



# 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](http://www.idem.IN.gov)

**Michael R. Pence**  
Governor

**Carol S. Comer**  
Commissioner

VIA ELECTRONIC MAIL

December 16, 2016

The Honorable Ken Houston, Mayor  
City of Monticello  
225 North Main Street  
Monticello, Indiana 47960

Dear Mayor Houston:

Re: Final Modification: Permit No. IN0020176  
City of Monticello Wastewater Treatment Plant  
White County

Your request for modification of the above-referenced discharge permit has been processed in accordance with Section 402 and 405 of the Federal Water Pollution Control Act, as amended (33 U.S.C. 1251, et seq.), and IDEM's permitting authority under IC 13-15 (formerly IC 13-7).

The enclosed Pages 1-5, 18a, and 49 of 52 are intended to replace the corresponding pages of the existing permit. This modification, as requested in a letter dated September 26, 2016, is to reflect the significant changes to the facility due to the permittee's LTCP.

The enclosed NPDES permit amendment covers your existing NPDES Permit No. IN0020176. All discharges from the referenced facility shall be consistent with the terms and conditions of this permit, as amended.

One condition of your permit requires periodic reporting of several effluent parameters. You are required to submit both federal discharge monitoring reports (DMRs) and state Monthly Reports of Operation (MROs) on a routine basis. The MRO form can be found on IDEM's web site at <http://www.in.gov/idem/cleanwater/2396.htm>. Please note that IDEM will no longer accept paper DMR or MRO forms after December 28, 2016. After that date all NPDES permit holders are required to submit their monitoring data to IDEM using NetDMR. Please contact Rose McDaniel at (317) 233-2653 or Helen Demmings (317) 232-8815 if you would like more information on NetDMR. Information is also available on our website at <http://IN.gov/idem/cleanwater/2422.htm>.

Please note that this permit modification can be appealed. An appeal must be filed under procedures outlined in IC 13-15-7, IC 4-21.5, and the enclosed public notice. The appeal must be initiated by filing a petition for administrative review with the Office of Environmental Adjudication (OEA) within fifteen (15) days of the emailing of an electronic copy of this letter or within eighteen (18) days of the mailing of this letter by filing at the following addresses:

The Honorable Ken Houston, Mayor  
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Director  
Office of Environmental Adjudication  
Indiana Government Center North  
Room 501  
100 North Senate Avenue  
Indianapolis, Indiana 46204

Commissioner  
Indiana Department of Environmental Management  
Indiana Government Center North  
Room 1301  
100 North Senate Avenue  
Indianapolis, Indiana 46204

If you have any questions concerning this modification, please contact Jason House at 317/233-0470. Questions concerning appeal procedures should be directed to the Office of Environmental Adjudication at 317/232-8591.

Sincerely,

A handwritten signature in black ink that reads "Paul Novak". The signature is written in a cursive style with a large initial "P" and a long, sweeping underline.

Paul Novak, Chief  
Permits Branch  
Office of Water Quality

Enclosures

cc: Joe Mowrer, Certified Operator  
Adam Downey, Wessler Engineering  
U.S. EPA, Region 5

STATE OF INDIANA  
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
AMENDED AUTHORIZATION TO DISCHARGE UNDER THE  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

In compliance with the provisions of the Federal Water Pollution Control Act, as amended, (33 U.S.C. 1251 et seq., the “Act”), Title 13 of the Indiana Code, and regulations adopted by the Water Pollution Control Board, the Indiana Department of Environmental Management (IDEM) is issuing this permit to the

**CITY OF MONTICELLO**

hereinafter referred to as “the permittee.” The permittee owns and/or operates the **City of Monticello Wastewater Treatment Plant**, a major municipal wastewater treatment plant located at 705 East Street, Monticello, Indiana, White County. The permittee is hereby authorized to discharge from the outfalls identified in Part I of this permit to receiving waters named Lake Freeman in accordance with the effluent limitations, monitoring requirements, and other conditions set forth in the permit. The permittee is also authorized to discharge from combined sewer overflow outfalls listed in Attachment A of this permit, to receiving waters named Lake Freeman and the Tippecanoe River in accordance with the effluent limitations, monitoring requirements, and other conditions set forth in this permit. This permit may be revoked for the nonpayment of applicable fees in accordance with IC 13-18-20.

The permit, as issued on August 22, 2014, is hereby amended as contained herein. The amended provisions shall become effective January 1, 2017. All terms and conditions of the permit not modified at this time remain in effect. Further, any existing condition or term affected by the modifications will remain in effect until the modified provisions become effective.

This permit and authorization to discharge, as amended, shall expire at midnight, November 30, 2019. In order to receive authorization to discharge beyond the date of expiration, the permittee shall submit such information and forms as are required by the Indiana Department of Environmental Management no later than 180 days prior to the date of expiration.

Issued December 16, 2016, for the Indiana Department of Environmental Management.



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Paul Novak, Chief  
Permits Branch  
Office of Water Quality

## TREATMENT FACILITY DESCRIPTION

The permittee currently operates a Class II, 1.1 MGD conventional activated sludge treatment facility consisting of influent flow measurement, grit removal, three (3) primary settling tanks, four (4) aeration tanks, two (2) secondary clarifiers, rapid sand filters, chlorination and dechlorination facilities, and an effluent flow meter. Solids are handled through two (2) aerobic digesters and twelve (12) drying beds. The permittee is authorized to bypass the tertiary sand filters provided effluent limitations and requirements in this permit can be met. This bypassing of the tertiary sand filters will maximize the flow through the treatment facility and provide secondary treatment for higher flow volumes while minimizing Combined Sewer Overflow (CSO) discharges. The facility has one (1) bypass point (Bypass Outfall 101). The bypass point is identified in and is subject to provisions contained in Part II.B.2 of this permit. The peak design flow of the current facility is 2.4 MGD.

The permittee received a Construction Approval No. L-0469 on April 14, 2015, to upgrade the existing facility from a Class II, 1.1 MGD facility to a Class III, 1.6 MGD facility. The upgraded facility will consist of a biological nutrient removal system with (1) 30 MGD mechanical influent fine screen, one (1) bypass bar screen, two (2) vortex grit removal tanks, an anaerobic basin, two (2) staged aeration reactors, three (3) secondary clarifiers, a pre-anoxic basin for RAS denitrification, two (2) cloth media tertiary filters, two (2) ultraviolet light disinfection units, effluent flow metering, and a supplemental chemical feed system for phosphorus removal. Solids will be processed through two (2) aerobic digesters and land applied. The improvements will eliminate the existing permitted bypass of the tertiary sand filters and relocate Combined Sewer Overflow (CSO) Outfall 105 (currently located adjacent to existing screenings structure) to the new headworks facility, directly after fine screening.

The collection system is comprised of combined sanitary and storm sewers with six (6) CSO locations. The CSO locations have been identified and permitted with provisions in Attachment A of the permit.

The mass limits for the final CBOD<sub>5</sub>, TSS and ammonia-nitrogen have been calculated utilizing the peak design flow of 3.6 MGD. This is to facilitate the maximization of flow through the treatment facility in accordance with this Office's CSO policy.

### PART I

#### A.1. INTERIM EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

The permittee is authorized to discharge from the outfall listed below in accordance with the terms and conditions of this permit. The permittee shall take samples and measurements at a location representative of each discharge to determine whether the effluent limitations have been met. Refer to Part I.B of this permit for additional monitoring and reporting requirements.

1. During the period beginning on the effective date of this permit, and lasting until thirty (30) days following completion of the proposed construction, the permittee is authorized to discharge from Outfall 005, which is located at Latitude: 40° 44' 06" N, Longitude: 86° 45' 16" W. The permittee shall take samples and measurements to meet the effluent limitations and monitoring requirements at a location representative of the wastewater treatment plant effluent before it combines with discharges from CSO Outfall 105 prior to being discharged via Outfall 005. The discharge is subject to the following requirements:

INTERIM TABLE 1 [1]

<u>Parameter</u>	<u>Quantity or Loading</u>			<u>Quality or Concentration</u>			<u>Monitoring Requirements</u>	
	<u>Monthly Average</u>	<u>Weekly Average</u>	<u>Units</u>	<u>Monthly Average</u>	<u>Weekly Average</u>	<u>Units</u>	<u>Measurement Frequency</u>	<u>Sample Type</u>
Flow [2]	Report	----	MGD	----	----	----	5 X Weekly	24-Hr. Total
CBOD <sub>5</sub>	200.3	300.4	lbs/day	10	15	mg/l	5 X Weekly	24-Hr. Composite
TSS	240.3	360.5	lbs/day	12	18	mg/l	5 X Weekly	24-Hr. Composite
Ammonia-nitrogen								
Summer [3]	22.0	32.0	lbs/day	1.1	1.6	mg/l	5 X Weekly	24-Hr. Composite
Winter [4]	32.0	48.1	lbs/day	1.6	2.4	mg/l	5 X Weekly	24-Hr. Composite
Phosphorus	----	----	----	1.0	----	mg/l	5 X Weekly	24-Hr. Composite

INTERIM TABLE 2 [1]

<u>Parameter</u>	<u>Quality or Concentration</u>				<u>Monitoring Requirements</u>	
	<u>Daily Minimum</u>	<u>Monthly Average</u>	<u>Daily Maximum</u>	<u>Units</u>	<u>Measurement Frequency</u>	<u>Sample Type</u>
pH [5]	6.0	----	9.0	s.u.	5 X Weekly	Grab
Dissolved Oxygen [6]	6.0	----	----	mg/l	5 X Weekly	4 Grabs/24-Hrs.
Total Residual Chlorine						
Final Effluent [7, 8]	----	0.01	0.02	mg/l	5 X Weekly	Grab
<i>E. coli</i> [9]	----	125 [10]	235 [11]	cfu/100 ml	5 X Weekly	Grab

[1] Refer to the Notification Requirement in Part I.E. of the permit.

[2] Effluent flow measurement is required per 327 IAC 5-2-13. The flow meter(s) shall be calibrated at least once every twelve months.

[3] Summer limitations apply from May 1 through November 30 of each year.

[4] Winter limitations apply from December 1 through April 30 of each year.

[5] If the permittee collects more than one grab sample on a given day for pH, the values shall not be averaged for reporting daily maximums or daily minimums. The permittee must report the individual minimum and the individual maximum pH value of any sample during the month on the Monthly Report of Operation forms.

[6] The daily minimum concentration of dissolved oxygen in the effluent shall be reported as the arithmetic mean determined by summation of the four (4) daily grab sample results divided by the number of daily grab samples. These samples are to be collected over equal time intervals.

- [7] The effluent shall be disinfected on a continuous basis such that violations of the applicable bacteriological limitations (*E. coli*) do not occur from April 1 through October 31, annually. If the permittee uses chlorine for any reason, at any time including the period from November 1 through March 31, then the limits and monitoring requirements in Table 2 for Total Residual Chlorine (TRC) shall be in effect whenever chlorine is used.
- [8] In accordance with 327 IAC 5-2-11.1(f), compliance with this permit will be demonstrated if the measured effluent concentrations are less than the limit of quantitation (0.06 mg/l). If the measured effluent concentrations are above the water quality-based permit limitations and above the Limit of Detection (LOD) specified by the permit in any of three (3) consecutive analyses or any five (5) out of nine (9) analyses, the permittee is required to reevaluate its chlorination/dechlorination practices to make any necessary changes to assure compliance with the permit limitation for TRC. These records must be retained in accordance with the record retention requirements of Part I.B.8 of this permit.

Effluent concentrations greater than or equal to the LOD but less than the Limit of Quantitation (LOQ), shall be reported on the discharge monitoring report forms as the measured value. A note must be included with the DMR indicating that the value is not quantifiable. Effluent concentrations less than the limit of detection shall be reported on the discharge monitoring report forms as less than the value of the limit of detection. For example, if a substance is not detected at a concentration of 0.01 mg/l, report the value as < 0.01 mg/l. At present, two methods are considered to be acceptable to IDEM, amperometric and DPD colorimetric methods, for chlorine concentrations at the level of 0.06 mg/l.

<u>Parameter</u>	<u>LOD</u>	<u>LOQ</u>
Chlorine	0.02 mg/l	0.06 mg/l

#### Case-Specific MDL

The permittee may determine a case-specific Method Detection Level (MDL) using one of the analytical methods specified above, or any other test method which is approved by IDEM prior to use. The MDL shall be derived by the procedure specified for MDLs contained in 40 CFR Part 136, Appendix B, and the limit of quantitation shall be set equal to 3.18 times the MDL. Other methods may be used if first approved by the U.S. EPA and IDEM.

- [9] The *E. coli* limitations and monitoring requirements apply from April 1 through October 31 annually. The monthly average *E. coli* value shall be calculated as a geometric mean.

IDEM has specified the following methods as allowable for the detection and enumeration of *Escherichia coli* (*E. coli*):

1. Coliscan MF® Method
2. EPA Method 1603 Modified m-TEC agar
3. mColi Blue-24®
4. Colilert® MPN Method or Colilert-18® MPN Method

[10]The monthly average *E. coli* value shall be calculated as a geometric mean. Per 327 IAC 5-10-6, the concentration of *E. coli* shall not exceed one hundred twenty-five (125) cfu or mpn per 100 milliliters as a geometric mean of the effluent samples taken in a calendar month. No samples may be excluded when calculating the monthly geometric mean.

[11]If less than ten samples are taken and analyzed for *E. coli* in a calendar month, no samples may exceed two hundred thirty-five (235) cfu or mpn as a daily maximum. However, when ten (10) or more samples are taken and analyzed for *E. coli* in a calendar month, not more than ten percent (10%) of those samples may exceed two hundred thirty-five (235) cfu or mpn as a daily maximum. When calculating ten percent, the result must not be rounded up. In reporting for compliance purposes on the Discharge Monitoring Report (DMR) form, the permittee shall record the highest non-excluded value for the daily maximum.

## A.2. FINAL EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

The permittee is authorized to discharge from the outfall listed below in accordance with the terms and conditions of this permit. The permittee shall take samples and measurements at a location representative of each discharge to determine whether the effluent limitations have been met. Refer to Part I.B of this permit for additional monitoring and reporting requirements.

1. During the period beginning thirty (30) days following completion of the proposed construction activities, the permittee is authorized to discharge from Outfall 005, which is located Latitude: 40° 44' 06" N, Longitude: 86° 45' 16" W. The permittee shall take samples and measurements to meet the effluent limitations and monitoring requirements at a location representative of the wastewater treatment plant effluent before it combines with discharges from CSO Outfall 105 prior to being discharged via Outfall 005. The discharge is subject to the following requirements:

FINAL TABLE 3 [1]

<u>Parameter</u>	<u>Quantity or Loading</u>			<u>Quality or Concentration</u>			<u>Monitoring Requirements</u>	
	<u>Monthly Average</u> Report	<u>Weekly Average</u>	<u>Units</u>	<u>Monthly Average</u>	<u>Weekly Average</u>	<u>Units</u>	<u>Measurement Frequency</u>	<u>Sample Type</u>
Flow [2]	---	---	MGD	---	---	---	5 X Weekly	24-Hr. Total
CBOD <sub>5</sub>	300	451	lbs/day	10	15	mg/l	5 X Weekly	24-Hr. Composite
TSS	361	541	lbs/day	12	18	mg/l	5 X Weekly	24-Hr. Composite
Ammonia-nitrogen								
Summer [3]	33.0	48.1	lbs/day	1.1	1.6	mg/l	5 X Weekly	24-Hr. Composite
Winter [4]	48.1	72.1	lbs/day	1.6	2.4	mg/l	5 X Weekly	24-Hr. Composite
Phosphorus	---	---	---	1.0	---	mg/l	5 X Weekly	24-Hr. Composite

FINAL TABLE 4 [1]

<u>Parameter</u>	<u>Quality or Concentration</u>				<u>Monitoring Requirements</u>	
	<u>Daily Minimum</u>	<u>Monthly Average</u>	<u>Daily Maximum</u>	<u>Units</u>	<u>Measurement Frequency</u>	<u>Sample Type</u>
pH [5]	6.0	---	9.0	s.u.	5 X Weekly	Grab
Dissolved Oxygen [6]	6.0	---	---	mg/l	5 X Weekly	4 Grabs/24-Hrs.
<i>E. coli</i> [7]	---	125 [8]	235 [9]	cfu/100 ml	5 X Weekly	Grab

- [1] Refer to the Notification Requirement in Part I.E. of the permit.
- [2] Effluent flow measurement is required per 327 IAC 5-2-13. The flow meter(s) shall be calibrated at least once every twelve months.
- [3] Summer limitations apply from May 1 through November 30 of each year.
- [4] Winter limitations apply from December 1 through April 30 of each year.
- [5] If the permittee collects more than one grab sample on a given day for pH, the values shall not be averaged for reporting daily maximums or daily minimums. The permittee must report the individual minimum and the individual maximum pH value of any sample during the month on the Monthly Report of Operation forms.
- [6] The daily minimum concentration of dissolved oxygen in the effluent shall be reported as the arithmetic mean determined by summation of the four (4) daily grab sample results divided by the number of daily grab samples. These samples are to be collected over equal time intervals.
- [7] The effluent shall be disinfected on a continuous basis such that violations of the applicable bacteriological limitations (*E. coli*) do not occur from April 1 through October 31, annually.

