DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** MAIN WWTP OUTFALL		
Report Dates & Status					
Monitoring Period:	**From 01/01/18 to 01/31/18**	**DMR Due Date:**	**02/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	Dave	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

FILED
May 29, 2020
INDIANA UTILITY
REGULATORY COMMISSION

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	--	Sample						=	10.6					19 - mg/L		05/WK - Five Per Week	G2 - GRAB-2
					Permit Req.						>=	6 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7			=	7.4	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	2	--	Sample	=	98.8	=	121.7	26 - lb/d			=	5.7	=	6.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	1151.6 MO AVG	<=	1727.4 MX WK AV	26 - lb/d			<=	30 MO AVG	<=	45 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	2	--	Sample	=	1.8	=	3.2	26 - lb/d			=	0.1	=	0.2	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	72.2 MO AVG	<=	167.8 DAILY MX	26 - lb/d			<=	1.88 MO AVG	<=	4.37 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.6			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	2.041	=	2.243	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
71901	Mercury, total recoverable	1 - Effluent Gross	0	--	Sample								=	0	=	0	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.								<=	2.4 ANNL AVG		Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	2	--	Sample	=	33	=	45	26 - lb/d			=	2	=	3	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	959.7 MO AVG	<=	1535.5 MX WK AV	26 - lb/d			<=	25 MO AVG	<=	40 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	98.8					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	97.9					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	90.9					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	63.26	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size

IN0022578_001A_MRO_2018_01.pdf		pdf	212316
Report Last Saved By			
CHESTERTON WWTP, TOWN OF			
User:	jelliott@chestertonin.org		
Name:	jodi elliott		
E-Mail:	jelliott@chestertonin.org		
Date/Time:	2018-02-28 10:41 (Time Zone: -05:00)		
Report Last Signed By			
User:	dryan@chestertonin.org		
Name:	David Ryan		
E-Mail:	dryan@chestertonin.org		
Date/Time:	2018-02-28 10:58 (Time Zone: -05:00)		

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		
Report Dates & Status					
Monitoring Period:	**From 01/01/18 to 01/31/18**	**DMR Due Date:**	**02/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.06	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2018_01.pdf	pdf	68505

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2018-02-28 10:38 (Time Zone: -05:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-02-28 10:58 (Time Zone: -05:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility		Permit Number	
Chesterton Utility		IN0022578	
Month	Year	Plant Design Flow	Telephone Number
January	2018	4.6 mgd	219-926-1032
E-mail address:	dryan@chestertonin.org		
Certified Operator: Name		Class	Certificate Number / Expiration Date
William M. Williams		IV	WW019285 / 6/30/2018

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 1.06 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Ferrous Chloride Gal/Day		RAW SEWAGE: Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
29	Fri	Fill in December's effluent data on page 3 as necessary for correct weekly average calculations.							1.945								
30	Sat								2.014								
31	Sun								1.995								
1	Mon		11	0.00				150	1.913	7.3	183	2920	362	5776	8.3	21.6	
2	Tue		-3	0.00				0	1.957	7.3	198	3232	250	4080	6.0	27.4	
3	Wed		2	0.00				0	1.905	7.3	140	2224	241	3829	5.7	21.4	
4	Thu		15	0.00				185	1.948	7.3	172	2794	312	5069	7.7	27.0	
5	Fri		12	0.00				180	1.924	7.4							
6	Sat		13	0.00				175	1.968								
7	Sun		11	0.04				160	2.040		176	2994	330	5614	8.1	24.5	
8	Mon		26	0.01				190	1.975	7.4	168	2767	279	4596	7.0	20.6	
9	Tue		32	0.00				150	1.947	7.3	166	2696	267	4336	6.6	28.8	
10	Wed		32	0.00				170	2.180	7.2	155	2818	263	4782	6.3	25.0	
11	Thu		47	0.34				170	2.583	7.2	155	3339	287	6183	5.8	19.6	
12	Fri		41	0.11				125	2.369	7.2							
13	Sat		23	0.00				175	2.185								
14	Sun		9	0.01				140	2.120		149	2634	258	4562	6.4	23.5	
15	Mon		10	0.01				180	2.037	7.3	114	1937	184	3126	4.5	21.7	
16	Tue		15	0.13				190	1.986	7.3	79	1308	136	2253	4.0	20.2	
17	Wed		13	0.00				160	1.961	7.5	158	2584	252	4121	5.2	21.3	
18	Thu		14	0.00				190	2.008	7.3	135	2261	294	4924	7.6	25.9	
19	Fri		24	0.00				150	1.989	7.3							
20	Sat		34	0.00				150	2.094								
21	Sun		41	0.00				150	2.352		120	2354	405	7944	8.7	24.0	
22	Mon		44	0.26				200	2.919	7.3	157	3822	262	6378	4.9	15.0	
23	Tue		42	0.12				200	2.481	7.2	146	3021	252	5214	6.2	19.5	
24	Wed		29	0.01				200	2.215	7.4	171	3159	238	4397	5.7	18.0	
25	Thu		28	0.00				160	2.177	7.3	149	2705	241	4376	5.7	21.9	
26	Fri		34	0.00				175	2.142	7.2							
27	Sat		47	0.00				175	2.161								
28	Sun		39	0.00				160	2.309		157	3023	277	5334	7.1	20.9	
29	Mon		35	0.02				160	2.230	7.2	156	2901	286	5319	6.0	19.3	
30	Tue		22	0.00				200	2.308	7.2	130	2502	266	5120	6.7	23.5	
31	Wed		26	0.00				200	2.165	7.4	211	3810	345	6229	5.3	19.4	
Average			25	0.03				160	2.147	7.3	154	2774	273	4937	6.3	22.2	
Maximum			47	0.34				200	2.919	7.5	211	3822	405	7944	8.7	28.8	
Minimum			-3	0.00				0	1.905	7.2	79	1308	136	2253	4.0	15.0	
No. of Data			31	31	0	0		31	31	23	23	23	23	23	23	23	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): William M. Williams — Date *(month, day, year)*: 2/28/2018

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): David E. Ryan — Date *(month, day, year)*: 2/28/2018

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	January	2018

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT							
			MIXED LIQUOR					RETURN SLUDGE											
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	115	148						1.96							7.3		12.1	0.5
2	96	119	21	3246	65	5.9		1.96	6410						7.3		12.0	0.5
3	89	108	22	3229	68	6.2		1.95	5745						7.0		11.8	0.5
4	87	131	22	3390	65	6.0		1.95	5070						7.3		11.9	0.5
5			21	3283	64	6.1		1.95	5310						7.4		11.9	
6								1.95										
7	194	134						1.95										0.5
8	93	146	21	3322	63	5.7		1.95	6940						7.3		11.5	0.5
9	75	114	21	3342	63	5.6		1.95	6180						7.4		11.5	0.5
10	81	121	21	3338	63	5.5		1.94	7650						7.3		11.2	0.5
11	74	112	20	3397	59	5.6		1.96	7320						7.2		10.8	0.5
12			20	3288	61	6.1		1.87	6660						7.3		11.5	
13								1.99										
14	94	149						2.00										0.6
15	67	115	20	3215	62	5.9		2.01	5965						7.4		11.9	0.5
16	64	111	19	3118	61	5.8		2.02	6740						7.4		12.0	0.5
17	83	105	20	3190	63	5.9		2.02	5640						7.4		12.1	0.5
18	75	100	20	3157	63	5.6		1.99	6520						7.3		12.0	0.6
19			20	3178	63	5.7		2.01	5650						7.4		11.7	
20								2.01										
21	91	118						2.02										0.7
22	71	113	19	3355	57	4.8		2.01	7640						7.2		10.6	0.8
23	68	96	19	3182	60	5.4		1.99	7560						7.3		10.8	0.6
24	83	98	19	3227	59	5.7		1.99	7260						7.3		11.3	0.6
25	79	108	19	3168	60	5.5		2.02	6645						7.4		12.5	0.6
26			19	3198	59	6.0		2.02	7100						7.3		11.8	
27								2.04										
28	85	118						2.04										0.7
29	75	127	18	3127	58	5.7		2.03	7530						7.2		11.4	0.7
30	74	112	18	3153	57	5.7		2.04	6680						7.3		11.8	0.6
31	66	102	18	3120	58	6.1		2.03	7520						7.3		11.6	0.7
Avg.	86	118	20	3237	61	5.8		1.99	6624						7.3		11.6	0.6
Max.	194	149	22	3397	68	6.2		2.04	7650						7.4		12.5	0.8
Min.	64	96	18	3118	57	4.8		1.87	5070						7.0		10.6	0.5
Data	23	23	22	22	22	22		31	22						23		23	23

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	January	2018

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
29	Fri	1.999															
30	Sat	1.909															
31	Sun	1.896		2		32		5.4		85.4		0.1		1.6			
1	Mon	1.810		2		30		5.3		80.1		0.1		1.5			
2	Tue	1.853		2		31		4.5		69.6		0.1		1.5			
3	Wed	1.803		2		30		5.0		75.2		0.1		1.5			
4	Thu	1.843		2		31		6.4		98.4		0.1		1.5			
5	Fri	1.821															
6	Sat	1.865	1.842		2		31		5.3		81.7		0.1		1.5		
7	Sun	1.939		2		32		5.3		85.8		0.1		1.6			
8	Mon	1.868		2		31		6.8		106.0		0.1		1.6			
9	Tue	1.834		2		31		4.1		62.7		0.1		1.5			
10	Wed	2.071		1		17		5.0		86.4		0.1		1.7			
11	Thu	2.487		2		42		4.4		91.3		0.1		2.1			
12	Fri	2.261															
13	Sat	2.074	2.076		2		31		5.1		86.4		0.1		1.7		
14	Sun	2.012		2		34		8.5		142.7		0.1		1.7			
15	Mon	1.929		2		32		2.5		40.2		0.2		3.2			
16	Tue	1.877		1		16		6.2		97.1		0.1		1.6			
17	Wed	1.851		1		15		6.1		94.2		0.1		1.5			
18	Thu	1.900		1		16		6.0		95.1		0.1		1.6			
19	Fri	1.878															
20	Sat	1.982	1.918		1		23		5.9		93.9		0.1		1.9		
21	Sun	2.250		1		19		6.1		114.5		0.1		1.9			
22	Mon	2.819		2		47		8.9		209.4		0.1		2.4			
23	Tue	2.380		2		40		6.7		133.1		0.1		2.0			
24	Wed	2.104		3		53		4.1		72.0		0.1		1.8			
25	Thu	2.072		2		35		4.6		79.5		0.1		1.7			
26	Fri	2.020															
27	Sat	2.060	2.244		2		39		6.1		121.7		0.1		1.9		
28	Sun	2.205		3		55		6.6		121.4		0.1		1.8			
29	Mon	2.129		2		36		6.2		110.2		0.1		1.8			
30	Tue	2.203		2		37		5.6		103.0		0.1		1.8			
31	Wed	2.061	2.054	3	3	52	45	6.1	5.9	104.9	104.2	0.1	0.1	1.7	1.8		
Avg		2.041		2		33		5.7		98.8		0.1		1.8			
Max		2.819	2.244	3	3	55	45	8.9	6.1	209.4	121.7	0.2	0.1	3.2	1.9		
Min		1.803	1.842	1	1	15	23	2.5	5.1	40.2	81.7	0.1	0.1	1.5	1.5		
Data		31	5	23	5	23	5	23	5	23	5	23	5	23	5		

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 63.261
Primary Treatment	44.2	57.0			
	NA	NA			Percent Capacity
Secondary Treatment	97.8	95.2			(actual flow/design) 44%
Overall Treatment	98.8	97.9	99.5	90.9	
Phosphorus limit would be 1 mg/l. (compliance achieved)					

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	January	2018

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge ithdrawn hrs of gal. x 1000	
1	16.2	35.0												
2	16.2	35.0	6.8	99.0	6.9	99.5			2.9	3.0	79.4	59.9	27.6	
3	16.2	35.0	6.7	98.1	6.8	100.0			2.7		79.8			
4	16.2	35.0	6.8	97.7	6.9	100.8			2.9	2.8	79.3	61.3	26.4	
5	16.2	35.0	6.9	99.3	6.9	99.9			2.5		78.8			
6	16.2	35.0						387						
7	16.2	35.0					55.6							
8	16.2	35.0	6.9	97.7	6.9	97.0			2.9		79.6			
9	16.2	35.0	6.9	99.5	6.9	97.9			2.8	3.0	79.6	60.6	27.8	
10	16.2	35.0	6.8	97.5	6.9	100.8			2.8	2.8	79.8	62.3	27.6	
11	16.2	35.0	6.9	100.4	6.9	96.4			3.0		79.2			
12	16.2	32.8	6.9	97.9	6.9	100.2			3.4		77.4			
13	16.2	35.0						422						
14	16.2	35.0					66.5							
15	16.2	35.0	6.8	95.4	6.9	102.0			2.8		79.4			
16	16.2	35.0	6.8	98.1	6.9	95.7			2.8	3.0	79.8	61.6	28.1	
17	16.2	35.0	6.9	95.7	7.0	97.3			3.0		79.8			
18	14.9	32.9	6.8	97.7	6.9	99.3			2.9	2.7	80.2	63.1	26.3	
19	16.2	35.0	7.0	92.5	7.5	90.3			2.9		80.1			
20	16.2	35.0						413						
21	16.2	35.0					60.8							
22	16.2	35.0	6.9	99.1	6.9	97.5			3.5		79.0			
23	16.2	35.0	6.9	98.1	6.9	97.9			3.2	2.9	78.4	63.0	27.9	
24	16.2	35.0	6.7	99.1	6.8	98.4			3.2		78.4			
25	16.2	35.0	6.8	99.5	6.9	98.2			3.0	2.8	79.3	63.2	27.2	
26	16.2	35.0	6.8	99.0	6.9	98.6			3.0		79.4			
27	16.2	35.0						414						
28	16.2	35.0												
29	16.2	35.0	6.8	99.0	6.9	97.5			3.1		79.0			
30	16.2	35.0	6.8	99.7	6.9	98.6			3.1	3.0	75.3	61.9	27.4	
31	16.2	35.0	6.8	99.0	6.9	98.4			3.0		77.4			
Avg.	16.2	34.9	6.8	98.1	6.9	98.3	61.0	409	3.0	2.9	79.0	61.9	27.4	
Max.	16.2	35.0	7.0	100.4	7.5	102.0	66.5	422	3.5	3.0	80.2	63.2	28.1	
Min.	14.9	32.8	6.7	92.5	6.8	90.3	55.6	387	2.5	2.7	75.3	59.9	26.3	
Data	31	31	22	22	22	22	3	4	22	9	22	9	9	

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page 1 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period	**January**	**2018**		**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			**Precipitation Data**					**CSO Outfall No. 001**						**CSO Outfall No. [#]**					
Day of Month	**Average Daily Flow (MGD)**	**Peak Hourly Flow (MGD)**	**Time Precip. Began (am/pm)**	**Precip. Duration (Hours)**	**Total Daily Precip. (Inches)**	**Peak Intensity (Inch/hr)**	**Measurement Interval (hr, 30 m, 15 m)**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
1	1.60	1.90																	
2	2.00	2.00																	
3	1.70	1.90																	
4	2.00	2.00																	
5	1.70	1.80																	
6	1.70	2.00																	
7	2.00	2.00	8:45p	1.00	0.04	0.01	15 min												
8	1.90	1.80	12:45a	0.25	0.01	0.01	15 min												
9	2.00	1.90																	
10	2.10	2.10																	
11	2.20	3.00	5:45a	5.00	0.34	0.02	15 min												
12	1.60	2.30	12:45a	2.25	0.11	0.01	15 min												
13	1.50	2.40																	
14	2.30	2.20	10:45p	0.25	0.01	0.01	15 min												
15	1.80	2.00	6:15a	0.25	0.01	0.01	15 min												
16	2.00	1.90	9:45a	3.00	0.13	0.01	15 min												
17	1.80	1.90																	
18	1.90	2.00																	
19	1.80	1.90																	
20	1.90	2.20																	
21	2.40	2.40																	
22	2.70	3.50	1:45a	2.75	0.26	0.04	15 min												
23	2.10	2.30	5:15 AM	3.00	0.12	0.01	15 min												
24	2.10	2.00	10:30a	0.25	0.01	0.01	15 min												
25	2.30	2.10																	
26	1.90	1.90																	
27	1.80	2.30																	
28	2.30	2.60																	
29	2.20	2.40	4:30 AM	0.50	0.02	0.01	15 min												
30																			
31																			
Totals:	57.30			18.50	1.06			0	Days	0.00		0		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	**Telephone**
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	**Date *(mm/dd/yy)***
David E. Ryan	02/28/18

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page:** **2 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period January	**2018**			**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	There were no CSO events for January 2018
2	
3	
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31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	02/28/18

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** MAIN WWTP OUTFALL		
Report Dates & Status					
Monitoring Period:	**From 02/01/18 to 02/28/18**	**DMR Due Date:**	**03/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	Dave	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	--	Sample						=	11.4					19 - mg/L		05/WK - Five Per Week	G2 - GRAB-2
					Permit Req.						>=	6 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.1			=	7.4	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	2	--	Sample	=	295.3	=	855.1	26 - lb/d			=	7.9	=	14.5	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	1151.6 MO AVG	<=	1727.4 MX WK AV	26 - lb/d			<=	30 MO AVG	<=	45 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	2	--	Sample	=	2.4	=	4.8	26 - lb/d			=	0.1	=	0.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	72.2 MO AVG	<=	167.8 DAILY MX	26 - lb/d			<=	1.88 MO AVG	<=	4.37 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.7			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	3.012	=	5.287	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
71901	Mercury, total recoverable	1 - Effluent Gross	0	--	Sample								=	1	=	1	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.								<=	2.4 ANNL AVG		Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
71901	Mercury, total recoverable	G - Raw Sewage Influent	0	--	Sample			=	0.000462	26 - lb/d					=	18	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.				Req Mon DAILY MX	26 - lb/d						Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	2	--	Sample	=	106	=	254	26 - lb/d			=	3	=	5	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	959.7 MO AVG	<=	1535.5 MX WK AV	26 - lb/d			<=	25 MO AVG	<=	40 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	97.2					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	96.2					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	86.3					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	84.326	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_001A_MRO_2018_02.pdf	pdf	208118

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-03-26 10:37 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-03-26 10:54 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		
Report Dates & Status					
Monitoring Period:	**From 02/01/18 to 02/28/18**	**DMR Due Date:**	**03/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	Dave	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample										=	34.1	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	5.06	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.83	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample										=	1	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2018_02.pdf	pdf	70736

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-03-26 10:49 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-03-26 10:54 (Time Zone: -04:00)

ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Month	Year	Plant Design Flow	Telephone Number
February	2018	4.6 mgd	219-926-1032

E-mail address: dryan@chestertonin.org

Certified Operator: Name	Class	Certificate Number	Expiration Date
William M. Williams	IV	WW019285	6/30/2018

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 5.83 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Ferrous Chloride Gal/Day	RAW SEWAGE: Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
1	Thu		37	0.00			205	2.055	7.1	159	2725	276	4730	6.7	24.3
2	Fri		19	0.00			200	2.008	7.3						
3	Sat		16	0.00			180	2.038							
4	Sun		32	0.14			180	2.023		154	2598	260	4387	7.9	24.0
5	Mon		12	0.08			180	1.965	7.4	153	2507	180	2950	5.1	23.0
6	Tue		8	0.06			190	1.963	7.7	142	2325	251	4109	6.7	26.1
7	Wed		17	0.06			210	1.928	7.5	162	2605	233	3747	5.7	22.5
8	Thu		13	0.06			160	1.953	7.3	111	1808	105	1710	3.6	21.6
9	Fri		19	0.53			150	1.943	7.6						
10	Sat		26	0.01			225	1.988							
11	Sun		24	0.33			250	1.992		180	2990	317	5266	6.9	26.3
12	Mon		16	0.00			180	1.912	7.2	155	2472	215	3428	5.3	20.6
13	Tue		18	0.00			170	1.971	7.4	161	2647	300	4931	7.1	26.2
14	Wed		26	0.00			190	2.175	7.2	166	3011	276	5007	6.3	22.1
15	Thu		39	0.13			200	3.603	7.2	146	4387	263	7903	4.6	16.4
16	Fri		39	0.00			175	2.955	7.5						
17	Sat		24	0.07			240	2.667							
18	Sun		23	0.00			160	2.460		130	2667	198	4062	4.5	19.2
19	Mon		35	1.59			180	4.934	7.5	68	2798	116	4773	2.7	10.0
20	Tue		51	2.20	X		200	10.209	7.3	34	2895	80	6811	1.5	4.0
21	Wed		47	0.46			190	8.218	7.4	62	4249	167	11446	3.0	4.5
22	Thu		31	0.00			200	4.525	7.5	74	2793	182	6868	3.7	9.1
23	Fri		38	0.05			190	3.906	7.4						
24	Sat		40	0.01			195	3.671							
25	Sun		43	0.02			210	3.441		93	2669	176	5051	3.7	11.6
26	Mon		36	0.00			210	3.199	7.3	72	1921	119	3175	3.2	12.5
27	Tue		45	0.00			210	2.969	7.3	134	3318	245	6067	3.3	15.9
28	Wed		54	0.03			210	2.692	7.4	96	2155	157	3525	3.8	14.5
Average			29.57	0.21			194	3.120	7.4	123	2777	206	4997	4.8	17.7
Maximum			54	2.20			250	10.209	7.7	180	4387	317	11446	7.9	26.3
Minimum			8	0.00			150	1.912	7.1	34	1808	80	1710	1.5	4.0
No. of Data			28	28	1	0	28	28	20	20	20	20	20	20	20

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): William M. Williams — Date *(month, day, year)*: 3/23/2018

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Dave Ryan — Date *(month, day, year)*: 3/23/2018

TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	February	2018

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	78	107	18	3133	57	5.9		2.03	6270						7.3		11.8	0.6
2			18	3093	58	5.9		2.03	6080						7.3		12.0	
3								2.04										
4	93	95						2.03										0.7
5	96	163	17	2985	57	5.8		2.03	5400						7.2		12.0	0.7
6	80	97	18	2922	62	5.7		2.02	5720						7.3		12.1	0.7
7	85	109	18	3066	59	5.8		2.01	5710						7.3		12.0	0.6
8	88	119	18	2996	60	5.6		2.01	6245						7.3		11.9	0.7
9			19	2854	67	5.7		2.02	5535						7.2		12.2	
10								2.04										
11	99	116						2.01										0.9
12	90	117	18	2963	61	5.6		2.01	5945						7.2		12.0	0.9
13	80	96	18	2967	61	5.5		2.02	6830						7.2		12.1	0.8
14	85	102	18	2794	64	5.5		2.02	6420						7.2		11.7	0.8
15	61	79	17	3009	56	4.9		2.02	8555						7.2		11.4	0.8
16			18	2961	61	5.7		2.02	8055						7.1		12.0	
17								2.01										
18	89	119						2.00										0.7
19	37	57						2.03							7.2		11.6	0.7
20	43	112	13	2736	48	5.2		2.28	12455						7.2		11.5	0.6
21	31	39	15	2765	54	5.7		2.23	13095						7.3		12.4	0.6
22	31	81	17	2916	58	5.3		2.07	9625						7.2		12.3	0.5
23			17	2957	57	4.9		2.03	9225						7.3		11.9	
24								2.04										
25	64	106						2.03										0.5
26	44	70	17	2862	59	5.1		2.02	7275						7.3		11.8	0.5
27	52	85	17	2807	61	4.9		2.02	8255						7.3		12.1	0.4
28	58	82	17	2857	60	4.9		2.04	7005						7.4		11.6	0.4
Avg.	69	98	17	2929	59	5.5		2.04	7563						7.3		11.9	0.7
Max.	99	163	19	3133	67	5.9		2.28	13095						7.4		12.4	0.9
Min.	31	39	13	2736	48	4.9		2.00	5400						7.1		11.4	0.4
Data	20	20	19	19	19	19		28	19						20		20	20

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	February	2018

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	Thu	1.950		2		33		5.0		81.4		0.1		1.6			
2	Fri	1.896															
3	Sat	1.935															
4	Sun	1.928		3		48		6.4		103.0		0.1		1.6			
5	Mon	1.867		3		47		5.6		87.2		0.1		1.6			
6	Tue	1.854		3		46		7.4		114.5		0.1		1.5			
7	Wed	1.820		2		30		4.0		60.8		0.1		1.5			
8	Thu	1.848		3		46		3.1		47.8		0.1		1.5			
9	Fri	1.943															
10	Sat	1.882	1.877		3		44		5.3		82.6		0.1		1.6		
11	Sun	1.896		5		79		6.9		109.1		0.1		1.6			
12	Mon	1.806		4		60		8.2		123.6		0.1		1.5			
13	Tue	1.866		4		62		5.4		84.1		0.1		1.6			
14	Wed	2.071		2		35		6.3		108.9		0.1		1.7			
15	Thu	3.489		4		116		6.3		183.4		0.1		2.9			
16	Fri	2.855															
17	Sat	2.562	2.364		4		71		6.6		121.8		0.1		1.9		
18	Sun	2.351		3		59		7.5		147.1		0.1		2.0			
19	Mon	4.796		3		120		9.3		372.2		0.1		4.0			
20	Tue	10.009		4		334		17.4		1453.4		0.1		8.4			
21	Wed	8.113		9		609		28.8		1949.9		0.0					
22	Thu	4.405		4		147		9.6		352.9		0.0					
23	Fri	3.783															
24	Sat	3.549	5.287		5		254		14.5		855.1		0.1		4.8		
25	Sun	3.321		4		111		7.0		194.0		0.1		2.8			
26	Mon	3.087		2		52		6.6		170.0		0.1		2.6			
27	Tue	2.854		2		48		3.8		90.5		0.1		2.4			
28	Wed	2.592	2.964	2	3	43	63	3.3	5.2	71.4	131.5	0.1	0.1	2.2	2.5		
Avg		3.012		3		106		7.9		295.3		0.1		2.4			
Max		10.009	5.287	9	5	609	254	28.8	14.5	1949.9	855.1	0.1	0.1	8.4	4.8		
Min		1.806	1.877	2	3	30	44	3.1	5.2	47.8	82.6	0.0	0.1	1.5	1.6		
Data		28	4	20	4	20	4	20	4	20	4	20	4	18	4		

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 84.326
Primary Treatment	43.6	52.6			
	NA	NA			Percent Capacity
Secondary Treatment	95.1	91.9			(actual flow/design) 65%
Overall Treatment	97.2	96.2	99.5	86.3	
Phosphorus limit would be 80 % removal. (compliance achieved)					

TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	February	2018

	SLUDGE TO DIGESTER		DIGESTER OPERATION EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge withdrawn hrs of gal. x 1000	
1	16.2	35.0	6.9	97.7	6.8	98.2	25.0		3.0	2.8	77.9	62.3		
2	16.2	35.0	6.8	99.7	6.9	98.4			3.0	2.8	78.1	61.2		
3	16.2	35.0						412						
4	16.2	35.0											56.1	
5	16.2	35.0	6.7	99.7	6.8	99.1			3.1		80.6			
6	16.2	35.0	6.7	99.7	6.8	99.3	27.9		3.2	2.9	80.5	61.2		
7	16.2	35.0	6.7	100.0	6.8	99.7			2.8		80.2			
8	16.2	35.0	6.6	99.7	6.8	99.7	21.1		3.2	2.9	80.3	61.6		
9	16.2	35.0	6.7	98.2	6.8	97.5			2.7		80.0			
10	16.2	35.0						379						
11	16.2	35.0											72.8	
12	16.2	35.0	6.6	99.7	6.8	99.9			3.0		80.9			
13	16.2	35.0	6.7	99.7	6.8	99.5	14.9		2.8	2.9	80.8	62.5		
14	16.2	35.0	6.6	99.1	6.8	99.3			2.8		80.9		10.1	
15	16.2	35.0	6.7	99.0	6.8	100.0	24.4		3.6	2.9	79.4	61.8		
16	16.2	35.0	6.6	98.2	6.8	99.7			3.7		76.1			
17	16.2	35.0						356						
18	16.2	35.0											63.8	
19	16.2	35.0												
20	18.9	35.0	6.8	95.9	6.9	98.2	27.0		3.9	2.9	62.6	62.8		
21	16.2	22.3	6.7	95.7	6.8	98.1			4.3		64.0			
22	16.2	35.0	6.7	96.4	6.8	100.4			3.6		67.1			
23	16.2	35.0	6.7	96.1	6.8	99.1	27.1		2.5	4.1	60.5	66.8		
24	16.2	35.0						328						
25	16.2	35.0											45.9	
26	16.2	35.0	6.6	97.7	6.7	99.1			3.6		72.2			
27	16.2	35.0	6.6	98.2	6.8	99.7	27.0		4.1	3.1	68.6	59.9		
28	16.2	34.0	6.7	96.1	6.8	96.4			4.2		70.2			
Avg.	16.3	34.5	6.7	98.2	6.8	99.0	24.3	369	3.3	3.0	74.8	62.2	49.7	
Max.	18.9	35.0	6.9	100.0	6.9	100.4	27.9	412	4.3	4.1	80.9	66.8	72.8	
Min.	16.2	22.3	6.6	95.7	6.7	96.4	14.9	328	2.5	2.8	60.5	59.9	10.1	
Data	28	28	19	19	19	19	8	4	19	9	19	9	5	

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**							**Page 1 of 2**						**Permit Number:**	**IN0022578**					
Facility:	**Fritz Dietrich Environmental Controll Facility**													**Public Notification Requirements Met?**	**Y**					
Monitoring Period	**February**	**2018**												**Check box if no CSO discharge occurred for the month:**	☐					
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**					**Measured/Metered (M) or Estimated (E) must be specified**												
WWTP Influent Data			**Precipitation Data**					**CSO Outfall No.**	**001**					**CSO Outfall No.**	**[#]**					
Day of Month	**Average Daily Flow (MGD)**	**Peak Hourly Flow (MGD)**	**Time Precip. Began (am/pm)**	**Precip. Duration (Hours)**	**Total Daily Precip. (Inches)**	**Peak Intensity (Inch/hr)**	**Measurement Interval (hr, 30 m, 15 m)**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	
1	2.00	2.00																		
2	1.80	2.00																		
3	2.20	2.30																		
4	1.80	2.30	3:15a	3.25	0.14	0.01	15 min													
5	1.90	2.00	4:45p	2.00	0.08	0.01	15 min													
6	1.90	1.90	9:00a	1.00	0.06	0.01	15 min													
7	2.10	1.80	12:45a	1.50	0.06	0.01	15 min													
8	1.90	2.00	8:45p	1.50	0.06	0.01	15 min													
9	1.40	2.00	12:15a	12.75	0.53	0.01	15 min													
10	1.60	2.20	11:30p	0.25	0.01	0.01	15 min													
11	1.90	2.00	12:00a	6.00	0.33	0.02	15 min													
12	1.70	1.80																		
13	1.80	1.80																		
14	2.20	2.30																		
15	3.60	3.70	11:30a	2.25	0.13	0.03	15 min													
16	2.30	2.70																		
17	2.70	2.70	4:15p	1.25	0.07	0.01	15 min													
18	2.40	2.40																		
19	5.40	10.10	1:15a	9.75	1.59	0.14	15 min													
20	10.40	12.30	12:00a	16.50	2.20	0.08	15 min	12:45 AM	M	34.10	M	5.06	M							
21	7.90	9.40	12:00a	4.50	0.46	0.02	15 min													
22	4.40	4.70																		
23	4.10	3.90	5:30a	0.50	0.05	0.02	15 min													
24	3.70	4.00	11:30p	0.25	0.01	0.01	15 min													
25	3.60	3.50	12:15a	0.50	0.02	0.01	15 min													
26	3.20	3.20																		
27	2.80	2.80																		
28	2.60	2.70	9:30p	0.75	0.03	0.01	15 min													
29																				
30																				
31																				
Totals:	85.30			64.50	5.83			1	Days	34.10		5.06		0	Days	0.00		0		

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	**Telephone**
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	**Date *(mm/dd/yy)***
David E. Ryan	03/23/18

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page:** **2 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?** **Y**	
Monitoring Period February	**2018**			**Check box if no CSO discharge occurred for the month:** ☐	
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	CSO began at 12:45A due to heavy rainfall and snow melt
21	CSO continued from yesterday and ended today at 10:50 A
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	**Telephone**
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	**Date *(mm/dd/yy)***
David E. Ryan	03/23/18

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** MAIN WWTP OUTFALL		
Report Dates & Status					
Monitoring Period:	**From 03/01/18 to 03/31/18**	**DMR Due Date:**	**04/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	Dave	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	--	Sample						=	10.2					19 - mg/L		05/WK - Five Per Week	G2 - GRAB-2
					Permit Req.						>=	6 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.2			=	7.5	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	2	--	Sample	=	89.6	=	122	26 - lb/d			=	4.5	=	5.6	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	1151.6 MO AVG	<=	1727.4 MX WK AV	26 - lb/d			<=	30 MO AVG	<=	45 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	2	--	Sample	=	2	=	3	26 - lb/d			=	0.1	=	0.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	72.2 MO AVG	<=	167.8 DAILY MX	26 - lb/d			<=	1.88 MO AVG	<=	4.37 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.5			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	2.345	=	2.554	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	2	--	Sample	=	31	=	43	26 - lb/d			=	2	=	2	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	959.7 MO AVG	<=	1535.5 MX WK AV	26 - lb/d			<=	25 MO AVG	<=	40 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	98.8					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	98.1					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	89.8					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	72.69	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_001A_MRO_2018_03.pdf	pdf	216094

Report Last Saved By

CHESTERTON WWTP, TOWN OF	
User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2018-04-18 14:55 (Time Zone: -04:00)
Report Last Signed By	
User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-04-23 12:58 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		
Report Dates & Status					
Monitoring Period:	**From 03/01/18 to 03/31/18**	**DMR Due Date:**	**04/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	Dave	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.3	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2018_03.pdf	pdf	56119

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2018-04-18 14:54 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-04-23 12:58 (Time Zone: -04:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility		Permit Number	
Chesterton Utility		IN0022578	
Month	Year	Plant Design Flow	Telephone Number
March	2018	4.6 mgd	219-926-1032
E-mail address:	dryan@chestertonin.org		
Certified Operator: Name		Class	Certificate Number / Expiration Date
William M. Williams		IV	WW019285 / 6/30/2018

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 1.3 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE								
								Ferrous Chloride Gal/Day		Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Thu		47	0.64				210		3.690	7.5	136	4185	266	8186	4.7	13.9	
2	Fri		34	0.00				175		3.137	7.5							
3	Sat		34	0.00				200		2.871								
4	Sun		37	0.00				200		2.826		118	2781	185	4360	4.4	16.2	
5	Mon		40	0.05				200		2.676	7.3	124	2767	330	7365	6.3	14.8	
6	Tue		36	0.10				200		2.726	7.4	124	2819	213	4843	4.5	17.4	
7	Wed		35	0.00				200		2.672	7.4	129	2875	226	5036	5.2	17.0	
8	Thu		29	0.00				185		2.532	7.3	129	2724	223	4709	5.0	16.4	
9	Fri		28	0.00				170		2.568	7.3							
10	Sat		28	0.00				170		2.575								
11	Sun		33	0.00				190		2.530		133	2806	244	5148	4.8	17.8	
12	Mon		33	0.01				180		2.418	7.3	95	1916	184	3711	3.9	15.7	
13	Tue		34	0.03				170		2.393	7.3	139	2774	200	3992	5.3	21.0	
14	Wed		30	0.00				150		2.432	7.4	122	2475	208	4219	4.8	17.3	
15	Thu		33	0.00				180		2.371	7.3	131	2590	223	4410	5.2	20.3	
16	Fri		34	0.00				195		2.354	7.4							
17	Sat		31	0.15				165		2.443								
18	Sun		32	0.00				190		2.388		147	2928	278	5537	6.4	19.1	
19	Mon		42	0.00				195		2.224	7.4	127	2356	247	4581	5.9	17.5	
20	Tue		38	0.00				195		2.289	7.4	130	2482	239	4563	5.5	20.9	
21	Wed		32	0.00				195		2.237	7.5	145	2705	300	5597	6.8	20.7	
22	Thu		33	0.00				210		2.240	7.5	139	2597	263	4913	6.7	22.7	
23	Fri		35	0.00				125		2.185	7.2							
24	Sat		36	0.00				200		2.205								
25	Sun		33	0.00				200		2.119		153	2704	182	3216	4.3	19.8	
26	Mon		37	0.01				190		2.068	7.3	118	2035	206	3553	4.5	18.1	
27	Tue		44	0.19				180		2.158	7.5	118	2124	234	4211	5.1	21.4	
28	Wed		44	0.01				190		2.086	7.4	89	1548	251	4367	5.7	18.0	
29	Thu		43	0.07				190		2.132	7.5	104	1849	268	4765	6.1	20.2	
30	Fri		39	0.00				180		2.120	7.4							
31	Sat		39	0.04				190		2.166								
Average			36	0.04				186		2.446	7.4	126	2573	237	4823	5.3	18.4	
Maximum			47	0.64				210		3.690	7.5	153	4185	330	8186	6.8	22.7	
Minimum			28	0.00				125		2.068	7.2	89	1548	182	3216	3.9	13.9	
No. of Data			31	31	0	0		31		31	22	21	21	21	21	21	21	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): William M. Williams — Date *(month, day, year)*: 4/23/2018

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Dave Ryan — Date *(month, day, year)*: 4/23/2018

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	March	2018

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	52	79	16	2815	57	3.6		2.04	8165						7.4		11.4	0.4
2			17	2863	59	5.0		2.03	6910						7.3		11.7	
3								2.03										
4	58	88						2.02										0.5
5	73	114	16	2710	59	4.8		2.03	7400						7.2		11.4	0.5
6	55	61	16	2722	59	4.6		2.02	7120						7.3		11.5	0.5
7	62	82	16	2746	58	4.8		2.02	6920						7.3		11.4	0.5
8	58	67	15	2709	55	5.0		2.02	6225						7.4		11.4	0.5
9			15	2710	55	4.4		2.01	6225						7.2		11.3	
10								2.00										
11	70	103						1.99										0.6
12	50	90	16	2788	57	4.7		2.01	7235						7.3		11.2	0.6
13	52	85	16	2853	56	4.7		2.05	6250						7.3		11.5	0.6
14	59	95	16	2790	57	4.9		2.05	6115						7.2		11.4	0.7
15	57	96	16	2864	56	4.7		2.02	5695						7.3		11.4	0.6
16			16	2832	56	4.9		1.99	7120						7.3		12.0	
17								1.99										
18	79	138						2.03										0.7
19	66	140	16	2883	55	4.7		1.93	6150						7.3		11.2	0.6
20	69	113	16	2828	57	4.7		2.05	6360						7.4		11.1	0.6
21	61	106	16	2795	57	8.0		2.01	5840						7.3		11.1	0.5
22	66	108	17	2941	58	4.9		2.00	6495					1	7.4		11.2	0.5
23			16	2960	54	4.7		2.01	6480					1	7.3		11.0	
24								1.98										
25	80	170						1.99										0.5
26	50	79	18	2909	62	4.8		2.01	4685					0	7.4		10.9	0.5
27	51	108	18	3155	57	5.1		2.05	5845					0	7.5		10.4	0.4
28	62	109	18	3088	58	4.6		1.94	6000					2	7.4		10.3	0.5
29	66	99	18	3163	57	5.0		1.96	5455					6	7.4		10.4	0.5
30								1.93						10	7.3		10.2	
31								1.89										
Avg.	62	101	16	2863	57	4.9		2.00	6414					2	7.3		11.2	0.5
Max.	80	170	18	3163	62	8.0		2.05	8165					10	7.5		12.0	0.7
Min.	50	61	15	2709	54	3.6		1.89	4685					0	7.2		10.2	0.4
Data	21	21	21	21	21	21		31	21					7	22		22	21

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	March	2018

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	Thu	3.592		2		60		5.6		167.9		0.1		3.0			
2	Fri	3.040															
3	Sat	2.775															
4	Sun	2.727		3		68		6.4		145.6		0.1		2.3			
5	Mon	2.577		2		43		6.7		144.1		0.1		2.2			
6	Tue	2.633		2		44		6.1		134.0		0.1		2.2			
7	Wed	2.573		1		21		4.7		100.9		0.1		2.1			
8	Thu	2.429		2		41		4.2		85.1		0.1		2.0			
9	Fri	2.466															
10	Sat	2.474	2.554		2		43		5.6		122.0		0.1		2.2		
11	Sun	2.498		2		42		7.0		145.9		0.1		2.1			
12	Mon	2.316		2		39		6.1		117.9		0.1		1.9			
13	Tue	2.290		1		19		3.1		59.2		0.1		1.9			
14	Wed	2.334		3		58		8.7		169.5		0.1		1.9			
15	Thu	2.268		2		38		2.7		51.1		0.1		1.9			
16	Fri	2.248															
17	Sat	2.343	2.328		2		39		5.5		108.7		0.1		2.0		
18	Sun	2.286		1		19		2.8		53.4		0.1		1.9			
19	Mon	2.108		1		18		4.6		80.9		0.1		1.8			
20	Tue	2.186		1		18		3.4		62.0		0.1		1.8			
21	Wed	2.134		1		18		2.8		49.9		0.1		1.8			
22	Thu	2.136		1		18		1.9		33.9		0.1		1.8			
23	Fri	2.088															
24	Sat	2.102	2.149		1		18		3.1		56.0		0.1		1.8		
25	Sun	2.021		1		17		2.3		38.8		0.1		1.7			
26	Mon	1.968		1		16		3.0		49.3		0.1		1.6			
27	Tue	2.056		1		17		3.0		51.5		0.1		1.7			
28	Wed	1.983		1		17		4.6		76.1		0.1		1.7			
29	Thu	1.962		1		16		4.0		65.5		0.1		1.6			
30	Fri	2.012															
31	Sat	2.063	2.009		1		17		3.4		56.2		0.1		1.7		
Avg		2.345		2		31		4.5		89.6		0.1		2.0			
Max		3.592	2.554	3	2	68	43	8.7	5.6	169.5	122.0	0.1	0.1	3.0	2.2		
Min		1.962	2.009	1	1	16	17	1.9	3.1	33.9	56.0	0.1	0.1	1.6	1.7		
Data		31	4	21	4	21	4	21	4	21	4	21	4	21	4		

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 72.688
Primary Treatment	51.1	57.1			
	NA	NA			Percent Capacity
Secondary Treatment	97.5	95.6			(actual flow/design) 51%
Overall Treatment	98.8	98.1	99.5	89.8	
Phosphorus limit would be 1 mg/l. (compliance achieved)					

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	March	2018

	SLUDGE TO DIGESTER		DIGESTER OPERATION EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge withdrawn hrs of gal. x 1000	
1	16.2	34.0	6.7	95.9	6.8	99.0			4.3	3.0	70.0	59.3	26.4	
2	16.2	33.0	6.8	94.1	6.8	98.6			3.8		71.2			
3	16.2	33.0						350						
4	16.2	33.0					60.9							
5	16.2	31.0	6.7	97.2	6.8	99.7			3.4		74.4			
6	16.2	31.0	6.7	98.2	6.8	99.1			3.3	3.1	75.2	58.2	27.6	
7	16.2	31.0	6.7	98.2	6.8	99.3			3.2	3.0	75.2	58.2	16.9	
8	16.2	31.0	6.8	98.2	6.8	99.3			3.4		76.1			
9	16.3	30.0	6.7	98.2	6.7	99.3			3.3		74.7			
10	16.5	30.0						351						
11	16.5	30.0					80.9							
12	16.5	30.0	6.7	98.6	6.8	99.3			2.3		76.7			
13	16.5	30.0	6.7	98.6	6.8	98.8			1.6	3.2	75.4	57.8	27.5	
14	16.5	30.0	6.7	98.2	6.8	99.7			2.2		76.8			
15	16.5	30.0	6.7	98.2	6.7	99.5			2.1	3.1	76.1	57.5	26.7	
16	16.5	30.0	6.7	98.2	6.8	99.3			2.1		75.9			
17	16.5	30.0						353						
18	16.5	30.0												
19	16.5	29.0	6.8	97.2	6.9	97.9			2.5		78.3			
20	16.5	29.0	6.9	96.1	6.9	99.3			2.3	3.1	77.4	58.2	19.9	
21	16.5	27.0	6.9	94.5	6.8	97.9	17.2							
22	16.5	27.0	6.8	97.0	6.9	98.2			2.1	2.9	77.6	59.3	27.0	
23	16.5	27.0	6.9	95.0	6.8	98.8			1.6		79.0			
24	16.5	27.0						333						
25	16.5	27.0												
26	16.5	27.0	6.7	96.8	6.9	99.0			2.1		78.4			
27	16.5	27.0	6.7	97.5	6.8	99.5			2.1	3.0	77.9	59.4	27.4	
28	16.5	27.0	6.7	98.2	6.8	99.0			2.2	2.9	77.6	60.0	10.1	
29	16.5	27.0	6.7	98.6	6.8	99.3			2.0		76.7			
30	16.5	27.0												
31	16.5	27.0						312						
Avg.	16.4	29.4	6.7	97.3	6.8	99.0	53	340	2.6	3.0	76.0	58.7	23.3	
Max.	16.5	34.0	6.9	98.6	6.9	99.7	80.9	353	4.3	3.2	79.0	60.0	27.6	
Min.	16.2	27.0	6.7	94.1	6.7	97.9	17.2	312	1.6	2.9	70.0	57.5	10.1	
Data	31	31	21	21	21	21	3	5	20	9	20	9	9	

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page 1 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period	**March**	**2018**		**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			**Precipitation Data**					**CSO Outfall No. 101**						**CSO Outfall No. m**					
Day of Month	**Average Daily Flow (MGD)**	**Peak Hourly Flow (MGD)**	**Time Precip. Began (am/pm)**	**Precip. Duration (Hours)**	**Total Daily Precip. (Inches)**	**Peak Intensity (Inch/hr)**	**Measurement Interval (hr, 30 m, 15 m)**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
1	3.70	5.50	6:15a	4.00	0.64	0.05	15 min												
2	3.30	2.50																	
3	3.40	2.00																	
4	2.60	3.20																	
5	2.50	2.70	7:00p	1.25	0.05	0.01	15 min												
6	2.40	2.90	9:30a	2.25	0.10	0.01	15 min												
7	2.50	2.80																	
8	2.30	2.30																	
9	2.70	2.60																	
10	2.40	2.70																	
11	2.50	2.70																	
12	2.10	2.30	7:00a	0.25	0.01	0.01	15 min												
13	2.50	2.40	11:30a	0.50	0.03	0.01	15 min												
14	2.10	2.50																	
15	2.40	2.20																	
16	2.30	2.40																	
17	2.30	2.70	3:00a	2.25	0.15	0.01	15 min												
18	2.10	2.40																	
19	2.40	2.40																	
20	1.90	2.00																	
21	2.20	2.30																	
22	2.20	2.10																	
23	1.60	2.00																	
24	1.90	2.40																	
25	1.90	2.20																	
26	2.10	2.00	11:00p	0.25	0.01	0.01	15 min												
27	2.10	2.10	12:00a	4.00	0.19	0.01	15 min												
28	2.20	2.00	8:45p	0.25	0.01	0.01	15 min												
29	2.10	2.10	5:00a	1.25	0.07	0.01	15 min												
30	2.20	2.20	9:15a	0.75	0.04	0.01	15 min												
31	2.00	2.20																	
Totals:	72.90			17.00	1.30			0	Days	0.00		0		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	**Telephone**
David E Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	**Date *(mm/dd/yy)***
David E Ryan	04/23/18

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page:** **2 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period	**March**	**2018**		**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	There were no CSO events in March 2019
2	
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	04/23/18

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** MAIN WWTP OUTFALL		
Report Dates & Status					
Monitoring Period:	**From 04/01/18 to 04/30/18**	**DMR Due Date:**	**05/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	Dave	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	--	Sample						=	10.1					19 - mg/L		05/WK - Five Per Week	G2 - GRAB-2
					Permit Req.						>=	6 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.3			=	7.5	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	2	--	Sample	=	59.1	=	107.8	26 - lb/d			=	2.9	=	3.9	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	1151.6 MO AVG	<=	1727.4 MX WK AV	26 - lb/d			<=	30 MO AVG	<=	45 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	2	--	Sample	=	2.2	=	7.6	26 - lb/d			=	0.1	=	0.3	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	72.2 MO AVG	<=	167.8 DAILY MX	26 - lb/d			<=	1.88 MO AVG	<=	4.37 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.5			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	2.322	=	2.861	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Sample								=	10	=	52	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.								<=	125 MO GEO	<=	235 DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51041	E. coli, colony forming units [CFU]	Y - Effluent Gross (Supplementary)	0	--	Sample										=	52	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.											Opt Mon DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51484	Number of Events	Y - Effluent Gross (Supplementary)	0	--	Sample			=	21	5J - #					=	0	4X - # exceed		01/30 - Monthly	RT - RCOTOT
					Permit Req.				Opt Mon MO TOTAL	5J - #						Opt Mon MO TOTAL	4X - # exceed	0	01/30 - Monthly	RT - RCOTOT
					Value NODI															
71901	Mercury, total recoverable	1 - Effluent Gross	0	--	Sample								=	1.15	=	1.6	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.								<=	2.4 ANNL AVG		Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
71901	Mercury, total recoverable	G - Raw Sewage Influent	0	--	Sample			=	0.0004202	26 - lb/d					=	24	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.				Req Mon DAILY MX	26 - lb/d						Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	2	--	Sample	=	37	=	54	26 - lb/d			=	2	=	2	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	959.7 MO AVG	<=	1535.5 MX WK AV	26 - lb/d			<=	25 MO AVG	<=	40 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	98.7					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	98.9					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	92.2					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	69.674	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_001A_MRO_2018_04.pdf	pdf	218373

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2018-05-21 16:34 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-05-21 16:38 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		
Report Dates & Status					
Monitoring Period:	**From 04/01/18 to 04/30/18**	**DMR Due Date:**	**05/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	Dave	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.37	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2018_04.pdf	pdf	56419

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2018-05-21 16:35 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-05-21 16:38 (Time Zone: -04:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number		
Chesterton Utility	IN0022578		
Month	**Year**	**Plant Design Flow**	**Telephone Number**
April	2018	4.6 mgd	219-926-1032
E-mail address:	dryan@chestertonin.org		
Certified Operator: Name	**Class**	**Certificate Number**	**Expiration Date**
William M. Williams	IV	WW019285	6/30/2018

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches (Total= 2.37)	Bypass At Plant Site ("X" If Occurred)	Collection System Overflow ("X" If Occurred)	CHEMICALS USED	Ferrous Chloride Gal/Day		RAW SEWAGE Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Sun		44	0.00				200		2.156		132	2373.5	220	3956	5.3	22.0	
2	Mon		27	0.00				200		2.147	7.4	121	2166.6	265	4745	6.1	20.8	
3	Tue		35	0.18				200		2.236	7.4	139	2592.1	317	5911	6.0	22.8	
4	Wed		36	0.07				170		2.189	7.4	118	2154.2	201	3670	4.6	20.0	
5	Thu		28	0.08				170		2.165	7.4	115	2076.5	334	6031	7.8	23.0	
6	Fri		30	0.00				200		2.197	7.2							
7	Sat		31	0.00				195		2.217								
8	Sun		26	0.00				190		2.218		188	3477.6	282	5216	6.3	23.7	
9	Mon		34	0.02				200		2.106	7.4	154	2704.9	343	6024	6.8	21.2	
10	Tue		32	0.00				200		2.124	7.3	108	1913.1	277	4907	6.8	24.2	
11	Wed		39	0.00				195		2.118	7.3	162	2861.6	298	5264	7.3	22.8	
12	Thu		52	0.02				195		2.117	7.4	175	3089.8	330	5826	7.8	24.6	
13	Fri		57	0.00				185		2.054	7.3							
14	Sat		51	0.97				165		3.153								
15	Sun		41	0.73				200		4.471		125	4661	256	9546	4.9	12.2	
16	Mon		34	0.02				195		3.145	7.5	109	2859	196	5141	4.8	17.9	
17	Tue		31	0.00				200		2.747	7.5	120	2749.2	274	6277	7.0	18.0	
18	Wed		32	0.08				195		2.614	7.5	120	2616.1	219	4774	5.9	19.2	
19	Thu		36	0.14				150		2.747	7.5	111	2543	163	3734	5.0	20.7	
20	Fri		36	0.00				200		2.524	7.6							
21	Sat		45	0.00				175		2.475								
22	Sun		47	0.00				205		2.476		137	2829	121	2499	4.3	21.3	
23	Mon		53	0.00				205		2.351	7.5	147	2882.3	287	5627	7.1	19.9	
24	Tue		48	0.01				205		2.320	7.6	133	2573.4	181	3502	5.0	24.3	
25	Wed		48	0.00				200		2.284	7.6	164	3124	295	5619	6.4	22.3	
26	Thu		39	0.00				205		2.302	7.5	146	2803	206	3955	5.4	23.7	
27	Fri		50	0.05				200		2.260	7.5							
28	Sat		44	0.00				210		2.275								
29	Sun		39	0.00				195		2.272		182	3448.6	254	4813	6.5	23.8	
30	Mon		46	0.00				120		2.203	7.4	143	2627.3	267	4906	6.3	21.3	
Average			40	0.08				191		2.422	7.4	139	2778.4	254	5088	6.1	21.4	
Maximum			57	0.97				210		4.471	7.6	188	4661	343	9546	7.8	24.6	
Minimum			26	0.00				120		2.054	7.2	108	1913.1	121	2499	4.3	12.2	
No. of Data			30	30	0	0		30		30	21	22	22	22	22	22	22	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator):

