
25	1.870	2.3364	802	0.00	0.10	0.00	1 hr													
26	1.850	2.2527	0	1.00	0.00	0.20	1 hr													
27	1.570	1.7328	0	0.00	0.00	0.00	1 hr													
28	1.450	2.6031	0	0.00	0.00	0.00	1 hr													
29	1.800	2.8556	0	0.00	0.00	0.00	1 hr													
30	1.900	2.3500	1739	0.00	0.10	0.00	1 hr													
31	1.860	2.7223	0	1.00	0.00	0.32	1 hr													
Totals:										Days		Days								
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent										Telephone										
Patrick E Howell, Superintendent										260-347-1362										
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/yy)										
Patrick E Howell																				



**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: CITY OF KENDALLVILLE										Page 1 of 1		Permit Number: IN0020656									
Facility: WATER POLLUTION CONTROL FACILITY										Public Notification Requirements Met? Y											
Monitoring Period: September 2023										Check box if no CSO discharge occurred for the month:											
Design Peak Hourly Flow (MGD): 5.14				Design Average Flow (MGD): 2.68				Measured/Metered (M) or Estimated (E) must be specified													
WWTP Influent Data			Precipitation Data				CSO Outfall No. 002				CSO Outfall No. [#]										
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm/yr)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E		
1	1.900	2.9446	0	0.00	0.00		1 hr														
2	1.860	2.9227	0	0.00	0.00	0.00	1 hr														
3	1.680	2.7403	0	0.00	0.00	0.00	1 hr														
4	1.510	2.6205	0	0.00	0.00	0.00	1 hr														
5	1.530	2.3332		0.00	0.00	0.00	1 hr														
6	1.720	2.8724	0	0.00	0.00	0.00	1 hr														
7	1.810	2.4859	1736	0.00	0.02	0.00	1 hr														
8	1.780	2.6811	0	1.00	0.00	0.04	1 hr														
9	1.830	2.2785	1017	0.00	0.17	0.00	1 hr														
10	1.640	2.7829	0	4.00	0.00	0.04	1 hr														
11	1.720	2.7835	0	0.00	0.00	0.00	1 hr														
12	1.890	2.4588	2127	0.00	0.43	0.00	1 hr														
13	1.810	2.7384	0	5.00	0.00	0.52	1 hr														
14	1.790	3.7221	0	0.00	0.00	0.00	1 hr														
15	1.820	2.5799	0	0.00	0.00	0.00	1 hr														
16	1.780	2.7365	0	0.00	0.00	0.00	1 hr														
17	1.480	2.5387	0	0.00	0.00	0.00	1 hr														
18	1.510	2.3467	0	0.00	0.00	0.00	1 hr														
19	1.770	2.6115	0	0.00	0.00	0.00	1 hr														
20	1.850	2.6469	1853	0.00	0.01	0.00	1 hr														
21	1.820	2.7552	0	0.25	0.00	0.04	1 hr														
22	1.830	2.5490	0	0.00	0.00	0.00	1 hr														
23	1.790	2.5941	0	0.00	0.00	0.00	1 hr														
24	1.600	2.4659	0	0.00	0.00	0.00	1 hr														
25	1.580	2.4627	0	0.00	0.00	0.00	1 hr														
26	1.800	3.1552	0	0.00	0.00	0.00	1 hr														
27	1.900	3.4457	1654	0.00	0.50	0.00	1 hr														
28	2.020	2.5780	1426	3.00	0.55	0.28	1 hr														
29	1.840	2.8853	0	6.00	0.00	0.40	1 hr														
30	1.840	2.5980	0	0.00	0.00	0.00	1 hr														
							1 hr														
Totals:										56.27		1.642		0.00		1.68		Days		Days	
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent										Telephone											
Patrick E Howell, Superintendent										260-347-1362											
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/yy)											
Patrick E Howell																					



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CSO Monthly Report of Operation (CSO MRO)**

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City: CITY OF KENDALLVILLE	Page 1 of 1	Permit Number: IN0020656
Facility: WATER POLLUTION CONTROL FACILITY	Public Notification Requirements Met? Y	
Monitoring Period July 2022	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 5.14	Design Average Flow (MGD): 2.68	Measured/Metered (M) or Estimated (E) must be specified