The *Escherichia coli* (*E. coli*) limitations apply from April 1 through October 31 annually. IDEM has specified the following methods as allowable for the detection and enumeration of *Escherichia coli* (*E. coli*):

- 1. Coliscan MF® Method
- 2. EPA Method 1603 Modified m-TEC agar
- 3. mColi Blue-24®
- 4. Colilert® MPN Method or Colilert-18® MPN Method

- [8] The monthly average *E. coli* value shall be calculated as a geometric mean. Per 327 IAC 5-10-6, the concentration of *E. coli* shall not exceed one hundred twenty-five (125) cfu or mpn per 100 milliliters as a geometric mean of the effluent samples taken in a calendar month. No samples may be excluded when calculating the monthly geometric mean.
- [9] If less than ten samples are taken and analyzed for *E. coli* in a calendar month, no samples may exceed two hundred thirty-five (235) cfu or mpn as a daily maximum. However, when ten (10) or more samples are taken and analyzed for *E. coli* in a calendar month, not more than ten percent (10%) of those samples may exceed two hundred thirty-five (235) cfu or mpn as a daily maximum. When calculating ten percent, the result must not be rounded up. In reporting for compliance purposes on the Discharge Monitoring Report (DMR) form, the permittee shall record the highest non-excluded value for the daily maximum.

2. Minimum Narrative Limitations

At all times the discharge from any and all point sources specified within this permit shall not cause receiving waters:

- a. including the mixing zone, to contain substances, materials, floating debris, oil, scum or other pollutants:
  - (1) that will settle to form putrescent or otherwise objectionable deposits;
  - (2) that are in amounts sufficient to be unsightly or deleterious;
  - (3) that produce color, visible oil sheen, odor, or other conditions in such degree as to create a nuisance;
  - (4) which are in amounts sufficient to be acutely toxic to, or to otherwise severely injure or kill aquatic life, other animals, plants, or humans;
  - (5) which are in concentrations or combinations that will cause or contribute to the growth of aquatic plants or algae to such a degree as to create a nuisance, be unsightly, or otherwise impair the designated uses.
- b. outside the mixing zone, to contain substances in concentrations which on the basis of available scientific data are believed to be sufficient to injure, be chronically toxic to, or be carcinogenic, mutagenic, or teratogenic to humans, animals, aquatic life, or plants.

3. Additional Discharge Limitations and Monitoring Requirements

Beginning on the effective date of the permit, the effluent from Outfall 005 shall be limited and monitored by the permittee as follows:

TABLE 3

<u>Pollutant</u>	<u>Quality or Concentration</u>		<u>Unit</u>	<u>Monitoring Requirements</u>	
	<u>Monthly Average</u>	<u>Daily Maximum</u>		<u>Measurement Frequency</u>	<u>Sample Type</u>
Arsenic	Report	Report	mg/l	1 X Quarterly	24 Hr. Comp.
Cadmium [1]	Report	Report	mg/l	1 X Quarterly	24 Hr. Comp.
Copper [1]	0.021	0.048	mg/l	1 X Weekly	24 Hr. Comp.
Lead [1]	0.010	0.020	mg/l	1 X Weekly	24 Hr. Comp.
Mercury [1][2]	12	20	ng/l	6 X Annually	Grab
Molybdenum [1]	Report	Report	mg/l	1 X Quarterly	24 Hr. Comp.
Nickel [1]	Report	Report	mg/l	1 X Quarterly	24 Hr. Comp.
Zinc [1]	0.215	0.430	mg/l	1 X Weekly	24 Hr. Comp.

E. NOTIFICATION REQUIREMENT

The permittee is proposing to upgrade the existing facility from a Class II, 1.1 MGD facility to a Class III, 1.6 MGD facility. The permittee received a Construction Approval No. L-0469 on April 14, 2015, for the aforementioned construction. The permittee shall submit a written notice to the Compliance Data Section of the Office of Water Quality at 100 N. Senate Avenue, Indianapolis, IN 46204-2251 which specifies the expected facility construction completion date. This notice shall be submitted a minimum of thirty (30) days **prior** to completion of facility construction. Any deviation from the completion date specified in this notice will require a revised notice to be submitted to the same office. Notification of the facility construction completion date is necessary to ensure that the final effluent limitations contained in this permit become effective at the correct time.

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ATTACHMENT A

Precipitation Related Combined Sewer Overflow Discharge Authorization Requirements

I. Discharge Authorization

A. Combined Sewer Overflows are point sources subject to both technology-based and water quality-based requirements of the Clean Water Act and state law. The permittee is authorized to have wet weather discharges from outfall(s) listed below subject to the requirements and provisions of this permit, including Attachment A.

<u>Outfall</u>	<u>Location</u>	<u>Receiving Water</u>
001	At the corner of Beach Drive and Blue Water Street 40°45'14" N 86°45'21" W	Tippecanoe River
002	Bryan Mfg. Lift Station near Spencer Street 40°44'58" N 86°45'32" W	Tippecanoe River
003	At the corner of Jefferson Street and Bluff Street 40°44'33" N 86°45'37" W	Tippecanoe River
004	At the corner of Market Street And Bluff Street 40°44'29" N 86°45'37" W	Tippecanoe River
105	At the headworks of the WWTP, after fine screening; shares the WWTP effluent pipe (005) 40°44'06" N 86°45'16" W	Lake Freeman
007	Bluff Street and Washington Street 40°44'45" N 86°45'30" W	Tippecanoe River

Fact Sheet  
October 2016

City of Monticello Wastewater Treatment Plant  
located at 705 East Street, Monticello, Indiana, White County

<u>Outfall Location</u>	Latitude:	40° 44' 6" N
	Longitude:	86° 45' 16" W

NPDES Permit No. IN0020176

**Background**

This is the modification of the NPDES permit for the City of Monticello Wastewater Treatment Plant. The facility's current permit was effective on December 1, 2014, and has an expiration date of November 30, 2019. A request for permit modification was received from the permittee on October 3, 2016. The permittee requests a permit modification to reflect a significant upgrade to the WWTP in accordance with the permittee's Combined Sewer Overflow (CSO) Long Term Control Plan (LTCP) as explained in the below facility description:

The permittee currently operates a Class II, 1.1 MGD conventional activated sludge treatment facility consisting of influent flow measurement, grit removal, three (3) primary settling tanks, four (4) aeration tanks, two (2) secondary clarifiers, rapid sand filters, chlorination and dechlorination facilities, and an effluent flow meter. Solids are handled through two (2) aerobic digesters and twelve (12) drying beds. The permittee is authorized to bypass the tertiary sand filters provided effluent limitations and requirements in this permit can be met. This bypassing of the tertiary sand filters will maximize the flow through the treatment facility and provide secondary treatment for higher flow volumes while minimizing Combined Sewer Overflow (CSO) discharges. The facility has one (1) bypass point (Bypass Outfall 101). The bypass point is identified in and is subject to provisions contained in Part II.B.2 of this permit. The peak design flow of the current facility is 2.4 MGD.

The permittee received a Construction Approval No. L-0469 on April 14, 2015, to upgrade the existing facility from a Class II, 1.1 MGD facility to a Class III, 1.6 MGD facility. The upgraded facility will consist of a biological nutrient removal system with (1) 30 MGD mechanical influent fine screen, one (1) bypass bar screen, two (2) vortex grit removal tanks, an anaerobic basin, two (2) staged aeration reactors, three (3) secondary clarifiers, a pre-anoxic basin for RAS denitrification, two (2) cloth media tertiary filters, two (2) ultraviolet light disinfection units, effluent flow metering, and a supplemental chemical feed system for phosphorus removal. Solids will be processed through two (2) aerobic digesters and land applied. The improvements will eliminate the existing permitted bypass of the tertiary sand filters and relocate Combined Sewer Overflow (CSO) Outfall 105 (currently located adjacent to existing screenings structure) to the new headworks facility, directly after fine screening.

## **Modification**

The following changes have been made for the modification of the NPDES permit:

Page 1 of 52            This page has been modified to reflect the modification effective date for the permit.

Pages 2 - 5 of 52    These pages have been modified to include effluent limitations applicable to existing 1.1 MGD facility and the future expanded 1.6 MGD facility.

Page 18a of 52        This page has been modified to include a notification requirement before the new 1.6 MGD facility is complete.

| Page 49 of 52        This page has been modified to reflect the slight relocation of ~~Outfall~~[Outfall](#) 105 due to the construction of the new facility.

## **Expiration Date**

The expiration date of the permit has not changed. The permit, as modified, will expire at midnight on November 30, 2019.

Drafted by:    Jason House  
                  October 2016

STATE OF INDIANA  
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
PUBLIC NOTICE NO: 2016 – 12B – F  
DATE OF NOTICE: DECEMBER 16, 2016

The Office of Water Quality issues the following NPDES FINAL PERMIT.

**MAJOR - MODIFICATION**

**MONTICELLO (town) WWTP**, Permit No. IN0020176, WHITE COUNTY, 705 East St, Monticello, IN. This major municipal permit modification reflects a significant upgrade to the facility. Permit Manager: Jason House, [jahouse@idem.in.gov](mailto:jahouse@idem.in.gov), 317/233-0470.

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**Notice of Right to Administrative Review [Permits]**

If you wish to challenge this Permit, you must file a Petition for Administrative Review with the Office of Environmental Adjudication (OEA), and serve a copy of the Petition upon IDEM. The requirements for filing a Petition for Administrative Review are found in IC 4-21.5-3-7, IC 13-15-6-1 and 315 IAC 1-3-2. A summary of the requirements of these laws is provided below.

A Petition for Administrative Review must be filed with the Office of Environmental Adjudication (OEA) within fifteen (15) days of the issuance of this notice (eighteen (18) days if you received this notice by U.S. Mail), and a copy must be served upon IDEM. Addresses are:

Director  
Office of Environmental Adjudication  
Indiana Government Center North  
Room 501  
100 North Senate Avenue  
Indianapolis, Indiana 46204

Commissioner  
Indiana Department of Environmental Management  
Indiana Government Center North  
Room 1301  
100 North Senate Avenue  
Indianapolis, Indiana 46204

The Petition must contain the following information:

1. The name, address and telephone number of each petitioner.
2. A description of each petitioner's interest in the Permit.
3. A statement of facts demonstrating that each petitioner is:
  - a. a person to whom the order is directed;
  - b. aggrieved or adversely affected by the Permit; or
  - c. entitled to administrative review under any law.
4. The reasons for the request for administrative review.
5. The particular legal issues proposed for review.
6. The alleged environmental concerns or technical deficiencies of the Permit.
7. The Permit terms and conditions that the petitioner believes would be appropriate and would comply with the law.
8. The identity of any persons represented by the petitioner.
9. The identity of the person against whom administrative review is sought.
10. A copy of the Permit that is the basis of the petition.
11. A statement identifying petitioner's attorney or other representative, if any.

Failure to meet the requirements of the law with respect to a Petition for Administrative Review may result in a waiver of your right to seek administrative review of the Permit. Examples are:

1. Failure to file a Petition by the applicable deadline;
2. Failure to serve a copy of the Petition upon IDEM when it is filed; or
3. Failure to include the information required by law.

If you seek to have a Permit stayed during the Administrative Review, you may need to file a Petition for a Stay of Effectiveness. The specific requirements for such a Petition can be found in 315 IAC 1-3-2 and 315 IAC 1-3-2.1.

Pursuant to IC 4-21.5-3-17, OEA will provide all parties with Notice of any pre-hearing conferences, preliminary hearings, hearings, stays, or orders disposing of the review of this action. If you are entitled to Notice under IC 4-21.5-3-5(b) and would like to obtain notices of any pre-hearing conferences, preliminary hearings, hearings, stays, or orders disposing of the review of this action without intervening in the proceeding you must submit a written request to OEA at the address above.

If you have procedural or scheduling questions regarding your Petition for Administrative Review you may contact the Office of Environmental Adjudication at (317) 232-8591 or see OEA's website at <http://www.in.gov/oea>.



*City of Monticello*  
*Kenneth P. Houston*  
*Mayor*

IDEM  
OFFICE OF  
WATER QUALITY

2016 OCT -3 P 12:49

September 26, 2016

Indiana Department of Environmental Management  
Cashiers Office – Mail Code 50-10C  
100 North Senate Avenue  
Indianapolis, In 46204

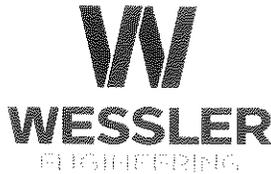
Please Forward to: Ms. Leigh Voss, Section Chief, Municipal Permits Section, OWQ

Re: NPDES Permit Modification (Permit No. IN0020176  
Monticello Wastewater Treatment Plant, White County

Please find attached the modification application paperwork. The paperwork includes a letter from our consultant explaining the modifications requested in detail.

Sincerely,

Kenneth Houston, Mayor  
City of Monticello



*More than a Project™*

September 21, 2016

Indiana Department of Environmental Management  
Cashiers Office – Mail Code 50-10C  
100 North Senate Avenue  
Indianapolis, Indiana 46204

Please Forward to: Ms. Leigh Voss, Section Chief, Municipal Permits Section, OWQ

Re: NPDES Permit Modification (Permit No. IN0020176)  
Monticello Wastewater Treatment Plant, White County

The Monticello WWTP is currently under construction under a 327 IAC 3 Construction Permit (Approval No. L-0469) as a part of the City's approved Long Term Control Plan for CSO Control (Project 3). The modified facility will have an increased Design Average Capacity of 1.6 MGD (previously 1.1 MGD) and a Peak Hourly Flow Capacity of 3.6 MGD (formerly 2.4 MGD). The current improvements do not modify any outfalls but do include the elimination of Bypass Point 107 (permitted bypass of tertiary filters) and the relocation of CSO 105 (formerly "Before the headworks of the WWTP", now "After the WWTP Influent Screens"). CSO 105 still shares an outfall with the WWTP (Outfall 005) but CSOs from this discharge will receive screening at the new WWTP Headworks.