William M. Williams

Date *(month, day, year)*: 5/21/2018

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement)

Dave Ryan

Date *(month, day, year)*: 5/21/2018

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	April	2018

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	67	105						1.84										0.5
2	67	165	19	3261	58	4.9		1.85	6685					13	7.4		10.3	0.5
3	49	104	19	3382	56	4.7		1.90	8060					5	7.4		10.1	0.5
4	51	102	20	3329	60	5.0		1.90	7000					6	7.4		10.2	0.5
5	49	95	20	3388	59	4.8		1.90	7770					22	7.4		10.4	0.5
6			20	3303	61	4.7		1.89	7715					5	7.3		10.3	
7								1.90										
8	98	137						1.89										0.5
9	78	136	20	3475	58	4.6		1.89	7710					10	7.4		10.3	0.5
10	67	124	21	3440	61	4.8		1.91	8270					15	7.4		10.2	0.4
11	74	110	20	3502	57	5.3		1.92	7110					14	7.4		10.4	0.5
12	64	111	20	3509	57	4.7		1.91	7985					21	7.3		10.7	0.5
13			20	3458	58	4.6		1.90	7150					8	7.3		10.8	
14								1.90										
15	56	84						1.99										0.7
16	61	109	20	3487	57	5.0		1.97	9170					25	7.4		11.8	0.5
17	54	92	20	3563	56	5.0		1.95	8610					52	7.5		11.5	0.4
18	60	105	20	3442	58	5.1		1.94	7960					20	7.4		11.3	0.4
19	61	80	20	3468	58	5.1		1.94	8510					25	7.4		11.5	0.5
20			20	3424	58	4.8		2.00	7985					7	7.4		11.5	
21								1.97										
22	88	130						1.95										0.4
23	130	527	19	3168	60	4.7		1.92	7355					19	7.4		11.2	0.4
24	69	91	19	3383	56	4.7		1.90	7445					2	7.4		11.3	0.4
25	94	88	18	3224	56	4.8		1.89	6900					6	7.4		11.6	0.4
26	82	113	18	3103	58	4.6		1.90	7525					11	7.3		11.5	0.4
27			18	3104	58	4.6		1.89	7295					2	7.4		11.7	
28								1.94										
29	93	133						1.92										0.5
30	76	117	19	3251	58	4.5		1.93	6500					5	7.3		10.7	0.5
Avg.	72	130	20	3365	58	4.8		1.92	7653					10	7.4		10.9	0.5
Max.	130	527	21	3563	61	5.3		2.00	9170					52	7.5		11.8	0.7
Min.	49	80	18	3103	56	4.5		1.84	6500					2	7.3		10.1	0.4
Data	22	22	21	21	21	21		30	21					21	21		21	22

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	April	2018

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	Sun	2.059		1		17		4.1		70.4		0.1		1.7			
2	Mon	2.042		2		34		4.6		78.4		0.1		1.7			
3	Tue	2.148		1		18		3.0		53.8		0.1		1.8			
4	Wed	2.094		1		17		2.2		38.4		0.1		1.7			
5	Thu	2.071		1		17		2.1		36.3		0.1		1.7			
6	Fri	2.102															
7	Sat	2.128	2.092		1		21		3.2		55.5		0.1		1.7		
8	Sun	2.128		2		36		2.8		49.7		0.1		1.8			
9	Mon	2.018		2		34		3.3		55.6		0.1		1.7			
10	Tue	2.032		2		34		2.7		45.8		0.1		1.7			
11	Wed	2.019		2		34		3.2		53.9		0.1		1.7			
12	Thu	2.019		2		34		1.6		27.0		0.1		1.7			
13	Fri	1.953															
14	Sat	3.077	2.178		2		34		2.7		46.4		0.1		1.7		
15	Sun	4.380		3		110		7.1		259.5		0.1		3.7			
16	Mon	3.046		2		51		3.7		94.0		0.3		7.6			
17	Tue	2.645		1		22		2.9		64.0		0.1		2.2			
18	Wed	2.516		2		42		4.1		86.1		0.1		2.1			
19	Thu	2.648		2		44		1.6		35.4		0.1		2.2			
20	Fri	2.418															
21	Sat	2.374	2.861		2		54		3.9		107.8		0.1		3.6		
22	Sun	2.370		2		40		1.4		27.7		0.1		2.0			
23	Mon	2.246		2		37		1.4		26.2		0.1		1.9			
24	Tue	2.211		2		37		1.2		22.1		0.1		1.8			
25	Wed	2.172		2		36		1.7		30.8		0.1		1.8			
26	Thu	2.192		3		55		1.8		32.9		0.1		1.8			
27	Fri	2.149															
28	Sat	2.165	2.215		2		41		1.5		28.0		0.1		1.9		
29	Sun	2.157		2		36		2.7		48.6		0.1		1.8			
30	Mon	2.095		2		35		3.6		62.9		0.1		1.7			
Avg		2.322		2		37		2.9		59.1		0.1		2.2			
Max		4.380	2.861	3	2	110	54	7.1	3.9	259.5	107.8	0.3	0.1	7.6	3.6		
Min		1.953	2.092	1	1	17	21	1.2	1.5	22.1	28.0	0.1	0.1	1.7	1.7		
Data		30	4	22	4	22	4	22	4	22	4	22	4	22	4		

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 69.674
Primary Treatment	47.9	48.8			
	NA	NA			Percent Capacity
Secondary Treatment	97.4	97.8			(actual flow/design) 50%
Overall Treatment	98.7	98.9	99.5	92.2	

Phosphorus limit would be 1 mg/l. (compliance achieved)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	April	2018

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge ithdrawn hrs of gal. x 1000	
1	16.5	27.0					86.5							
2	16.5	27.0	6.9	93.9	6.9	96.3			2.9		79.9			
3	16.5	28.0	6.7	97.3	6.8	98.1			2.7	3.2	79.2	59.2	27.2	
4	16.5	28.0	6.7	96.6	6.8	98.2			2.9		79.3			
5	16.5	29.0	6.7	97.0	6.9	98.6			2.8	2.9	79.2	61.1	23.4	
6	16.5	29.0	6.7	96.6	6.8	98.6			2.8		78.7			
7	16.5	29.0						311						
8	16.5	29.0					65.1							
9	16.5	30.7	6.7	97.5	6.9	97.9			2.7		79.4			
10	16.5	31.0	6.7	97.5	6.8	98.4			2.8	2.8	79.0	61.3	27.1	
11	16.5	32.0	6.8	97.9	6.9	98.2			2.8		79.3			
12	16.5	33.7	6.8	98.4	6.9	98.6			2.8		78.4			
13	16.5	34.0	6.8	98.8	6.9	98.4			2.8		77.4			
14	16.5	34.0					66.2	309						
15	16.5	34.0												
16	16.5	35.0	6.9	94.6	6.8	98.1			2.9	3.0	72.9	60.0	27.4	
17	16.5	35.0	6.7	95.4	6.8	99.0			3.4		73.2			
18	16.5	35.0	6.8	97.2	6.8	99.1			3.2		73.2			
19	16.5	35.0	6.8	97.3	6.9	97.9	27.0		3.2	2.9	75.2	60.7	25.4	
20	16.5	35.0	6.8	96.8	6.9	97.5			2.9		76.6			
21	16.5	35.0												
22	16.5	35.0					62.5							
23	16.5	35.0	6.8	98.2	6.9	97.3			3.0		76.4			
24	16.5	35.0	6.8	97.7	6.9	98.4		328	3.2	3.0	74.0	60.2	26.5	
25	16.5	35.0	6.8	98.4	6.9	98.8			2.9		75.5			
26	16.5	35.0	6.8	98.4	6.9	96.8			2.9	2.8	76.2	60.8	26.9	
27	16.5	34.0	6.8	99.0	6.9	98.6			2.7		77.0			
28	16.5	34.0						371						
29	16.5	34.0					66.0							
30	16.5	34.0	6.8	99.3	6.9	97.9			2.7		77.7			
Avg.	16.5	32.5	6.8	97.3	6.9	98.1	62.2	330	2.9	2.9	77.0	60.5	26.3	
Max.	16.5	35.0	6.9	99.3	6.9	99.1	86.5	371	3.4	3.2	79.9	61.3	27.4	
Min.	16.5	27.0	6.7	93.9	6.8	96.3	27.0	309	2.7	2.8	72.9	59.2	23.4	
Data	30	30	21	21	21	21	6	4	21	7	21	7	7	

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page 1 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period	**April 2018**	**2018**		**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			**Precipitation Data**					**CSO Outfall No. 101**						**CSO Outfall No. [#]**					
Day of Month	**Average Daily Flow (MGD)**	**Peak Hourly Flow (MGD)**	**Time Precip. Began (am/pm)**	**Precip. Duration (Hours)**	**Total Daily Precip. (Inches)**	**Peak Intensity (Inch/hr)**	**Measurement Interval (hr, 30 m, 15 m)**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
1	2.00	2.40																	
2	2.20	2.20																	
3	2.20	2.10	11:00a	2.75	0.18	0.05	15 min												
4	2.10	2.10	1:00a	1.25	0.07	0.02	15 min												
5	2.10	2.20	8:45p	2.00	0.08	0.01	15 min												
6	2.00	1.90																	
7	1.80	2.20																	
8	2.40	2.40																	
9	2.00	2.00	12:45 PM	0.50	0.02	0.01	15 min												
10	2.10	2.10																	
11	2.40	2.00																	
12	2.00	2.20	12:30a	0.50	0.02	0.01	15 min												
13	1.80	2.00																	
14	3.20	3.20	12:45a	8.00	0.97	0.03	15 min												
15	4.20	6.30	1:45a	7.25	0.73	0.02	15 min												
16	3.00	3.20	9:00a	0.50	0.02	0.01	15 min												
17	2.80	2.50																	
18	2.60	2.40	5:45p	2.00	0.08	0.01	15 min												
19	2.50	2.70	12:00a	2.50	0.14	0.01	15 min												
20	2.10	2.30																	
21	2.00	2.60																	
22	2.60	2.60																	
23	2.40	2.30																	
24	2.30	2.40	1:00a	0.25	0.01	0.01	15 min												
25	2.30	2.30																	
26	2.40	2.40																	
27	2.20	2.20	7:00p	1.25	0.05	0.01	15 min												
28	2.10	2.50																	
29	2.20	2.30																	
30	1.90	1.70																	
31																			
Totals:	69.90			28.75	2.37			0	Days	0.00		0		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	**Telephone**
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	**Date *(mm/dd/yy)***
David E. Ryan	05/21/18

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page:** **2 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period April 2018	**2018**			**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	There were no CSO events for April 2018
2	
3	
4	
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30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	05/21/18

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** MAIN WWTP OUTFALL		
Report Dates & Status					
Monitoring Period:	**From 05/01/18 to 05/31/18**	**DMR Due Date:**	**06/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	Dave	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	--	Sample						=	9.3					19 - mg/L		05/WK - Five Per Week	G2 - GRAB-2
					Permit Req.						>=	6 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.2			=	7.4	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	1	--	Sample	=	89.7	=	203.2	26 - lb/d			=	3.6	=	6	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	691 MO AVG	<=	1036.4 MX WK AV	26 - lb/d			<=	18 MO AVG	<=	27 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample	=	2.2	=	4.5	26 - lb/d			=	0.1	=	0.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	60.3 MO AVG	<=	140.1 DAILY MX	26 - lb/d			<=	1.57 MO AVG	<=	3.65 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.5			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	2.531	=	3.31	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Sample								=	4	=	12	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.								<=	125 MO GEO	<=	235 DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51041	E. coli, colony forming units [CFU]	Y - Effluent Gross (Supplementary)	0	--	Sample										=	12	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.											Opt Mon DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51484	Number of Events	Y - Effluent Gross (Supplementary)	0	--	Sample			=	23	5J - #					=	0	4X - # exceed		01/30 - Monthly	RT - RCOTOT
					Permit Req.				Opt Mon MO TOTAL	5J - #						Opt Mon MO TOTAL	4X - # exceed	0	01/30 - Monthly	RT - RCOTOT
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Sample	=	51	=	100	26 - lb/d			=	2	=	3	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	575.8 MO AVG	<=	882.9 MX WK AV	26 - lb/d			<=	15 MO AVG	<=	23 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	98.5					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	98.8					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	91.8					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	78.473	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_001A_MRO_2018_05.pdf	pdf	220271

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-06-25 16:39 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-06-25 16:40 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		
Report Dates & Status					
Monitoring Period:	**From 05/01/18 to 05/31/18**	**DMR Due Date:**	**06/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	Dave	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	6.45	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2018_05.pdf	pdf	70378

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2018-06-21 11:12 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-06-25 16:40 (Time Zone: -04:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility		Permit Number	
Chesterton Utility		IN0022578	
Month	Year	Plant Design Flow	Telephone Number
May	2018	4.6 mgd	219-926-1032
E-mail address:	dryan@chestertonin.org		
Certified Operator: Name		Class	Certificate Number / Expiration Date
William M. Williams		IV	WW019285 / 6/30/2018

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 6.45 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE								
								Ferrous Chloride Gal/Day		Influent Flow Rate (If metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Tue			0.00				260		2.189	7.3	185	3377.4	718	13108	10.9	23.6	
2	Wed			0.42				200		2.250	7.1	183	3434	401	7524.8	7.4	26.2	
3	Thu			0.52				195		2.955	7.3	156	3844.6	315	7763.1	6.0	22.7	
4	Fri			0.00				115		2.358	7.3							
5	Sat			0.00				180		2.290								
6	Sun			0.00				270		2.310		142	2735.7	253	4874.1	6.1	26.7	
7	Mon			0.00				200		2.180	7.4	140	2545.4	213	3872.6	4.8	20.9	
8	Tue			0.00				200		2.197	7.4	157	2876.7	393	7200.9	8.9	27.3	
9	Wed			0.01				195		2.158	7.4	145	2609.7	285	5129.4	6.2	22.0	
10	Thu			0.00				175		2.167	7.4	148	2674.8	298	5385.7	7.4	27.2	
11	Fri			0.10				200		2.103	7.3							
12	Sat			0.38				175		2.234								
13	Sun			0.75				200		2.772		189	4369.4	375	8669.4	5.3	18.5	
14	Mon			1.63				115		4.088	7.4	151	5148.2	367	12512	6.1	13.1	
15	Tue			0.13				275		5.714	7.3	61	2906.9	132	6290.4	2.0	11.5	
16	Wed			0.00				175		3.285	7.5	109	2986.3	214	5862.9	4.4	14.8	
17	Thu			0.00				180		2.898	7.4	147	3552.9	323	7806.7	6.5	18.8	
18	Fri			0.31				180		2.770	7.3							
19	Sat			0.05				200		2.803								
20	Sun			0.02				175		2.632		143	3139	237	5202.4	5.5	21.6	
21	Mon			0.36				250		2.949	7.2	164	4033.5	481	11830	10.9	16.6	
22	Tue			0.00				200		2.762	7.4	141	3247.9	334	7693.7	6.9	20.4	
23	Wed			0.00				205		2.577	7.4	144	3094.9	254	5459	5.8	16.9	
24	Thu			0.00				200		2.525	7.3	147	3095.6	275	5791.1	5.9	21.5	
25	Fri			0.00				200		2.250	7.3							
26	Sat			0.00				200		2.438								
27	Sun			0.00				200		2.298		168	3219.8	246	4714.7	5.6	20.2	
28	Mon			0.00				200		2.285	7.3	120	2286.8	212	4040.1	6.0	20.3	
29	Tue			0.02				190		2.287	6.9	129	2460.5	204	3891	5.2	27.3	
30	Wed			0.71				200		2.582	7.4	148	3187	221	4759	4.8	19.6	
31	Thu			1.04				200		2.970	7.2	152	3765	238	5895.2	5.8	17.8	
Average				0.21				197		2.654	7.313	146	3243.1	304	6751.2	6.3	20.7	
Maximum				1.63				275		5.714	7.5	189	5148.2	718	13108	10.9	27.3	
Minimum				0.00				115		2.103	6.9	61	2286.8	132	3872.6	2.0	11.5	
No. of Data		0		31	0	0		31		31	23	23	23	23	23	23	23	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): William M. Williams — Date *(month, day, year)*: 6/22/2018

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Dave Ryan — Date *(month, day, year)*: 6/22/2018

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	May	2018

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	67	129	19	3403	56	4.3		1.90	5550					1		7.4	10.5	0.4
2	79	135	18	3204	56	4.3		1.89	7150					3		7.3	10.1	0.5
3	68	140	16	3050	52	4.4		1.93	8550					12		7.2	10.2	0.6
4			17	3184	53	4.5		1.96	6840					6		7.3	10.0	
5								1.98										
6	85	139						1.96										0.5
7	79	132	18	3160	57	4.4		1.94	6000					5		7.3	10.2	0.5
8	71	117	18	3155	57	4.4		1.89	6670					6		7.4	10.2	0.5
9	76	107	18	3123	58	4.4		1.88	6980					8		7.3	10.0	0.5
10	77	131	18	3141	57	4.1		1.89	6165					11		7.4	10.4	0.5
11			17	3108	55	4.3		1.89	6630					1		7.3	10.1	
12								1.89										
13	88	168						1.93										0.6
14	75	165	17	3163	54	4.3		2.08	12350					10		7.3	10.0	0.7
15	34	56	16	3229	50	4.3		2.15	11400					10		7.2	10.3	0.7
16	68	145	17	3533	48	4.4		2.07	8230					12		7.4	10.3	0.5
17	56	100	17	3358	51	4.2		2.03	7430					4		7.4	10.2	0.5
18			17	3333	51	4.0		2.01	7800					4		7.3	10.1	
19								1.99										
20	70	109						1.99										0.5
21	70	121	18	3468	52	4.3		1.94	8310					5		7.3	10.2	0.5
22	54	95	17	3044	56	4.3		2.01	7640					10		7.4	10.2	0.4
23	70	110	17	3118	55	4.6		2.00	7290					4		7.4	10.1	0.4
24	62	102	17	2995	57	4.5		2.00	7390					2		7.4	9.8	0.5
25			17	2841	60	4.3		2.00	5525					0		7.4	9.9	
26								1.98										
27	82	108						1.97										0.5
28	63	98						1.98						1		7.2		0.5
29	66	102	15	2970	51	4.1		1.96	5950					2		7.2	9.5	0.5
30	64	92	14	2927	48	3.8		1.96	5920					6		7.3	9.3	0.5
31	58	83	14	2937	48	4.0		1.96	5245					12		7.2	9.3	0.5
Avg.	69	117	17	3157	54	4.3		1.97	7319					4		7.3	10.0	0.5
Max.	88	168	19	3533	60	4.6		2.15	12350					12	7.4		10.5	0.7
Min.	34	56	14	2841	48	3.8		1.88	5245					0	7.2		9.3	0.4
Data	23	23	22	22	22	22		31	22					23	23		22	23

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	May	2018

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	Tue	2.060		1		17		2.0		34.4		0.1		1.7			
2	Wed	2.156		2		36		2.4		43.2		0.1		1.8			
3	Thu	2.853		2		48		5.4		128.6		0.1		2.4			
4	Fri	2.247															
5	Sat	2.174	2.249		2		34		3.2		63.5		0.1		1.9		
6	Sun	2.194		2		37		2.7		49.4		0.1		1.8			
7	Mon	2.059		2		34		2.5		43.0		0.1		1.7			
8	Tue	2.061		2		34		2.2		37.8		0.1		1.7			
9	Wed	2.106		3		53		3.5		61.5		0.1		1.8			
10	Thu	2.061		2		34		2.8		48.2		0.1		1.7			
11	Fri	1.997															
12	Sat	2.138	2.088		2		39		2.7		48.0		0.1		1.7		
13	Sun	2.691		3		67		3.9		87.6		0.1		2.2			
14	Mon	3.929		4		131		11.0		360.7		0.1		3.3			
15	Tue	5.389		4		180		9.5		427.2		0.1		4.5			
16	Wed	3.133		2		52		3.0		78.4		0.1		2.6			
17	Thu	2.745		3		69		2.7		61.8		0.1		2.3			
18	Fri	2.625															
19	Sat	2.656	3.310		3		100		6.0		203.2		0.1		3.0		
20	Sun	2.480		2		41		3.7		76.6		0.1		2.1			
21	Mon	2.762		2		46		4.1		94.5		0.1		2.3			
22	Tue	2.610		2		44		3.1		67.5		0.1		2.2			
23	Wed	2.505		2		42		2.3		48.1		0.1		2.1			
24	Thu	2.336		2		39		2.1		40.9		0.1		1.9			
25	Fri	2.400															
26	Sat	2.314	2.487		2		42		3.1		65.5		0.1		2.1		
27	Sun	2.117		2		35		2.6		45.9		0.1		1.8			
28	Mon	2.160		2		36		2.6		46.9		0.1		1.8			
29	Tue	2.170		1		18		2.6		47.1		0.1		1.8			
30	Wed	2.488		2		42		2.7		56.1		0.1		2.1			
31	Thu	2.857	2.358	2	2	48	36	3.3	2.8	78.7	54.9	0.1	0.1	2.4	2.0		
Avg		2.531		2		51		3.6		89.7		0.1		2.2			
Max		5.389	3.310	4	3	180	100	11.0	6.0	427.2	203.2	0.1	0.1	4.5	3.0		
Min		1.997	2.088	1	2	17	34	2.0	2.7	34.4	48.0	0.1	0.1	1.7	1.7		
Data		31	5	23	5	23	5	23	5	23	5	23	5	23	5		

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:	
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)	78.473
Primary Treatment	53.0	61.6				
	NA	NA			Percent Capacity	
Secondary Treatment	96.8	96.9			(actual flow/design)	55%
Overall Treatment	98.5	98.8	99.5	91.8		
Phosphorus limit would be	1 mg/l.	(compliance achieved)				

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	May	2018

	SLUDGE TO DIGESTER		DIGESTER OPERATION EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge withdrawn hrs of gal. x 1000	
1	16.5	54.3	6.8	99.1	6.9	98.2	6.3		2.8		74.9			
2	16.5	34.0	6.8	99.3	6.9	98.6			3.0	2.9	73.6	59.8	27.8	
3	16.5	34.0	6.9	99.1	6.9	97.5			4.4	2.8	66.2	59.9	25.5	
4	16.5	34.0	6.8	98.8	6.9	98.6			3.5		68.5			
5	16.5	34.0						402						
6	16.5	34.0					53.6							
7	16.5	34.0	6.8	97.0	6.9	97.7			3.1		75.9			
8	16.5	34.0	6.8	97.5	6.9	98.8			2.9	2.9	76.2	57.9	27.5	
9	14.7	34.0	6.8	99.5	6.9	99.0			2.9		75.1			
10	13.8	34.0	6.8	99.3	6.9	98.4			2.9	3.0	75.9	57.6	26.9	
11	13.8	34.0	6.8	100.0	6.9	99.1			3.1		76.5			
12	13.8	34.0												
13	13.8	34.0					66.0							
14	21.8	34.0	6.8	99.3	6.9	99.0	18.0	328	1.1		69.5			
15	23.2	34.0	6.7	95.9	6.8	97.5			2.9	3.0	61.7	57.5	25.3	
16	17.3	35.0	6.8	95.2	6.9	98.1			3.3		67.4			
17	17.6	35.0	6.9	93.6	6.9	98.6	30.8		3.4		70.6			
18	17.6	35.8	6.7	96.6	6.9	98.1			3.3	2.9	70.9	57.1	26.8	
19	17.6	36.0						406						
20	17.6	36.0												
21	16.9	79.3	7.2	91.0	6.9	94.6	50.1		2.9		71.9			
22	16.2	37.0	6.8	97.2	6.9	98.1			3.2	2.8	69.2	57.8	29.7	
23	14.6	37.0	6.8	97.5	6.9	97.2			3.3		71.8			
24	14.6	36.0	6.8	97.9	6.9	98.4			3.1	2.9	74.3	57.4	27.2	
25	16.2	34.0	6.8	99.3	6.9	98.6			3.5		71.2			
26	16.2	34.0						396						
27	16.2	34.0					69.0							
28	16.2	34.0												
29	16.2	34.0	6.8	90.3	6.8	99.0			3.1	3.0	76.5	56.3	27.4	
30	16.2	34.0	6.8	92.7	7.0	96.8			3.1		77.6			
31	16.2	34.0	6.9	93.6	7.0	97.3	10.4		3.2	2.9	76.1	57.2	27.2	
Avg.	16.5	36.6	6.8	96.8	6.9	98.1	38.0	383	3.1	2.9	72.3	57.9	27.1	
Max.	23.2	79.3	7.2	100.0	7.0	99.1	69.0	406	4.4	3.0	77.6	59.9	29.7	
Min.	13.8	34.0	6.7	90.3	6.8	94.6	6.3	328	1.1	2.8	61.7	56.3	25.3	
Data	31	31	22	22	22	22	8	4	22	10	22	10	10	

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page 1 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period	**May**	**2018**		**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			**Precipitation Data**					**CSO Outfall No. 001**						**CSO Outfall No. [#]**					
Day of Month	**Average Daily Flow (MGD)**	**Peak Hourly Flow (MGD)**	**Time Precip. Began (am/pm)**	**Precip. Duration (Hours)**	**Total Daily Precip. (Inches)**	**Peak Intensity (Inch/hr)**	**Measurement Interval (hr, 30 m, 15 m)**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
1	2.30	2.20																	
2	2.30	2.60	8:30p	1.00	0.42	0.14	15 min												
3	3.20	3.90	1:30a	1.50	0.52	0.18	15 min												
4	2.30	2.10																	
5	2.00	2.10																	
6	2.10	2.40																	
7	2.30	2.20																	
8	2.30	2.20																	
9	2.00	2.00	9:15a	0.25	0.01	0.01	15 min												
10	1.70	2.00																	
11	1.60	2.00	5:15a	0.75	0.10	0.03	15 min												
12	2.80	2.50	6:45a	2.00	0.38	0.07	15 min												
13	3.00	4.10	12.45a	1.50	0.75	0.25	15 min												
14	3.20	9.30	7:30a	2.25	1.63	0.35	15 min												
15	3.00	11.60	12:00a	2.00	0.13	0.02	15 min												
16	2.20	9.10																	
17	2.00	2.70																	
18	2.50	2.50	6:30 AM	1.50	0.31	0.06	15 min												
19	2.40	2.70	12:45a	1.25	0.05	0.01	15 min												
20	2.30	2.60	10:30a	0.25	0.02	0.02	15 min												
21	2.90	3.30	6:45a	2.75	0.36	0.08	15 min												
22	2.70	2.70																	
23	2.60	2.60																	
24	2.30	2.50																	
25	3.30	2.90																	
26	2.30	2.40																	
27	2.30	2.40																	
28	2.30	2.40																	
29	2.20	2.30	4:30p	0.25	0.02	0.02	15 min												
30	2.60	3.10	1:15p	4.00	0.71	0.08	15 min												
31	3.10	8.00	9:30p	1.75	1.04	0.25	15 min												
Totals:	76.10			23.00	6.45			0	Days	0.00		0		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	**Telephone**
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	**Date *(mm/dd/yy)***
David E. Ryan	06/22/18