Day of Month	WWTP Influent Data		Precipitation Data					CSO Outfall No. 002					CSO Outfall No. [#]						
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1	1.670	2.4002	0	0.00	0.00		1 hr												
2	1.590	1.9635	0	0.00	0.00	0.00	1 hr												
3	1.490	2.1284	1538	1.00	0.12	0.24	1 hr												
4	1.180	4.4204	0	0.00	0.00	0.00	1 hr												
5	1.130	5.8808		0.00	0.00	0.00	1 hr												
6	1.450	4.0925	339	4.00	1.66	2.04	1 hr												
7	3.030	3.0901	806	5.00	1.63	2.08	1 hr												
8	2.680	2.8782	1458	1.00	0.13	0.24	1 hr												
9	2.140	2.8009	0	0.00	0.00	0.00	1 hr												
10	1.800	2.7526	0	0.00	0.00	0.00	1 hr												
11	1.630	2.9555	0	0.00	0.00	0.00	1 hr												
12	1.660	3.0064	0	0.00	0.00	0.00	1 hr												
13	1.840	2.5845	0	0.00	0.00	0.00	1 hr												
14	1.910	3.0908	0	0.00	0.00	0.00	1 hr												
15	1.800	2.5329	0	0.00	0.00	0.00	1 hr												
16	1.810	2.3835	0	0.00	0.00	0.00	1 hr												
17	1.730	2.2366	1504	3.00	0.17	0.12	1 hr												
18	1.610	3.0644	814	1.00	0.24	0.84	1 hr												
19	1.570	2.9961	1451	2.00	0.06	0.04	1 hr												
20	1.940	3.0657	0	0.00	0.00	0.00	1 hr												
21	2.040	10.0532	0	0.00	0.00	0.00	1 hr												
22	1.940	4.0326	0	0.00	0.00	0.00	1 hr												
23	3.790	8.8762	2242	3.00	2.44	2.32	1 hr												
24	2.940	4.1022	704	1.00	0.04	0.08	1 hr												
25	4.130	3.4122	800	3.00	0.97	1.76	1 hr												
26	2.910	3.0244	1032	1.00	0.05	0.08	1 hr												
27	2.480	11.2179	0	0.00	0.00	0.00	1 hr												
28	2.340	3.3079	0	0.00	0.00	0.00	1 hr												
29	2.300	3.1191	921	0.00	0.01	0.04	1 hr												
30	2.290	3.6313	0	0.00	0.00	0.00	1 hr												
31	2.250	3.0360	0	0.00	0.00	0.00	1 hr												
Totals:	56.27		1.642	0.00	7.52			Days						Days					