The process at the WWTP is being modified from:

A conventional activated sludge system with (1) influent mechanical fine screen; raw sewage pumps; (1) aerated grit removal tank; (3) primary clarifiers; (4) aeration basins; (2) secondary clarifiers; (6) tertiary sand filters; chlorination and dechlorination; ferric chloride addition for phosphorus removal; and influent, secondary effluent, and final effluent flow meters;

to:

A Biological Nutrient Removal system with (1) 30-MGD mechanical influent fine screen and (1) bypass bar screen; raw sewage pumps; (2) vortex grit removal tanks; (1) anaerobic, (2) staged aeration (extended aeration with anoxic/aerobic cycling capabilities), and (1) pre-anoxic activated sludge reactors; (3) secondary clarifiers; (2) mechanical cloth media tertiary filtration units; ultraviolet disinfection; supplemental aluminum sulfate phosphorus removal; and influent, secondary, and final effluent flow meters.

The (2) existing aerobic digesters and (12) sludge drying beds are adequately sized and not being modified.

Please find enclosed the modification application for the City of Monticello Wastewater Treatment Plant's NPDES Permit. The enclosures include:

- Application fee of \$50.00
- IDEM Request for Information
- Potentially Affected Parties List
- EPA Major Municipal Standard Application Form A (for CSOs 001, 002, 003, 004, 105, & 006; and WWTP Effluent Outfall 005)

- Anti-Degradation Assessment Letter for Planned Plant Expansion dated April 1, 2013
- 327 IAC 3 Construction Permit Approval Letter (L-0469)
- New WWTP Process Flow Diagram
- Location Map A
- Location Map B
- Potentially Affected Parties mailing labels

Whole Effluent Toxicity Testing (WETT) had been conducted as required by the existing permit. The last WETT series was run in July 2016 and the next series is in the process of being scheduled to occur in the upcoming months. It is requested that the WETT schedule remain unmodified as a part of this permit modification.

Part III Industrial Pretreatment requirements involved a review of the City's Sewer Use Ordinance and the Ordinance was modified to meet updated NPDES Permit requirements in 2014 with approval from IDEM's Pretreatment Section. It is requested that Part III of the NPDES Permit not be modified as a part of this permit modification.

The City also updated its CSO Operation Plan in 2013. It is anticipated that the City will further update its CSO Operational Plan after completion and start-up of the new WWTP facilities. It is requested that the CSOOP update not be requested by permit until the next Permit cycle (anticipated to be 2019).

Please feel free to contact me with any questions or concerns at [AdamD@WesslerEngineering.com](mailto:AdamD@WesslerEngineering.com).

Sincerely,

WESSLER ENGINEERING

Handwritten signature of D. Adam Downey in black ink, with the date 9/21/16 written to the right of the signature.

D. Adam Downey  
Operations Specialist  
Class IV & D Wastewater Operator

cc: Mayor Ken Houston, City of Monticello  
Joe Mowrer, City of Monticello

TO: **All NPDES Permit Applicants**

FROM: NPDES Permit Section  
Office of Water Quality

SUBJECT: Request for Information

We request that you fill in the blanks on this form and return it along with your NPDES PERMIT application. The information provided will be helpful in our personal contact with officials of our municipality, industry or other facility in assuring prompt delivery of correspondence, etc. Thank you for your cooperation.

**I. CURRENT NPDES PERMIT NO. IN0020176**

**II. WASTEWATER TREATMENT PLANT FACILITY LOCATION ADDRESS (PHYSICAL LOCATION OF FACILITY)**

Facility Name: Monticello Wastewater Treatment Plant

Address: 705 East Street  
Monticello, IN 47960

**III. MAILING ADDRESS IF DIFFERENT FROM FACILITY LOCATION**

Address: 705 East Street  
Monticello, IN 47960

**IV. OWNER OR LEGALLY RESPONSIBLE PARTY (TOWN BOARD/COUNCIL PRESIDENT, MAYOR, SUPERINTENDENT)**

Name: Ken Houston, Mayor

Address: 225 North Main Street  
Monticello, IN 47960

Phone: 574-583-9889

E-mail: mayor@monticelloin.gov

**V. WASTEWATER TREATMENT PLANT CERTIFIED OPERATOR**

Name: Joe Mowrer Certification #: WW016563 exp. 6/30/18

Address: 705 East Street  
Monticello, IN 47960

Work Phone: 574-583-7847 Classification: III

E-mail: jmowrer@monticelloin.gov



### **Identification of Potentially Affected Parties**

State Form 49456 (7-99)

**Indiana Department of Environmental Management**  
Office of Water Quality, Permits Section

The Administrative Orders and Procedures Act (AOPA) IC 4-21.5-3-5(b), requires that the Indiana Department of Environmental Management (IDEM) give notice of its decision on your application to the following persons:

- (a) each person to whom the decision is specifically directed;
- (b) each person to whom a law requires notice to be given;
- (c) each competitor who has applied to the IDEM for a mutually exclusive license, if issuance is the subject of the decision and the competitor's application has not been denied in an order for which all rights to judicial review have been waived or exhausted;
- (d) each person who has provided the IDEM with a written request for notification of the decision;
- (e) each person who has a substantial and direct proprietary interest in the issuance of the (permit/variance);
- (f) each person whose absence as a party in the proceeding concerning the (permit/variance) decision would deny another party complete relief in the proceeding or who claims an interest related to the issuance of the (permit/variance) and is so situated that the disposition of the matter, in the person's absence may:
  - (1) as a practical matter impair or impede the person's ability to protect that interest, or
  - (2) leave any other person who is a party to a proceeding concerning the permit subject to a substantial risk of incurring multiple or otherwise inconsistent obligations by reason of the person's claimed interest.

IC 4-21.5-3-5(f) provides that we may request your assistance in identifying these people. Our failure to properly identify and notify these people of the decision could have the result of voiding any decision which is made.

Additionally, IC 13-15-3-1 requires IDEM to send notice that the permit application has been received by the department to the following:

- (a) the board of county commissioners of a county affected by the permit application and
- (b) the mayor of a city that is affected by the permit application, or
- (c) the president of a town council of a town affected by the permit application.



**III. Type of Action (check one)**

NPDES Permit-327 IAC 5

Land Application Permit-327 IAC 6.1

Confined Feeding Approval-IC 13-18-10

Sewer Ban Waiver Request-327 IAC 4

Operator Certification-327 IAC 5-22

Pretreatment Permit -327 IAC 5

Construction Permit-327 IAC 3

**If Fee Is Required, Return To: (include NPDES permit No. on check)**

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Cashiers Office – Mail Code 50-10C

100 North Senate Avenue

Indianapolis, IN 46204-2251

**If No Fee Is Required, Return To:**

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Office of Water Quality – Mail Code 65-42

Municipal Permit Section

100 North Senate Avenue

Indianapolis, Indiana 46204-2251

65-42FC  
City of Monticello, Board of Works  
ATTN: Ken Houston, Mayor  
227 North Main Street  
Monticello, Indiana 47960

65-42FC  
Monticello Wastewater Treatment  
Joe Mowrer, Superintendent  
705 East Street  
Monticello, Indiana 47960

65-42FC  
Wessler Engineering, Inc.  
Jonathan E. Borgers, P.E.  
144 Sagamore Parkway West  
West Lafayette, Indiana 47906

65-42FC  
White County Commissioners  
P.O. Box 260  
110 North Main Street  
Monticello, Indiana 47960

65-42FC  
White County Health Department  
315 North Illinois Street  
Monticello, Indiana 47960

65-42FC  
Darin & Jill Barnes  
608 Terry Ho Dr  
Monticello, Indiana 47960

65-42FC  
Keith McCloud  
717 East Street  
Monticello, Indiana 47960

65-42FC  
NHP Senior Indiana, LLC  
2211 York Rd STE 222  
Oak Brooke, Illinois 60523

65-42FC  
Roberta Rauch  
618 Cherrydale Drive  
Monticello, Indiana 47960

65-42FC  
Philip L Vogel REV TR DTD  
1210 East Ohio St  
Monticello, Indiana 47960

65-42FC  
Harold & Betty Knochel  
615 Cherrydale Dr  
Monticello, Indiana 47960

65-42FC  
Debra Minier  
616 Cherrydale Dr  
Monticello, Indiana 47960

65-42FC  
Jerry & Roxy Sparks  
612 Cherrydale Dr  
Monticello, Indiana 47960

65-42FC  
Maurice & Paulette Waymouth  
610 Terry Ho Dr  
Monticello, Indiana 47960

65-42FC  
Amelia Hamilton  
617 East St  
Monticello, Indiana 47960

65-42FC  
James & Kathryn Lucy  
418 E Cleveland  
Monticello, Indiana 47960

65-42FC  
TSCR LLC  
3406 E US Hwy 24  
Monticello, Indiana 47960

65-42FC  
David & Toni Jordan  
714 East Street  
Monticello, Indiana 47960

65-42FC  
Jeff Dague  
9088 N 1128 W  
Monticello, Indiana 47960

65-42FC  
Rosa Ayala  
728 East St  
Monticello, Indiana 47960

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER

STANDARD FORM A - MUNICIPAL

SECTION I APPLICANT AND FACILITY DESCRIPTION

Unless otherwise specified on this form all items are to be completed. If an item is not applicable indicate "NA"

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

Please Print or Type

1.	Legal Name of Applicant (See instructions)	101	City of Monticello Board of Works & Safety	
			Ken Houston, Mayor	
2.	Mailing Address of Applicant (See instructions)			
	Number and Street	102a	225 North Main Street	
	City	102b	Monticello	
	State	102c	Indiana	
	Zip Code	102d	47960	
3.	Applicant's Authorized Agent (See instructions)			
	Name and Title	103a	Joe Mowrer, Wastewater Superintendent	
	Number and Street	103b	705 East Street	
	City	103c	Monticello	
	State	103d	Indiana	
	Zip Code	103e	47960	
	Telephone	103f	574 583-7847	
			Area Code	Number
4.	Previous Application If a previous application for a permit under the National Pollutant Discharge Elimination System has been made, give the date of application	104	14	08
			YR	MO
			22	DAY

Date of previous Permit Issuance

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete and accurate.

Ken Houston	102e	Mayor		
Printed Name of Person Signing		Title		
<i>Ken Houston Mayor</i>		<i>16 9 26</i>		YR MO DAY
Signature of Applicant or Authorized Agent	102f	Date Application Signed		

18 U.S.C. Section 1001 provides that:  
Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and wilfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document knowing same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

5. Facility (see instructions)  
Give the name, ownership, and physical location of the plant or other operating facility where discharge(s) presently occur(s) or will occur.

Name

105a Monticello Wastewater Treatment Plant

Ownership

105b  Public  Private  Both Public and Private

Federal Facility

105c  Yes  No

GSA Inventory Control Number

105d

Location:

Number and Street

105e 703 East Street

City

105f Monticello

County

105g White County

State

105h Indiana

6. Discharge to Another Municipal Facility (See instructions)

a. Indicate if part of your discharge is into a municipal waste transport system under another responsible organization. If yes, complete the rest of this item and continue with item 7. If no, go directly to item 7.

106a  Yes  No

b. Responsible Organization Receiving Discharge Name

106b

Number and Street

106c

City

106d

State

106e

Zip Code

106f

c. Facility which Receives Discharge Give the name of the facility (Waste treatment plant) which receives and is ultimately responsible for treatment of the discharge from your facility.

106g

d. Average Daily Flow to Facility (mgd) Give your average daily flow into the receiving facility.

106h mgd

7. Facility Discharges, Number and Discharge Volume (see instructions) Specify the number of discharges described in this application and the volume of water discharged or lost to each of the categories below. Estimate average volume per day in million gallons per day. Do not include intermittent or noncontinuous overflows, bypasses or seasonal discharges from lagoons, holding ponds, etc.

		Number of <u>Discharge Points</u>	Total Volume Discharged, <u>Million Gallons Per Day</u>	
To: Surface Water	107a1	1	107a2	1.6 Design Average
Surface Impoundment with no Effluent	107b1		107b2	
Underground Percolation	107c1		107c2	
Well (Injection)	107d1		107d2	
Other	107e1		107e2	
Total Item 7	107f1		107f2	
If "Other" is specified, describe	107g1			
<p>If any of the discharges from this facility are intermittent, such as from overflow or bypass points, or are seasonal or periodic from lagoons, holding ponds, etc., complete Item 8.</p>				
<b>8. Intermittent Discharges</b>				
a. Facility bypass points indicate number of bypass points for the facility that are discharge points. (See instructions)	108a	0		
B. Facility Overflow Points Indicate the number of overflow points to a surface water for the facility. (See instructions)	108b	6		
C. Seasonal or Periodic Discharge Points Indicate the number of points where seasonal discharges occur from holding ponds, lagoons, etc.	108c	0		
<b>9. Collection System Type</b>				
Indicate the type and length (in miles) of the collection system used by this facility. (See instructions)				
Separate Storm			SST	
Separate Sanitary			SAN	
Combined Sanitary and Storm			CSS	
Both Separate Sanitary and Combined Sewer Systems		36	BSC	
Both Separate Storm and Combined Sewer Systems			SSC	
Length	109b	36	Miles	
<b>10. Municipalities or Areas Served</b>				
(See instructions)				
			Name	Actual Population Served
	110a		City of Monticello, Indiana	5,723
	110a			
Total Population Served				5,723



**STANDARD FORM A - MUNICIPAL**

**SECTION II BASIC DISCHARGE DESCRIPTION**

Complete this section for each present or proposed discharge indicated in Section I, Items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. Separate descriptions of each discharge are required even if several discharges originate in the same facility. All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1. Discharge Serial No. And Name			
a. Discharge Serial No. (See instructions)	201a	001	
b. Discharge Name Give name of discharge, if any (See instructions)	201b	CSO 001; At the corner of Bluewater St. & Beach Dr.	
c. Previous Discharge Serial No. If a previous NPDES permit Application was made for this discharge (Item 4 Section I) provide previous discharge serial number	201c	001	
2. Discharge Operating Dates			
a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	NA Year and Month	
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in item 17.	202b	NA Year and Month	
3. Discharge Location Name the political boundaries within which the point of discharge is located			
State	203a	Indiana	203d
County	203b	White	203e
City or Town (if applicable)	203c	Monticello	203f
<i>Agency Use</i>			
4. Discharge Point Description (See instructions) Discharge is into (check one)			
Stream (includes ditches, arroyos, and other watercourses)	204a		STR
Estuary			EST
Lake		X	LKE
Ocean			OCE
Well (injection)			WEL
Other			OTH
If "other" is checked, specify type	204b		
5. Discharge Point - Lat/Long State the precise location of the point of discharge to the nearest second. (See instructions)			
Latitude	205a	40 DEG	45 MIN 14 SEC
Longitude	205b	86 DEG	45 MIN 21 SEC

DISCHARGE SERIAL NUMBER

001

6. Discharge Receiving Water Name  
Name the waterway at the point of discharge. (See instructions)

206a Tippecanoe River / Lake Freeman

For Agency Use		
Major	Minor	Sub

For Agency Use
303e

If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete in Item 7.

7. Offshore Discharge  
a. Discharge distance from shore  
b. Discharge depth below water surface

207a \_\_\_\_\_ Feet  
207b \_\_\_\_\_ Feet

If discharge is from a bypass or an overflow point or is a seasonal discharge from a lagoon, holding pond, etc., complete Items 8, 9 or 10, as applicable, and continue with Item 11.

8. Bypass Discharge (see instructions)

a. Bypass Occurrence  
Check when bypass occurs

Wet weather 208a1 \_\_\_\_\_ Yes           X           No  
Dry weather 208a2 \_\_\_\_\_ Yes           X           No

b. Bypass Frequency  
Actual or approximate number of bypass incidents per year

Wet weather 208b1 \_\_\_\_\_ Times per year  
Dry weather 208b2 \_\_\_\_\_ Times per year

c. Bypass Duration  
Average bypass duration in hours

Wet weather 208c1 \_\_\_\_\_ Hours  
Dry weather 208c2 \_\_\_\_\_ Hours

d. Bypass Volume  
Average volume per bypass

Wet weather 208d1 \_\_\_\_\_ Thousand gallons per incident  
Dry weather 208d2 \_\_\_\_\_ Thousand gallons per incident

e. Bypass Reasons  
Give reasons why bypass occurs

308e \_\_\_\_\_  
\_\_\_\_\_

Proceed to Item 11

9. Overflow Discharge (see instructions)

a. Overflow Occurrence  
Check when overflow occurs

Wet weather 209a1           X           Yes \_\_\_\_\_ No  
Dry weather 209a2 \_\_\_\_\_ Yes           X           No

b. Overflow Frequency  
Actual or approximate number of bypass incidents per year

Wet weather 208b1           28           Times per year  
Dry weather 208b2           0           Times per year



DISCHARGE SERIAL NUMBER

001

b. Discharge Treatment Codes  
 Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible. Separate all codes with commas except where slashes are used to designate parallel operations.