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page:** **2 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?** **Y**	
Monitoring Period	**September**	**2018**		**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	THERE WERE NO CSO EVENTS FOR MAY 2018
2	
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29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	06/22/18

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** MAIN WWTP OUTFALL		
Report Dates & Status					
Monitoring Period:	**From 06/01/18 to 06/30/18**	**DMR Due Date:**	**07/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	--	Sample						=	8.8					19 - mg/L		05/WK - Five Per Week	G2 - GRAB-2
					Permit Req.						>=	6 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.1			=	7.5	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	1	--	Sample	=	76.6	=	88.8	26 - lb/d			=	3.9	=	4.6	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	691 MO AVG	<=	1036.4 MX WK AV	26 - lb/d			<=	18 MO AVG	<=	27 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample	=	2	=	2.5	26 - lb/d			=	0.1	=	0.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	60.3 MO AVG	<=	140.1 DAILY MX	26 - lb/d			<=	1.57 MO AVG	<=	3.65 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.6			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	2.369	=	2.437	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Sample								=	6	=	22	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.								<=	125 MO GEO	<=	235 DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51041	E. coli, colony forming units [CFU]	Y - Effluent Gross (Supplementary)	0	--	Sample										=	22	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.											Opt Mon DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51484	Number of Events	Y - Effluent Gross (Supplementary)	0	--	Sample			=	21	5J - #					=	21	4X - # exceed		01/30 - Monthly	RT - RCOTOT
					Permit Req.				Opt Mon MO TOTAL	5J - #						Opt Mon MO TOTAL	4X - # exceed	0	01/30 - Monthly	RT - RCOTOT
					Value NODI															
71901	Mercury, total recoverable	1 - Effluent Gross	0	--	Sample								=	1.2	=	1	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.								<=	2.4 ANNL AVG		Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
71901	Mercury, total recoverable	G - Raw Sewage Influent	0	--	Sample			=	0.000398	26 - lb/d					=	21	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.				Req Mon DAILY MX	26 - lb/d						Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Sample	=	38	=	42	26 - lb/d			=	2	=	2	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	575.8 MO AVG	<=	882.9 MX WK AV	26 - lb/d			<=	15 MO AVG	<=	23 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	98.4					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	98.4					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	89					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	71.058	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_001A_MRO_2018_06.pdf	pdf	212896

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2018-07-23 16:39 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-07-24 11:49 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		
Report Dates & Status					
Monitoring Period:	**From 06/01/18 to 06/30/18**	**DMR Due Date:**	**07/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.7	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2018_06.pdf	pdf	68636

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2018-07-23 16:38 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-07-24 11:49 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	PRT Surface Disposal Site	**Discharge:**	**PRT-SL** NON-DELEGATED PRETREATMENT SLUDGE ANALYTICAL RESULTS - SEMIANNUAL		

Report Dates & Status

Monitoring Period:	**From 01/01/18 to 06/30/18**	**DMR Due Date:**	**07/28/18**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

NON-DELEGATED PRETREATMENT SLUDGE ANALYTICAL RESULTS - SEMIANNUAL MUNICIPAL MINOR PORTER COUNTY

Principal Executive Officer

First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
46394	Copper, dry weight	SL - Sludge	0	--	Sample										=	750	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															
46395	Cadmium, dry weight	SL - Sludge	0	--	Sample										=	1.4	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															
78465	Molybdenum, sludge, total, dry weight [as Mo]	SL - Sludge	0	--	Sample										=	13	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															
78467	Zinc, sludge, total, dry weight [as Zn]	SL - Sludge	0	--	Sample										=	950	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															
78468	Lead, sludge, total, dry weight [as Pb]	SL - Sludge	0	--	Sample										=	23	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															
78469	Nickel, sludge, total, dry weight [as Ni]	SL - Sludge	0	--	Sample										=	21	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															
78471	Mercury, sludge, total, dry weight [as Hg]	SL - Sludge	0	--	Sample										=	0.35	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2018-07-23 16:38 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-07-24 11:49 (Time Zone: -04:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility		Permit Number	
Chesterton Utility		IN0022578	
Month	Year	Plant Design Flow	Telephone Number
June	2018	4.6 mgd	219-926-1032
E-mail address:	dryan@chestertonin.org		
Certified Operator: Name		Class	Certificate Number / Expiration Date
William M. Williams		IV	WW019285 / 6/30/2018

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 3.7 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE								
								Ferrous Chloride Gal/Day		Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Fri			0.00				125		3.599	7.4							
2	Sat			0.00				175		2.633								
3	Sun			0.16				170		2.676		128	2857	228	5088.5	5.4	18.0	
4	Mon			0.00				160		2.448	7.3	114	2327	221	4512	4.9	18.7	
5	Tue			0.00				190		2.374	7.4	145	2871	414	8196.9	6.1	22.6	
6	Wed			0.00				200		2.301	7.3	145	2783	402	7714.5	7.8	21.8	
7	Thu			0.00				210		2.273	7.5	126	2389	201	3810.3	4.5	25.7	
8	Fri			0.12				190		2.241	7.3							
9	Sat			0.03				190		2.254								
10	Sun			1.22				150		2.878		113	2712	217	5208.5	5.8	19.8	
11	Mon			0.06				190		2.652	7.5	102	2256	181	4003.3	4.7	16.3	
12	Tue			0.00				115		2.467	7.3	100	2057	168	3456.6	4.7	22.8	
13	Wed			0.00				190		2.325	7.3	128	2482	208	4033.2	5.3	19.2	
14	Thu			0.00				180		2.345	7.4	125	2445	176	3442.1	4.9	25.6	
15	Fri			0.00				200		2.392	7.3							
16	Sat			0.15				170		2.280								
17	Sun			0.01				180		2.205		151	2777	262	4818.1	6.6	23.0	
18	Mon			0.00				210		2.284	7.4	134	2553	226	4305	5.4	21.8	
19	Tue			0.00				200		2.276	7.4	108	2050	197	3739.4	4.9	22.7	
20	Wed			0.00				195		2.179	7.4	126	2290	268	4870.3	5.9	24.1	
21	Thu			1.02				180		3.143	7.3	143	3748	304	7968.6	6.2	19.2	
22	Fri			0.27				225		2.883	7.3							
23	Sat			0.00				125		2.469								
24	Sun			0.00				200		2.359		116	2282	163	3206.9	4.2	19.8	
25	Mon			0.00				160		2.344	7.3	76	1486	144	2815.1	4.6	25.2	
26	Tue			0.64				200		2.461	7.4	94	1929	145	2976.1	4.6	20.1	
27	Wed			0.02				170		2.624	7.4	162	3545	418	9147.6	7.6	23.5	
28	Thu			0.00				200		2.329	7.4	133	2583	233	4525.8	6.0	20.1	
29	Fri			0.00				200		2.286	7.5							
30	Sat			0.00				200		2.279								
Average				0.12				182		2.475	7.4	123	2521	239	4891.9	5.5	21.5	
Maximum				1.22				225		3.599	7.5	162	3748	418	9147.6	7.8	25.7	
Minimum				0.00				115		2.179	7.3	76	1486	144	2815.1	4.2	16.3	
No. of Data		0		30	0	0		30		30	21	20	20	20	20	20	20	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): William M. Williams — Date *(month, day, year)*: 7/23/2018

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): Dave Ryan — Date *(month, day, year)*: 7/23/2018

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	June	2018

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1			13	2923	44	4.5		2.09	9010					22	7.1		9.3	
2								2.10									9.8	
3	53	89						2.08										0.6
4	60	103	13	2878	45	4.0		2.05	5485					6	7.3		9.7	0.6
5	61	94	13	2709	48	4.3		1.97	5815					9	7.5		9.6	0.6
6	83	150	13	2738	47	4.2		1.92	6095					6	7.4		9.6	0.6
7	62	93	12	2853	42	4.6		1.88	6505					7	7.3		9.4	0.5
8			13	2938	44	4.8		1.87	6305					5	7.3		9.5	
9								1.85										
10	67	103						1.95										0.6
11	54	93	13	2888	45	4.4		1.98	6550					6	7.2		9.6	0.6
12	50	87	13	2860	45	4.2		1.90	6035					6	7.4		9.5	0.6
13	62	88	13	2828	46	4.3		1.89	5745					6	7.4		9.4	0.6
14	62	90	13	2743	47	4.1		1.87	5915					8	7.4		9.3	0.6
15			13	2785	47	4.1		1.87	6245					8	7.3		9.2	
16								1.88										
17	76	107						1.86										0.6
18	78	136	12	2796	43	3.7		1.82	6100					20	7.4		8.8	0.7
19	63	115	12	2879	42	3.9		1.86	6545					7	7.3		9.3	0.6
20	68	131	12	2781	43	4.0		1.96	5225					4	7.4		9.0	0.6
21	68	125	12	2977	40	3.9		1.98	6325					6	7.3		9.1	0.7
22			12	2993	40	4.1		1.99	6755					12	7.3		9.0	
23								1.98										
24	62	107						1.96										0.6
25	60	119	13	2966	44	4.1		1.93	6690					1	7.4		9.8	0.6
26	61	107	13	3014	43	4.1		1.90	5435					6	7.4		9.3	0.6
27	54	97	14	3070	46	4.4		1.82	6680					3	7.4		9.2	0.6
28	60	99	14	3048	46	4.1		1.81	6820					9	7.4		9.2	0.6
29			14	2996	47	4.1		1.82	7055					2	7.5		9.1	
30								1.77										
Avg.	63	107	12.9	2889	45	4.2		1.92	6349					6	7.4		9.4	0.6
Max.	83	150	14	3070	48	4.8		2.10	9010					22	7.5		9.8	0.7
Min.	50	87	12	2709	40	3.7		1.77	5225					1	7.1		8.8	0.5
Data	20	20	21	21	21	21		30	21					21	21		22	20

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	June	2018

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	Fri	3.494															
2	Sat	2.515															
3	Sun	2.551		2		43		4.4		93.7		0.1		2.1			
4	Mon	2.321		2		39		6.0		116.2		0.1		1.9			
5	Tue	2.250		2		38		3.6		67.6		0.1		1.9			
6	Wed	2.183		3		55		5.0		91.1		0.1		1.8			
7	Thu	2.158		2		36		4.2		75.6		0.1		1.8			
8	Fri	2.125															
9	Sat	2.130	2.245		2		42		4.6		88.8		0.1		1.9		
10	Sun	2.776		2		46		4.9		113.5		0.1		2.3			
11	Mon	2.529		2		42		4.5		95.0		0.1		2.1			
12	Tue	2.344		1		20		2.5		48.9		0.1		2.0			
13	Wed	2.191		2		37		2.6		47.5		0.1		1.8			
14	Thu	2.211		2		37		4.1		75.6		0.1		1.8			
15	Fri	2.269															
16	Sat	2.161	2.354		2		36		3.7		76.1		0.1		2.0		
17	Sun	2.088		2		35		2.8		48.8		0.1		1.7			
18	Mon	2.164		2		36		4.0		72.2		0.1		1.8			
19	Tue	2.154		1		18		3.4		61.1		0.1		1.8			
20	Wed	2.525		2		42		3.0		63.2		0.1		2.1			
21	Thu	3.032		2		51		5.1		129.0		0.1		2.5			
22	Fri	2.755															
23	Sat	2.340	2.437		2		36		3.7		74.9		0.1		2.0		
24	Sun	2.226		2		37		4.2		78.0		0.1		1.9			
25	Mon	2.209		2		37		4.7		86.6		0.1		1.8			
26	Tue	2.333		2		39		3.4		66.2		0.1		1.9			
27	Wed	2.499		2		42		3.0		62.6		0.1		2.1			
28	Thu	2.196		2		37		2.1		38.5		0.1		1.8			
29	Fri	2.167															
30	Sat	2.162	2.256		2		38		3.5		66.4		0.1		1.9		
Avg		2.369		2		38		3.9		76.6		0.1		2.0			
Max		3.494	2.437	3	2	55	42	6.0	4.6	129.0	88.8	0.1	0.1	2.5	2.0		
Min		2.088	2.245	1	2	18	36	2.1	3.5	38.5	66.4	0.1	0.1	1.7	1.9		
Data		30	4	20	4	20	4	20	4	20	4	20	4	20	4		

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:	
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)	71.058
Primary Treatment	48.8	55.3				
	NA	NA			Percent Capacity	
Secondary Treatment	96.9	96.4			(actual flow/design)	51%
Overall Treatment	98.4	98.4	99.5	89.0		
Phosphorus limit would be 1 mg/l. (compliance achieved)						

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	June	2018

	SLUDGE TO DIGESTER		DIGESTER OPERATION EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge withdrawn hrs of gal. x 1000	
1	17.5	33.0	6.8	92.1	6.9	94.1			4.5		67.9			
2	16.2	33.0						369						
3	16.2	33.0					51.6							
4	16.2	31.0	6.9	97.0	7.0	97.0			3.4		75.4			
5	16.2	29.0	6.8	99.5	6.9	99.7			3.3	2.8	76.1	57.6	25.8	
6	15.5	29.0	6.7	99.3	6.9	99.9			4.0		74.4			
7	16.2	29.0	6.8	98.8	6.9	99.3	37.8		4.0	2.9	74.8	57.5	27.5	
8	16.2	29.0	6.7	97.7	6.9	99.9			3.6		75.8			
9	16.2	29.0												
10	16.2	29.0					58.0	403						
11	16.2	28.0	6.8	99.7	6.9	99.7			3.9		76.6			
12	16.2	28.0	6.7	97.5	6.9	98.2			3.7	3.0	76.6	57.6	27.7	
13	16.2	28.0	6.7	98.6	6.9	100.0			3.5		77.2			
14	16.2	28.0	6.7	99.1	6.8	99.7			3.4	2.9	75.8	58.1		
15	16.2	26.0	6.7	99.3	6.9	100.0		358	3.7		76.0			
16	16.2	26.0												
17	16.2	26.0					67.3							
18	16.2	25.0	6.7	99.7	6.9	99.7			3.6		75.7			
19	16.2	25.0	6.8	97.9	7.0	97.5			3.6	3.1	75.6	57.8		
20	16.2	24.0	6.7	97.9	6.9	99.7			3.9		75.6			
21	16.2	24.0	6.7	97.7	6.9	98.4			4.5		74.9			
22	17.5	24.0	6.7	97.9	6.9	98.4	44.1		4.4	3.1	70.2	57.9	27.3	
23	16.2	24.0						378						
24	16.2	24.0												
25	16.2	24.0	6.7	99.9	6.8	99.9			3.8	3.2	75.9	57.8	27.3	
26	16.2	24.0	6.8	100.0	6.8	99.3			4.0		76.0			
27	16.2	24.0	6.7	99.7	6.8	100.0			3.8	3.3	74.9	58.8	26.9	
28	17.5	24.0	6.9	97.3	6.9	98.1			3.4		76.5			
29	16.2	24.0	6.8	96.3	7.1	95.9			3.6		76.9			
30	16.2	24.0												
Avg.	16.3	26.9	6.8	98.2	6.9	98.8	51.8	377	3.8	3.0	75.2	57.9	27.1	
Max.	17.5	33.0	6.9	100.0	7.1	100.0	67.3	403	4.5	3.3	77.2	58.8	27.7	
Min.	15.5	24.0	6.7	92.1	6.8	94.1	37.8	358	3.3	2.8	67.9	57.5	25.8	
Data	30	30	21	21	21	21	5	4	21	8	21	8	6	

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**							**Page 1 of 2**						**Permit Number:**	**IN0022578**					
Facility:	**Fritz Dietrich Environmental Controll Facility**													**Public Notification Requirements Met?**	**Y**					
monitoring Period June		**2018**												**Check box if no CSO discharge occurred for the month:**	☑					
Design Peak Hourly Flow (MGD):		**10**	**Design Average Flow (MGD):**		**4.6**			**Measured/Metered (M) or Estimated (E) must be specified**												
WWTP Influent Data			**Precipitation Data**					**CSO Outfall No.**		**001**				**CSO Outfall No.**		**[#]**				
Day of Month	**Average Daily Flow (MGD)**	**Peak Hourly Flow (MGD)**	**Time Precip. Began (am/pm)**	**Precip. Duration (Hours)**	**Total Daily Precip. (Inches)**	**Peak Intensity (Inch/hr)**	**Measurement Interval (hr, 30 m, 15 m)**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
1	2.40	5.60																		
2	2.00	2.70																		
3	2.60	2.60	12:00A	1.50	0.16	0.04	15 min													
4	2.40	2.40																		
5	2.00	2.30																		
6	2.10	2.10																		
7	2.40	2.20																		
8	2.10	1.80	10:45A	0.75	0.12	0.06	15 min													
9	2.00	1.90	9:30 AM	0.75	0.03	0.01	15 min													
10	3.10	3.40	4:45A	7.25	1.22	0.35	15 min													
11	2.60	2.40	4:15A	1.00	0.06	0.01	15 min													
12	2.30	2.40																		
13	2.10	2.50																		
14	2.30	2.60																		
15	2.10	2.40																		
16	2.10	2.20	2:45A	1.50	0.15	0.02	15 min													
17	2.40	2.20	3:15 AM	0.25	0.01	0.01	15 min													
18	2.50	2.40																		
19	2.00	2.20																		
20	2.30	2.10																		
21	3.00	4.00	2:30A	8.00	1.02	0.09	15 min													
22	2.10	3.30	12:45A	1.75	0.27	0.05	15 min													
23	2.10	2.50																		
24	2.30	2.50																		
25	2.20	2.40																		
26	2.70	3.60	8:45A	2.75	0.64	0.09	15 min													
27	2.50	2.80	2:30A	0.25	0.02	0.01	15 min													
28	2.00	2.00																		
29	2.30	2.00																		
30	2.00	2.10																		
31																				
Totals:	69.00			25.75	3.70			0	Days	0.00		0		0	Days	0.00		0		

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	**Telephone**
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	**Date *(mm/dd/yy)***
David E. Ryan	07/23/18

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page:** **2 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?** **Y**	
monitoring Period June	**2018**			**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	THERE WERE NO CSO EVENTS FOR JUNE 2018
2	
3	
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31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	07/23/18

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** CLASS IV, 4.6 MGD MAIN WWTP OUTFALL		
Report Dates & Status					
Monitoring Period:	**From 07/01/18 to 07/31/18**	**DMR Due Date:**	**08/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	--	Sample						=	8.4					19 - mg/L		05/WK - Five Per Week	G2 - GRAB-2
					Permit Req.						>=	6 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.3			=	7.5	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	1	--	Sample	=	62.5	=	71.7	26 - lb/d			=	3.7	=	4.4	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	691 MO AVG	<=	1036.4 MX WK AV	26 - lb/d			<=	18 MO AVG	<=	27 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample	=	1.7	=	1.8	26 - lb/d			=	0.1	=	0.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	60.3 MO AVG	<=	140.1 DAILY MX	26 - lb/d			<=	1.57 MO AVG	<=	3.65 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.7			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	2.016	=	2.144	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Sample								=	5	=	25	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.								<=	125 MO GEO	<=	235 DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51041	E. coli, colony forming units [CFU]	Y - Effluent Gross (Supplementary)	0	--	Sample										=	25	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.											Opt Mon DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51484	Number of Events	Y - Effluent Gross (Supplementary)	0	--	Sample			=	22	5J - #					=	0	4X - # exceed		01/30 - Monthly	RT - RCOTOT
					Permit Req.				Opt Mon MO TOTAL	5J - #						Opt Mon MO TOTAL	4X - # exceed	0	01/30 - Monthly	RT - RCOTOT
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Sample	=	31	=	36	26 - lb/d			=	2	=	2	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	575.8 MO AVG	<=	882.9 MX WK AV	26 - lb/d			<=	15 MO AVG	<=	23 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	98.8					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	98.7					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	89.4					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	62.499	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_001A_MRO_2018_07.pdf	pdf	217443

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2018-08-20 17:14 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-08-23 13:25 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		
Report Dates & Status					
Monitoring Period:	**From 07/01/18 to 07/31/18**	**DMR Due Date:**	**08/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.39	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Opt Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Opt Mon MO TOTAL	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2018_07.pdf	pdf	68365

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2018-08-20 17:15 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-08-23 13:25 (Time Zone: -04:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number
Chesterton Utility	IN0022578

Month	Year	Plant Design Flow	Telephone Number
July	2018	4.6 mgd	219-926-1032

E-mail address: dryan@chestertonin.org

Certified Operator: Name	Class	Certificate Number	Expiration Date
William M. Williams	IV	WW019285	6/30/2020

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 2.39 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Ferrous Chloride Gal/Day	RAW SEWAGE: Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
1	Sun			0.04			200	2.269		116	2195.1	136	2573.6	4.5	21.3
2	Mon			0.00			190	2.211	7.5	143	2636.9	190	3503.6	5.0	21.1
3	Tue			0.00			175	2.186	7.3	178	3245.2	349	6362.7	5.2	24.6
4	Wed			0.84			200	2.289	7.4	144	2749	220	4199.9	8.3	23.9
5	Thu			0.08			190	2.590	7.3	94	2030.5	123	2656.9	4.4	20.9
6	Fri			0.00			150	2.237	7.3						
7	Sat			0.00			140	2.156							
8	Sun			0.00			190	2.170		100	1809.8	133	2407	5.2	20.8
9	Mon			0.00			190	2.152	7.4	120	2153.7	217	3894.6	5.9	22.8
10	Tue			0.00			190	2.102	7.4	142	2489.4	284	4978.7	6.6	26.6
11	Wed			0.00			175	2.065	7.2	154	2652.2	263	4529.4	5.9	19.8
12	Thu			0.00			225	1.950	7.4	168	2732.2	258	4195.9	5.7	23.1
13	Fri			0.00			225	2.663	7.4						
14	Sat			0.05			225	2.047							
15	Sun			0.00			270	2.084		153	2659.2	305	5301.1	7.0	24.8
16	Mon			0.04			220	2.106	7.3	230	4039.7	686	12049	7.1	23.5
17	Tue			0.01			230	2.152	7.3	132	2369.1	267	4792	6.4	24.9
18	Wed			0.00			250	2.011	7.4	130	2180.3	438	7346	5.7	22.1
19	Thu			0.00			200	1.996	7.2	204	3395.9	529	8806.1	8.4	29.7
20	Fri			0.82			300	2.198	7.5						
21	Sat			0.43			265	2.380							
22	Sun			0.01			280	2.138		159	2835.1	261	4653.9	6.3	26.8
23	Mon			0.00			275	2.039	7.5	153	2601.8	217	3690.1	5.5	24.9
24	Tue			0.00			160	2.014	7.5	162	2721.1	280	4703.1	6.3	26.1
25	Wed			0.00			280	2.035	7.5	158	2681.6	382	6483.3	8.9	28.0
26	Thu			0.00			280	2.009	7.5	172	2881.9	309	5177.3	5.9	27.6
27	Fri			0.00			230	1.984	7.4						
28	Sat			0.00			210	2.036							
29	Sun			0.00			220	2.185		172	3134.3	310	5649.1	7.1	28.1
30	Mon			0.00			260	2.112	7.5	158	2783	267	4703	5.8	22.2
31	Tue			0.07			250	2.007	7.5	171	2862.3	341	5707.8	7.8	29.6
Average				0.08			221	2.148	7.395	153	2688.7	294	5146.3	6.3	24.5
Maximum				0.84			300	2.663	7.5	230	4039.7	686	12049	8.9	29.7
Minimum				0.00			140	1.950	7.2	94	1809.8	123	2407	4.4	19.8
No. of Data				31	0	0	31	31	22	23	23	23	23	23	23

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): William M. Williams — Date *(month, day, year)*: 8/23/2018

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): David E. Ryan — Date *(month, day, year)*: 8/23/2018

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	July	2018

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	66	118						1.75										0.7
2	77	130	14	3054	46	3.9		1.75	5960					0		7.5	8.7	0.7
3	148	98	14	3060	46	4.0		1.80	6860					6		7.5	8.9	0.6
4	74	100						1.79						0		7.4	9.1	0.7
5	60	89	14	3141	45	3.8		1.90	7075					17		7.4	10.6	0.8
6			15	3074	49	3.9		1.88	7490					2		7.4	9.2	
7								1.87										
8	62	91						1.87										0.7
9	73	124	15	3096	48	3.8		1.82	5535					3		7.4	8.9	0.8
10	67	82	15	3113	48	3.8		1.80	6935					6		7.4	8.7	0.8
11	72	81	15	3097	48	3.9		1.91	6995					4		7.3	8.9	0.9
12	72	108	15	2946	51	4.0		1.90	6695					8		7.4	8.9	0.9
13			15	3076	49	3.8		2.00	5795					6		7.4	8.8	
14								1.89										
15	88	210						1.85										0.8
16	74	128	16	3094	52	4.1		1.81	7815					25		7.3	8.4	0.7
17	58	98	16	3043	53	4.2		1.82	5840					7		7.4	8.6	0.7
18	61	101	16	3019	53	4.6		1.83	6370					8		7.4	8.7	0.9
19	66	109	16	3048	52	4.4		1.89	7055					7		7.4	8.8	0.6
20			16	3158	51	4.4		1.90	5555					10		7.5	8.7	
21								1.89										
22	65	97						1.93										0.6
23	68	122	17	3080	55	4.7		1.90	6880					9		7.3		0.6
24	56	80	16	3015	53	5.1		1.88	5705					5		7.4	8.8	0.6
25	58	108	16	3079	52	4.5		1.86	6115					2		7.3	8.8	0.6
26	60	117	16	3064	52	4.8		1.82	5835					10		7.4	8.6	0.5
27			16	3048	52	4.9		1.90	6125					5		7.4	8.6	
28								2.01									8.8	
29	59	118						1.92										0.4
30	64	103	16	3037	53	4.9		1.91	5490					5		7.4	8.9	0.4
31	62	114	18	3535	51	4.9		1.97	7050					8		7.4	8.9	0.4
Avg.	70	110	16	3089	50	4.3		1.87	6437					5		7.4	8.9	0.7
Max.	148	210	18	3535	55	5.1		2.01	7815					25	7.5		10.6	0.9
Min.	56	80	14	2946	45	3.8		1.75	5490					0	7.3		8.4	0.4
Data	23	23	21	21	21	21		31	21					22	22		22	23