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Patrick E Howell, Superintendent	Telephone 260-347-1362
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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 Au Patrick E Howell	Date (mm/dd/yy) 1.82
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**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: CITY OF KENDALLVILLE		Page 1 of 1		Permit Number: IN0020656																
Facility: WATER POLLUTION CONTROL FACILITY				Public Notification Requirements Met? Y																
Monitoring Period: June 2021		Check box if no CSO discharge occurred for the month:																		
Design Peak Hourly Flow (MGD): 5.14		Design Average Flow (MGD): 2.68		Measured/Metered (M) or Estimated (E) must be specified																
WWTP Influent Data			Precipitation Data				CSO Outfall No. 002				CSO Outfall No. [#]									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm/yr)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	1.340	7.1193	0	0.00	0.00		1 hr													
2	1.620	7.1200	0	0.00	0.00	0.00	1 hr													
3	2.640	2.5373	0	0.00	0.00	0.00	1 hr													
4	1.680	2.2952	1438	3.00	0.21	0.24	1 hr													
5	1.580	2.2321		0.00	0.00	0.00	1 hr													
6	1.530	2.4008	0	0.00	0.00	0.00	1 hr													
7	1.400	1.9796	0	0.00	0.00	0.00	1 hr													
8	1.410	2.0273	416	0.00	0.01	0.04	1 hr													
9	1.470	2.1381	1200	1.00	0.08	0.12	1 hr													
10	1.530	2.5090	0	0.00	0.00	0.00	1 hr													
11	1.700	2.2701	1843	2.00	0.35	0.92	1 hr													
12	1.650	2.3815	0	0.00	0.00	0.00	1 hr													
13	1.680	2.2507	2119	1.00	0.27	1.04	1 hr													
14	1.480	2.2263	0	0.00	0.00	0.00	1 hr													
15	1.500	2.4014	0	0.00	0.00	0.00	1 hr													
16	1.630	2.2707	0	0.00	0.00	0.00	1 hr													
17	1.540	3.6598	0	0.00	0.00	0.00	1 hr													
18	1.580	6.1224	0	0.00	0.00	0.00	1 hr													
19	1.740	7.6616	524	2.00	1.27	2.44	1 hr													
20	2.170	2.5631	802	0.00	0.01	0.04	1 hr													
21	1.530	2.7917	0	0.00	0.00	0.00	1 hr													
22	1.740	2.6101	1926	3.00	0.76	1.76	1 hr													
23	1.720	2.2301	0	0.00	0.00	0.00	1 hr													
24	1.550	2.0633	0	0.00	0.00	0.00	1 hr													
25	1.480	1.6621	0	0.00	0.00	0.00	1 hr													
26	1.330	3.2451	2345	3.00	0.20	0.20	1 hr													
27	2.250	2.6899	803	8.00	1.11	0.52	1 hr													
28	1.930	2.8052	805	1.00	0.49	1.36	1 hr													
29	2.170	2.6500	1605	2.00	0.25	0.44	1 hr													
30	2.040	7.5559	1201	1.00	0.03	0.08	1 hr													
							1 hr													
Totals:		56.27		1.642	0.00	5.04			Days						Days					
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent													Telephone							
Patrick E Howell, Superintendent													260-347-1362							
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 Au													Date (mm/dd/yy)							
Patrick E Howell																				



**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: CITY OF KENDALLVILLE								Page 1 of 1		Permit Number: IN0020656									
Facility: WATER POLLUTION CONTROL FACILITY								Public Notification Requirements Met? Y											
Monitoring Period: July 2021				Check box if no CSO discharge occurred for the month:															
Design Peak Hourly Flow (MGD): 5.14		Design Average Flow (MGD): 2.68		Measured/Metered (M) or Estimated (E) must be specified															
WWTP Influent Data			Precipitation Data					CSO Outfall No. 002				CSO Outfall No. [#]							
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1	3.350	8.1272	1226	2.00	1.46		1 hr												
2	4.210	3.4814	1055	2.00	0.63	1.20	1 hr												
3	2.730	3.1774	0	0.00	0.00	0.00	1 hr												
4	2.330	2.4703	0	0.00	0.00	0.00	1 hr												
5	1.940	2.7872		0.00	0.00	0.00	1 hr												
6	1.820	2.7595	0	0.00	0.00	0.00	1 hr												
7	1.830	2.7711	0	0.00	0.00	0.00	1 hr												
8	1.900	11.2067	0	0.00	0.00	0.00	1 hr												
9	1.220	3.5381	1501	2.00	0.44	0.76	1 hr												
10	1.870	2.6611	0	0.00	0.00	0.00	1 hr												
11	1.750	1.9905	0	0.00	0.00	0.00	1 hr												
12	1.610	2.8634	121	4.00	0.25	0.12	1 hr												
13	1.770	2.8292	1739	3.00	0.10	0.04	1 hr												
14	2.110	2.7629	1522	2.00	0.37	0.64	1 hr												
15	2.010	3.0521	1013	2.00	0.07	0.08	1 hr												
16	1.860	2.8879	0	0.00	0.00	0.00	1 hr												
17	1.860	2.9993	1308	2.00	0.16	0.32	1 hr												
18	2.100	2.1528	806	6.00	0.28	0.08	1 hr												
19	1.400	1.3818	1118	0.00	0.01	0.04	1 hr												
20	1.200	2.4292	0	0.00	0.00	0.00	1 hr												
21	1.650	2.4550	0	0.00	0.00	0.00	1 hr												
22	1.690	2.3744	0	0.00	0.00	0.00	1 hr												
23	1.530	2.3410	0	0.00	0.00	0.00	1 hr												
24	1.650	2.1593	745	0.00	0.01	0.04	1 hr												
25	1.570	1.9267	828	2.00	0.28	0.28	1 hr												
26	1.390	1.6658	0	0.00	0.00	0.00	1 hr												
27	1.440	1.8591	0	0.00	0.00	0.00	1 hr												
28	1.510	2.2082	0	0.00	0.00	0.00	1 hr												
29	1.540	1.9635	0	0.00	0.00	0.00	1 hr												
30	1.540	3.4644	440	1.00	0.27	0.76	1 hr												
31	1.690	6.2827	0	0.00	0.00	0.00	1 hr												
Totals:		56.27		1.642	2.00	4.33			Days						Days				
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Patrick E Howell, Superintendent												Telephone 260-347-1362							
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 Patrick E Howell												Date (mm/dd/yy) 2.62							