211b \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If this discharge is from a municipal waste treatment plant (not an overflow or bypass) complete Items 12 and 13

12. Plant Design and Operation Manuals  
 Check which of the following are currently available

a. Engineering Design Report 212a \_\_\_\_\_  
 b. Operation & Maintenance Manual 212b \_\_\_\_\_

13. Plant Design Data (see instructions)

a. Plant Design Flow (mgd) 313a \_\_\_\_\_ mgd  
 b. Plant Design BOD Removal (%) 213b \_\_\_\_\_ %  
 c. Plant Design N Removal (%) 213c \_\_\_\_\_ %  
 d. Plant Design P Removal (%) 213d \_\_\_\_\_ %  
 e. Plant Design SS Removal (%) 213e \_\_\_\_\_ %  
 f. Plant Began Operation (year) 213f \_\_\_\_\_ year  
 g. Plant Last Major Revision (year) 213g \_\_\_\_\_ year

**STANDARD FORM A - MUNICIPAL**

**SECTION II BASIC DISCHARGE DESCRIPTION**

Complete this section for each present or proposed discharge indicated in Section I, items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. Separate descriptions of each discharge are required even if several discharges originate in the same facility. All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1. Discharge Serial No. And Name a. Discharge Serial No. (See Instructions)	201a	002			
	b. Discharge Name Give name of discharge, if any (See Instructions)	201b	CSO 002; Bryan's Lift Station near Spencer Street		
		201c	002		
c. Previous Discharge Serial No. If a previous NPDES permit Application was made for this discharge (Item 4 Section t) provide previous discharge serial number	201c				
2. Discharge Operating Dates a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	NA			
		Year and Month			
	b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	NA		
			Year and Month		
3. Discharge Location Name the political boundaries within which the point of discharge is located	203a	Indiana	203d	Agency Use	
	203b	White	203e		
	203c	Monticello	203f		
	State				
	County				
City or Town (if applicable)					
4. Discharge Point Description (See instructions) Discharge is into (check one)  Stream (includes ditches, arroyos, and other watercourses)  Estuary  Lake  Ocean  Well (injection)  Other  If "other" is checked, specify type	204a		STR		
			EST		
		X	LKE		
			OCE		
			WEL		
			OTH		
	204b				
5. Discharge Point - Lat/Long State the precise location of the point of discharge to the nearest second. (See Instructions)	205a	40 DEG	44 MIN	58 SEC	
	205b	86 DEG	45 MIN	32 SEC	

DISCHARGE SERIAL NUMBER

002

6. Discharge Receiving Water Name  
Name the waterway at the point of discharge. (See instructions)

206a Tippecanoe River / Lake Freeman

For Agency Use

Major	Minor	Sub

For Agency Use

303e

If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete in item 7.

208b

7. Offshore Discharge

a. Discharge distance from shore

207a

Feet

b. Discharge depth below water surface

207b

Feet

If discharge is from a bypass or an overflow point or is a seasonal discharge from a lagoon, holding pond, etc., complete Items 8, 9 or 10, as applicable, and continue with Item 11.

8. Bypass Discharge (see instructions)

a. Bypass Occurrence  
Check when bypass occurs

Wet weather

208a1

Yes

X

No

Dry weather

208a2

Yes

X

No

b. Bypass Frequency  
Actual or approximate number of bypass incidents per year

Wet weather

208b1

Times per year

Dry weather

208b2

Times per year

c. Bypass Duration  
Average bypass duration in hours

Wet weather

208c1

Hours

Dry weather

208c2

Hours

d. Bypass Volume  
Average volume per bypass

Wet weather

208d1

Thousand gallons per incident

Dry weather

208d2

Thousand gallons per incident

e. Bypass Reasons  
Give reasons why bypass occurs

308e

Proceed to Item 11

9. Overflow Discharge (see instructions)

a. Overflow Occurrence  
Check when overflow occurs

Wet weather

209a1

X

Yes

No

Dry weather

209a2

Yes

X

No

b. Overflow Frequency  
Actual or approximate number of bypass incidents per year

Wet weather

208b1

24

Times per year

Dry weather

208b2

0

Times per year



DISCHARGE SERIAL NUMBER

002

b. Discharge Treatment Codes  
Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible. Separate all codes with commas except where slashes are used to designate parallel operations.

211b \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If this discharge is from a municipal waste treatment plant (not an overflow or bypass) complete items 12 and 13

12. Plant Design and Operation Manuals  
Check which of the following are currently available

a. Engineering Design Report 212a \_\_\_\_\_

b. Operation & Maintenance Manual 212b \_\_\_\_\_

13. Plant Design Data (see instructions)

a. Plant Design Flow (mgd) 313a \_\_\_\_\_ mgd

b. Plant Design BOD Removal (%) 213b \_\_\_\_\_ %

c. Plant Design N Removal (%) 213c \_\_\_\_\_ %

d. Plant Design P Removal (%) 213d \_\_\_\_\_ %

e. Plant Design SS Removal (%) 213e \_\_\_\_\_ %

f. Plant Began Operation (year) 213f \_\_\_\_\_ year

g. Plant Last Major Revision (year) 213g \_\_\_\_\_ year

STANDARD FORM A - MUNICIPAL

SECTION II BASIC DISCHARGE DESCRIPTION

Complete this section for each present or proposed discharge indicated in Section I, Items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. Separate descriptions of each discharge are required even if several discharges originate in the same facility. All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1.	Discharge Serial No. And Name	201a	003	
	a. Discharge Serial No. (See instructions)			
	b. Discharge Name Give name of discharge, if any (See instructions)	201b	CSO 003; Jefferson St & Bluff St	
	c. Previous Discharge Serial No. If a previous NPDES permit Application was made for this discharge (Item 4 Section I) provide previous discharge serial number	201c	003	
2.	Discharge Operating Dates			
	a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	NA	Year and Month
	b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	NA	Year and Month
3.	Discharge Location Name the political boundaries within which the point of discharge is located			
	State	203a	Indiana	203d Agency Use
	County	203b	White	203e
	City or Town (if applicable)	203c	Monticello	203f
4.	Discharge Point Description (See instructions) Discharge is into (check one)			
	Stream (includes ditches, arroyos, and other watercourses)	204a		STR
	Estuary			EST
	Lake		X	LKE
	Ocean			OCE
	Well (injection)			WEL
	Other			OTH
	If "other" is checked, specify type	204b		
5.	Discharge Point - Lat/Long State the precise location of the point of discharge to the nearest second. (See instructions)			
	Latitude	205a	40 DEG	44 MIN 33 SEC
	Longitude	205b	86 DEG	45 MIN 37 SEC

DISCHARGE SERIAL NUMBER

003

6. Discharge Receiving Water Name  
Name the waterway at the point of discharge. (See instructions)

206a Tippecanoe River / Lake Freeman

For Agency Use			For Agency Use	
Major	Minor	Sub	303e	

206b

7. Offshore Discharge

a. Discharge distance from shore

207a \_\_\_\_\_ Feet

b. Discharge depth below water surface

207b \_\_\_\_\_ Feet

If discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete in Item 7.

If discharge is from a bypass or an overflow point or is a seasonal discharge from a lagoon, holding pond, etc., complete Items 8, 9 or 10, as applicable, and continue with Item 11.

8. Bypass Discharge (see instructions)

a. Bypass Occurrence  
Check when bypass occurs

Wet weather

208a1 Yes  No

Dry weather

208a2 Yes  No

b. Bypass Frequency  
Actual or approximate number of bypass incidents per year

Wet weather

208b1 \_\_\_\_\_ Times per year

Dry weather

208b2 \_\_\_\_\_ Times per year

c. Bypass Duration  
Average bypass duration in hours

Wet weather

208c1 \_\_\_\_\_ Hours

Dry weather

208c2 \_\_\_\_\_ Hours

d. Bypass Volume  
Average volume per bypass

Wet weather

208d1 \_\_\_\_\_ Thousand gallons per incident

Dry weather

208d2 \_\_\_\_\_ Thousand gallons per incident

e. Bypass Reasons  
Give reasons why bypass occurs

308e \_\_\_\_\_

Proceed to Item 11

9. Overflow Discharge (see instructions)

a. Overflow Occurrence  
Check when overflow occurs

Wet weather

209a1  Yes  No

Dry weather

209a2 Yes  No

b. Overflow Frequency  
Actual or approximate number of bypass incidents per year

Wet weather

208b1 18 Times per year

Dry weather

208b2 0 Times per year



DISCHARGE SERIAL NUMBER

003

- b. Discharge Treatment Codes  
Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible. Separate all codes with commas except where slashes are used to designate parallel operations.

211b \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If this discharge is from a municipal waste treatment plant (not an overflow or bypass) complete items 12 and 13

12. Plant Design and Operation Manuals  
Check which of the following are currently available

a. Engineering Design Report

212a \_\_\_\_\_

b. Operation & Maintenance Manual

212b \_\_\_\_\_

13. Plant Design Data (see instructions)

a. Plant Design Flow (mgd)

313a \_\_\_\_\_ mgd

b. Plant Design BOD Removal (%)

213b \_\_\_\_\_ %

c. Plant Design N Removal (%)

213c \_\_\_\_\_ %

d. Plant Design P Removal (%)

213d \_\_\_\_\_ %

e. Plant Design SS Removal (%)

213e \_\_\_\_\_ %

f. Plant Began Operation (year)

213f \_\_\_\_\_ year

g. Plant Last Major Revision (year)

213g \_\_\_\_\_ year

STANDARD FORM A - MUNICIPAL

SECTION II BASIC DISCHARGE DESCRIPTION

Complete this section for each present or proposed discharge indicated in Section I, Items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. Separate descriptions of each discharge are required even if several discharges originate in the same facility. All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1.	Discharge Serial No. And Name	a.	Discharge Serial No. (See instructions)	201a	004				
		b.	Discharge Name Give name of discharge, if any (See instructions)	201b	CSO 004; Market St & Bluff St				
		c.	Previous Discharge Serial No. If a previous NPDES permit Application was made for this discharge (Item 4 Section I) provide previous discharge serial number	201c	004				
2.	Discharge Operating Dates	a.	Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	NA Year and Month				
		b.	Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	NA Year and Month				
3.	Discharge Location Name the political boundaries within which the point of discharge is located	State	203a	Indiana	203d	Agency Use			
		County	203b	White	203e				
		City or Town (if applicable)	203c	Monticello	203f				
4.	Discharge Point Description (See instructions) Discharge is into (check one)	Stream (includes ditches, arroyos, and other watercourses)	204a		STR				
		Estuary			EST				
		Lake		X	LKE				
		Ocean			OCE				
		Well (injection)			WEL				
		Other			OTH				
	If "other" is checked, specify type	204b							
5.	Discharge Point - Lat/Long State the precise location of the point of discharge to the nearest second. (See instructions)	Latitude	205a	40	DEG	44	MIN	29	SEC
		Longitude	205b	86	DEG	45	MIN	37	SEC

DISCHARGE SERIAL NUMBER

004

6. Discharge Receiving Water Name  
Name the waterway at the point of discharge. (See instructions)

206a Tippecanoe River / Lake Freeman

For Agency Use

Major	Minor	Sub

For Agency Use

303e

If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete in Item 7.

7. Offshore Discharge  
a. Discharge distance from shore  
b. Discharge depth below water surface

207a \_\_\_\_\_ Feet

207b \_\_\_\_\_ Feet

If discharge is from a bypass or an overflow point or is a seasonal discharge from a lagoon, holding pond, etc., complete Items 8, 9 or 10, as applicable, and continue with item 11.

8. Bypass Discharge (see instructions)

a. Bypass Occurrence  
Check when bypass occurs

Wet weather 208a1 \_\_\_\_\_ Yes     X     No

Dry weather 208a2 \_\_\_\_\_ Yes     X     No

b. Bypass Frequency  
Actual or approximate number of bypass incidents per year

Wet weather 208b1 \_\_\_\_\_ Times per year

Dry weather 208b2 \_\_\_\_\_ Times per year

c. Bypass Duration  
Average bypass duration in hours

Wet weather 208c1 \_\_\_\_\_ Hours

Dry weather 208c2 \_\_\_\_\_ Hours

d. Bypass Volume  
Average volume per bypass

Wet weather 208d1 \_\_\_\_\_ Thousand gallons per incident

Dry weather 208d2 \_\_\_\_\_ Thousand gallons per incident

e. Bypass Reasons  
Give reasons why bypass occurs

308e \_\_\_\_\_

Proceed to Item 11

9. Overflow Discharge (see instructions)

a. Overflow Occurrence  
Check when overflow occurs

Wet weather 209a1     X     Yes \_\_\_\_\_ No

Dry weather 209a2 \_\_\_\_\_ Yes     X     No

b. Overflow Frequency  
Actual or approximate number of bypass incidents per year

Wet weather 208b1     18     Times per year

Dry weather 208b2     0     Times per year

004

<p>c. Overflow Duration Average duration in hours</p> <p>Wet weather</p> <p>Dry weather</p> <p>d. Overflow Volume Average volume per overflow incident in thousand gallons</p> <p>Wet weather</p> <p>Dry weather</p> <p>Proceed to Item 11</p> <p>10. Seasonal/Periodic Discharges</p> <p>a. Seasonal/periodic Discharge Frequency. If discharge is intermittent from a holding pond, lagoon, etc., give the actual or approximate number of times this discharge occurs per year.</p> <p>b. Seasonal/Periodic Discharge Volume. Give the average volume per discharge occurrence in thousand gallons.</p> <p>c. Seasonal/Periodic Discharge Duration. Give the average duration of each discharge occurrence in days.</p> <p>d. Seasonal/Periodic Discharge Occurrence - Months. Check the months during the year when the discharge normally occurs.</p> <p>11. Discharge Treatment</p> <p>a. Discharge Treatment Description Describe waste abatement practices used on this discharge with a brief narrative. (See instructions)</p>	<p>209c1</p> <p>209c2</p> <p>209d1</p> <p>209d2</p> <p>210a</p> <p>210b</p> <p>210c</p> <p>210d</p> <p>211a</p>	<p>—</p> <p>0</p> <p>227</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>Jan</p> <p>Apr</p> <p>Jul</p> <p>Oct</p> <p>Feb</p> <p>May</p> <p>Aug</p> <p>Nov</p> <p>Mar</p> <p>Jun</p> <p>Sep</p> <p>Dec</p> <p>Overflows are measured via flow meter and transmitted via a cellular monitoring system.</p> <p>Overflows are baffled to control "floatables"</p>	<p>Hours</p> <p>Hours</p> <p>Thousand gallons per incident</p> <p>Thousand gallons per incident</p> <p>Times per year</p> <p>Thousand gallons per discharge occurrence</p> <p>Days</p>
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DISCHARGE SERIAL NUMBER