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	July	2018

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	Sun	2.145		2		36		3.8		68.0		0.1		1.8			
2	Mon	2.082		2		35		4.4		76.4		0.1		1.7			
3	Tue	2.047		2		34		3.8		64.9		0.1		1.7			
4	Wed	2.158		2		36		2.7		48.6		0.1		1.8			
5	Thu	2.455		2		41		3.5		71.7		0.1		2.0			
6	Fri	2.100															
7	Sat	2.020	2.144		2		36		3.6		65.9		0.1		1.8		
8	Sun	2.035		2		34		3.7		62.8		0.1		1.7			
9	Mon	2.022		2		34		4.2		70.9		0.1		1.7			
10	Tue	1.970		2		33		4.1		67.4		0.1		1.6			
11	Wed	1.885		2		31		3.9		61.3		0.1		1.6			
12	Thu	1.890		2		32		4.7		74.1		0.1		1.6			
13	Fri	1.933															
14	Sat	1.926	1.952		2		33		4.1		67.3		0.1		1.6		
15	Sun	1.954		2		33		5.7		92.9		0.1		1.6			
16	Mon	1.979		2		33		5.2		85.9		0.1		1.7			
17	Tue	2.021		1		17		4.7		79.3		0.1		1.7			
18	Wed	1.882		2		31		3.2		50.3		0.1		1.6			
19	Thu	1.876		2		31		3.2		50.1		0.1		1.6			
20	Fri	2.110															
21	Sat	2.284	2.015		2		29		4.4		71.7		0.1		1.6		
22	Sun	2.036		1		17		3.0		51.0		0.1		1.7			
23	Mon	1.930		2		32		4.4		70.9		0.1		1.6			
24	Tue	1.897		1		16		2.0		31.7		0.1		1.6			
25	Wed	1.918		2		32		2.5		40.0		0.1		1.6			
26	Thu	1.896		2		32		2.7		42.7		0.1		1.6			
27	Fri	1.863															
28	Sat	1.920	1.923		2		26		2.9		47.2		0.1		1.6		
29	Sun	2.062		2		34		2.6		44.7		0.1		1.7			
30	Mon	2.235		2		37		4.7		87.7		0.1		1.9			
31	Tue	1.968		2		33		2.7		44.3		0.1		1.6			
Avg		2.016		2		31		3.7		62.5		0.1		1.7			
Max		2.455	2.144	2	2	41	36	5.7	4.4	92.9	71.7	0.1	0.1	2.0	1.8		
Min		1.863	1.923	1	2	16	26	2.0	2.9	31.7	47.2	0.1	0.1	1.6	1.6		
Data		31	4	23	4	23	4	23	4	23	4	23	4	23	4		

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 62.499
Primary Treatment	54.2	62.7			
	NA	NA			Percent Capacity
Secondary Treatment	97.3	96.6			(actual flow/design) 44%
Overall Treatment	98.8	98.7	99.6	89.4	
Phosphorus limit would be 1 mg/l. (compliance achieved)					

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	July	2018

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge withdrawn hrs of gal. x 1000	
1	16.2	24.0					57.7	321						
2	16.2	24.0	6.7	99.5	6.9	99.3			3.4		76.8			
3	16.2	24.0	6.8	97.9	6.9	96.6			3.2	3.5	74.3	57.3	27.6	
4	16.2	24.0												
5	16.2	25.0	6.7	99.9	6.8	99.9			3.7		73.0			
6	16.2	25.0	6.7	99.3	6.8	99.3			3.4	3.4	75.9	57.6	25.0	
7	16.2	25.0												
8	16.2	25.0												
9	16.2	25.0	6.7	97.9	6.8	98.1		337	3.3		78.4			
10	16.2	25.0	6.7	99.7	6.8	99.3	26.9		3.4	3.6	77.8	58.9	27.6	
11	16.2	25.0	6.8	100.0	6.8	100.0			3.3		77.0			
12	16.2	25.0	6.7	99.1	6.8	99.1			3.3		76.8			
13	16.2	25.0	6.8	98.2	6.9	98.2	16		3.3	3.6	75.7	57.4		
14	16.2	25.0											28.1	
15	16.2	25.0					65.7	323						
16	16.2	25.0	6.7	100.0	6.8	100.0			3.4		75.6			
17	15.5	25.0	6.7	100.0	6.8	99.7			4.7	3.5	74.4	58.7	26.5	
18	15.5	25.0	6.7	99.7	6.8	99.3			2.3		75.8			
19	14.8	25.0	6.7	100.0	6.8	100.0	37.4		2.9	3.4	72.9	58.9	27.1	
20	14.7	26.0	6.8	98.8	6.9	98.1			2.8	3.1	75.8	59.8		
21	14.7	26.0												
22	14.7	26.0					54.2	323						
23	14.7	26.0	6.7	99.9	6.8	99.1			3.0		76.5			
24	14.7	26.0	6.7	100.0	6.8	99.7	11.3		2.9		77.7			
25	14.7	26.0	6.7	100.0	6.8	100.0			2.8	3.2	75.9	59.2	27.4	
26	14.7	26.0	6.7	100.0	6.9	100.0			2.7	2.7	75.4	59.9	10.3	
27	14.7	26.0	6.7	99.7	6.8	99.7			2.7		75.4			
28	14.7	26.0						339						
29	14.7	26.0					60.7							
30	14.7	26.0	6.7	99.5	6.8	99.1			2.6		77.0			
31	14.7	26.0	6.7	98.6	6.9	98.6			2.6	3.3	75.4	58.1	26.9	
Avg.	15.5	25.3	6.7	99.4	6.8	99.2	41	329	3.1	3.3	75.9	58.6	25.2	
Max.	16.2	26.0	6.8	100.0	6.9	100.0	65.7	339	4.7	3.6	78.4	59.9	28.1	
Min.	14.7	24.0	6.7	97.9	6.8	96.6	11.3	321	2.3	2.7	72.9	57.3	10.3	
Data	31	31	21	21	21	21	8	5	21	10	21	10	9	

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page 1 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
MONITORING PERIOD	**July**	**2018**		**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			**Precipitation Data**					**CSO Outfall No. 001**						**CSO Outfall No. [#]**					
Day of Month	**Average Daily Flow (MGD)**	**Peak Hourly Flow (MGD)**	**Time Precip. Began (am/pm)**	**Precip. Duration (Hours)**	**Total Daily Precip. (Inches)**	**Peak Intensity (Inch/hr)**	**Measurement Interval (hr, 30 m, 15 m)**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
1	2.10	2.30	5:45P	0.25	0.04	0.02	15 min												
2	2.30	2.30																	
3	2.00	2.10																	
4	2.10	3.10	8:45P	2.75	0.84	0.16	15 min												
5	2.70	3.20	12:00A	1.00	0.08	0.01	15 min												
6	2.30	2.20																	
7	1.90	2.30																	
8	2.10	2.30																	
9	2.10	2.10																	
10	2.30	2.00																	
11	1.90	.1.																	
12	1.90	1.00																	
13	1.60	2.20																	
14	1.50	2.20	9:45A	1.25	0.05	0.01	15 min												
15	2.10	2.10																	
16	2.00	2.00	7:15A	0.25	0.04	0.02	15 min												
17	2.10	2.40	4:30A	0.25	0.01	0.01	15 min												
18	2.00	2.00																	
19	2.20	1.90																	
20	2.10	2.70	12:00P	3.00	0.82	0.12	15 min												
21	2.10	2.70	1:00A	4.00	0.43	0.06	15 min												
22	2.00	2.20	10:30A	0.25	0.01	0.01	15 min												
23	2.10	2.20																	
24	2.00	1.90																	
25	2.00	2.00																	
26	2.10	1.80																	
27	1.90	1.90																	
28	2.10	2.00																	
29	2.20	2.30																	
30	2.00	2.40																	
31	2.10	2.10	4:45P	1.75	0.07	0.01	15 min												
Totals:	63.90			14.75	2.39			0	Days	0.00		0		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	**Telephone**
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	**Date *(mm/dd/yy)***
David E. Ryan	08/23/18

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page:** **2 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
MONITORING PERIOD	**July**	**2018**		**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	THERE WERE NO CSO EVENTS FOR JUNE 2018
2	
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	08/23/18

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** CLASS IV, 4.6 MGD MAIN WWTP OUTFALL		
Report Dates & Status					
Monitoring Period:	**From 08/01/18 to 08/31/18**	**DMR Due Date:**	**09/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	2	--	Sample						=	8.2					19 - mg/L		05/WK - Five Per Week	G2 - GRAB-2
					Permit Req.						>=	7 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.1			=	7.5	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	1	--	Sample	=	85.2	=	181.3	26 - lb/d			=	4.2	=	6.7	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	691 MO AVG	<=	1036.4 MX WK AV	26 - lb/d			<=	18 MO AVG	<=	27 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample	=	1.8	=	2.2	26 - lb/d			=	0.1	=	0.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	60.3 MO AVG	<=	140.1 DAILY MX	26 - lb/d			<=	1.57 MO AVG	<=	3.65 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.5			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	2.054	=	2.491	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Sample								=	7	=	126	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.								<=	125 MO GEO	<=	235 DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51041	E. coli, colony forming units [CFU]	Y - Effluent Gross (Supplementary)	0	--	Sample										=	126	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.											Opt Mon DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51484	Number of Events	Y - Effluent Gross (Supplementary)	0	--	Sample			=	23	5J - #					=	0	4X - # exceed		01/30 - Monthly	RT - RCOTOT
					Permit Req.				Opt Mon MO TOTAL	5J - #						Opt Mon MO TOTAL	4X - # exceed	0	01/30 - Monthly	RT - RCOTOT
					Value NODI															
71901	Mercury, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.5	=	0.5	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.								<=	2.4 ANNL AVG		Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
71901	Mercury, total recoverable	G - Raw Sewage Influent	0	--	Sample			=	0.0003593	26 - lb/d					=	19.5	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.				Req Mon DAILY MX	26 - lb/d						Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Sample	=	26	=	111	26 - lb/d			=	1	=	2	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	575.8 MO AVG	<=	882.9 MX WK AV	26 - lb/d			<=	15 MO AVG	<=	23 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	99.1					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	98.7					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	93.4					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	63.689	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_001A_MRO_2018_08.pdf	pdf	218919

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2018-09-25 10:30 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-09-25 10:38 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		
Report Dates & Status					
Monitoring Period:	**From 08/01/18 to 08/31/18**	**DMR Due Date:**	**09/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.54	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2018_08.pdf	pdf	70149

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2018-09-25 10:29 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-09-25 10:38 (Time Zone: -04:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility		Permit Number	
Chesterton Utility		IN0022578	
Month	Year	Plant Design Flow	Telephone Number
August	2018	4.6 mgd	219-926-1032
E-mail address:	dryan@chestertonin.org		
Certified Operator: Name		Class	Certificate Number / Expiration Date
William M. Williams		IV	WW019285 / 6/30/2020

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches (Total= 5.54)	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED	Ferrous Chloride Gal/Day		RAW SEWAGE								
										Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Wed			0.12				250		2.007	7.4	167	2795.3	418	6997	10.1	24.9	
2	Thu			0.00				200		1.971	7.4	194	3189	328	5392	6.5	26.9	
3	Fri			0.00				200		1.992	7.5							
4	Sat			0.00				225		1.929								
5	Sun			0.00				280		1.972		167	2746.6	290	4769	7.0	26.8	
6	Mon			0.18				240		1.978	7.4	174	2870.4	382	6302	6.9	24.8	
7	Tue			0.64				230		2.201	7.3	140	2569.9	402	7379	7.9	26.7	
8	Wed			0.17				230		2.175	7.4	168	3047.4	306	5551	6.3	22.7	
9	Thu			0.19				210		1.995	7.4	137	2279.4	229	3810	5.6	24.7	
10	Fri			0.00				235		2.400	7.4							
11	Sat			0.00				235		2.060								
12	Sun			0.00				250		2.102		134	2349.1	304	5329	7.5	26.1	
13	Mon			0.00				260		2.068	7.3	147	2535.3	325	5605	7.0	25.6	
14	Tue			0.00				290		1.947	7.3	158	2565.6	334	5423	7.6	24.2	
15	Wed			0.00				220		1.948	7.2	130	2112	318	5166	8.0	24.0	
16	Thu			0.00				210		1.963	6.9	125	2046.4	279	4568	7.0	26.9	
17	Fri			0.05				160		1.903	7.3							
18	Sat			0.01				170		1.912								
19	Sun			0.00				200		1.995		158	2628.9	258	4293	5.8	28.7	
20	Mon			2.35				190		2.724	7.3	238	5406.9	470	10678	6.8	19.3	
21	Tue			0.43				200		4.548	7.2	97	3679.2	235	8914	4.8	13.8	
22	Wed			0.00				200		2.437	7.3	111	2256	201	4085	4.8	18.6	
23	Thu			0.00				200		2.172	7.3	133	2409.2	302	5471	7.0	25.7	
24	Fri			0.00				250		2.113	7.4							
25	Sat			0.45				225		2.242								
26	Sun			0.01				200		2.152		163	2925.5	277	4972	6.1	23.3	
27	Mon			0.00				190		2.139	7.3	161	2872.1	398	7100	8.0	23.9	
28	Tue			0.24				200		2.104	7.3	144	2526.8	361	6335	8.8	22.0	
29	Wed			0.27				150		2.161	7.3	157	2829.6	254	4578	5.7	24.6	
30	Thu			0.00				140		2.082	7.3	155	2691.4	279	4845	6.0	25.5	
31	Fri			0.43				75		2.110	7.1							
Average				0.179				210		2.177	7.3	153	2787.8	316	5798	6.9	24.1	
Maximum				2.35				290		4.548	7.5	238	5406.9	470	10678	10.1	28.7	
Minimum				0.00				75		1.903	6.9	97	2046.4	201	3810	4.8	13.8	
No. of Data				31	0	0		31		31	23	22	22	22	22	22	22	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): William M. Williams — Date *(month, day, year)*: 9/21/2018

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): David Ryan — Date *(month, day, year)*: 9/21/2018

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	August	2018

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	62	114	18	3587	50	5.1		1.96	7365					5	7.4		8.9	0.4
2	62	98	19	3565	53	5.2		1.97	7005					9	7.5		8.8	0.4
3			17	3148	54	4.5		2.01	5075					1	7.5		8.7	
4								2.03										
5	61	113						1.98										0.5
6	53	132	16	3157	51	5.5		1.89	5340					4	7.4		8.5	0.4
7	52	86	16	3073	52	5.0		1.85	5410					12	7.4		8.5	0.5
8	55	102	16	3086	52	5.5		1.87	8030					10	7.3		8.3	0.5
9	64	109	17	3065	55	5.4		1.91	5680					6	7.4		8.6	0.4
10			17	3182	53	5.4		1.89	6455					2	7.3		8.8	
11								1.90										
12	51	163						1.90										0.4
13	69	154	17	3133	54	5.1		1.87	5910					6	7.4		8.4	0.5
14	55	124	16	2945	54	5.2		1.86	7030					5	7.4		8.7	0.4
15	55	122	16	3160	51	5.1		1.87	6290					3	7.4		8.6	0.4
16	58	116	17	3148	54	4.6		1.85	5700					7	7.3		8.6	0.4
17			17	3200	53	4.7		1.79	7145					4	7.3		8.6	
18								1.81										
19	92	160						1.79										0.4
20	94	188	17	3139	54	4.7		1.86	8060					8	7.3		8.6	0.5
21	39	96	17	3243	52	4.7		2.05	9340					126	7.1		8.7	0.9
22	44	91	17	3240	52	4.8		1.90	6980					9	7.4		8.8	0.5
23	54	110	17	3187	53	4.3		1.86	6750					9	7.5		8.6	0.4
24			18	3220	56	4.8		1.91	6540					6	7.5		8.7	
25								1.91										
26	77	147						1.86										0.4
27	53	137	17	3157	54	4.0		1.83	6430					10	7.4		8.6	0.4
28	50	119	19	3654	52	4.9		1.81	6000					3	7.5		8.2	0.4
29	57	105	17	3220	53	5.1		1.81	6560					12	7.5		8.5	0.4
30	63	90	17	3100	55	4.9		1.89	7460					19	7.4		8.8	0.5
31			16	3041	53	5.3		1.82	6625					3	7.3		9.0	
Avg.	60	122	17	3202	53	4.9		1.89	6660					7	7.4		8.6	0.5
Max.	94	188	19	3654	56	5.5		2.05	9340					126	7.5		9.0	0.9
Min.	39	86	16	2945	50	4.0		1.79	5075					1	7.1		8.2	0.4
Data	22	22	23	23	23	23		31	23					23	23		23	22

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	August	2018

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	Wed	1.888		1		16		4.0		63.0		0.1		1.6			
2	Thu	1.698		2		28		2.5		35.4		0.1		1.4			
3	Fri	1.717															
4	Sat	1.811	1.911		2		30		3.3		55.0		0.1		1.6		
5	Sun	1.853		1		15		4.2		64.9		0.1		1.5			
6	Mon	1.872		1		16		5.0		78.1		0.1		1.6			
7	Tue	2.103		1		18		1.0		17.5		0.1		1.8			
8	Wed	2.067		1		17		3.5		60.4		0.1		1.7			
9	Thu	1.884		1		16		1.8		28.3		0.1		1.6			
10	Fri	2.285															
11	Sat	1.945	2.001		1		16		3.1		49.9		0.1		1.6		
12	Sun	1.985		1		17		2.9		48.0		0.1		1.7			
13	Mon	1.962		1		16		4.8		78.6		0.1		1.6			
14	Tue	1.828		2		31		3.0		45.8		0.1		1.5			
15	Wed	1.839		1		15		4.5		69.1		0.1		1.5			
16	Thu	1.853		2		31		4.4		68.0		0.1		1.5			
17	Fri	1.800															
18	Sat	1.804	1.867		1		22		3.9		61.9		0.1		1.6		
19	Sun	1.881		2		31		4.0		62.8		0.1		1.6			
20	Mon	2.583		1		22		4.4		94.8		0.1		2.2			
21	Tue	4.422		3		111		15.5		572.0		0.1		3.7			
22	Wed	2.335		2		39		6.1		118.9		0.1		1.9			
23	Thu	2.053		1		17		3.4		58.2		0.1		1.7			
24	Fri	2.020															
25	Sat	2.144	2.491		2		44		6.7		181.3		0.1		2.2		
26	Sun	2.046		1		17		4.3		73.4		0.1		1.7			
27	Mon	2.270		1		19		4.2		79.6		0.1		1.9			
28	Tue	1.824		1		15		2.9		44.1		0.1		1.5			
29	Wed	1.940		2		32		3.2		51.8		0.1		1.6			
30	Thu	1.970		2		33		3.8		62.5		0.1		1.6			
31	Fri	2.007	2.010		1		23		3.7		62.3		0.1		1.7		
Avg		2.054		1		26		4.2		85.2		0.1		1.8			
Max		4.422	2.491	3	2	111	44	15.5	6.7	572.0	181.3	0.1	0.1	3.7	2.2		
Min		1.698	1.867	1	1	15	16	1.0	3.1	17.5	49.9	0.1	0.1	1.4	1.6		
Data		31	5	22	5	22	5	22	5	22	5	22	5	22	5		

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 63.689
Primary Treatment	60.7	61.5			
	NA	NA			Percent Capacity
Secondary Treatment	97.7	96.5			(actual flow/design) 45%
Overall Treatment	99.1	98.7	99.6	93.4	
Phosphorus limit would be 1 mg/l. (compliance achieved)					

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	August	2018

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge ithdrawn hrs of gal. x 1000	
1	16.0	26.0	6.7	100.0	6.8	99.3			3.0		72.8			
2	16.9	26.0	6.8	99.7	6.8	99.7			3.2		74.4			
3	16.3	26.0	6.8	100.0	6.9	99.7	17.9		2.9	3.0	75.6	59.0	26.8	
4	15.4	26.0						303						
5	15.4	26.0					41.7							
6	15.5	26.0	6.8	98.1	6.9	97.3			3.0		77.3			
7	15.5	26.0	6.7	98.6	7.0	97.0			3.5	3.2	77.4	59.7	27.2	
8	17.1	26.0	6.7	99.7	6.8	98.6			3.8		69.3			
9	17.6	26.0	6.7	99.9	6.8	97.7			3.2		73.6			
10	17.6	26.0	6.7	100.0	6.9	98.6			3.1		75.5			
11	16.2	26.0						305						
12	15.5	26.0					69.0							
13	15.5	26.0	6.7	99.9	6.7	99.7			3.2	3.3	76.0	58.7	27.0	
14	15.5	26.0	6.7	99.3	6.9	97.3			3.0		76.2			
15	15.5	26.0	6.7	99.7	6.9	99.0	17.2		3.1		75.1			
16	15.4	26.0	6.7	99.3	6.8	97.3			3.1	3.6	75.5	52.4	27.7	
17	15.4	26.0	6.8	97.9	7.0	97.7			3.1		76.7			
18	15.4	26.0						262						
19	15.4	26.0					51.3							
20	17.0	26.0	6.7	99.7	6.8	99.1	61.8		3.1		77.8			
21	24.4	26.0	6.7	97.3	6.7	98.6			0.8	3.3	76.9	53.4	27.3	
22	16.7	27.0	6.7	99.0	6.7	99.0			4.3		65.7			
23	15.5	27.0	6.7	98.6	6.8	97.7			3.7	3.2	69.4	58.3	27.1	
24	15.5	27.0	6.7	99.3	6.8	97.7			3.2		72.3			
25	15.4	27.0						234						
26	15.5	27.0												
27	15.4	27.0	6.7	99.3	6.9	98.8			3.2	3.1	73.6	58.3	26.8	
28	15.5	27.0	6.8	99.3	6.8	98.8			3.1		71.4			
29	15.5	27.0	6.8	99.5	6.9	99.7			3.3		75.3			
30	15.4	27.0	6.8	98.8	6.8	99.1	22.8		3.4	3.2	75.8	59.4	21.7	
31	15.5	27.0	6.7	99.5	6.8	99.1			3.1		75.0			
Avg.	16.1	26.3	6.7	99.2	6.8	98.5	40.2	276	3.1	3.2	74.3	57.4	26.5	
Max.	24.4	27.0	6.8	100.0	7.0	99.7	69.0	305	4.3	3.6	77.8	59.7	27.7	
Min.	15.4	26.0	6.7	97.3	6.7	97.0	17.2	234	0.8	3.0	65.7	52.4	21.7	
Data	31	31	23	23	23	23	7	4	23	8	23	8	8	

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page 1 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Control Facility**			**Public Notification Requirements Met?**	**Y**
MONITORING PERIOD	**August**	2018		**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			**Precipitation Data**					**CSO Outfall No. 001**						**CSO Outfall No. [#]**					
Day of Month	**Average Daily Flow (MGD)**	**Peak Hourly Flow (MGD)**	**Time Precip. Began (am/pm)**	**Precip. Duration (Hours)**	**Total Daily Precip. (Inches)**	**Peak Intensity (Inch/hr)**	**Measurement Interval (hr, 30 m, 15 m)**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
1	1.90	2.20	5:45p	0.50	0.12	0.06	15 min												
2	1.90	2.00																	
3	1.60	2.10																	
4	1.30	2.00																	
5	1.90	2.00																	
6	1.90	2.20	11:30a	0.75	0.18	0.09	15 min												
7	2.10	3.40	1:15p	1.50	0.64	0.25	15 min												
8	2.30	3.30	10:00a	0.25	0.17	0.14	15 min												
9	1.90	1.90	6:45p	0.75	0.19	0.05	15 min												
10	2.40	2.70																	
11	1.90	2.10																	
12	2.10	2.20																	
13	2.20	2.40																	
14	2.00	1.80																	
15	2.00	1.90																	
16	1.90	2.00																	
17	2.10	1.90	2:30a	0.25	0.05	0.03	15 min												
18	1.80	1.90	5:45a	0.25	0.01	0.01	15 min												
19	2.20	2.00																	
20	3.70	11.70	1;00p	4.00	2.35	0.16	15 min												
21	4.10	12.10	12;00a	3.00	0.43	0.10	15 min												
22	2.30	2.70																	
23	1.80	2.20																	
24	2.50	2.20											M						
25	1.40	2.40	3:45a	1.00	0.45	0.18	15 min												
26	2.20	2.30	5:00p	0.25	0.01	0.01	15 min												
27	2.00	2.40																	
28	2.20	2.30	8:15a	0.75	0.24	0.10	15 min												
29	2.10	2.10	1:15a	4.50	0.27	0.02	15 min												
30	1.90	2.00																	
31	2.10	2.50	8:15p	2.50	0.43	0.08	15 min												
Totals:	65.70			20.25	5.54			0	Days	0.00		0		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	**Telephone**
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	**Date *(mm/dd/yy)***
David E. Ryan	09/21/18

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page:** **2 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Control Facility**			**Public Notification Requirements Met?**	**Y**
MONITORING PERIOD	**Jun-15**			**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	there were no CSO events in August 2018
2	
3	
4	
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31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	09/21/18

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** CLASS IV, 4.6 MGD MAIN WWTP OUTFALL		
Report Dates & Status					
Monitoring Period:	**From 09/01/18 to 09/30/18**	**DMR Due Date:**	**10/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	Dave	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	2	--	Sample						=	8.3					19 - mg/L		05/WK - Five Per Week	G2 - GRAB-2
					Permit Req.						>=	7 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.3			=	7.5	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	1	--	Sample	=	79.1	=	88.5	26 - lb/d			=	4.8	=	5.3	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	691 MO AVG	<=	1036.4 MX WK AV	26 - lb/d			<=	18 MO AVG	<=	27 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample	=	1.6	=	2	26 - lb/d			=	0.1	=	0.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	60.3 MO AVG	<=	140.1 DAILY MX	26 - lb/d			<=	1.57 MO AVG	<=	3.65 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.6			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	1.943	=	2.02	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Sample								=	5	=	11	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.								<=	125 MO GEO	<=	235 DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51041	E. coli, colony forming units [CFU]	Y - Effluent Gross (Supplementary)	0	--	Sample										=	11	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.											Opt Mon DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51484	Number of Events	Y - Effluent Gross (Supplementary)	0	--	Sample			=	20	5J - #					=	0	4X - # exceed		01/30 - Monthly	RT - RCOTOT
					Permit Req.				Opt Mon MO TOTAL	5J - #						Opt Mon MO TOTAL	4X - # exceed	0	01/30 - Monthly	RT - RCOTOT
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Sample	=	26	=	32	26 - lb/d			=	2	=	2	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	575.8 MO AVG	<=	882.9 MX WK AV	26 - lb/d			<=	15 MO AVG	<=	23 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	99.1					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	98.4					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	90.8					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	58.284	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_001A_MRO_2018_09.pdf	pdf	211417