**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: CITY OF KENDALLVILLE		Page 1 of 1		Permit Number: IN0020656																
Facility: WATER POLLUTION CONTROL FACILITY				Public Notification Requirements Met? Y																
Monitoring Period: August 2021		Check box if no CSO discharge occurred for the month:																		
Design Peak Hourly Flow (MGD): 5.14		Design Average Flow (MGD): 2.68		Measured/Metered (M) or Estimated (E) must be specified																
WWTP Influent Data		Precipitation Data			CSO Outfall No. 002		CSO Outfall No. [#]													
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm/mm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	1.510	5.6617	0	0.00	0.00		1 hr													
2	1.240	1.7406	0	0.00	0.00	0.00	1 hr													
3	1.310	2.2334	0	0.00	0.00	0.00	1 hr													
4	1.560	2.7345	529	0.00	0.01	0.04	1 hr													
5	1.600	2.1793		0.00	0.00	0.00	1 hr													
6	1.480	2.1039	0	0.00	0.00	0.00	1 hr													
7	1.450	3.2950	0	0.00	0.00	0.00	1 hr													
8	1.690	2.7519	2009	4.00	1.21	1.68	1 hr													
9	1.590	1.9821	803	1.00	0.03	0.04	1 hr													
10	1.540	2.3506	0	0.00	0.00	0.00	1 hr													
11	1.410	0.0083	253	1.00	1.72	2.96	1 hr													
12	0.010	7.3154	2314	3.00	2.06	2.84	1 hr													
13	2.960	3.7562	1244	2.00	0.63	1.56	1 hr													
14	3.070	3.0779	803	1.00	0.02	0.04	1 hr													
15	2.560	2.5187	0	0.00	0.00	0.00	1 hr													
16	1.970	2.7107	0	0.00	0.00	0.00	1 hr													
17	1.730	2.5091	0	0.00	0.00	0.00	1 hr													
18	1.910	2.3351	0	0.00	0.00	0.00	1 hr													
19	1.700	2.0607	0	0.00	0.00	0.00	1 hr													
20	1.590	2.3835	0	0.00	0.00	0.00	1 hr													
21	1.670	2.4453	0	0.00	0.00	0.00	1 hr													
22	1.680	2.2514	1518	1.00	0.08	0.20	1 hr													
23	1.560	2.0891	0	0.00	0.00	0.00	1 hr													
24	1.560	2.8099	0	0.00	0.00	0.00	1 hr													
25	1.620	2.2733	0	0.00	0.00	0.00	1 hr													
26	1.620	2.2405	26	1.00	0.03	0.04	1 hr													
27	1.600	2.2463	0	0.00	0.00	0.00	1 hr													
28	1.580	2.4311	2142	1.00	0.02	0.04	1 hr													
29	1.540	1.9087	0	0.00	0.00	0.00	1 hr													
30	1.400	2.3075	0	0.00	0.00	0.00	1 hr													
31	1.500	2.3075	842	1.00	0.14	0.48	1 hr													
Totals:		56.27		1.642	0.00	5.95			Days						Days					
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent												Telephone								
Patrick E Howell, Superintendent												260-347-1362								
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 Au												Date (mm/dd/yy)								
Patrick E Howell																				