004

<p>b. Discharge Treatment Codes Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible. Separate all codes with commas except where slashes are used to designate parallel operations.</p>	<p>211b</p> <hr/>	
<p>If this discharge is from a municipal waste treatment plant (not an overflow or bypass) complete items 12 and 13</p>		
<p>12. Plant Design and Operation Manuals Check which of the following are currently available</p>		
<p>a. Engineering Design Report</p>	<p>212a</p> <hr/>	
<p>b. Operation &amp; Maintenance Manual</p>	<p>212b</p> <hr/>	
<p>13. Plant Design Data (see instructions)</p>		
<p>a. Plant Design Flow (mgd)</p>	<p>213a</p> <hr/>	<p>mgd</p>
<p>b. Plant Design BOD Removal (%)</p>	<p>213b</p> <hr/>	<p>%</p>
<p>c. Plant Design N Removal (%)</p>	<p>213c</p> <hr/>	<p>%</p>
<p>d. Plant Design P Removal (%)</p>	<p>213d</p> <hr/>	<p>%</p>
<p>e. Plant Design SS Removal (%)</p>	<p>213e</p> <hr/>	<p>%</p>
<p>f. Plant Began Operation (year)</p>	<p>213f</p> <hr/>	<p>year</p>
<p>g. Plant Last Major Revision (year)</p>	<p>213g</p> <hr/>	<p>year</p>

**STANDARD FORM A - MUNICIPAL**

**SECTION II BASIC DISCHARGE DESCRIPTION**

Complete this section for each present or proposed discharge indicated in Section I, Items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. Separate descriptions of each discharge are required even if several discharges originate in the same facility. All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1.	Discharge Serial No. And Name	201a	105		
	a. Discharge Serial No. (See instructions)				
	b. Discharge Name Give name of discharge, if any (See instructions)	201b	CSO 105; WWTP headworks, shares WWTP effluent pipe (005)		
	c. Previous Discharge Serial No. If a previous NPDES permit Application was made for this discharge (Item 4 Section I) provide previous discharge serial number	201c	105		
2.	Discharge Operating Dates				
	a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	NA		
	b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	NA		
3.	Discharge Location Name the political boundaries within which the point of discharge is located				
	State	203a	Indiana	203d	Agency Use
	County	203b	White	203e	
	City or Town (if applicable)	203c	Monticello	203f	
4.	Discharge Point Description (See instructions) Discharge is into (check one)				
	Stream (includes ditches, arroyos, and other watercourses)	204a		STR	
	Estuary			EST	
	Lake		X	LKE	
	Ocean			OCE	
	Well (injection)			WEL	
	Other			OTH	
	If "other" is checked, specify type	204b			
5.	Discharge Point - Lat/Long State the precise location of the point of discharge to the nearest second. (See instructions)				
	Latitude	205a	40 DEG	44 MIN	6 SEC
	Longitude	205b	86 DEG	45 MIN	16 SEC

DISCHARGE SERIAL NUMBER

105

6. Discharge Receiving Water Name  
Name the waterway at the point of discharge. (See instructions)

206a Tippecanoe River / Lake Freeman

For Agency Use		
Major	Minor	Sub

For Agency Use	
303e	

If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete in Item 7.

206b

7. Offshore Discharge  
a. Discharge distance from shore  
b. Discharge depth below water surface

207a \_\_\_\_\_ Feet  
207b \_\_\_\_\_ Feet

If discharge is from a bypass or an overflow point or is a seasonal discharge from a lagoon, holding pond, etc., complete Items 8, 9 or 10, as applicable, and continue with Item 11.

8. Bypass Discharge (see instructions)

a. Bypass Occurrence  
Check when bypass occurs

Wet weather 208a1 Yes     X     No  
Dry weather 208a2 Yes     X     No

b. Bypass Frequency  
Actual or approximate number of bypass incidents per year

Wet weather 208b1 \_\_\_\_\_ Times per year  
Dry weather 208b2 \_\_\_\_\_ Times per year

c. Bypass Duration  
Average bypass duration in hours

Wet weather 208c1 \_\_\_\_\_ Hours  
Dry weather 208c2 \_\_\_\_\_ Hours

d. Bypass Volume  
Average volume per bypass

Wet weather 208d1 \_\_\_\_\_ Thousand gallons per incident  
Dry weather 208d2 \_\_\_\_\_ Thousand gallons per incident

e. Bypass Reasons  
Give reasons why bypass occurs

308e \_\_\_\_\_

Proceed to Item 11

9. Overflow Discharge (see instructions)

a. Overflow Occurrence  
Check when overflow occurs

Wet weather 209a1     X     Yes \_\_\_\_\_ No  
Dry weather 209a2 Yes     X     No

b. Overflow Frequency  
Actual or approximate number of bypass incidents per year

Wet weather 208b1     56     Times per year  
Dry weather 208b2     0     Times per year



DISCHARGE SERIAL NUMBER

105

b. Discharge Treatment Codes  
 Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible. Separate all codes with commas except where slashes are used to designate parallel operations.

211b \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If this discharge is from a municipal waste treatment plant (not an overflow or bypass) complete Items 12 and 13

12. Plant Design and Operation Manuals  
 Check which of the following are currently available

a. Engineering Design Report 212a \_\_\_\_\_

b. Operation & Maintenance Manual 212b \_\_\_\_\_

13. Plant Design Data (see instructions)

a. Plant Design Flow (mgd) 313a \_\_\_\_\_ mgd

b. Plant Design BOD Removal (%) 213b \_\_\_\_\_ %

c. Plant Design N Removal (%) 213c \_\_\_\_\_ %

d. Plant Design P Removal (%) 213d \_\_\_\_\_ %

e. Plant Design SS Removal (%) 213e \_\_\_\_\_ %

f. Plant Began Operation (year) 213f \_\_\_\_\_ year

g. Plant Last Major Revision (year) 213g \_\_\_\_\_ year

**STANDARD FORM A - MUNICIPAL**

**SECTION II BASIC DISCHARGE DESCRIPTION**

Complete this section for each present or proposed discharge indicated in Section I, Items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. Separate descriptions of each discharge are required even if several discharges originate in the same facility. All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1. Discharge Serial No. And Name			
a. Discharge Serial No. (See instructions)	201a	006	
b. Discharge Name Give name of discharge, if any (See instructions)	201b	CSO 006; Washington St (US24) & Bluff St	
c. Previous Discharge Serial No. If a previous NPDES permit Application was made for this discharge (Item 4 Section I) provide previous discharge serial number	201c	007	
2. Discharge Operating Dates			
a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	NA Year and Month	
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	NA Year and Month	
3. Discharge Location Name the political boundaries within which the point of discharge is located			
State	203a	Indiana	203d Agency Use
County	203b	White	203e
City or Town (if applicable)	203c	Monticello	203f
4. Discharge Point Description (See instructions) Discharge is into (check one)			
Stream (includes ditches, arroyos, and other watercourses)	204a	<input type="checkbox"/>	STR
Estuary		<input type="checkbox"/>	EST
Lake		<input checked="" type="checkbox"/>	LKE
Ocean		<input type="checkbox"/>	OCE
Well (injection)		<input type="checkbox"/>	WEL
Other		<input type="checkbox"/>	OTH
If "other" is checked, specify type	204b		
5. Discharge Point - Lat/Long State the precise location of the point of discharge to the nearest second. (See instructions)			
Latitude	205a	40 DEG	44 MIN 45 SEC
Longitude	205b	86 DEG	45 MIN 30 SEC

DISCHARGE SERIAL NUMBER

006

6. Discharge Receiving Water Name  
Name the waterway at the point of discharge. (See instructions)

206a Tippecanoe River / Lake Freeman

For Agency Use

Major	Minor	Sub

For Agency Use

303e

If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete in item 7.

7. Offshore Discharge

a. Discharge distance from shore

207a \_\_\_\_\_ Feet

b. Discharge depth below water surface

207b \_\_\_\_\_ Feet

If discharge is from a bypass or an overflow point or is a seasonal discharge from a lagoon, holding pond, etc., complete items 8, 9 or 10, as applicable, and continue with item 11.

8. Bypass Discharge (see instructions)

a. Bypass Occurrence  
Check when bypass occurs

Wet weather

208a1 \_\_\_\_\_ Yes     X     No

Dry weather

208a2 \_\_\_\_\_ Yes     X     No

b. Bypass Frequency  
Actual or approximate number of bypass incidents per year

Wet weather

208b1 \_\_\_\_\_ Times per year

Dry weather

208b2 \_\_\_\_\_ Times per year

c. Bypass Duration  
Average bypass duration in hours

Wet weather

208c1 \_\_\_\_\_ Hours

Dry weather

208c2 \_\_\_\_\_ Hours

d. Bypass Volume  
Average volume per bypass

Wet weather

208d1 \_\_\_\_\_ Thousand gallons per incident

Dry weather

208d2 \_\_\_\_\_ Thousand gallons per incident

e. Bypass Reasons  
Give reasons why bypass occurs

308e \_\_\_\_\_

Proceed to item 11

9. Overflow Discharge (see instructions)

a. Overflow Occurrence  
Check when overflow occurs

Wet weather

209a1     X     Yes \_\_\_\_\_ No

Dry weather

209a2 \_\_\_\_\_ Yes     X     No

b. Overflow Frequency  
Actual or approximate number of bypass incidents per year

Wet weather

208b1     23     Times per year

Dry weather

208b2     0     Times per year



DISCHARGE SERIAL NUMBER

006

- b. Discharge Treatment Codes  
Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible. Separate all codes with commas except where slashes are used to designate parallel operations.

211b \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If this discharge is from a municipal waste treatment plant (not an overflow or bypass) complete items 12 and 13

12. Plant Design and Operation Manuals  
Check which of the following are currently available

- a. Engineering Design Report  
b. Operation & Maintenance Manual

212a \_\_\_\_\_  
 212b \_\_\_\_\_

13. Plant Design Data (see instructions)

- a. Plant Design Flow (mgd) 313a \_\_\_\_\_ mgd  
 b. Plant Design BOD Removal (%) 213b \_\_\_\_\_ %  
 c. Plant Design N Removal (%) 213c \_\_\_\_\_ %  
 d. Plant Design P Removal (%) 213d \_\_\_\_\_ %  
 e. Plant Design SS Removal (%) 213e \_\_\_\_\_ %  
 f. Plant Began Operation (year) 213f \_\_\_\_\_ year  
 g. Plant Last Major Revision (year) 213g \_\_\_\_\_ year

**STANDARD FORM A - MUNICIPAL**

**SECTION II BASIC DISCHARGE DESCRIPTION**

Complete this section for each present or proposed discharge indicated in Section I, Items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. Separate descriptions of each discharge are required even if several discharges originate in the same facility. All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1. Discharge Serial No. And Name a. Discharge Serial No. (See instructions)	201a	005				
	b. Discharge Name Give name of discharge, if any (See instructions)	201b	Outfall 005; WWTP Effluent			
		c. Previous Discharge Serial No. If a previous NPDES permit Application was made for this discharge (Item 4 Section I) provide previous discharge serial number	201c	005		
2. Discharge Operating Dates a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin. b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in item 17.	a.	202a	NA Year and Month			
		b.	202b	NA Year and Month		
	3. Discharge Location Name the political boundaries within which the point of discharge is located	State	203a	Indiana	203d	Agency Use
		County	203b	White	203e	
City or Town (if applicable)		203c	Monticello	203f		
4. Discharge Point Description (See instructions) Discharge is into (check one) Stream (includes ditches, arroyos, and other watercourses) Estuary Lake Ocean Well (injection) Other If "other" is checked, specify type	204a		STR			
			EST			
		X	LKE			
			OCE			
			WEL			
			OTH			
	204b					
5. Discharge Point - Lat/Long State the precise location of the point of discharge to the nearest second. (See instructions)	Latitude	205a	40 DEG	44 MIN	6 SEC	
	Longitude	205b	86 DEG	45 MIN	16 SEC	

DISCHARGE SERIAL NUMBER

005

6. Discharge Receiving Water Name  
Name the waterway at the point of discharge. (See instructions)

206a Tippecanoe River / Lake Freeman

For Agency Use		
Major	Minor	Sub

For Agency Use
303e

If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete in Item 7.

7. Offshore Discharge  
a. Discharge distance from shore  
b. Discharge depth below water surface

207a \_\_\_\_\_ Feet

207b \_\_\_\_\_ Feet

If discharge is from a bypass or an overflow point or is a seasonal discharge from a lagoon, holding pond, etc., complete Items 8, 9 or 10, as applicable, and continue with item 11.

8. Bypass Discharge (see instructions)

a. Bypass Occurrence  
Check when bypass occurs

Wet weather

208a1 Yes            X            No

Dry weather

208a2 Yes            X            No

b. Bypass Frequency  
Actual or approximate number of bypass incidents per year

Wet weather

208b1 \_\_\_\_\_ Times per year

Dry weather

208b2 \_\_\_\_\_ Times per year

c. Bypass Duration  
Average bypass duration in hours

Wet weather

208c1 \_\_\_\_\_ Hours

Dry weather

208c2 \_\_\_\_\_ Hours

d. Bypass Volume  
Average volume per bypass

Wet weather

208d1 \_\_\_\_\_ Thousand gallons per incident

Dry weather

208d2 \_\_\_\_\_ Thousand gallons per incident

e. Bypass Reasons  
Give reasons why bypass occurs

308e \_\_\_\_\_

Proceed to Item 11

9. Overflow Discharge (see instructions)

a. Overflow Occurrence  
Check when overflow occurs

Wet weather

209a1 Yes            X            No

Dry weather

209a2 Yes            X            No

b. Overflow Frequency  
Actual or approximate number of bypass incidents per year

Wet weather

208b1            0            Times per year

Dry weather

208b2            0            Times per year



DISCHARGE SERIAL NUMBER

005

b. Discharge Treatment Codes  
Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible. Separate all codes with commas except where slashes are used to designate parallel operations.

211b

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If this discharge is from a municipal waste treatment plant (not an overflow or bypass) complete items 12 and 13

12. Plant Design and Operation Manuals  
Check which of the following are currently available

a. Engineering Design Report

212a

X

b. Operation & Maintenance Manual

212b

X

13. Plant Design Data (see instructions)

a. Plant Design Flow (mgd)

313a

1.6

mgd

b. Plant Design BOD Removal (%)

213b

95

%

c. Plant Design N Removal (%)

213c

99% NH3-N

%

d. Plant Design P Removal (%)

213d

80

%

e. Plant Design SS Removal (%)

213e

95

%

f. Plant Began Operation (year)

213f

TBD: 2017

year

g. Plant Last Major Revision (year)

213g

under cons.

year

STANDARD FORM A - MUNICIPAL

SECTION III SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION

This Section requires information on any uncompleted implementation schedule which has been imposed for construction of waste treatment facilities. Requirement schedules may have been established by local, State, or Federal agencies or by court action. IF YOU ARE SUBJECT TO SEVERAL DIFFERENT IMPLEMENTATION SCHEDULES, EITHER BECAUSE OF DIFFERENT LEVELS OF AUTHORITY IMPOSING DIFFERENT SCHEDULES (ITEM 1b) AND/OR STAGED CONSTRUCTION OF SEPARATE OPERATIONAL UNITS (ITEM 1c), SUBMIT A SEPARATE SECTION III FOR EACH ONE.