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2018-10-15 12:25 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-10-23 11:31 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		
Report Dates & Status					
Monitoring Period:	**From 09/01/18 to 09/30/18**	**DMR Due Date:**	**10/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	Dave	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.48	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2018_09.pdf	pdf	68526

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2018-10-15 12:23 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-10-23 11:31 (Time Zone: -04:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility		Permit Number	
Chesterton Utility		IN0022578	
Month	Year	Plant Design Flow	Telephone Number
September	2018	4.6 mgd	219-926-1032
E-mail address:	dryan@chestertonin.org		
Certified Operator: Name		Class	Certificate Number / Expiration Date
William M. Williams		IV	WW019285 / 6/30/2020

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches (Total= 2.48)	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED	Ferrous Chloride Gal/Day		RAW SEWAGE: Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Sat			0.04				140		2.172								
2	Sun			0.00				125		2.050		166	2838.1	202	3453.6	5.4	20.4	
3	Mon			0.30				150		2.155	7.2	161	2893.6	252	4529.1	5.5	21.4	
4	Tue			0.00				130		2.080	7.2	133	2307.2	322	5585.8	7.3	22.4	
5	Wed			0.40				140		2.056	7.3	139	2383.4	274	4698.3	6.4	23.5	
6	Thu			0.28				150		2.420	7.3	137	2765	233	4702.6	5.4	22.2	
7	Fri			0.04				140		2.075	7.4							
8	Sat			0.00				140		2.057								
9	Sun			0.00				150		2.049		183	3127.2	341	5827.2	7.9	25.3	
10	Mon			0.00				150		1.995	8.3	126	2096.4	270	4492.3	6.5	25.7	
11	Tue			0.00				130		1.958	7.4	148	2416.8	296	4833.6	6.8	23.6	
12	Wed			0.00				140		1.965	7.3	508	8325.2	329	5391.7	7.2	21.4	
13	Thu			0.00				150		2.033	7.3	166	2814.6	275	4662.7	6.7	26.0	
14	Fri			0.00				125		1.963	7.3							
15	Sat			0.00				125		1.983								
16	Sun			0.00				150		2.006		157	2626.6	385	6441.1	8.9	22.5	
17	Mon			0.00				150		1.915	7.4	265	4232.3	261	4168.5	6.2	23.3	
18	Tue			0.00				140		1.950	7.3	191	3106.2	471	7659.9	11.7	28.4	
19	Wed			0.02				90		1.939	7.2	151	2441.9	244	3945.8	5.7	23.7	
20	Thu			0.26				10		2.152	7.3	206	3697.2	454	8148.2	8.7	25.4	
21	Fri			0.24				190		2.054	7.3							
22	Sat			0.00				165		1.903								
23	Sun			0.00				190		1.946		147	2385.8	295	4787.7	7.2	24.9	
24	Mon			0.00				150		1.886	7.3	153	2406.6	270	4246.9	6.1	25.0	
25	Tue			0.88				100		2.501	7.3	168	3504.2	291	6069.8	5.3	20.0	
26	Wed			0.00				160		2.070	7.4	150	2589.6	275	4747.5	6.0	20.0	
27	Thu			0.01				150		1.964	7.3	142	2325.9	224	3669.1	5.9	30.6	
28	Fri			0.01				170		1.907	7.4							
29	Sat			0.00				160		1.926								
30	Sun			0.00				160		2.294		168	3214.2	237	4534.3	5.1	20.7	
Average				0.08				141		2.047	7.4	179	3071.3	295	5076	6.8	23.6	
Maximum				0.88				190		2.501	8.3	508	8325.2	471	8148.2	11.7	30.6	
Minimum				0.00				10		1.886	7.2	126	2096.4	202	3453.6	5.1	20.0	
No. of Data				30	0	0		30		30	20	21	21	21	21	21	21	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): William M. Williams — Date *(month, day, year)*: 10/22/2018

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): David Ryan — Date *(month, day, year)*: 10/22/2018

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	September	2018

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1								1.79										
2	81	89						1.86										0.6
3	75	141						1.79						5	7.4		8.7	0.6
4	61	93	16	2917	55	4.7		1.82	6190					9	7.3		8.5	0.6
5	60	102	16	2901	55	5.5		1.89	6250					5	7.4		8.4	0.7
6	55	103	16	2878	56	5.1		1.78	7190					5	7.4		8.6	0.7
7			16	2902	55	5.6		1.86	5940					6	7.4		8.8	
8								1.82										
9	89	133						1.73										0.7
10	63	125	17	2812	60	5.2		1.74	6420					1	7.5		9.0	0.7
11	55	106	17	2951	58	5.2		1.76	5100					7	7.5		9.0	0.6
12	185	116	17	2741	62	5.6		1.81	6165					11	7.5		8.8	0.6
13	54	102	16	2895	55	4.9		1.84	6070					11	7.4		8.7	0.6
14			16	2954	54	5.0		1.82	5450					5	7.4		8.7	
15								1.77										
16	70	145						1.67										0.6
17	110	145	15	2633	57	4.3		1.80	5740					5	7.4		8.4	0.6
18	101	105	15	2625	57	4.7		1.93	6020					7	7.4		8.4	0.6
19	58	72	15	2619	57	4.7		1.83	6940					5	7.4		8.3	0.6
20	63	78	15	2708	55	4.2		1.75	6550					6	7.4		8.6	0.8
21			14	2678	52	4.4		1.85	7115					8	7.3		8.5	
22								1.85										
23	77	93						1.83										0.7
24	67	78	14	2665	53	5.0		1.79	6690					4	7.4		8.8	0.6
25	60	79	14	2618	53	4.6		1.92	7415					8	7.3		8.8	0.6
26	54	62	14	2781	50	5.2		1.92	5590					7	7.4		8.8	0.6
27	60	52	14	2787	50	4.9		1.87	5810					8	7.5		8.9	0.5
28			14	2737	51	4.6		1.82	5950					1	7.5		8.8	
29								1.78										
30	52	22						1.72										0.5
Avg.	74	97	15	2779	55	4.9		1.81	6242					5	7.4		8.7	0.6
Max.	185	145	17	2954	62	5.6		1.93	7415					11	7.5		9.0	0.8
Min.	52	22	14	2618	50	4.2		1.67	5100					1	7.3		8.3	0.5
Data	21	21	19	19	19	19		30	19					20	20		20	21

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	September	2018

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	Sat	2.068															
2	Sun	1.937		1		16		3.5		56.6		0.1		1.6			
3	Mon	2.051		1		17		4.8		82.2		0.1		1.7			
4	Tue	1.973		2		33		3.4		56.0		0.1		1.6			
5	Wed	1.959		2		33		4.5		73.6		0.1		1.6			
6	Thu	2.316		2		39		4.4		85.0		0.1		1.9			
7	Fri	1.963															
8	Sat	1.940	2.020		2		28		4.1		70.7		0.1		1.7		
9	Sun	1.935		2		32		6.1		98.5		0.1		1.6			
10	Mon	1.886		2		31		5.8		91.3		0.1		1.6			
11	Tue	1.859		2		31		5.5		85.3		0.1		1.6			
12	Wed	1.852		1		15		4.5		69.5		0.1		1.5			
13	Thu	1.925		1		16		4.7		75.5		0.1		1.6			
14	Fri	1.853															
15	Sat	1.871	1.883		2		25		5.3		84.0		0.1		1.6		
16	Sun	1.898		2		32		5.2		82.4		0.1		1.6			
17	Mon	1.823		2		30		4.4		66.9		0.1		1.5			
18	Tue	1.847		2		31		3.9		60.1		0.1		1.5			
19	Wed	1.842		2		31		4.4		67.6		0.1		1.5			
20	Thu	2.060		2		34		5.6		96.3		0.1		1.7			
21	Fri	1.956															
22	Sat	1.794	1.889		2		32		4.7		74.7		0.1		1.6		
23	Sun	1.838		1		15		5.6		85.9		0.1		1.5			
24	Mon	1.781		1		15		5.2		77.3		0.1		1.5			
25	Tue	2.419		1		20		6.0		121.1		0.1		2.0			
26	Wed	1.963		1		16		5.3		86.8		0.1		1.6			
27	Thu	1.857		2		31		4.6		71.3		0.1		1.5			
28	Fri	1.817															
29	Sat	1.818	1.928		1		20		5.3		88.5		0.1		1.6		
30	Sun	2.183		2		36		3.9		71.0		0.1		1.8			
Avg		1.943		2		26		4.8		79.1		0.1		1.6			
Max		2.419	2.020	2	2	39	32	6.1	5.3	121.1	88.5	0.1	0.1	2.0	1.7		
Min		1.781	1.883	1	1	15	20	3.4	4.1	56.0	70.7	0.1	0.1	1.5	1.6		
Data		30	4	21	4	21	4	21	4	21	4	21	4	21	4		

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:	
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)	58.284
Primary Treatment	58.8	67.1				
	NA	NA			Percent Capacity	
Secondary Treatment	97.8	95.0			(actual flow/design)	42%
Overall Treatment	99.1	98.4	99.6	90.8		
Phosphorus limit would be	1 mg/l.	(compliance achieved)				

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	September	2018

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge withdrawn hrs of gal. x 1000	
1	15.4	27.0						204						
2	15.5	27.0					44.8							
3	15.4	27.0												
4	15.4	26.0	6.7	99.3	6.9	98.8			3.3	3.1	75.6	58.4	27.1	
5	16.7	26.0	6.8	99.5	6.9	98.4			3.2		75.8			
6	15.4	26.0	6.8	99.3	6.8	98.8	10.7		3.8	3.1	75.3	58.8	27.1	
7	15.4	25.0	6.7	99.7	6.8	99.3			2.9		75.0			
8	15.4	25.0						236						
9	15.4	25.0					57.7							
10	15.4	24.0	7.6	98.1	7.6	97.5			2.9		77.7			
11	15.4	24.0	7.6	98.8	7.7	97.7			3.0	3.1	74.9	59.1	22.2	
12	15.5	24.0	6.7	99.9	6.9	98.1			3.1		77.4			
13	15.4	24.0	6.8	98.4	6.8	99.0	13.0		3.3	3.0	73.9	59.2	23.0	
14	15.4	24.0	6.8	100.0	6.9	98.2			3.1		76.5			
15	15.5	24.0						229						
16	15.4	24.0					43.2							
17	15.2	22.0	7.5	99.9	7.7	98.4			3.1		78.2			
18	15.4	21.0	6.7	98.2	6.9	96.3	64.1		3.5	3.2	72.8	58.9	27.6	
19	15.4	21.0	6.7	99.7	6.8	98.8			3.6		75.9			
20	15.4	21.0	6.7	98.8	6.9	97.3			3.5	3.0	77.7	59.7	13.3	
21	15.4	20.0	6.7	100.0	6.8	99.3			3.5		74.2			
22	15.4	20.0						233						
23	15.4	20.0												
24	15.4	19.0	6.7	99.1	6.8	98.4			2.6		81.0			
25	15.4	18.0	6.7	99.9	6.8	99.0			3.3	3.2	77.5	59.0	12.8	
26	16.4	18.0	6.7	100.0	6.8	98.6			1.7		67.6			
27	15.4	18.0	6.7	99.3	6.8	96.6	75.2		3.4	3.2	75.8	59.4	22.6	
28	15.4	18.0	6.7	99.5	6.8	97.9			3.6		73.5			
29	15.4	18.0												
30	15.4	18.0												
Avg.	15.5	22.5	6.9	99.3	7.0	98.2	44.1	226	3.2	3.1	75.6	59.1	22.0	
Max.	16.7	27.0	7.6	100.0	7.7	99.3	75.2	236	3.8	3.2	81.0	59.7	27.6	
Min.	15.2	18.0	6.7	98.1	6.8	96.3	10.7	204	1.7	3.0	67.6	58.4	12.8	
Data	30	30	19	19	19	19	7	4	19	8	19	8	8	

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page 1 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period	**September**	**2018**		**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			**Precipitation Data**					**CSO Outfall No. 001**						**CSO Outfall No. [#]**					
Day of Month	**Average Daily Flow (MGD)**	**Peak Hourly Flow (MGD)**	**Time Precip. Began (am/pm)**	**Precip. Duration (Hours)**	**Total Daily Precip. (Inches)**	**Peak Intensity (Inch/hr)**	**Measurement Interval (hr, 30 m, 15 m)**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
1	1.90	2.20	10:45a	0.25	0.04	0.02	15 min												
2	1.60	1.70																	
3	1.90	2.50	6:30a	2.25	0.30	0.07	15 min												
4	1.90	2.20																	
5	2.10	2.10	10:15p	1.00	0.40	0.18	15 min												
6	2.40	3.00	4:30a	4.50	0.28	0.03	15 min												
7	2.20	2.00	7:15a	1.00	0.04	0.01	15 min												
8	2.20	2.20																	
9	1.90	2.30																	
10	2.00	2.10																	
11	2.40	2.40																	
12	2.00	2.10																	
13	2.10	2.10																	
14	1.40	2.00																	
15	1.40	2.00																	
16	2.00	2.00																	
17	2.00	1.80																	
18	1.80	2.00																	
19	1.80	1.90	7:15p	0.50	0.02	0.01	15 min												
20	2.50	3.20	2:15p	0.50	0.26	0.09	15 min												
21	1.90	2.10	5:45a	0.75	0.24	0.12	15 min												
22	1.80	2.40																	
23	2.10	2.20																	
24	1.90	1.80																	
25	2.30	5.00	4:45a	2.25	0.88	0.25													
26	2.30	1.90																	
27	1.70	2.00	6:30a	0.25	0.01	0.01	15 min												
28	1.70	1.70	6:15p	0.25	0.01	0.01	15 min												
29	1.60	1.90																	
30	2.40	2.70																	
31																			
Totals:	59.20			13.50	2.48			0	Days	0.00		0		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	**Telephone**
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	**Date *(mm/dd/yy)***
David E. Ryan	10/22/18

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page:** **2 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period September	**2018**			**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	There were no CSO events for September 2018
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	10/22/18

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** CLASS IV, 4.6 MGD MAIN WWTP OUTFALL		
Report Dates & Status					
Monitoring Period:	**From 10/01/18 to 10/31/18**	**DMR Due Date:**	**11/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	Dave	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	--	Sample						=	8.6					19 - mg/L		05/WK - Five Per Week	G2 - GRAB-2
					Permit Req.						>=	6 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.3			=	7.6	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	1	--	Sample	=	102.2	=	123.6	26 - lb/d			=	6.1	=	7.9	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	691 MO AVG	<=	1036.4 MX WK AV	26 - lb/d			<=	18 MO AVG	<=	27 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample	=	1.7	=	2.4	26 - lb/d			=	0.1	=	0.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	60.3 MO AVG	<=	140.1 DAILY MX	26 - lb/d			<=	1.57 MO AVG	<=	3.65 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.7			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	2.032	=	2.264	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Sample								=	7	=	24	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.								<=	125 MO GEO	<=	235 DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51041	E. coli, colony forming units [CFU]	Y - Effluent Gross (Supplementary)	0	--	Sample										=	24	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.											Opt Mon DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51484	Number of Events	Y - Effluent Gross (Supplementary)	0	--	Sample			=	23	5J - #					=	0	4X - # exceed		01/30 - Monthly	RT - RCOTOT
					Permit Req.				Opt Mon MO TOTAL	5J - #						Opt Mon MO TOTAL	4X - # exceed	0	01/30 - Monthly	RT - RCOTOT
					Value NODI															
71901	Mercury, total recoverable	1 - Effluent Gross	0	--	Sample								=	0.5	=	0.7	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.								<=	2.4 ANNL AVG		Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
71901	Mercury, total recoverable	G - Raw Sewage Influent	0	--	Sample			=	0.0010536	26 - lb/d					=	90	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.				Req Mon DAILY MX	26 - lb/d						Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Sample	=	33	=	36	26 - lb/d			=	2	=	2	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	575.8 MO AVG	<=	882.9 MX WK AV	26 - lb/d			<=	15 MO AVG	<=	23 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	98.8					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	97.8					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	88.4					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	62.996	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_001A_MRO_2018_10.pdf	pdf	220377

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-11-13 16:46 (Time Zone: -05:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-11-13 16:48 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		
Report Dates & Status					
Monitoring Period:	**From 10/01/18 to 10/31/18**	**DMR Due Date:**	**11/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	Dave	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.65	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2018_10.pdf	pdf	70803

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2018-11-13 13:09 (Time Zone: -05:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-11-13 16:48 (Time Zone: -05:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility		Permit Number	
Chesterton Utility		IN0022578	
Month	Year	Plant Design Flow	Telephone Number
October	2018	4.6 mgd	219-926-1032
E-mail address:	dryan@chestertonin.org		
Certified Operator: Name		Class	Certificate Number / Expiration Date
William M. Williams		IV	WW019285 / 6/30/2020

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches (Total= 3.65)	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Ferrous Chloride Gal/Day	RAW SEWAGE: Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
1	Mon			0.00			150	2.080	7.6	140	2428.6	310	5377.6	8.2	20.1
2	Tue			0.05			150	1.918	7.5	208	3327.2	537	8589.9	9.3	26.6
3	Wed			0.02			150	1.909	7.5	188	2993.2	305	4855.9	6.2	26.2
4	Thu			0.02			150	1.937	7.4	209	3376.3	350	5654.1	6.9	28.9
5	Fri			1.06			100	2.160	7.5						
6	Sat			0.29			125	2.998							
7	Sun			0.54			130	2.947		108	2654.4	174	4276.6	4.0	16.7
8	Mon			0.01			100	2.310	7.5	117	2254.1	237	4565.9	6.0	19.0
9	Tue			0.00			170	2.136	7.5	137	2440.6	263	4685.1	6.1	25.3
10	Wed			0.63			170	2.632	7.5	137	3007.3	244	5356	4.2	19.2
11	Thu			0.00			130	2.388	7.5	151	3007.3	287	5715.9	5.0	20.7
12	Fri			0.01			130	2.096	7.6						
13	Sat			0.00			130	2.091							
14	Sun			0.05			140	2.091		142	2476.3	200	3487.8	5.1	24.7
15	Mon			0.23			130	2.156	7.6	138	2481.4	250	4495.3	5.7	21.6
16	Tue			0.00			150	2.054	7.5	150	2569.6	224	3837.2	5.0	25.5
17	Wed			0.00			140	2.024	7.5	150	2532	225	3798	4.8	22.8
18	Thu			0.00			150	1.936	7.6	158	2551.1	249	4020.4	6.1	26.5
19	Fri			0.06			70	1.933	7.4						
20	Sat			0.01			150	1.950							
21	Sun			0.00			150	2.025		173	2921.7	239	4036.4	6.3	27.4
22	Mon			0.00			150	1.971	7.6	140	2301.3	220	3616.4	6.0	23.4
23	Tue			0.00			140	1.926	7.5	194	3116.2	336	5397.1	6.6	25.4
24	Wed			0.00			150	1.903	7.5	196	3110.7	281	4459.8	5.9	25.7
25	Thu			0.00			150	2.002	7.5	208	3472.9	303	5059.1	6.0	24.1
26	Fri			0.00			140	1.924	7.5						
27	Sat			0.00			150	2.091							
28	Sun			0.20			160	2.294		154	2946.3	237	4534.3	5.4	22.6
29	Mon			0.00			150	1.958	7.5	162	2645.4	233	3804.8	5.4	23.5
30	Tue			0.02			150	1.955	7.4	174	2837	249	4059.9	5.6	26.3
31	Wed			0.45			140	2.184	7.5	202	3679.3	460	8378.7	7.6	22.4
Average				0.12			140	2.128	7.5	162	2831.7	279	4872.3	6.0	23.7
Maximum				1.06			170	2.998	7.6	209	3679.3	537	8589.9	9.3	28.9
Minimum				0.00			70	1.903	7.4	108	2254.1	174	3487.8	4.0	16.7
No. of Data				31	0	0	31	31	23	23	23	23	23	23	23

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): William M. Williams — Date *(month, day, year)*: 11/13/2018

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): David Ryan — Date *(month, day, year)*: 11/13/2018

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	October	2018

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	54	67	14	2857	49	5.0		1.81	4440					1	7.3		9.4	0.5
2	62	68	16	3349	48	5.3		1.78	7235					8	7.4		9.0	0.5
3	59	66	16	3334	48	4.8		1.86	7500					2	7.5		8.7	0.5
4	61	51	14	2746	51	5.2		1.84	5645					2	7.4		8.6	0.6
5			13	2637	49	5.3		1.93	7310					8	7.4		9.1	
6								1.88										
7	68	166						1.80										0.7
8	61	106	12	2874	42	4.4		1.79	6645					14	7.5		9.0	0.7
9	52	54	12	2534	47	4.8		1.85	6580					24	7.6		8.6	0.6
10	59	53	11	2508	44	4.6		1.82	6550					9	7.6		8.7	0.7
11	49	49	12	2573	47	4.9		1.89	6000					23	7.5		9.2	0.7
12			12	2552	47	5.0		1.91	5335					1	7.5		9.5	
13								1.76										
14	76	68						1.71										0.8
15	62	70	12	2549	47	4.5		1.79	7285					2	7.5		9.3	0.8
16	62	87	12	2635	46	4.4		1.84	4705					18	7.5		9.6	0.8
17	58	39	11	2688	41	6.2		1.83	5630					4	7.6		9.6	0.7
18	68	62	12	2735	44	5.8		1.85	5700					21	7.5		9.9	0.8
19			12	2801	43	5.4		1.77	4380					4	7.5		9.6	
20								1.78										
21	87	44						1.80										0.7
22	82	69	12	2734	44	5.3		1.76	5520					9	7.4		9.5	0.7
23	66	36	12	2771	43	5.1		1.74	5440					13	7.4		9.6	0.7
24	74	44	12	2723	44	5.6		1.73	4900					9	7.4		9.9	0.7
25	79	56	12	2752	44	5.3		1.68	6645					18	7.4		9.6	0.8
26			12	2850	42	5.8		1.64	6155					9	7.5		9.7	
27								1.60										
28	78	55						1.51										0.8
29	58	69	13	2903	45	5.2		1.56	6450					2	7.4		9.4	0.8
30	74	59	13	2990	43	4.5		1.67	5765					15	7.4		9.2	0.7
31	86	99	13	3101	42	4.7		1.77	7115					6	7.3		9.6	0.7
Avg.	67	67	13	2791	45	5.1		1.77	6040					7	7.5		9.3	0.7
Max.	87	166	16	3349	51	6.2		1.93	7500					24	7.6		9.9	0.8
Min.	49	36	11	2508	41	4.4		1.51	4380					1	7.3		8.6	0.5
Data	23	23	23	23	23	23		31	23					23	23		23	23

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	October	2018

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	Mon	2.236		2		37		4.9		91.4		0.1		1.9			
2	Tue	1.817		2		30		4.5		68.2		0.1		1.5			
3	Wed	1.630		2		27		4.3		58.5		0.1		1.4			
4	Thu	1.681		2		28		3.6		50.5		0.1		1.4			
5	Fri	2.058															
6	Sat	2.914	2.074		2		32		4.2		67.9		0.1		1.6		
7	Sun	2.842		2		47		5.9		139.9		0.1		2.4			
8	Mon	2.256		2		38		5.4		101.7		0.1		1.9			
9	Tue	1.969		1		16		4.0		65.7		0.1		1.6			
10	Wed	2.535		2		42		5.0		105.8		0.1		2.1			
11	Thu	2.271		2		38		5.1		96.7		0.1		1.9			
12	Fri	1.995															
13	Sat	1.983	2.264		2		36		5.1		101.9		0.1		2.0		
14	Sun	1.984		2		33		6.0		99.3		0.1		1.7			
15	Mon	2.056		2		34		6.7		115.0		0.1		1.7			
16	Tue	1.954		2		33		5.9		96.2		0.1		1.6			
17	Wed	1.932		2		32		4.5		72.6		0.1		1.6			
18	Thu	1.855		2		31		6.3		97.5		0.1		1.5			
19	Fri	2.122															
20	Sat	1.863	1.967		2		33		5.9		96.1		0.1		1.6		
21	Sun	1.940		2		32		7.0		113.3		0.1		1.6			
22	Mon	1.903		2		32		8.1		128.6		0.1		1.6			
23	Tue	1.844		2		31		7.8		120.0		0.1		1.5			
24	Wed	1.825		2		30		8.5		129.5		0.1		1.5			
25	Thu	1.917		2		32		7.9		126.4		0.1		1.6			
26	Fri	1.845															
27	Sat	2.003	1.897		2		31		7.9		123.6		0.1		1.6		
28	Sun	2.212		3		55		9.7		179.1		0.1		1.8			
29	Mon	1.876		2		31		8.6		134.6		0.1		1.6			
30	Tue	1.584		1		13		4.9		64.8		0.1		1.3			
31	Wed	2.094	1.942	2	2	35	34	5.4	7.2	94.4	118.2	0.1	0.1	1.7	1.6		
Avg		2.032		2		33		6.1		102.2		0.1		1.7			
Max		2.914	2.264	3	2	55	36	9.7	7.9	179.1	123.6	0.1	0.1	2.4	2.0		
Min		1.584	1.897	1	2	13	31	3.6	4.2	50.5	67.9	0.1	0.1	1.3	1.6		
Data		31	5	23	5	23	5	23	5	23	5	23	5	23	5		

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 62.996
Primary Treatment	58.9	76.0			
	NA	NA			Percent Capacity
Secondary Treatment	97.1	90.9			(actual flow/design) 44%
Overall Treatment	98.8	97.8	99.6	88.4	
Phosphorus limit would be 1 mg/l. (compliance achieved)					