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: CITY OF KENDALLVILLE								Page 1 of 1		Permit Number: IN0020656										
Facility: WATER POLLUTION CONTROL FACILITY								Public Notification Requirements Met? Y												
Monitoring Period August 2020				Check box if no CSO discharge occurred for the month:																
Design Peak Hourly Flow (MGD): 5.14		Design Average Flow (MGD): 2.68		Measured/Metered (M) or Estimated (E) must be specified																
WWTP Influent Data			Precipitation Data					CSO Outfall No. 002				CSO Outfall No. [#]								
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm/yr)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	1.530	3.0545	0	0.00	0.00		1 hr													
2	1.480	2.1889	715	1.00	0.09	0.16	1 hr													
3	1.770	2.6713	808	8.00	0.73	0.32	1 hr													
4	1.550	2.4066	815	1.00	0.09	0.20	1 hr													
5	1.580	1.9442		0.00	0.00	0.00	1 hr													
6	1.580	2.1471	0	0.00	0.00	0.00	1 hr													
7	1.470	2.4349	0	0.00	0.00	0.00	1 hr													
8	1.470	4.9613	0	0.00	0.00	0.00	1 hr													
9	1.600	2.0537	0	0.00	0.00	0.00	1 hr													
10	1.610	4.7063	0	0.00	0.00	0.00	1 hr													
11	1.520	2.3203	0	0.00	0.00	0.00	1 hr													
12	1.790	2.3222	1901	2.00	0.76	1.24	1 hr													
13	1.640	1.8128	0	0.00	0.00	0.00	1 hr													
14	1.590	2.5251	0	0.00	0.00	0.00	1 hr													
15	1.440	2.0015	0	0.00	0.00	0.00	1 hr													
16	1.510	2.3100	0	0.00	0.00	0.00	1 hr													
17	1.390	2.5663	251	1.00	0.02	0.04	1 hr													
18	1.460	2.6333	0	0.00	0.00	0.00	1 hr													
19	1.620	2.5953	0	0.00	0.00	0.00	1 hr													
20	1.470	2.4884	0	0.00	0.00	0.00	1 hr													
21	1.520	2.2237	0	0.00	0.00	0.00	1 hr													
22	1.470	2.4349	0	0.00	0.00	0.00	1 hr													
23	1.470	2.2662	0	0.00	0.00	0.00	1 hr													
24	1.410	2.9353	0	0.00	0.00	0.00	1 hr													
25	1.450	2.4407	0	0.00	0.00	0.00	1 hr													
26	1.580	2.5940	0	0.00	0.00	0.00	1 hr													
27	1.610	2.4330	0	0.00	0.00	0.00	1 hr													
28	1.540	3.2979	0	0.00	0.00	0.00	1 hr													
29	1.550	2.1741	0	0.00	0.00	0.00	1 hr													
30	1.730	2.1902	1345	6.00	0.89	0.64	1 hr													
31	1.460	2.3519	859	1.00	0.04	0.04	1 hr													
Totals:		56.27		1.642	0.00	2.62			Days						Days					
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent										Telephone										
Patrick E Howell, Superintendent										260-347-1362										
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 Au										Date (mm/dd/yy)										
Patrick E Howell																				



**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: CITY OF KENDALLVILLE	Page 1 of 1	Permit Number: IN0020656
Facility: WATER POLLUTION CONTROL FACILITY	Public Notification Requirements Met? Y	
Monitoring Period: September 2020	Check box if no CSO discharge occurred for the month:	
Design Peak Hourly Flow (MGD): 5.14	Design Average Flow (MGD): 2.68	Measured/Metered (M) or Estimated (E) must be specified