1. Improvements Required

<p>a. Discharge Serial Numbers Affected List the discharge serial numbers, assigned in Section II, that are covered by This implementation Schedule</p>	300	FOR AGENCY USE
		Schedule No.
<p>b. Authority Imposing Requirement Check the appropriate item indicating the authority for the implementing schedule. If the identical implementation schedule has been ordered by more than one authority, check the appropriate items. (See instructions)</p>	301a	
<p>Locally developed plan Areawide Plan Basin Plan State approved implementation schedule Federal approved water quality standards implementation plan Federal enforcement procedure or action State court order Federal court order</p>	301b	<input checked="" type="checkbox"/> LOC <input type="checkbox"/> ARE <input type="checkbox"/> BAS <input checked="" type="checkbox"/> SOS <input type="checkbox"/> WQS <input type="checkbox"/> ENF <input type="checkbox"/> CRT <input type="checkbox"/> FED
<p>c. Improvement Description Specify the 3 character code for the General Action Description in Table II that best describes the improvements required by the implementation schedule. If more than one schedule applies to the facility because of a staged construction schedule, state the stage of construction being described here with the appropriate general action code. Submit a separate Section III for each stage of construction planned. Also, list all the 3-character (Specific Action) codes which describe in more detail pollution abatement practices that the implementation schedule requires.</p>	301c	CSC
<p>3-character general action description</p>	301d	INC, CSC, SIN, INT,
<p>3-character specific action descriptions</p>		

2. Implementation Schedule and 3. Actual Completion Dates

Provide dates imposed by schedule and any actual dates of completion for implementation steps listed below. Indicate dates as accurately as possible. (See instructions)

Implementation Steps	2. Schedule (Yr/ Mo/ Day)	3. Actual Completion (Yr/ Mo/ Day)
a. Preliminary plan complete	302a 13 / / 7	302a 13 / / 7
b. Final plan complete	302b 14 / / 12	302b 14 / / 5
c. Financing complete and contract awarded	302c 15 / / 6	302c 15 / / 9
d. Site acquired	302d / / /	302d / / /
e. Begin construction	302e 15 / / 8	302e 15 / / 9
f. End construction	302f 17 / / 9	302f / / /
g. Begin discharge	302g 17 / / 5	302g / / /
h. Operational level attained	302h 17 / / 5	302h / / /

**STANDARD FORM A - MUNICIPAL**

**SECTION IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM**

Submit a description of each major industrial facility discharging to the municipal system, using a separate Section IV for each facility description. Indicate the 4 digit Standard Industrial Classification (SIC) Code for the industry, the major product or raw material, the flow (in thousand gallons per day), and the characteristics of the wastewater discharged from the industrial facility into the municipal system. Consult Table III for standard measures of products or raw materials. (See instructions)

1. Major Contributing Facility (See instructions) Name 401a Ball Metal Beverage Container

Number & Street 401b 501 North Sixth Street

City 401c Monticello

County 401d White

State 401e Indiana

Zip Code 401f 47960

2. Primary Standard Industrial Classification Code (See instructions) 402 335

3. Principal Product or Raw Material (See instructions)

			Quantity		Units (see Table III)
Product	403a	403c		403e	
Raw Material	403b	403d		403f	

4. Flow Indicate the volume of water discharged into the municipal system in thousand gallons per day and whether this discharge is intermittent or continuous 404a 120 Thousand gallons per day

404b  Intermittent (int)  Continuous (con)

5. Pretreatment Provided Indicate if pretreatment is provided prior to entering the municipal system. 405  Yes  No

6. Characteristics of Wastewater (See instructions)

	Parameter Name	F	Zn	Cr(T)	Cu	Mn		
406a	Parameter Number	00951	01092	01034	01042	01055		
406b	Value	21.7	0.01	0.005	0.005	0.06		

**IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS**

Please list any and all persons whom you have reason to believe have a substantial or proprietary interest in this matter, or could otherwise be considered to be potentially affected under law. Failure to notify a person who is later determined to be potentially affected could result in voiding our decision on procedural grounds. To ensure conformance with Administrative Orders and Procedures Act (AOPA) and to avoid reversal of a decision, please list all such parties. The letter on the opposite side of this form will further explain the requirements under the AOPA. Attach additional names and addresses on a separate sheet of paper, as needed.

Name	
Monticello Board of Works; Attn: Mayor Houston	
Address (number and street)	
227 North Main Street	
City	
Monticello	
State	ZIP
IN	47960

Name	
Monticello WWTP; Attn: Joe Mowrer, Supt.	
Address (number and street)	
705 East Street	
City	
Monticello	
State	ZIP
IN	47960

Name	
Wessler Engineering, Inc.; Attn: Jon Borgers	
Address (number and street)	
144 Sagamore Parkway West	
City	
West Lafayette	
State	ZIP
IN	47906

Name	
White County Commissioners	
Address (number and street)	
110 North Main Street; P.O. Box 260	
City	
Monticello	
State	ZIP
IN	47960

Name	
White County Health Department	
Address (number and street)	
315 North Illinois Street	
City	
Monticello	
State	ZIP
IN	47960

Name	
Roberta Rauch	
Address (number and street)	
618 Cherrydale Dr.	
City	
Monticello	
State	ZIP
IN	47960

Name	
Keith McCloud	
Address (number and street)	
717 East Street	
City	
Monticello	
State	ZIP
IN	47960

Name	
NHP Senior Indiana, LLC	
Address (number and street)	
2211 York Rd., STE 222	
City	
Oak Brooke	
State	ZIP
IL	60523

Name	
Philip Vogel REV TR DTD	
Address (number and street)	
1210 East Ohio Street	
City	
Monticello	
State	ZIP
IN	47960

Name	
Harold & Betty Knochel	
Address (number and street)	
615 Cherrydale Dr.	
City	
Monticello	
State	ZIP
IN	47960

Name	
Debra Minier	
Address (number and street)	
616 Cherrydale Dr.	
City	
Monticello	
State	ZIP
IN	47960

Name	
Jerry & Roxy Sparks	
Address (number and street)	
612 Cherrydale Dr.	
City	
Monticello	
State	ZIP
IN	47960

## IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS (Continued)

Name	
Maurice & Paulette Waymouth	
Address (number and street)	
610 Terry Ho Dr.	
City	
Monticello	
State	ZIP
IN	47960

Name	
Amelia Hamilton	
Address (number and street)	
617 East St.	
City	
Monticello	
State	ZIP
IN	47960

Name	
James & Kathryn Lucy	
Address (number and street)	
418 E. Cleveland St.	
City	
Monticello	
State	ZIP
IN	47960

Name	
TSCR LLC	
Address (number and street)	
3406 E. US Hwy 24	
City	
Monticello	
State	ZIP
IN	47960

Name	
David and Toni Jordan	
Address (number and street)	
714 East St.	
City	
Monticello	
State	ZIP
IN	47960

Name	
Jeff Dague	
Address (number and street)	
9088 N 1128 W	
City	
Monticello	
State	ZIP
IN	47960

Name	
Rosa Ayala	
Address (number and street)	
728 East St.	
City	
Monticello	
State	ZIP
IN	47960

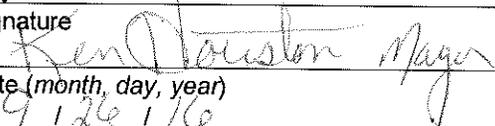
Name	
Darin & Jill Barnes	
Address (number and street)	
608 Terry Ho Dr.	
City	
Monticello	
State	ZIP
IN	47960

Name	
Address (number and street)	
City	
State	ZIP

Name	
Address (number and street)	
City	
State	ZIP

## CERTIFICATION

I certify that to the best of my knowledge I have listed all potentially affected parties, as defined by IC 4-21.5-3-4.

Proposed facility name	Printed Name
Monticello Wastewater Treatment Plant Improvements	Mayor Ken Houston
City	Signature
Monticello, Indiana	
County	Date (month, day, year)
White	9/26/16

**IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS (CONTINUED)**

To: Applicant

Subject: Identification of Potentially Affected Persons

The Administrative Orders and Procedures Act (AOPA), IC 4-21.5-3-4, requires that the Indiana Department of Environmental Management (IDEM) give notice of its decision on your application to the following persons:

- Each person to whom the decision is specifically directed,
- Each person to whom a law requires notice be given.

IC 13-15-3-1 requires IDEM to provide notice of receipt of a permit application to the following:

1. The county executive of a county affected by a permit application,
2. The executive of a city affected by a permit application,
3. The executive of a town council of a town affected by a permit application.

Under IC 13-15-3-1 (b) IDEM is requesting information necessary to provide such notice to the appropriate officials.

**Attention:**

Since June 17, 1999, mailing labels are required to be submitted with your project. Having these labels with your application is helpful to you as well as our office. These mailing labels need to have the names and addresses of the affected parties along with our mailing code (which is 65-42FC) listed above each affected party listing.

For Example:   65-42FC  
                  JOHN DEERE  
                  111 CIRCLE DR  
                  YOUR CITY IN 44444



# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

*We Protect Hoosiers and Our Environment.*

Michael R. Pence  
Governor

Thomas W. Easterly  
Commissioner

100 North Senate Avenue  
Indianapolis, Indiana 46204  
(317) 232-8603  
Toll Free (800) 451-6027  
[www.idem.IN.gov](http://www.idem.IN.gov)

April 1, 2013

VIA ELECTRONIC MAIL

Mr. D. Adam Downey, Operations Specialist  
Wessler Engineering  
6219 South East Street  
Indianapolis, Indiana 46227

Dear Mr. Downey:

Re: Antidegradation Assessment  
Proposed Upgrade of the City of Monticello WWTP  
White County

This letter is in response to your February 18, 2013 request for an updated antidegradation assessment for a proposed upgrade of the City of Monticello, Indiana. The proposed upgraded facility would continue to be of a bio-mechanical design. The average design flow of the facility is proposed to increase from 1.1 MGD to 1.6 MGD. The proposed discharge location is to Lake Freeman. The  $Q_{7,10}$  of Lake Freeman is zero cfs. The proposed improvements are in response to the City's Agreed Order (2008-18083-W signed March 8, 2010) and the CSO Long-term Control Plan (LTCP) approved March 8, 2010. The City's WWTP has been operating at or above 90% hydraulic and organic capacity for several years.

It is this Office's determination that as there will be no change in effluent concentration limitations, no antidegradation demonstration is required. The permittee may proceed with obtaining construction approval and NPDES permitting for the proposed upgrade. Following are the applicable effluent limitations:

TABLE 1

<u>Parameter</u>	<u>Summer</u>		<u>Winter</u>		<u>Units</u>
	<u>Monthly Average</u>	<u>Weekly Average</u>	<u>Monthly Average</u>	<u>Weekly Average</u>	
CBOD <sub>5</sub>	10	15	10	15	mg/l
TSS	12	18	12	18	mg/l
Ammonia-nitrogen	1.1	1.6	1.6	2.4	mg/l
Phosphorus	1.0	----	1.0	----	mg/l

Mr. D. Adam Downey, Operations Specialist  
Page 2

TABLE 2

<u>Parameter</u>	<u>Daily Minimum</u>	<u>Daily Maximum</u>	<u>Monthly Average</u>	<u>Units</u>
pH	6.0	9.0	----	s.u.
Dissolved Oxygen	6.0	-----	-----	mg/l
<i>E. coli</i> ***	----	235	125	count/100 mls

The effluent flow must be measured. The mass limits for CBOD<sub>5</sub>, NH<sub>3</sub>-N, and TSS are calculated by multiplying the average design flow (in MGD) by the concentration value and by 8.345. Summer effluent limits apply from May 1 through November 30 of each year. Winter effluent limits apply December 1 through April 30 of each year.

\*\*\*The effluent limitations for *E. coli* are 125 colonies/100 ml as a monthly average calculated as a geometric mean and 235 colonies/100 ml as a daily maximum.

If there are any questions regarding design requirements of the construction permit, please contact Mr. Don Worley at 317/232-5579. The NPDES permit will not be issued until the construction permit is finalized.

If there are any questions regarding the NPDES permit requirements, please feel free to contact Leigh Voss of my staff at 317/232-8698.

Sincerely,



Paul Higginbotham, Chief  
Permits Branch  
Office of Water Quality



**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](http://www.idem.IN.gov)

Michael R. Pence  
Governor

April 14, 2015

Thomas W. Easterly  
Commissioner

VIA CERTIFIED MAIL

91 7190 0005 2710 0039 7874

The Honorable Ken Houston, Mayor  
City of Monticello  
227 North Main Street  
Monticello, Indiana 47960

Dear Mayor Houston:

Re: 327 IAC 3 Construction  
Permit Application  
Plans and Specifications for  
Monticello Wastewater Treatment  
Plant  
SRF Loan No. WW 14 04 91 01  
Monticello, Indiana  
White County

The application, plans and specifications, and supporting documents for the above-referenced project have been reviewed and processed in accordance with rules adopted under 327 IAC 3. Enclosed is the Construction Permit (Approval No. L-0469), which applies to the construction of the above-referenced proposed water pollution treatment/control facility improvements to be located at the site of the existing wastewater treatment facility, 705 East Street in Monticello, Indiana.

Please review the enclosed permit carefully and become familiar with its terms and conditions. In addition, it is imperative that the applicant, consulting architect/engineer (A/E), inspector, and contractor are aware of these terms, conditions, and reporting and testing requirements. You will note the Attachment 1 to the permit must be signed and returned by the authorized official for the project applicant as named on Attachment 1. (We do not need signed copies from other persons receiving copies of this permit).

It should be noted that any person affected or aggrieved by the agency's decision in authorizing the construction of the above-referenced facility may, within fifteen (15) days from date of mailing, appeal by filing a request with the Office of Environmental Adjudication for an adjudicatory hearing in accordance with IC 4-21.5-3-7 and IC 13-15-6. The procedure for appeal is outlined in more detail in Part III of the attached construction permit.

The approval applies to the technical and operational acceptability of the submitted plans and does not imply that the entire project is eligible for SRF financing or that funds are available.

Plans and specifications were prepared by Wessler Engineering, Inc., certified by Jonathan E. Borgers, P.E., and submitted for review on December 10, 2014, with additional information submitted on March 6, 2015.

Any technical/engineering questions concerning this permit may be addressed to Kevin D. Czerniakowski, P.E. of our staff, at 317/234-8226. Questions concerning appeal procedures should be addressed to the Office of Environmental Adjudication, at 317/232-8591.

Sincerely,



Dale T. Schnaith, Chief  
Facility Construction and Engineering  
Support Section  
Office of Water Quality

Project No. SRF-0496

Enclosures

cc: White County Health Department  
White County Commissioner  
Wessler Engineering, Inc.  
Marty Blake, INDOT  
Jack Delaney, Chicago Airports District Office

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
AUTHORIZATION FOR CONSTRUCTION OF  
WATER POLLUTION TREATMENT/CONTROL FACILITY  
UNDER 327 IAC 3

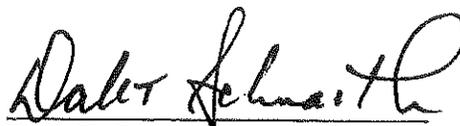
DECISION OF APPROVAL

The City of Monticello, in accordance with the provisions of IC 13-15 and 327 IAC Article 3 is hereby issued a permit to construct the water pollution treatment/control facility improvements to be located at the site of the existing wastewater treatment facility, 705 East Street in Monticello, Indiana. The permittee is required to comply with requirements set forth in Parts I, II and III hereof. The permit is effective pursuant to IC 4-21.5-3-4(d). If a petition for review and a petition for stay of effectiveness are filed pursuant to IC 13-15-6, an Environmental Law Judge may be appointed for an adjudicatory hearing. The force and effect of any contested permit provision may be stayed at that time.

NOTICE OF EXPIRATION DATE

Authorization to initiate construction of this pollution treatment/control facility shall expire at midnight May 1, 2016. In order to receive authorization to initiate construction beyond this date, the permittee shall submit such information and forms as required by the Indiana Department of Environmental Management. It is requested that this information be submitted sixty (60) days prior to the expiration date to initiate construction. This permit shall be valid for a period of five (5) years from the date below for full construction completion.

Signed this 14th day of April, 2015, for the Indiana Department of Environmental Management.



Dale T. Schnaith, Chief  
Facility Construction and  
Engineering Support Section  
Office of Water Quality

WATER POLLUTION TREATMENT/CONTROL FACILITY DESCRIPTION

The City of Monticello currently operates a Class II, 1.1 MGD conventional activated sludge treatment facility consisting of influent flow measurement, grit removal, three primary settling tanks, four aeration tanks, two secondary clarifiers, rapid sand filters, chlorination and dechlorination facilities, and an effluent flow meter. Solids are handled through two aerobic digesters and twelve drying beds. The facility is authorized in its NPDES Permit to bypass the tertiary sand filters provided effluent limitations are met.