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	October	2018

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge withdrawn hrs of gal. x 1000	
1	15.4	18.0	6.6	99.0	6.8	99.3		235	2.6		79.8			
2	15.4	18.0	6.7	99.5	6.8	99.5			3.0		68.8			
3	15.4	18.0	6.7	99.9	6.8	99.5			3.3		71.7			
4	15.4	18.0	6.7	99.7	6.8	99.9			3.5	3.2	73.8	58.9	26.9	
5	17.9	17.0	6.7	100.0	6.8	99.7			1.3		75.1			
6	17.9	17.0						251						
7	14.7	17.0					53.1							
8	14.9	17.0	6.7	99.9	6.8	99.7			3.8		77.1			
9	17.7	15.0	6.7	99.9	6.8	99.3			1.3	3.3	76.1	60.4	27.5	
10	15.4	14.0	6.7	100.0	6.8	99.7			2.6		80.4			
11	15.4	14.0	6.7	99.9	6.8	99.7			2.6	3.2	77.0	60.0	22.7	
12	15.4	12.0	6.6	99.7	6.8	98.6			3.1		76.7			
13	15.4	12.0						264						
14	15.4	12.0					56.0							
15	15.4	12.0	6.7	99.9	6.8	99.0			2.5		82.4			
16	15.4	12.0	6.6	100.0	6.8	99.5			2.6	3.3	82.1	59.0	27.6	
17	15.4	12.0	6.7	98.1	6.8	99.5			2.5		82.5			
18	15.4	12.0	6.6	99.9	6.7	99.5			2.6	3.2	81.0	59.5	14.6	
19	15.4	12.0	6.7	99.0	6.8	99.5	11.6		2.7		79.8			
20	15.4	12.0					26.7	238						
21	15.4	12.0					28.1							
22	15.4	12.0	6.6	99.7	6.7	99.7			3.1		68.9			
23	15.4	12.0	6.6	100.2	6.7	99.7			3.4	3.2	77.0	59.8	28.2	
24	15.4	12.0	6.6	100.0	6.7	99.7	8.6		2.6		81.3			
25	15.4	12.0	6.6	99.7	6.8	99.5	9.7		2.7		81.8			
26	15.4	12.0	6.6	100.0	6.8	98.4	18.8		2.5		81.0			
27	15.4	12.0					19.3	243						
28	14.1	11.3					17.3							
29	16.7	12.0	6.6	99.7	6.7	100.0	7.7		3.1		78.8			
30	15.4	12.0	6.6	99.9	6.7	96.8	6.7		2.3	3.3	79.1	60.4	23.5	
31	15.4	12.0	6.6	99.7	6.7	99.7			3.9		77.1		4.5	
Avg.	15.597	13.6	6.6	99.7	6.8	99.4	22.0	246	2.8	3.2	77.8	59.7	21.9	
Max.	17.9	18.0	6.7	100.2	6.8	100.0	56.0	264	3.9	3.3	82.5	60.4	28.2	
Min.	14.1	11.3	6.6	98.1	6.7	96.8	6.7	235	1.3	3.2	68.8	58.9	4.5	
Data	31	31	23	23	23	23	12	5	23	7	23	7	8	

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Chesterton, IN				Page 1 of 2		Permit Number:	IN0022578
Facility:	Fritz Dietrich Environmental Controll Facility				Public Notification Requirements Met?	Y		
MONITORING PERIOD	OCTOBER	2018			Check box if no CSO discharge occurred for the month:	☑		
Design Peak Hourly Flow (MGD):	10	Design Average Flow (MGD):	4.6		Measured/Metered (M) or Estimated (E) must be specified			

WWTP Influent Data			Precipitation Data					CSO Outfall No. 001						CSO Outfall No. [#]					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1	2.10	1.90																	
2	1.90	1.90	1:00a	0.75	0.05	0.02	15 min												
3	2.00	2.60	2:45a	0.50	0.02	0.01	15 min												
4	1.80	2.10	2:45a	0.50	0.02	0.01	15 min												
5	5.20	6.10	6:30a	3.50	1.06	0.14	15 min												
6	2.50	2.70	12:15a	3.25	0.29	0.03	15 min												
7	3.10	3.20	3:45a	3.00	0.54	0.09	15 min												
8	2.30	2.40	2:30a	0.25	0.01	0.01	15 min												
9	2.20	2.10																	
10	2.90	3.40	9:30a	4.25	0.63	0.07	15 min												
11	2.30	2.50																	
12	2.00	2.10	2:45p	0.25	0.01	0.01	15 min												
13	2.00	2.20																	
14	1.90	21.20	11:00p	0.50	0.05	0.01	15 min												
15	2.20	2.30	12:00a	4.50	0.23	0.01	15 min												
16	1.90	2.00																	
17	1.80	2.20																	
18	1.90	1.90																	
19	1.80	2.40	2:00p	0.75	0.06	0.02	15 min												
20	2.10	2.70	5:30p	0.25	0.01	0.01	15 min												
21	2.00	2.10																	
22	2.10	2.10																	
23	1.80	2.20																	
24	2.00	1.90																	
25	2.10	2.20																	
26	1.70	1.70																	
27	1.80	2.30																	
28	2.30	2.60	5:45 AM	3.00	0.20	0.02	15 min												
29	1.90	1.90																	
30	1.90	1.90	8:15p	0.50	0.02	0.01	15 min												
31	2.20	2.00	12:15a	3.75	0.45	0.08	15 min												
Totals:	67.70			29.50	3.65			0	Days	0.00		0		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	11/13/18

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page:** **2 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?** **Y**	
MONITORING PERIOD	**OCTOBER**	**2018**		**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	THERE WERE NO CSO EVENTS FOR OCTOBER 2018
2	
3	
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28	
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	11/13/18

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** CLASS IV, 4.6 MGD MAIN WWTP OUTFALL		
Report Dates & Status					
Monitoring Period:	**From 11/01/18 to 11/30/18**	**DMR Due Date:**	**12/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	--	Sample						=	9.4					19 - mg/L		05/WK - Five Per Week	G2 - GRAB-2
					Permit Req.						>=	6 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.2			=	7.6	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	1	--	Sample	=	161.7	=	256.6	26 - lb/d			=	7.8	=	8.6	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	691 MO AVG	<=	1036.4 MX WK AV	26 - lb/d			<=	18 MO AVG	<=	27 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample	=	1.9	=	2.6	26 - lb/d			=	0.1	=	0.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	60.3 MO AVG	<=	140.1 DAILY MX	26 - lb/d			<=	1.57 MO AVG	<=	3.65 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.7			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	2.255	=	2.963	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Sample	=	43	=	60	26 - lb/d			=	2	=	2	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	575.8 MO AVG	<=	882.9 MX WK AV	26 - lb/d			<=	15 MO AVG	<=	23 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	98.6					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	96.8					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	86.4					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	67.643	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_001A_MRO_2018_11.pdf	pdf	210797

Report Last Saved By

CHESTERTON WWTP, TOWN OF	
User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2018-12-20 10:41 (Time Zone: -05:00)
Report Last Signed By	
User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-12-20 14:24 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		
Report Dates & Status					
Monitoring Period:	**From 11/01/18 to 11/30/18**	**DMR Due Date:**	**12/28/18**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.57	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2018_11.pdf	pdf	57584

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2018-12-20 10:37 (Time Zone: -05:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2018-12-20 14:24 (Time Zone: -05:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility		Permit Number	
Chesterton Utility		IN0022578	
Month	Year	Plant Design Flow	Telephone Number
November	2018	4.6 mgd	219-926-1032
E-mail address:	dryan@chestertonin.org		
Certified Operator: Name		Class	Certificate Number / Expiration Date
William M. Williams		IV	WW019285 / 6/30/2020

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 3.57 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Collection System Overflow ("X" If Occurred)	CHEMICALS USED	Ferrous Chloride Gal/Day		RAW SEWAGE Influent Flow Rate (If metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Thu			0.20				150		2.062	7.6	164	2820.3	263	4522.8	6.0	24.3	
2	Fri			0.00				150		2.004	7.6							
3	Sat			0.08				160		1.980								
4	Sun			0.47				150		2.360		188	3700.3	327	6436.1	6.4	22.6	
5	Mon			0.13				150		2.245	7.5	121	2265.5	180	3370.2	4.0	19.9	
6	Tue			0.10				150		2.376	7.5	157	3111.1	248	4914.3	4.9	20.3	
7	Wed			0.00				140		2.141	7.6	158	2821.2	259	4624.7	4.5	22.9	
8	Thu			0.00				140		2.032	7.7	151	2559	216	3660.5	5.3	23.1	
9	Fri			0.07				175		1.934	7.6							
10	Sat			0.00				125		2.022								
11	Sun			0.00				125		2.062		189	3250.2	203	3491	5.3	26.4	
12	Mon			0.07				150		1.934	7.6	166	2677.5	231	3725.9	5.0	21.6	
13	Tue			0.00				140		1.955	7.6	160	2608.8	258	4206.6	6.4	26.9	
14	Wed			0.00				155		1.951	7.6	126	2050.2	210	3417	5.9	26.5	
15	Thu			0.22				140		2.175	7.5	169	3065.6	279	5060.9	7.5	23.2	
16	Fri			0.00				145		2.280	7.5							
17	Sat			0.14				170		2.536								
18	Sun			0.10				160		2.565		152	3251.6	192	4107.3	5.0	20.7	
19	Mon			0.00				150		2.332	7.5	140	2722.8	241	4687.2	5.9	22.7	
20	Tue			0.06				190		2.302	7.6	142	2726.2	220	4223.7	5.1	20.2	
21	Wed			0.00				170		2.291	7.6	174	3324.6	241	4604.8	6.2	21.7	
22	Thu			0.00				160		2.134	7.5	221	3933.3	266	4734.2	5.3	22.7	
23	Fri			0.02				165		2.195	7.5							
24	Sat			0.16				185		2.461								
25	Sun			0.84				180		2.749		199	4562.4	325	7451.2	5.6	22.1	
26	Mon			0.91				180		5.324	7.6	77	3419	121	5372.7	2.3	8.8	
27	Tue			0.00				150		2.991	7.6	94	2344.8	246	6136.5	6.3	16.5	
28	Wed			0.00				160		2.493	7.6	127	2640.5	229	4761.3	5.3	16.8	
29	Thu			0.00				190		2.464	7.6	186	3822.3	336	6904.7	6.8	21.2	
30	Fri			0.00				190		2.455	7.7							
Average				0.12				158		2.360	7.6	155	3032.2	242	4781.6	5.5	21.5	
Maximum				0.91				190		5.324	7.7	221	4562.4	336	7451.2	7.5	26.9	
Minimum				0.00				125		1.934	7.5	77	2050.2	121	3370.2	2.3	8.8	
No. of Data				30	0	0		30		30	22	21	21	21	21	21	21	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): William M. Williams — Date *(month, day, year)*: 12/20/2018

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): David E. Ryan — Date *(month, day, year)*: 12/20/2018

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	November	2018

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	67	49	14	3042	46	4.6		1.67	7775						7.4		9.4	0.7
2			14	3064	46	4.8		1.63	7095						7.5		9.4	
3								1.57										
4	81	48						1.56										0.8
5	76	66	15	3194	47	4.5		1.76	7855						7.3		9.6	0.6
6	64	43	15	3316	45	4.6		1.80	7170						7.5		9.6	0.7
7	82	55	15	3129	48	4.8		1.74	6755						7.6		10.0	0.7
8	79	51	16	3183	50	4.9		1.78	6760						7.6		10.0	0.8
9			15	3241	46	4.9		1.86	7610						7.5		10.1	
10								1.86										
11	130	79						1.84										0.9
12	105	67						1.82							7.4		10.5	0.9
13	90	63	15	3323	45	5.2		1.79	6535						7.5		10.7	0.8
14	82	113	15	3283	46	4.9		1.87	7295						7.5		10.6	0.8
15	77	67	14	3229	43	5.0		1.86	7140						7.3		10.3	0.7
16			14	3173	44	4.9		1.91	7035						7.5		10.4	
17								1.87										
18	77	59						1.86										0.9
19	62	34	14	3311	42	4.8		1.83	7210						7.3		10.5	0.8
20	69	36	13	3325	39	4.9		1.82	8970						7.5		10.4	0.8
21	98	57	13	3411	38	5.0		1.83	6055						7.5		11.2	0.8
22	126	68						1.82							7.5		11.4	0.7
23								1.81							7.5		10.8	
24								1.82										
25	120	109						1.88										0.7
26	48	89	14	3716	38	5.2		1.97	11750						7.2		11.1	0.8
27	59	45	15	3923	38	5.4		1.90	10410						7.4		11.0	0.6
28	60	52	15	3889	39	5.7		1.88	9125						7.6		11.2	0.5
29	80	49	15	3839	39	6.5		1.86	8860						7.5		12.2	0.6
30			14	3931	36	5.4		1.86	9055						7.5		11.5	
Avg.	82	62	14	3396	43	5.1		1.81	7919						7.5		10.5	0.7
Max.	130	113	16	3931	50	6.5		1.97	11750						7.6		12.2	0.9
Min.	48	34	13	3042	36	4.5		1.56	6055						7.2		9.4	0.5
Data	21	21	19	19	19	19	0	30	19						22		22	21

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	November	2018

FINAL EFFLUENT

Day Of Month	Day of Week	Flow: Effluent Flow Rate (MGD)	Flow: Effluent Flow Weekly Average	BOD: CBOD5 - mg/l	BOD: CBOD5 - mg/l Weekly Average	BOD: CBOD5 - lbs	BOD: CBOD5 - lbs/day Weekly Average	Total Suspended Solids: Susp. Solids - mg/l	Total Suspended Solids: Susp. Solids - mg/l Weekly Average	Total Suspended Solids: Susp. Solids - lbs	Total Suspended Solids: Susp. Solids - lbs/day Weekly Average	Ammonia: Ammonia - mg/l	Ammonia: Ammonia - mg/l Weekly Average	Ammonia: Ammonia - lbs	Ammonia: Ammonia - lbs/day Weekly Average	Other	Other
1	Thu	1.964		2		33		5.3		86.9		0.1		1.6			
2	Fri	1.903															
3	Sat	1.879															
4	Sun	2.271		3		57		8.6		163.0		0.1		1.9			
5	Mon	2.151		2		36		5.9		105.9		0.1		1.8			
6	Tue	2.283		2		38		5.6		106.7		0.1		1.9			
7	Wed	2.039		1		17		4.4		74.9		0.1		1.7			
8	Thu	1.931		2		32		7.0		112.8		0.1		1.6			
9	Fri	1.856															
10	Sat	1.927	2.065		2		36		6.3		112.6		0.1		1.8		
11	Sun	1.967		2		33		11.0		180.6		0.1		1.6			
12	Mon	1.844		2		31		7.0		107.7		0.1		1.5			
13	Tue	1.861		2		31		6.6		102.5		0.1		1.6			
14	Wed	1.856		2		31		7.7		119.3		0.1		1.5			
15	Thu	2.090		3		52		8.9		155.2		0.1		1.7			
16	Fri	2.174															
17	Sat	2.428	2.031		2		36		8.2		133.1		0.1		1.6		
18	Sun	2.444		2		41		10.1		206.0		0.1		2.0			
19	Mon	2.208		2		37		8.3		152.9		0.1		1.8			
20	Tue	2.184		2		36		8.4		153.1		0.1		1.8			
21	Wed	2.175		2		36		9.3		168.8		0.1		1.8			
22	Thu	2.010		3		50		7.0		117.4		0.1		1.7			
23	Fri	2.074															
24	Sat	2.344	2.206		2		40		8.6		159.6		0.1		1.8		
25	Sun	2.632		2		44		7.0		153.7		0.1		2.2			
26	Mon	5.221		3		131		16.7		727.6		0.1		4.4			
27	Tue	2.872		2		48		7.5		179.8		0.1		2.4			
28	Wed	2.372		2		40		5.6		110.8		0.1		2.0			
29	Thu	2.336		2		39		5.7		111.1		0.1		1.9			
30	Fri	2.347	2.963		2		60		8.5		256.6		0.1		2.6		
Avg		2.255		2		43		7.8		161.7		0.1		1.9			
Max		5.221	2.963	3	2	131	60	16.7	8.6	727.6	256.6	0.1	0.1	4.4	2.6		
Min		1.844	2.031	1	2	17	36	4.4	6.3	74.9	112.6	0.1	0.1	1.5	1.6		
Data		30	4	21	4	21	4	21	4	21	4	21	4	21	4		

MONTHLY REMOVAL SUMMARY

Percent Removal	BOD5	S.S.	Ammonia	Phosphorus
Primary Treatment	46.9	74.5		
	NA	NA		
Secondary Treatment	97.4	87.4		
Overall Treatment	98.6	96.8	99.5	86.4

Phosphorus limit would be 1 mg/l. (compliance achieved)

Total Monthly Flow: (million gallons) 67.643

Percent Capacity (actual flow/design) 49%

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	November	2018

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge withdrawn hrs of gal. x 1000	
1	15.4	12.0	6.6	99.7	6.7	99.7			3.9	3.2	76.1	61.6	19.2	
2	16.7	12.0	6.6	99.3	6.7	99.7	17.6		3.6		78.3			
3	15.4	12.0					30.2							
4	15.4	12.0					20.4	217						
5	15.4	12.0	6.6	98.1	6.7	98.8			2.6		79.6			
6	15.4	12.0	6.6	99.9	6.7	99.9	11.3		2.1		81.2			
7	15.4	12.0	6.6	99.7	6.7	99.9	59.3		2.7	3.4	79.9	63.0	24.4	
8	15.4	12.0	6.6	99.7	6.7	99.7			2.3	3.3	79.9	63.8	8.8	
9	1.3	13.4	6.6	97.7	6.7	98.1	15.0		2.4		80.0			
10	15.4	13.0					27.3	224						
11	15.4	13.0					19.1							
12	15.4	13.0												
13	15.4	14.0	6.6	99.5	6.7	100.2	15.6		2.5		81.0			
14	15.4	15.0	6.6	99.7	6.7	99.9	6.0		2.6	3.4	80.6	63.7	24.0	
15	15.4	15.0	6.5	99.7	6.6	100.0	8.8		2.7		80.8			
16	15.4	15.0	6.6	98.4	6.7	98.8	16.8		2.5		80.5			
17	15.4	15.0					27.3	209						
18	15.4	15.0												
19	15.4	15.0	6.7	99.9	6.6	99.7			2.7	3.3	79.8	63.6	24.1	
20	15.4	15.0	6.6	97.5	6.7	98.2			2.5		81.1			
21	15.4	16.0	6.6	96.4	6.7	99.7			2.6		81.0			
22	15.4	16.0					60.0							
23	15.4	16.0					11.9							
24	15.4	16.0					13.5	209						
25	16.8	16.0					18.4							
26	17.3	18.0	6.6	93.6	6.7	97.9	12.3		1.6		67.7			
27	15.4	20.4	6.5	94.5	6.7	99.1	47.2		3.0	3.3	69.9	63.6	27.7	
28	15.4	23.9	6.6	94.6	6.7	99.9			3.1		71.2			
29	15.4	26.0	6.6	94.3	6.7	99.5			3.3	3.2	74.4	63.8	24.2	
30	15.4	26.6	6.8	96.4	6.8	93.4	19.2		3.9		73.1			
Avg.	15.1	15.4	6.6	97.8	6.7	99.1	22.9	215	2.8	3.3	77.7	63.3	21.8	
Max.	17.3	26.6	6.8	99.9	6.8	100.2	60.0	224	3.9	3.4	81.2	63.8	27.7	
Min.	1.3	12.0	6.5	93.6	6.6	93.4	6.0	209	1.6	3.2	67.7	61.6	8.8	
Data	30	30	19	19	19	19	20	4	19	7	19	7	7	

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**								**Page 1 of 2**						**Permit Number:**	**IN0022578**				
Facility:	**Fritz Dietrich Environmental Control Facility**														**Public Notification Requirements Met?**	**Y**				
NOVEMBER			**2018**												**Check box if no CSO discharge occurred for the month:**	☑				
Design Peak Hourly Flow (MGD):			**10**	**Design Average Flow (MGD):**			**4.6**		**Measured/Metered (M) or Estimated (E) must be specified**											
WWTP Influent Data			**Precipitation Data**					**CSO Outfall No. 001**						**CSO Outfall No. [#]**						
Day of Month	**Average Daily Flow (MGD)**	**Peak Hourly Flow (MGD)**	**Time Precip. Began (am/pm)**	**Precip. Duration (Hours)**	**Total Daily Precip. (Inches)**	**Peak Intensity (Inch/hr)**	**Measurement Interval (hr, 30 m, 15 m)**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
1	2.00	2.10	5:30p	4.25	0.20	0.02	15 min													
2	1.90	1.80																		
3	1.90	2.20	9:30p	2.00	0.08	0.01	15 min													
4	2.50	2.70	2:15a	8.00	0.47	0.02	15 min													
5	2.10	2.00	9:30p	1.75	0.13	0.02	15 min													
6	2.30	2.10	12::00p	2.00	0.10	0.01	15 min													
7	2.10	2.10																		
8	2.00	2.00																		
9	1.40	2.30	2:15a	1.75	0.07	0.01	15 min													
10	1.60	2.00																		
11	2.20	1.50																		
12	1.90	1.80	5:45p	1.75	0.07	0.01	15 min													
13	2.10	1.80																		
14	1.80	1.80																		
15	2.50	2.40	6:00a	3.75	0.22	0.02	15 min													
16	2.20	2.30																		
17	2.40	2.80	8:00a	3.50	0.14	0.01	15 min													
18	2.60	2.80	12.00p	2.50	0.10	0.01	15 min													
19	2.50	2.50																		
20	2.20	2.40	4:15a	0.75	0.06	0.01	15 min													
21	2.20	2.50																		
22	1.90	2.50																		
23	2.00	2.10	7:30p	0.50	0.02	0.01	15 min													
24	2.20	2.50	12:00a	3.75	0.16	0.01	15 min													
25	2.90	5.80	9:00a	6.25	0.84	0.03	15 min													
26	5.30	6.50	12:00a	4.75	0.91	0.04	15 min													
27	2.80	3.00																		
28	2.50	2.30																		
29	2.40	2.30																		
30	2.30	2.40																		
31																				
Totals:	68.70			47.25	3.57			0	Days	0.00		0		0	Days	0.00		0		

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	**Telephone**
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	**Date *(mm/dd/yy)***
David E. Ryan	12/20/18

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page:** **2 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Control Facility**			**Public Notification Requirements Met?**	**Y**
NOVEMBER	**2018**			**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	There were no CSO events for November 2018
2	
3	
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	12/20/18

DMR Copy of Record

Permit

Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** CLASS IV, 4.6 MGD MAIN WWTP OUTFALL		

Report Dates & Status

Monitoring Period:	**From 12/01/18 to 12/31/18**	**DMR Due Date:**	**01/28/19**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY

Principal Executive Officer

First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	--	Sample						=	10.2					19 - mg/L		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	6 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.3			=	7.6	12 - SU		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	2	--	Sample	=	140.9	=	215.4	26 - lb/d			=	6.6	=	9.1	19 - mg/L		01/30 - Monthly	RT - RCOTOT
					Permit Req.	<=	1151.6 MO AVG	<=	1727.4 MX WK AV	26 - lb/d			<=	30 MO AVG	<=	45 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	2	--	Sample	=	2	=	2.4	26 - lb/d			=	0.1	=	0.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	72.2 MO AVG	<=	167.8 DAILY MX	26 - lb/d			<=	1.88 MO AVG	<=	4.37 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.6			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	2.43	=	2.665	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
71901	Mercury, total recoverable	1 - Effluent Gross	0	--	Sample								=	1.8	=	1.8	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.								<=	2.4 ANNL AVG		Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
71901	Mercury, total recoverable	G - Raw Sewage Influent	0	--	Sample			=	0.0008996	26 - lb/d					=	44	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.				Req Mon DAILY MX	26 - lb/d						Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	2	--	Sample	=	28	=	33	26 - lb/d			=	1.3	=	1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	959.7 MO AVG	<=	1535.5 MX WK AV	26 - lb/d			<=	25 MO AVG	<=	40 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	99					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	97.9					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	92.7					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	75.325	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_001A_MRO_2018_12.pdf	pdf	216475
AnnualMeterCalibrations2019.pdf	pdf	256017

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-01-21 17:24 (Time Zone: -05:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-01-21 17:32 (Time Zone: -05:00)

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		
Report Dates & Status					
Monitoring Period:	**From 12/01/18 to 12/31/18**	**DMR Due Date:**	**01/28/19**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.37	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2018_12.pdf	pdf	56669

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-01-21 17:24 (Time Zone: -05:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-01-21 17:32 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	PRT Surface Disposal Site	**Discharge:**	**PRT-SL** NON-DELEGATED PRETREATMENT SLUDGE ANALYTICAL RESULTS - SEMIANNUAL		

Report Dates & Status

Monitoring Period:	**From 07/01/18 to 12/31/18**	**DMR Due Date:**	**01/28/19**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

NON-DELEGATED PRETREATMENT SLUDGE ANALYTICAL RESULTS - SEMIANNUAL MUNICIPAL MINOR PORTER COUNTY

Principal Executive Officer

First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
46394	Copper, dry weight	SL - Sludge	0	--	Sample										=	750	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															
46395	Cadmium, dry weight	SL - Sludge	0	--	Sample										=	1.4	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															
78465	Molybdenum, sludge, total, dry weight [as Mo]	SL - Sludge	0	--	Sample										=	13	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															
78467	Zinc, sludge, total, dry weight [as Zn]	SL - Sludge	0	--	Sample										=	950	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															
78468	Lead, sludge, total, dry weight [as Pb]	SL - Sludge	0	--	Sample										=	23	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															
78469	Nickel, sludge, total, dry weight [as Ni]	SL - Sludge	0	--	Sample										=	21	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															
78471	Mercury, sludge, total, dry weight [as Hg]	SL - Sludge	0	--	Sample										=	0.35	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-01-21 17:26 (Time Zone: -05:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-01-21 17:32 (Time Zone: -05:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number
Chesterton Utility	IN0022578

Month	Year	Plant Design Flow	Telephone Number
December	2018	4.6 mgd	219-926-1032

E-mail address: dryan@chestertonin.org

Certified Operator: Name	Class	Certificate Number	Expiration Date
William M. Williams	IV	WW019285	6/30/2020