Day of Month	WWTP Influent Data			Precipitation Data				CSO Outfall No. 002					CSO Outfall No. [#]							
	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	1.500	2.4800	1544	1.00	0.02		1 hr													
2	1.580	2.1303	1028	1.00	0.02	0.04	1 hr													
3	1.500	2.4169	0	0.00	0.00	0.00	1 hr													
4	1.440	2.5695	0	0.00	0.00	0.00	1 hr													
5	1.510	2.0389		0.00	0.00	0.00	1 hr													
6	1.490	1.9436	0	0.00	0.00	0.00	1 hr													
7	1.350	2.4858	0	0.00	0.00	0.00	1 hr													
8	1.350	2.7466	1226	2.00	0.09	0.04	1 hr													
9	1.530	2.4678	900	4.00	0.16	0.04	1 hr													
10	1.660	2.4323	855	4.00	0.14	0.04	1 hr													
11	1.570	2.9224	837	1.00	0.03	0.04	1 hr													
12	1.540	3.1433	0	0.00	0.00	0.00	1 hr													
13	1.640	2.6880	0	0.00	0.00	0.00	1 hr													
14	1.710	2.6578	118	5.00	0.19	0.08	1 hr													
15	1.600	2.3911	803	8.00	0.31	0.04	1 hr													
16	1.580	2.4278	953	3.00	0.11	0.04	1 hr													
17	1.610	2.4066	858	1.00	0.03	0.04	1 hr													
18	1.540	2.4968	0	0.00	0.00	0.00	1 hr													
19	1.500	2.2733	0	0.00	0.00	0.00	1 hr													
20	1.550	1.9081	0	0.00	0.00	0.00	1 hr													
21	1.360	2.4568	0	0.00	0.00	0.00	1 hr													
22	1.330	2.3731	0	0.00	0.00	0.00	1 hr													
23	1.480	2.0067	0	0.00	0.00	0.00	1 hr													
24	1.570	1.9526	0	0.00	0.00	0.00	1 hr													
25	1.410	2.8484	0	0.00	0.00	0.00	1 hr													
26	1.370	1.9532	0	0.00	0.00	0.00	1 hr													
27	1.340	1.8309	0	0.00	0.00	0.00	1 hr													
28	1.210	2.3467	0	0.00	0.00	0.00	1 hr													
29	1.280	1.8991	552	0.00	0.01	0.04	1 hr													
30	1.500	2.2540	1416	1.00	0.02	0.04	1 hr													
							1 hr													
Totals:	56.27		1.642	1.00	1.13			Days						Days						

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent Patrick E Howell, Superintendent	Telephone 260-347-1362
--	---------------------------

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 Aut 2.78 Patrick E Howell	Date (mm/dd/yy)
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**National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)**

State Form 50546 (R3 / 7-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT


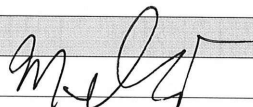
City: CITY OF KENDALLVILLE							Page 1 of 1		Permit Number: IN0020656											
Facility: WATER POLLUTION CONTROL FACILITY							Public Notification Requirements Met? Y													
Monitoring Period: August 2020			Check box if no CSO discharge occurred for the month:																	
Design Peak Hourly Flow (MGD): 5.14			Design Average Flow (MGD): 2.68			Measured/Metered (M) or Estimated (E) must be specified														
WWTP Influent Data			Precipitation Data				CSO Outfall No. 002				CSO Outfall No. [#]									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm/yr)	Precip. Duration (Hours)	Total Daily Precip. (Inch/hr)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	1.530		0	0.00	0.00	0.00	1 hr													
2	1.480		715	1.00	0.09	0.16	1 hr													
3	1.770		808	8.00	0.73	0.32	1 hr													
4	1.550		815	1.00	0.09	0.20	1 hr													
5	1.580		0	0.00	0.00	0.00	1 hr													
6	1.580		0	0.00	0.00	0.00	1 hr													
7	1.470		0	0.00	0.00	0.00	1 hr													
8	1.470		0	0.00	0.00	0.00	1 hr													
9	1.600		0	0.00	0.00	0.00	1 hr													
10	1.610		0	0.00	0.00	0.00	1 hr													
11	1.520		0	0.00	0.00	0.00	1 hr													
12	1.790		1901	2.00	0.76	1.24	1 hr													
13	1.640		0	0.00	0.00	0.00	1 hr													
14	1.590		0	0.00	0.00	0.00	1 hr													
15	1.440		0	0.00	0.00	0.00	1 hr													
16	1.510		0	0.00	0.00	0.00	1 hr													
17	1.390		251	1.00	0.02	0.04	1 hr													
18	1.460		0	0.00	0.00	0.00	1 hr													
19	1.620		0	0.00	0.00	0.00	1 hr													
20	1.470		0	0.00	0.00	0.00	1 hr													
21	1.520		0	0.00	0.00	0.00	1 hr													
22	1.470		0	0.00	0.00	0.00	1 hr													
23	1.470		0	0.00	0.00	0.00	1 hr													
24	1.410		0	0.00	0.00	0.00	1 hr													
25	1.450		0	0.00	0.00	0.00	1 hr													
26	1.580		0	0.00	0.00	0.00	1 hr													
27	1.610		0	0.00	0.00	0.00	1 hr													
28	1.540		0	0.00	0.00	0.00	1 hr													
29	1.550		0	0.00	0.00	0.00	1 hr													
30	1.730		1345	6.00	0.89	0.64	1 hr													
31	1.460		859	1.00	0.04	0.04	1 hr													
Totals:		56.27		1.642	0.00	2.62	0.97		Days						Days					
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent													Telephone							
MARK SCHULTZ, SUPERINTENDENT													260-347-1362							
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/yy)							
Mark A Schultz													9-28-20							