The proposed treatment facility will be a 1.6 MGD extended aeration activated sludge treatment facility consisting of an influent fine screen, four raw sewage pumps, an influent flow meter, two vortex grit removal tanks, an anaerobic basin, two staged aeration reactors, three secondary clarifiers, a pre-anoxic basin for RAS denitrification, two cloth media tertiary filters, two ultraviolet disinfection units, effluent flow metering, and a supplemental aluminum sulfate chemical feed system to ensure adequate phosphorus removal. Solids will be processed through two existing aerobic digesters and land applied by liquid injection or dried application after processing in twelve existing sand drying beds. The improvements will eliminate the existing permitted tertiary filter bypass and relocate CSO 105 (currently located adjacent to existing screenings structure) to the new headworks facility, directly after influent screening.

CONDITIONS AND LIMITATIONS TO THE AUTHORIZATION FOR  
CONSTRUCTION OF WATER POLLUTION TREATMENT/CONTROL FACILITY

During the period beginning on the effective date of this permit and extending until the expiration date, the permittee is authorized to construct the above described water pollution treatment/control facility. Such construction shall conform to all provisions of State Rule 327 IAC 3 and the following specific provisions:

PART I

SPECIFIC CONDITIONS AND LIMITATIONS TO THE CONSTRUCTION PERMIT

Unless specific authorization is otherwise provided under the permit, the permittee shall comply with the following conditions:

1. Additional treatment facilities shall be installed if the proposed facilities prove to be inadequate or cannot meet applicable federal or state standards.
2. All local permits, including zoning, shall be obtained before construction is begun on this project.

3. As-built plans shall be submitted to this office pursuant to 327 IAC 3-3-1.
4. After construction, this agency shall be given advance notice of the start-up of the facilities.
5. If pollution or nuisance conditions are created, immediate corrective action will be taken by the permittee.
6. If construction is located within a designated floodway, a permit may also be required from the Department of Natural Resources prior to start of construction. It is the permittee's responsibility to coordinate with that agency and obtain any required approvals if applicable. Questions may be directed to the Technical Services Section, Division of Water at 317/232-4160.
7. If this project includes a change in design flow, addition of new treatment unit(s), or modification/removal of existing treatment unit(s), an NPDES Permit modification will likely be required. This would include any CSO treatment addition/modification. Questions may be directed to the NPDES Permit Section, Office of Water Quality at 317/233-0469
8. The sewage treatment plant must be capable of providing the same degree of treatment during construction as prior to expansion of the existing facilities. If this is not feasible, the plans for reduced degree of treatment must be submitted to the Department of Environmental Management for consideration of approval.

Failure to submit test results within the allotted time period or failure to meet guidelines as set forth in the above conditions could be subject to enforcement proceedings as provided by 327 IAC 3-5-3.

This construction permit shall be considered void if Attachment 1 to this letter is not signed by the permittee on the space provided affirming that all conditions are expressly agreed to and will be complied with fully, and returned to the undersigned by certified mail within 30 days of the date of this letter.

PART II

GENERAL CONDITIONS

1. **No significant or material changes in the scope of the plans or construction of this project shall be made unless the following provisions are met:**
  - a. **Request for permit modification is made 60 days in advance of the proposed significant or material changes in the scope of the plans or construction;**
  - b. **Submit a detailed statement of such proposed changes;**
  - c. **Submit revised plans and specifications including a revised design summary; and**
  - d. **Obtain a revised construction permit form this agency.**
  
2. **This permit may be modified, suspended, or revoked for cause including, but not limited to the following:**
  - a. **Violation of any term or conditions of this permit;**
  - b. **Obtaining this permit by misrepresentation or failure to disclose fully all relevant facts.**
  
3. **Nothing herein shall be construed as guaranteeing that the proposed water pollution treatment/control facility shall meet standards, limitations or requirements of this or any other agency of state or federal government, as this agency has no direct control over the actual construction and/or operation of the proposed project.**

PART III

APPEALS PROCEDURE

Anyone wishing to challenge this agency's decision for authorizing the construction of this facility may do so, provided that a petition for administrative review is filed as required by IC 4-21.5-3-7. The petition must be submitted within fifteen (15) days of the date of mailing of this permit notification. The petition must include facts demonstrating that you are either the applicant, a person aggrieved or adversely affected by this decision, or otherwise entitled to review by law. Additionally, IC 13-15-6-2 requires that your petition include:

1. The name and address of the person making the request;
2. The interest of the person making the request;
3. Identification of any persons represented by the person making the request;
4. The reasons, with particularity, for the request;
5. The issues, with particularity, proposed for consideration at the hearing; and
6. Identification of the permit terms and conditions which, in the judgment of the person making the request, would be appropriate in the case in question to satisfy the requirements of the law governing permits of the type granted or denied by the Assistant Commissioner's action.
7. Pursuant to IC 4-21.5-3-1(f), any document serving as a petition for review or review and stay must be filed with the Office of Environmental Adjudication. Filing of such a document is complete on the earliest of the following dates:
  - a. The date on which the petition is delivered to the Office of Environmental Adjudication, Indiana Government Center North, 100 North Senate Avenue, Room N501E, Indianapolis, Indiana 46204;
  - b. The date of the postmark on the envelope containing the petition, if the petition is mailed by United States mail; or
  - c. The date on which the petition is deposited with a private carrier, as shown by a receipt issued by the carrier, if the petition is sent by private carrier.

ATTACHMENT 1

I hereby certify that I have received Construction Permit No. L-0469 issued \_\_\_\_\_, for Project No. SRF-0496, and expressly agree to comply fully with all conditions contained therein.

\_\_\_\_\_  
Signature of Authorized Official

Ken Houston, Mayor  
City of Monticello

Please sign and return this attachment via certified mail to the Indiana Department of Environmental Management, Attention: Office of Water Quality, Facility Construction Section, Mail Code 65-42, 100 North Senate Avenue, Room N1255, Indianapolis, Indiana 46204-2251. Return only this page. Only the authorized official needs to sign and return this letter.

Design Summary for  
Wastewater Treatment Facility Construction Permit

I. GENERAL

1. Applicant: City of Monticello
2. Project Name and Location: Monticello WWTP Improvements, Monticello, Indiana
3. Project Number: SRF-0496
4. Engineer (Consultant): Wessler Engineering, Inc.
5. NPDES Permit Number: IN0020176
  - A. Permit Effective Date: December 1, 2014
  - B. Permit Expiration Date: November 30, 2019
6. Remarks:
  - A. Description of Present Situation: The City of Monticello currently operates a Class II, 1.1 MGD conventional activated sludge treatment facility consisting of influent flow measurement, grit removal, three primary settling tanks, four aeration tanks, two secondary clarifiers, rapid sand filters, chlorination and dechlorination facilities, and an effluent flow meter. Solids are handled through two aerobic digesters and twelve drying beds. The facility is authorized in its NPDES Permit to bypass the tertiary sand filters provided effluent limitations are met.
  - B. Description of Proposed Facilities: The proposed treatment facility will be a 1.6 MGD extended aeration activated sludge treatment facility consisting of an influent fine screen, four raw sewage pumps, an influent flow meter, two vortex grit removal tanks, an anaerobic basin, two staged aeration reactors, three secondary clarifiers, a pre-anoxic basin for RAS denitrification, two cloth media tertiary filters, two ultraviolet disinfection units, effluent flow metering, and a supplemental aluminum sulfate chemical feed system to ensure adequate phosphorus removal. Solids will be processed through two existing aerobic digesters and land applied by liquid injection or dried application after processing in twelve existing sand drying beds. The improvements will eliminate the existing permitted tertiary filter bypass and relocate CSO 105 (currently located adjacent to existing screenings structure) to the new headworks facility, directly after influent screening.
7. Estimated Project Cost: \$12,285,000

II. DESIGN DATA

1. Current Population: 5,378 (2010 Census)
2. Design Year and Population: Design Year 2030; Estimated pop. 5,718
3. Design P.E.: 10,989 (based on 0.17 lb BOD/capita)

4. Design Flow: 1.6 MGD
  - A. Domestic: 0.7 MGD
  - B. Industrial/Commercial: 0.5 MGD
  - C. Infiltration/Inflow: 0.4 MGD
5. Average Design Peak Flow: 3.6 MGD
6. Maximum Plant Flow Capacity: 3.6 MGD
7. Design Waste Strength
  - A. CBOD: 140 mg/l
  - B. TSS: 140 mg/l
  - C. NH<sub>3</sub>-N: 15.0 mg/l
  - D. P: 5 mg/l
8. NPDES Permit Limitation on Effluent Quality:
  - A. CBOD: 10 mg/l
  - B. TSS: 12 mg/l
  - C. NH<sub>3</sub>-N: 1.1 mg/l (Summer); 1.6 mg/l (Winter)
  - D. P: 1.0 mg/l
  - E. pH: 6 to 9 s.u.
  - F. D.O.: 6.0 mg/l minimum
  - G. *E. coli*: 235 colonies/100ml (daily maximum)  
125 colonies/100 ml (monthly average)
9. Receiving Stream:
  - A. Name: Lake Freeman
  - B. Stream Uses: Full Body Contact Recreational Use
  - C. 7-day, 1-in-10 year low flow: 0.0 cfs

### III. TREATMENT UNITS

#### Screens – Proposed

1. Type: Multi-rake Mechanical Fine Screen
2. Number and capacity: 1 @ 30 MGD (sized to handle peak WWTP capacity of 3.6 MGD plus estimated CSO flow during 10-year 1-hour storm) plus manual bar rack as bypass
3. Bar spacing and slope: ¼" spacing at 75° from horizontal
4. Method of cleaning: Multiple rakes on variable speed controlled chains
5. Disposal of screenings: Washer/compactors prior to solid waste disposal

#### Raw Sewage Pump Station – Proposed

1. Location: Headworks Structure
2. Type of pump: Submersible/Non-Clog/Centrifugal
3. Number of pumps: Four
4. Constant or variable speed: Variable Speed
5. Capacity of pumps: 950 gpm (1.37 MGD) @ 28' TDH each
6. RPM: 1,720 rpm
7. Volume of the wet well: 3,000 gallons
8. Detention time in the wet well: 2.7 minutes at design average flow
9. A plug valve and a check valve in the discharge line: Yes
10. A gate valve on suction line: N/A
11. Ventilation: Yes
12. Standby power: Yes
13. Alarm: Yes
14. Breakwater tank: N/A
15. Bypass or overflow: Yes – relocated to CSO 105

#### Influent Flow Meter – Proposed

1. Type: 12" Magnetic Flow Meter
2. Location: Raw Sewage Force Main
3. Indicating, recording and totalizing: Yes

#### Grit Chamber – Proposed

1. Type of grit chamber: Grit Cyclone
2. Number of units: Two
3. Size of unit: 9' Dia. x 11.4' SWD
4. Method of velocity control: Cyclone
5. Velocity in the chamber: N/A (vortex flow units)
6. Drain provided: No
7. Facilities to isolate: Yes

### Activated Sludge – Proposed

1. Type of activated sludge process: Extended Aeration
2. Number and size of units: Anaerobic Reactor – 21' x 18' x 22' SWD (62,200 gal)  
Pre-Anoxic Basin – 21' x 18' x 23' SWD (65,000 gal)  
Staged Aeration Reactors – 2 each 80' x 60' x 21'  
SWD (1.5 MG total)
3. Detention time (hrs): 22.5 hrs @ DAF in Aeration Basins only (24.4 hrs total)
4. Organic loading (lb BOD /1000 cf): 9.2 lb BOD/1000 cf
5. Type of aeration equipment: Fine bubble diffusers
6. Type and size of blowers: 4 Positive Displacement blowers, 635 SCFM each
7. Air required (itemize, cfm): BOD: 412 scfm  
NH<sub>3</sub>: 136 scfm  
Total: 548 scfm
8. Provisions for speed adjustment: Yes, VFD's on blowers
9. Air provided: 1,905 scfm firm capacity
10. Ventilation in the blower room: Yes
11. Number and capacity of return sludge pump: 3 pumps, each rated 950 gpm @  
18' TDH
12. Method of return sludge rate control: VFD's on pumps
13. Return sludge rate as % of design flow: 30% to 150%
14. Provisions for return rate metering: Yes
15. Location of return sludge discharge: Pre-anoxic Basin Phase Separator w/  
Bypass to Anaerobic Basin
16. Facilities to isolate units: Yes
17. Facilities for flow split control: Yes

### Nitrification System – Proposed

1. Type of nitrification system: Extended Aeration Activated Sludge
2. Ammonia loading: 200 lb/day
3. Additional oxygen demand: 136 scfm
4. Air supply system: Fine bubble diffusers
5. Hydraulic detention time: 24.4 hrs
6. Mean cell residence time (days): 33 days

### Phosphorus Removal Facilities – Proposed

1. Type of chemical to be used: Aluminum Sulfate
2. Location of chemical injection: Mixed liquor at secondary clarifier distribution structure
3. Number and size of chemical feed pumps: 2 pumps up to 15.85 gph each
4. Size of chemical storage tank: Two tanks – 1,400 gallons each
5. Capacity of spill storage space: 4,800 gallons
6. Chemical dosage: 154 gal/day @ 1.6 MGD
7. Daily chemical consumption expected: Approximately 15 gal/day w/ Bio-P removal
8. Rapid mix tank: No
9. Slow mixing equipment: Passive Mixing
10. Other facilities - describe: The chemical addition described above is intended to serve as a supplement/backup to the Enhanced Biological Phosphorus Removal consisting of an Anaerobic Reactor, Pre-Anoxic Basin, and two Staged Aeration Reactors as described above in Activated Sludge section. Flows from Grit Chamber enter Anaerobic Reactor. RAS is pumped to Phase Separator Basin with decant combining with Anaerobic Reactor effluent, and thickened RAS entering Pre-Anoxic Basin before flowing to Anaerobic Reactor. Flows from Anaerobic Reactor flow to Staged Aeration Reactors where blowers are cycled to achieve anoxic and aerobic conditions.

### Secondary Clarifiers – Existing with Modifications

1. Type of clarifiers: Peripheral feed circular clarifiers
2. Number and size of units: Three units 45' Dia. x 13' SWD
3. Surface settling rate (gpd/sf):
  - a. at the design average flow: 335 gpd/sf
  - b. at the design peak flow: 755 gpd/sf
4. Detention time (hrs): 7.0 hrs @ 1.6 MGD
5. Type of sludge removal mechanism: Suction header sludge removal
6. Weir overflow rate: 8,488 gpd/ft
7. Disposal of scum: Recycled to headworks
8. Facilities for unit isolation: Yes
9. Facilities for flow split control: Yes

#### Tertiary Filters – Existing with Modifications

1. Type: Cloth Media Disk Filters
2. Number and Size of Units: Two Units with rated capacity of 3.6 MGD each
3. Location: Existing Filter Building, Inside Modified Rapid Sand Filter Tanks
4. Number of Disks per Filter: Eight
5. Filter Media and Rating: Fiber Pile; Nominal Filtration Rating of 10 microns
6. Filter Area: 430 ft<sup>2</sup> per unit
7. Filtration Rate:
  - a. At design average flow rate: 1.3 gpm/ft<sup>2</sup>
  - b. At design peak flow rate: 2.9 gpm/ft<sup>2</sup>
8. Backwash Method: Each filter provided with one backwash pump rated for 260 gpm. Using filter effluent water, solids are drawn off media through two backwash shoes per disk. Backwash can be accomplished while unit is in operation. Backwash water conveyed to Headworks via Plant Drain Lift Station.

#### UV Disinfection – Proposed

1. Type: Medium Pressure, In-pipe UV Disinfection
2. Location: Filter Building Pipe Gallery, downstream of Filters
3. Size of channel: 14" Dia. pipe x 30" long
4. Contact time: 0.47 seconds at 3.6 MGD
5. Dosage: 30,000  $\mu$ W sec/cm<sup>2</sup>
6. Bypass: Yes
7. Safety equipment: Yes
8. Cleaning equipment: Mechanical Wipers
9. Intensity monitoring: Yes

#### Effluent Flow Meter – Proposed

1. Type: 18" Magnetic Flow Meter
2. Location: Piping prior to Effluent Structure
3. Indicating, recording and totalizing: Yes

#### Post-aeration – Proposed

1. Type of aeration: Cascade Aeration (2 drops in Effluent Structure)
2. Number of units: 1 unit
3. Size of units: First Drop 2'; Second Drop 2.5'
4. Aeration provided: N/A
5. Expected effluent D.O.: 6.0 mg/l minimum

**Aerobic Digesters – Existing (No Change)**

1. Number and size of units: One unit 32' Dia. x 19.5' SWD (117,000 gal)  
One unit 55' Dia. x 22' SWD (391,000 gal)
2. Detention time: 98 Days
3. Organic loading: 850 lb VSS/day
4. Air supply: Existing blowers: 2 @ 1,460 scfm; 2 @ 670 scfm
5. Decanting method: Telescoping valves

**Sludge Drying Beds – Existing (No Change)**

1. Number and size of drying bed: 8 beds 132' x 18.5' each  
4 beds 144' x 20' each
2. Filter area per capita: 5.4 sf/capita
3. Under-drain system: Yes
4. Discharge location of filtrate: Plant Headworks
5. Accessibility of dry sludge removal equipment: Plant backhoe

**Sludge Disposal – Existing (No Change)**

1. Ultimate disposal method of sludge: Land Application; liquid or dry
2. Expected solids content of sludge (by the principal method of disposal): 3% - 40%
3. Location of disposal site: Multiple locations in White County
4. Ownership of the disposal site: Multiple
5. Availability of sludge transport equipment: Contracted

**IV. SEWER COLLECTION SYSTEM – N/A**

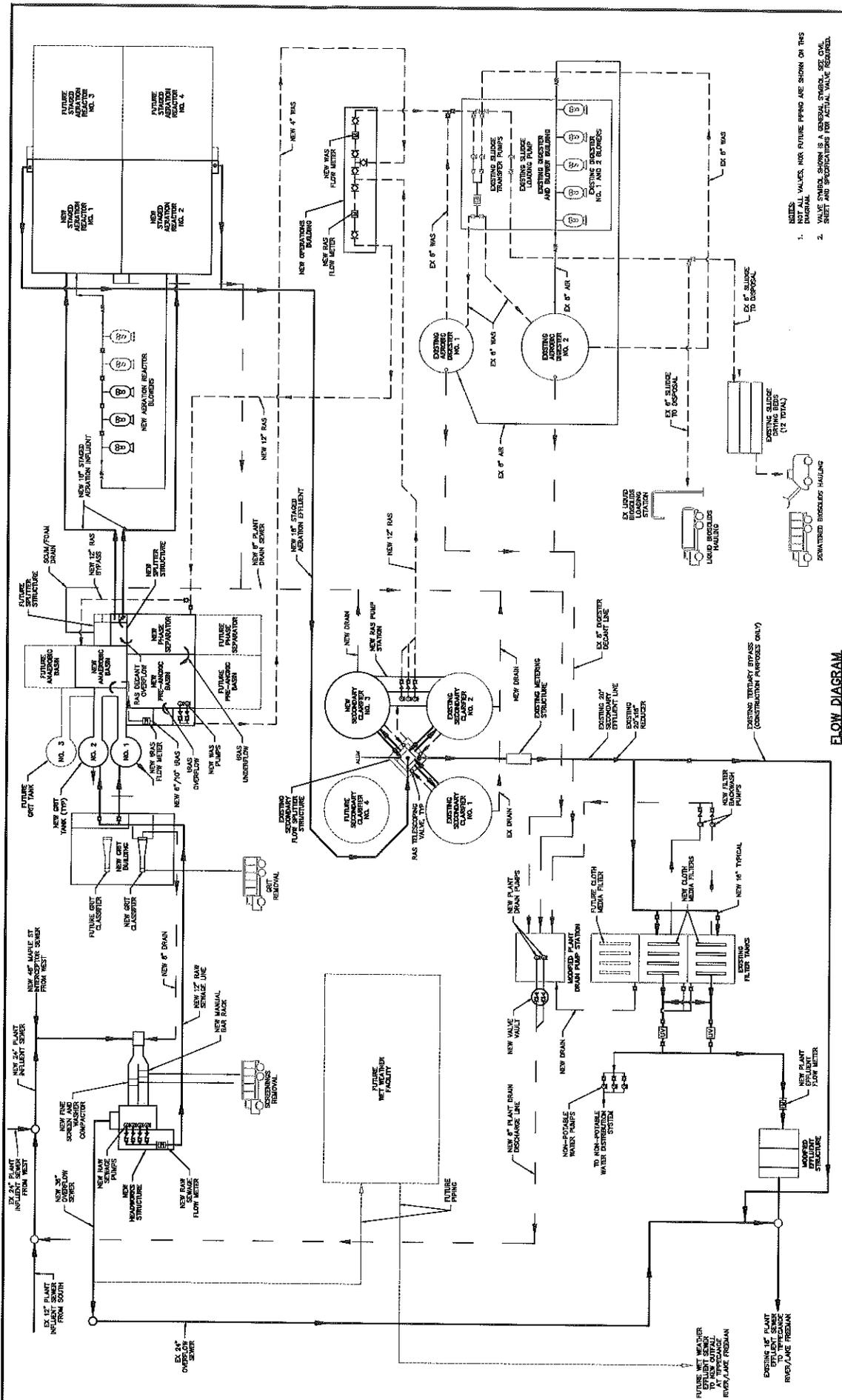
**V. MISCELLANEOUS**

- A. Laboratory equipment: Existing
- B. Safety equipment: Yes
- C. Plant site fence: Yes
- D. Handrail for the tanks: Yes
- E. Units, unit operation, and plant bypasses: Yes
- F. Flood elevation (10, 25, or 100 year flood): 100-year flood – 617.0
- G. Consistency with EPA Reliability Technical Bulletin: Yes
- H. Provisions to maintain the same degree of treatment during construction: Yes
- I. Standby power equipment: New 800 kW diesel-powered generator
- J. Site inspection: Wessler Engineering
- K. Statement in the specifications as to the protection against any adverse environmental effect (e.g., dust, noise, soil erosion) during construction: Yes
- L. Hoists for removing heavy equipment: Yes

M. Adequate sampling facilities: Yes, automatic sampler

N. Hydraulic Gradient: Yes

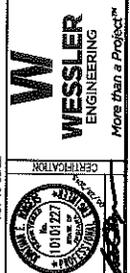
O. Septage receiving facilities: None



- NOTES
1. VALVE SYMBOLS, FOR ROUTE PIPING ARE SHOWN ON THIS SHEET. VALVE SYMBOLS SHOWN IS A GENERAL SYMBOL. SEE CIVIL SHEET AND SPECIFICATIONS FOR ACTUAL VALVE REQUIRED.
  2. VALVE SYMBOLS SHOWN IS A GENERAL SYMBOL. SEE CIVIL SHEET AND SPECIFICATIONS FOR ACTUAL VALVE REQUIRED.

SHEET NO. **G4**  
 PAGE NO. **5**

**WASTEWATER TREATMENT PLANT IMPROVEMENTS**  
 BOARD OF WORKS AND SAFETY  
 CITY OF MONTICELLO, INDIANA



**FLOW DIAGRAM**  
 DATE: 12/14/2015

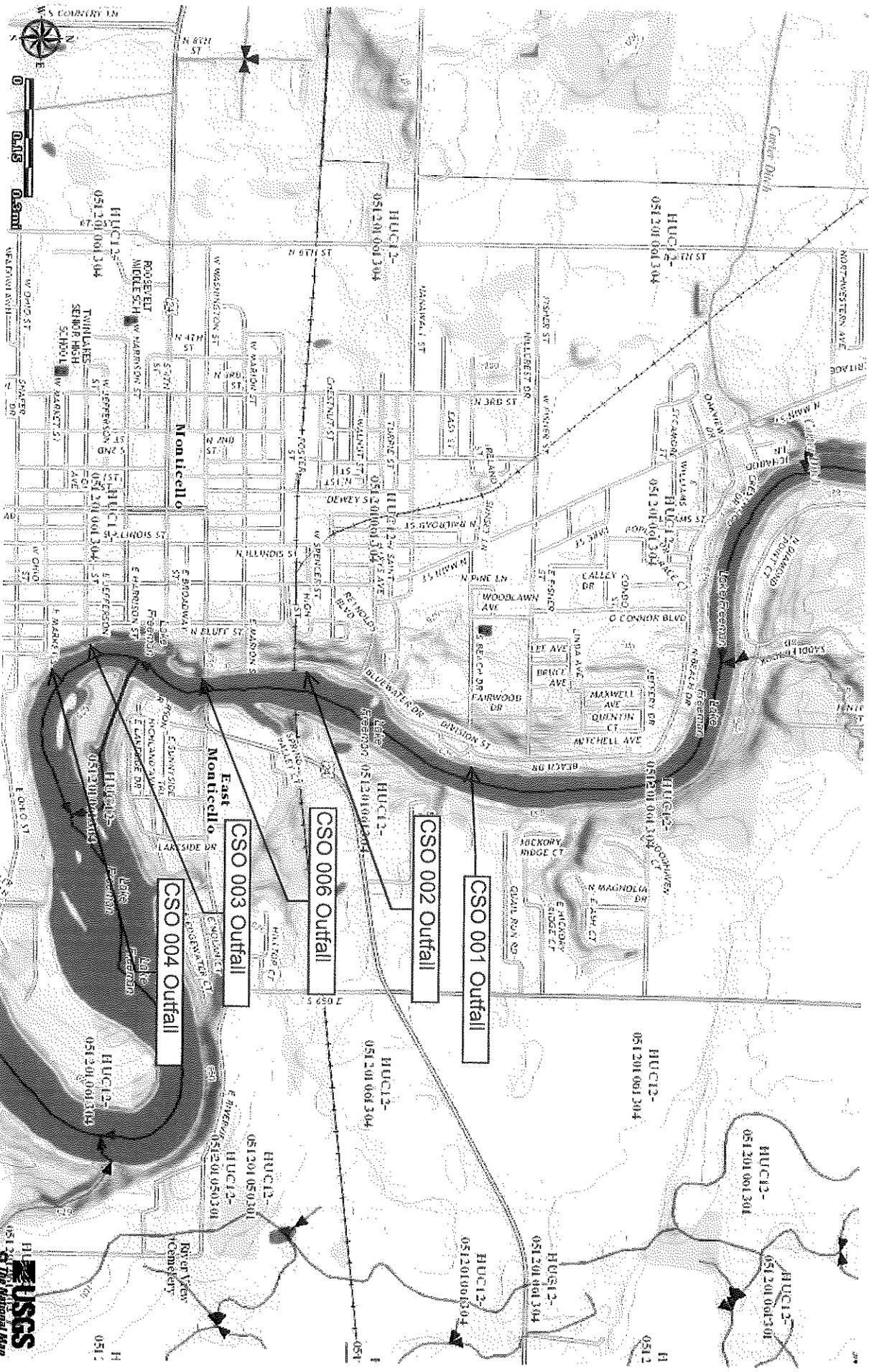
NO.	DESCRIPTION	DATE	INITIALS

COUNTY: **WABASH** | SCHEDULE: **DESIGN** | APPROVED BY: **DAVID L. JEB** | DATE: **MAY 2015**  
 NO SCALE  
 1533512-04-002

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NOTES: Data available from U.S. Geological Survey, National Geospatial Program.

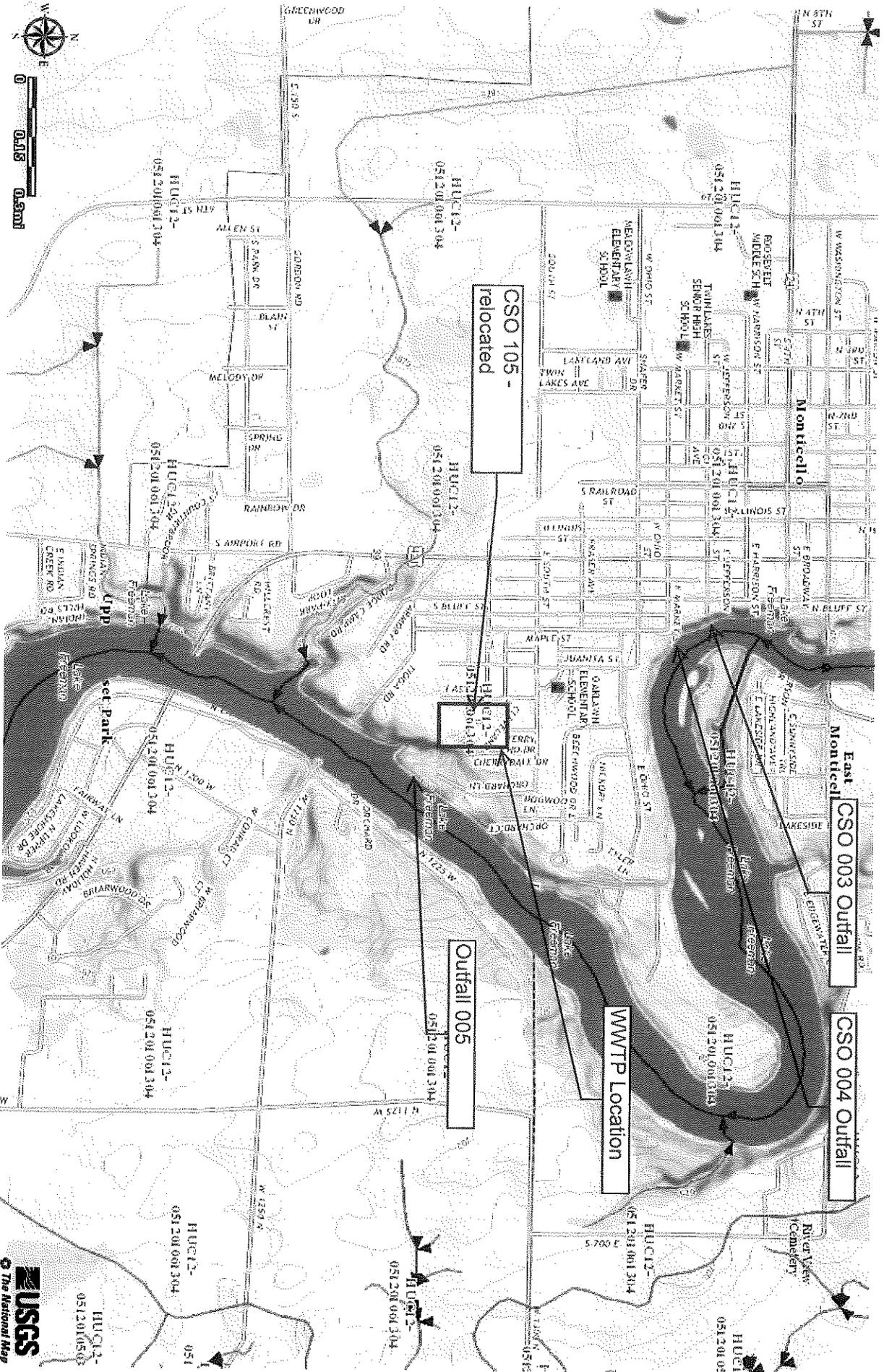
# The National Map



Open in The National Map Viewer

NOTES: Data available from U.S. Geological Survey, National Geospatial Program.

# The National Map



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