**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: CITY OF KENDALLVILLE								Page 1 of 1		Permit Number: IN0020656										
Facility: WATER POLLUTION CONTROL FACILITY								Public Notification Requirements Met? Y												
Monitoring Period: September 2020								Check box if no CSO discharge occurred for the month:												
Design Peak Hourly Flow (MGD): 5.14				Design Average Flow (MGD): 2.68				Measured/Metered (M) or Estimated (E) must be specified												
WWTP Influent Data			Precipitation Data				CSO Outfall No. 002				CSO Outfall No. [#]									
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (mm/yy)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	
1	1.500		1544	1.00	0.02	0.04	1 hr													
2	1.580		1028	1.00	0.02	0.04	1 hr													
3	1.500		0	0.00	0.00	0.00	1 hr													
4	1.440		0	0.00	0.00	0.00	1 hr													
5	1.510		0	0.00	0.00	0.00	1 hr													
6	1.490		0	0.00	0.00	0.00	1 hr													
7	1.350		0	0.00	0.00	0.00	1 hr													
8	1.350		1226	2.00	0.09	0.04	1 hr													
9	1.530		900	4.00	0.16	0.04	1 hr													
10	1.660		855	4.00	0.14	0.04	1 hr													
11	1.570		837	1.00	0.03	0.04	1 hr													
12	1.540		0	0.00	0.00	0.00	1 hr													
13	1.640		0	0.00	0.00	0.00	1 hr													
14	1.710		118	5.00	0.19	0.08	1 hr													
15	1.600		803	8.00	0.31	0.04	1 hr													
16	1.580		953	3.00	0.11	0.04	1 hr													
17	1.610		858	1.00	0.03	0.04	1 hr													
18	1.540		0	0.00	0.00	0.00	1 hr													
19	1.500		0	0.00	0.00	0.00	1 hr													
20	1.550		0	0.00	0.00	0.00	1 hr													
21	1.360		0	0.00	0.00	0.00	1 hr													
22	1.330		0	0.00	0.00	0.00	1 hr													
23	1.480		0	0.00	0.00	0.00	1 hr													
24	1.570		0	0.00	0.00	0.00	1 hr													
25	1.410		0	0.00	0.00	0.00	1 hr													
26	1.370		0	0.00	0.00	0.00	1 hr													
27	1.340		0	0.00	0.00	0.00	1 hr													
28	1.210		0	0.00	0.00	0.00	1 hr													
29	1.280		552	0.00	0.01	0.04	1 hr													
30	1.500		1416	1.00	0.02	0.04	1 hr													
							1 hr													
Totals:		56.27		1.642	1.00	1.13	0.97		Days					Days						
Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent												Telephone								
MARK SCHULTZ, SUPERINTENDENT 												260-347-1362								
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/yy)								
Mark A Schultz 												10-27-20								