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches (Total= 3.37)	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Ferrous Chloride Gal/Day	RAW SEWAGE: Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
1	Sat			0.52			190	3.563							
2	Sun			0.08			180	3.122		118	3072.4	209	5441.8	4.6	15.2
3	Mon			0.27			160	3.164	7.4	118	3113.8	264	6966.4	5.8	13.8
4	Tue			0.10			200	2.962	7.5	106	2618.5	182	4496	4.3	15.8
5	Wed			0.00			170	2.772	7.5	115	2658.6	217	5016.7	6.2	16.8
6	Thu			0.00			170	2.570	7.4	112	2400.6	312	6687.3	8.6	18.7
7	Fri			0.00			125	2.427	7.5						
8	Sat			0.00			125	2.367							
9	Sun			0.00			125	2.411		79	1588.5	320	6434.5	8.1	20.6
10	Mon			0.00			160	2.261	7.4	139	2621.1	274	5166.7	7.1	20.2
11	Tue			0.00			170	2.191	7.4	149	2722.7	275	5025.1	7.1	24.6
12	Wed			0.00			170	2.181	7.5	152	2764.8	336	6111.7	8.5	23.2
13	Thu			0.33			160	2.219	7.4	177	3275.6	460	8513	9.9	19.4
14	Fri			0.20			175	2.736	7.6						
15	Sat			0.00			175	2.493							
16	Sun			0.00			180	2.398		126	2519.9	203	4059.9	5.6	21.1
17	Mon			0.00			190	2.328	7.4	107	2077.5	426	8271	11.8	22.7
18	Tue			0.00			180	2.256	7.3	64	1204.2	313	5889.1	7.5	23.2
19	Wed			0.00			175	2.259	7.4	131	2468	219	4126	5.1	20.6
20	Thu			0.00			160	2.229	7.4	120	2230.8	423	7863.5	10.5	23.2
21	Fri			0.14			165	2.349	7.6						
22	Sat			0.00			150	2.278							
23	Sun			0.00			190	2.242		183	3421.8	304	5684.3	7.8	23.3
24	Mon			0.00			100	2.197	7.7	141	2583.5	512	9381.4	10.8	21.1
25	Tue			0.00			170	2.076	7.6	150	2597.1	340	5886.7	8.7	27.2
26	Wed			0.00			140	2.188	7.4	189	3448.9	301	5492.6	7.5	22.9
27	Thu			0.45			160	2.503		206	4300.3	316	6596.5	7.3	19.8
28	Fri			0.00			160	2.393	7.5						
29	Sat			0.28			160	2.239							
30	Sun			0.00			160	2.282		172	3273.5	302	5747.6	7.7	22.9
31	Mon			1.00			175	4.821	7.4	176	7076.5	482	19380	9.6	12.0
1	Tue	Fill in January's effluent data on page 3 as needed for weekly average calculations.						3.641							
2	Wed							2.972							
3	Thu							2.703							
Average				0.11			164	2.532	7.5	138	2910.8	318	6738.1	7.7	20.4
Maximum				1.00			200	4.821	7.7	206	7076.5	512	19380	11.8	27.2
Minimum				0.00			100	2.076	7.3	64	1204.2	182	4059.9	4.3	12.0
No. of Data				31	0	0	31	31	20	22	22	22	22	22	22

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): William M. Williams — Date *(month, day, year)*: 1/18/2019

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): David E. Ryan — Date *(month, day, year)*: 1/18/2019

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	December	2018

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1								1.97										
2	90	138						1.95										0.8
3	84	114	14	3947	35	5.9		1.87	10385						7.5		10.9	0.6
4	67	91	14	3992	35	6.0		1.86	10845						7.5		11.0	0.5
5	66	64	13	3910	33	6.2		1.87	10245						7.6		11.1	0.6
6	73	99	13	3746	35	5.7		1.87	7810						7.5		11.2	0.6
7			13	3743	35	5.6		1.85	9100						7.6		12.0	
8								1.85										
9	131	186						1.84										0.6
10	96	106	12	3583	33	5.9		1.84	7420						7.5		11.0	0.5
11	86	86	13	3678	35	5.2		1.84	7945						7.5		11.4	0.5
12	78	68	13	3686	35	5.2		1.82	6520						7.5		10.9	0.5
13	73	52	13	3708	35	5.3		1.91	7420						7.5		11.3	0.4
14			12	3696	32	5.2		1.88	9225						7.4		11.2	
15								1.84										
16	86	96						1.84										0.5
17	71	108	12	3537	34	5.1		1.84	7235						7.5		11.1	0.4
18	77	107	12	3454	35	5.1		1.82	6990						7.5		11.0	0.4
19	84	126	13	3572	36	5.1		1.83	6900						7.5		12.1	0.5
20	78	73	13	3566	36	5.0		1.83	7285						7.3		10.5	0.5
21			12	3445	35	4.9		1.84	8540						7.5		10.7	
22								1.83										
23	95	71						1.84										0.6
24	81	71						1.84							7.4		12.9	0.6
25	70	91						1.85							7.4		10.4	0.6
26	98	56	13	3480	37	5.6		1.84	5650						7.4		10.3	0.6
27	95	66	14	3427	41	4.9		1.87	6765						7.4		10.3	0.7
28			13	3218	40	4.9		1.84	6480						7.4		10.2	
29								1.82										
30	105	73						1.82										0.7
31	163	310	14	3373	42	4.4		1.91	7070						7.4		10.8	0.7
Avg.	89	102	13	3619	36	5.3		1.86	7886						7.5		11.1	0.6
Max.	163	310	14	3992	42	6.2		1.97	10845						7.6		12.9	0.8
Min.	66	52	12	3218	32	4.4		1.82	5650						7.3		10.2	0.4
Data	22	22	19	19	19	19		31	19						21		21	22

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	December	2018

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1	Sat	3.471															
2	Sun	3.032		2		51		12.1		306.2		0.1		2.5			
3	Mon	3.077		1		26		8.9		228.5		0.1		2.6			
4	Tue	2.859		1		24		8.8		210.0		0.1		2.4			
5	Wed	2.662		2		44		7.2		159.9		0.1		2.2			
6	Thu	2.458		1		21		8.4		172.3		0.1		2.1			
7	Fri	2.313															
8	Sat	2.257	2.665		1		33		9.1		215.4		0.1		2.4		
9	Sun	2.298		1		19		10.3		197.5		0.1		1.9			
10	Mon	2.143		1		18		7.2		128.8		0.1		1.8			
11	Tue	2.081		2		35		7.7		133.7		0.1		1.7			
12	Wed	2.062		1		17		6.1		105.0		0.1		1.7			
13	Thu	2.110		2		35		5.2		91.6		0.1		1.8			
14	Fri	2.632															
15	Sat	2.378	2.243		1		25		7.3		131.3		0.1		1.8		
16	Sun	2.284		1		19		6.9		131.5		0.1		1.9			
17	Mon	2.213		1		18		4.8		88.6		0.1		1.8			
18	Tue	2.142		1		18		4.3		76.9		0.1		1.8			
19	Wed	2.146		1		18		5.1		91.3		0.1		1.8			
20	Thu	2.119		1		18		4.1		72.5		0.1		1.8			
21	Fri	2.250															
22	Sat	2.175	2.190		1		18		5.0		92.2		0.1		1.8		
23	Sun	2.138		1		18		4.7		83.9		0.1		1.8			
24	Mon	2.098		1		18		4.6		80.5		0.1		1.8			
25	Tue	1.968		1		16		4.3		70.6		0.1		1.6			
26	Wed	2.083		1		17		4.0		69.5		0.1		1.7			
27	Thu	2.503		2		42		5.2		108.6		0.1		2.1			
28	Fri	2.306															
29	Sat	2.150	2.178		1		22		4.6		82.6		0.1		1.8		
30	Sun	2.189		2		37		5.4		98.6		0.1		1.8			
31	Mon	4.728		2		79		10.0		394.6		0.1		3.9			
1	Tue	3.554		2		59		18.4		545.7		0.1		3.0			
2	Wed	2.875		2		48		5.3		127.1		0.1		2.4			
3	Thu	2.609		2		44		4.8		104.5		0.1		2.2			
Avg		2.430		1.3		28		6.6		140.9		0.1		2.0			
Max		4.728	2.665	2	1	79	33	12.1	9.1	394.6	215.4	0.1	0.1	3.9	2.4		
Min		1.968	2.178	1	1	16	18	4.0	4.6	69.5	82.6	0.1	0.1	1.6	1.8		
Data		31	4	22	4	22	4	22	4	22	4	22	4	22	4		

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 75.325
Primary Treatment	35.7	67.8			
	NA	NA			Percent Capacity
Secondary Treatment	98.5	93.5			(actual flow/design) 53%
Overall Treatment	99.0	97.9	99.5	92.7	

Phosphorus limit would be 1 mg/l. (compliance achieved)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R2 / 3-14)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	December	2018

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge withdrawn hrs of gal. x 1000	
1	15.4	26.2					23.9	234						
2	15.4	26.2					23.4							
3	15.4	28.4	6.7	94.3	6.8	97.7			3.3		75.2			
4	15.4	31.0	6.7	95.0	6.8	97.5	88.7		3.3		74.4			
5	15.4	34.7	6.7	96.1	6.8	97.5	12.4		3.4		71.8			
6	15.4	31.6	6.8	94.8	6.9	97.7	1.8		3.1	3.2	74.4	62.5	22.1	
7	15.4	31.6	6.8	95.5	6.9	97.3			3.0	3.2	74.1	60.3	27.2	
8	15.4	31.2					20.7	272						
9	15.4	31.2					19.6							
10	16.7	33.0	6.7	95.0	6.9	98.1	11.0		2.9		76.4			
11	15.4	31.7	6.8	93.9	6.9	94.6	8.6		2.8	3.1	77.0	61.0	26.5	
12	16.7	34.0	6.7	95.2	6.9	96.6			2.9	3.0	75.7	62.4	19.3	
13	15.4	35.0	6.8	93.9	6.9	97.0			2.8		76.6			
14	15.4	35.0	6.8	94.8	6.9	97.7	23.4		2.9		76.5			
15	15.4	35.0					27.6	305						
16	15.4	35.0					12.9							
17	15.4	35.0	6.8	93.4	6.9	96.6			3.2	3.1	76.3	61.8	24.4	
18	15.4	35.0	6.8	95.4	6.9	97.3			3.1	3.2	76.8	61.8	27.6	
19	15.4	35.0	6.8	95.0	6.9	96.1			2.9		76.7			
20	15.4	35.0	6.8	94.8	6.9	97.0	16.9		2.8		77.1			
21	15.4	35.0	6.8	93.7	6.9	96.1	20.8		3.1		77.1			
22	15.4	35.0					22.7							
23	15.4	35.0					12.2	316						
24	15.5	35.0												
25	15.4	35.0					21.7	325						
26	15.4	35.0	6.8	93.9	6.9	97.5			3.1	3.2	78.7	61.9	26.8	
27	15.4	35.0	6.8	94.1	6.9	97.2	13.3		2.9		79.6			
28	15.4	34.0	6.8	93.4	6.9	95.0	21.1		3.0		77.9			
29	15.4	34.0					23.5	318						
30	15.4	34.0					14.3							
31	15.4	34.0	6.8	92.5	6.9	95.2			2.8	3.2	78.4	62.0	27.5	
Avg.	15.5	33.3	6.8	94.5	6.9	96.8	21.0	295	3.0	3.2	76.4	61.7	25.2	
Max.	16.7	35.0	6.8	96.1	6.9	98.1	88.7	325	3.4	3.2	79.6	62.5	27.6	
Min.	15.4	26.2	6.7	92.5	6.8	94.6	1.8	234	2.8	3.0	71.8	60.3	19.3	
Data	31	31	19	19	19	19	21	6	19	8	19	8	8	

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Chesterton, IN				Page 1 of 2		Permit Number:	IN0022578
Facility:	Fritz Dietrich Environmental Controll Facility				Public Notification Requirements Met?	Y		
Monitoring Period	December	2018			Check box if no CSO discharge occurred for the month:	☑		
Design Peak Hourly Flow (MGD):	10	Design Average Flow (MGD):	4.6		Measured/Metered (M) or Estimated (E) must be specified			

WWTP Influent Data			Precipitation Data					CSO Outfall No. 101						CSO Outfall No. [#]					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1	3.50	5.00	8:00a	4.50	0.52	0.03	15 min												
2	3.00	3.20	2:00p	1.75	0.08	0.01	15 min												
3	3.00	3.10	3:30a	5.75	0.27	0.01	15 min												
4	9.90	2.80	12:00a	2.00	0.10	0.01	15 min												
5	3.00	2.90																	
6	2.50	2.60																	
7	1.60	2.20																	
8	2.00	2.40																	
9	2.50	2.50																	
10	2.80	2.10																	
11	2.00	2.10																	
12	2.50	2.30																	
13	2.20	2.40	7:30p	4.50	0.33	0.02	15 min												
14	2.70	2.60	12:00a	4.75	0.20	0.01	15 min												
15	2.40	2.80																	
16	2.20	2.40																	
17	2.30	2.30																	
18	2.10	2.30																	
19	2.30	2.00																	
20	2.30	2.20																	
21	2.10	2.00	1:30a	3.50	0.14	0.01	15 min												
22	2.00	2.20																	
23	2.40	2.30																	
24	1.60	2.40																	
25	2.10	2.40																	
26	2.30	2.30																	
27	2.30	2.90	8:30a	6.00	0.45	0.03	15 min												
28	2.40	2.40																	
29	2.00	2.30	3:00a	5.50	0.28	0.01	15 min												
30	2.20	2.40																	
31	4.90	9.20	5:30a	12.50	1.00	0.04	15 min												
Totals:	83.10			50.75	3.37			0	Days	0.00		0		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	01/18/19

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**2of2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period December	**2018**			**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	There were no CSO events for December 2019
2	
3	
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31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

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Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	01/18/19

MB Controls, LLC

407 NANTUCKET RD
VALPARAISO, INDIANA 46385
TELEPHONE 219-628-2679

CERTIFICATE OF CALIBRATION

Customer	*Chesterton Utilities*	Date	1/18/19
Job #	*97F9*	Ref. Service report #	

Process ID	*Influent*	Process loop	
Meas. Range	*0-17 MGD*	Input signal from	*16 in flow tube*
Equipment item	*Magflow meter*	Cal factor	*121.81999969*
Manufacturer	*Siemens*	Model #	*5100*

Transmitter		*Passed* ✓ *	*Failed*
Sensor	Insulation	*Passed* ✓	*Failed*
	Magnetic Circuit	*Passed* ✓	*Failed*

Additional Notes:
Meter is tested and verified using a Siemens Verificator to insure the meter meets factory specifications.
* REPLACED TRANSMITTER
Performed by: Mark Bost

MB Controls, LLC

407 NANTUCKET RD
VALPARAISO, INDIANA 46385
TELEPHONE 219-628-2679

CERTIFICATE OF CALIBRATION

Customer	*Chesterton Utilities*	Date	11/8/19
Job #	*97F9*	Ref. Service report #	

Process ID	*RAS*	Process loop	
Meas. Range		Input signal from	*6 in flow tube*
Equipment item	*Magflow meter*	Cal factor	
Manufacturer	*Siemens*	Model #	*5100*

Transmitter		*Passed*	*Failed* ✓
Sensor	Insulation	*Passed* ✓	*Failed*
	Magnetic Circuit	*Passed* ✓	*Failed*

Additional Notes:
Meter is tested and verified using a Siemens Verificator to insure the meter meets factory specifications.
METER (TRANSMITTER) FAILED - METER IS NOT A PERMIT METER.
Performed by: Mark Bast

MB Controls, LLC

407 NANTUCKET RD
VALPARAISO, INDIANA 46385
TELEPHONE 219-628-2679

CERTIFICATE OF CALIBRATION

Customer	*Chesterton Utilities*	Date	1/18/19
Job #	*97F9*	Ref. Service report #	

Process ID	*WAS*	Process loop	
Meas. Range	*0-300.0 GPM*	Input signal from	*2 in flow tube*
Equipment item	*Magflow meter*	Cal factor	*2.01797009*
Manufacturer	*Siemens*	Model #	*5100*

Transmitter		*Passed* ✓	*Failed*
Sensor	Insulation	*Passed* ✓	*Failed*
	Magnetic Circuit	*Passed* ✓	*Failed*

Additional Notes:
Meter is tested and verified using a Siemens Verificator to insure the meter meets factory specifications.
Performed by: Mark Bud

MB Controls, LLC

407 NANTUCKET RD
VALPARAISO, INDIANA 46385
TELEPHONE 219-628-2679

CERTIFICATE OF CALIBRATION

Customer	*Chesterton Utilities*	Date	1/18/19
Job #	*97F9*	Ref. Service report #	

Process ID	*Primary Sludge*	Process loop	
Meas. Range	*0-500.0 GPM*	Input signal from	*6 in flow tube*
Equipment item	*Magflow meter*	Cal factor	*16.38990021*
Manufacturer	*Siemens*	Model #	*5100*

Transmitter		*Passed* ✓	*Failed*
Sensor	Insulation	*Passed* ✓	*Failed*
	Magnetic Circuit	*Passed* ✓	*Failed*

Additional Notes:
Meter is tested and verified using a Siemens Verificator to insure the meter meets factory specifications.
Performed by: Mark Bird

MB Controls, LLC

407 NANTUCKET RD
VALPARAISO, INDIANA 46385
TELEPHONE 219-628-2679

CERTIFICATE OF CALIBRATION

Customer	*Chesterton Utilities*	Date	1/18/19
Job #	*97F9*	Ref. Service report #	

Process ID	*Effluent Flow*	Process loop	
Meas. Range	*0-13208.6 GPM*	Input signal from	*20 in flow tube*
Equipment item	*Magflow meter*	Cal factor	*213.652999988*
Manufacturer	*Siemens*	Model #	*5100*

Transmitter		*Passed* ✓	*Failed*
Sensor	Insulation	*Passed* ✓	*Failed*
	Magnetic Circuit	*Passed* ✓	*Failed*

Additional Notes:
Meter is tested and verified using a Siemens Verificator to insure the meter meets factory specifications.
Performed by: Mark Bast

DMR Copy of Record

Permit

Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** CLASS IV, 4.6 MGD MAIN WWTP OUTFALL		

Report Dates & Status

Monitoring Period:	**From 01/01/19 to 01/31/19**	**DMR Due Date:**	**02/28/19**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY

Principal Executive Officer

First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	--	Sample						=	11.9					19 - mg/L		05/WK - Five Per Week	G2 - GRAB-2
					Permit Req.						>=	6 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.2			=	7.5	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	2	--	Sample	=	95.6	=	254.1	26 - lb/d			=	4.6	=	8.8	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	1151.6 MO AVG	<=	1727.4 MX WK AV	26 - lb/d			<=	30 MO AVG	<=	45 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	2	--	Sample	=	1.9	=	3	26 - lb/d			=	0.1	=	0.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	72.2 MO AVG	<=	167.8 DAILY MX	26 - lb/d			<=	1.88 MO AVG	<=	4.37 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.7			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	2.252	=	2.97	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
71901	Mercury, total recoverable	1 - Effluent Gross	0	--	Sample								=	0	=	0	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.								<=	2.4 ANNL AVG		Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	2	--	Sample	=	28	=	53	26 - lb/d			=	1	=	2	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	959.7 MO AVG	<=	1535.5 MX WK AV	26 - lb/d			<=	25 MO AVG	<=	40 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	99					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	98.6					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	90.2					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	69.8	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size

IN0022578_001A_MRO_2019_01.pdf		pdf	210476
Report Last Saved By			
CHESTERTON WWTP, TOWN OF			
User:	jelliott@chestertonin.org		
Name:	jodi elliott		
E-Mail:	jelliott@chestertonin.org		
Date/Time:	2019-02-15 12:31 (Time Zone: -05:00)		
Report Last Signed By			
User:	dryan@chestertonin.org		
Name:	David Ryan		
E-Mail:	dryan@chestertonin.org		
Date/Time:	2019-02-21 13:05 (Time Zone: -05:00)		

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		
Report Dates & Status					
Monitoring Period:	**From 01/01/19 to 01/31/19**	**DMR Due Date:**	**02/28/19**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.16	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2019_01.pdf	pdf	55763

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2019-02-15 12:35 (Time Zone: -05:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-02-21 13:05 (Time Zone: -05:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility		Permit Number	
Chesterton Utility		IN0022578	
Month	Year	Plant Design Flow	Telephone Number
January	2019	4.6 mgd	219-926-1032
E-mail address:	dryan@chestertonin.org		
Certified Operator: Name		Class	Certificate Number / Expiration Date
William M. Williams		IV	WW019285 / 6/30/2020

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 1.16 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Ferrous Chloride Gal/Day	RAW SEWAGE: Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
29	Sat	Fill in December's effluent data on page 3 as necessary for correct weekly average calculations.						2.239							
30	Sun							2.282							
31	Mon							4.821							
1	Tue			0.06			220	3.641	7.8	149	4525	348	10567	6.9	11.0
2	Wed			0.00			200	2.972	7.4	124	3074	241	5974	6.2	18.5
3	Thu			0.00			200	2.703	7.4	121	2728	225	5072	6.0	18.4
4	Fri			0.00			200	2.588	7.4						
5	Sat			0.00			125	2.455							
6	Sun			0.00			175	2.376		360	7134	898	17795	11.5	21.3
7	Mon			0.12			150	2.418	7.5	126	2541	291	5868	7.4	21.0
8	Tue			0.00			150	2.323	7.4	248	4805	498	9648	10.1	21.9
9	Wed			0.00			150	2.299	7.5	127	2435	287	5503	7.2	24.3
10	Thu			0.00			150	2.271	7.5	171	3239	277	5246	7.4	25.4
11	Fri			0.00			150	2.240	7.5						
12	Sat			0.16			150	2.245							
13	Sun			0.00			190	2.314		152	2933	315	6079	8.3	27.3
14	Mon			0.00			150	2.185	7.4	136	2478	296	5394	7.5	20.6
15	Tue			0.00			150	2.215	7.4	140	2586	298	5505	7.2	26.2
16	Wed			0.00			150	2.205	7.6	152	2795	327	6013	8.2	22.4
17	Thu			0.00			150	2.246	7.3	170	3184	323	6050	7.7	24.5
18	Fri			0.00			250	2.102	7.3						
19	Sat			0.13			185	2.131							
20	Sun			0.02			125	2.098		138	2415	346	6054	8.7	24.9
21	Mon			0.00			150	2.116	7.2	146	2577	307	5418	8.9	25.5
22	Tue			0.08			140	2.136	7.1	130	2316	372	6627	7.9	21.3
23	Wed			0.30			50	2.798	7.5	111	2590	336	7841	7.8	19.5
24	Thu			0.00			50	2.389	7.3	139	2769	336	6695	8.0	25.7
25	Fri			0.00			50	2.250	7.5						
26	Sat			0.04			50	2.236							
27	Sun			0.00			50	2.264		124	2341	362	6835	8.6	21.7
28	Mon			0.24			340	2.170	7.5	203	3674	360	6515	7.6	20.7
29	Tue			0.00			340	2.164	7.5	95	1715	113	2039	4.9	23.6
30	Wed			0.00			340	2.288	7.8	82	1565	189	3606	5.9	20.7
31	Thu			0.01			320	2.324	7.3	70	1357	90	1744	3.8	23.1
Average				0.04			169	2.360	7.4	148	2947	323	6439	7.6	22.2
Maximum				0.30			340	3.641	7.8	360	7134	898	17795	11.5	27.3
Minimum				0.00			50	2.098	7.1	70	1357	90	1744	3.8	11.0
No. of Data				31	0	0	31	31	23	23	23	23	23	23	23

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): William M. Williams — Date (month, day, year): 2/22/2019

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): David E. Ryan — Date (month, day, year): 2/22/2019

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	January	2019

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	65	89						1.86							7.4		12.1	1.0
2	73	89	15	3610	42	5.0		1.87	8260						7.4		11.8	0.5
3	77	69	15	3548	42	5.0		1.83	7220						7.4		11.6	0.5
4			15	3629	41	5.0		1.85	7140						7.5		11.2	
5								1.88										
6	93	104						1.90										0.5
7	81	94	16	3389	47	4.9		1.89	7275						7.5		11.0	0.6
8	75	56	16	3532	45	5.3		1.87	7780						7.4		10.9	0.5
9	69	74	16	3340	48	5.1		1.86	7340						7.5		11.4	0.6
10	88	66	16	3358	48	5.2		1.87	7060						7.5		11.7	0.6
11			16	3470	46	5.2		1.87	7160						7.5		11.6	
12								1.87										
13	69	92						1.87										0.7
14	79	96	17	3374	50	5.1		1.87	6800						7.3		11.6	0.7
15	69	68	17	3318	51	5.1		1.86	6950						7.4		11.5	0.7
16	69	78	18	3385	53	5.0		1.86	6725						7.4		11.5	0.7
17	63	66	18	3305	54	4.9		1.86	6330						7.4		11.3	0.7
18			18	3310	54	4.8		1.82	7010						7.4		11.3	
19								1.85										
20	48	90						1.84										0.9
21	91	148	19	3197	59	5.1		1.84	5620						7.3		12.0	0.9
22	85	91	18	3105	58	5.1		1.84	6270						7.2		12.2	0.8
23	79	100	18	3209	56	4.4		1.85	7050						7.3		11.9	0.9
24	60	75	18	3048	59	5.2		1.83	6650						7.4		11.9	0.9
25			18	3075	59	5.2		1.83	5560						7.5		12.5	
26								1.83										
27	88	95						1.83										1.5
28	82	79	18	3013	60	5.2		1.80	5580						7.4		12.5	1.3
29	82	72	18	3043	59	5.3		1.78	5060						7.4		12.9	0.7
30	66	70						1.76							7.5		13.1	0.5
31	57	68						1.75							7.4		13.3	0.4
Avg.	74	84	17	3313	52	5.1		1.84	6742						7.4		11.9	0.7
Max.	93	148	19	3629	60	5.3		1.90	8260						7.5		13.3	1.5
Min.	48	56	15	3013	41	4.4		1.75	5060						7.2		10.9	0.4
Daily Max														#NUM!				
# of Days above 235														0				
Data	23	23	20	20	20	20	0	31	20	0	0	0	0	0	23		23	23

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	January	2019

FINAL EFFLUENT

Day Of Month	Day of Week	Flow: Effluent Flow Rate (MGD)	Flow: Effluent Flow Weekly Average	BOD: CBOD5 - mg/l	BOD: CBOD5 - mg/l Weekly Average	BOD: CBOD5 - lbs	BOD: CBOD5 - lbs/day Weekly Average	Total Suspended Solids: Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia: Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Other: Oil & Grease (mg/l)	
29	Sat	2.150															
30	Sun	2.189		2		37		5.4		98.6		0.1		1.8			
31	Mon	4.728		2		79		10.0		394.6		0.1		3.9			
1	Tue	3.554		2		59		18.4		545.7		0.1		3.0			
2	Wed	2.875		2		48		5.3		127.2		0.1		2.4			
3	Thu	2.609		2		44		4.8		104.5		0.1		2.2			
4	Fri	2.481															
5	Sat	2.354	2.970		2		53		8.8		254.1		0.1		2.7		
6	Sun	2.269		1		19		3.6		68.2		0.1		1.9			
7	Mon	2.315		1		19		7.0		135.2		0.1		1.9			
8	Tue	2.215		1		18		2.7		49.9		0.1		1.8			
9	Wed	2.187		1		18		3.8		69.4		0.1		1.8			
10	Thu	2.164		2		36		3.0		54.2		0.1		1.8			
11	Fri	2.130															
12	Sat	2.138	2.203		1		22		4.0		75.4		0.1		1.9		
13	Sun	2.200		1		18		3.9		71.6		0.1		1.8			
14	Mon	2.064		1		17		4.3		74.1		0.1		1.7			
15	Tue	2.099		1		18		2.3		40.3		0.1		1.8			
16	Wed	2.084		1		17		4.2		73.0		0.1		1.7			
17	Thu	2.124		1		18		3.5		62.0		0.1		1.8			
18	Fri	2.009															
19	Sat	2.026	2.087		1		18		3.6		64.2		0.1		1.8		
20	Sun	1.991		1		17		4.4		73.1		0.1		1.7			
21	Mon	2.007		2		33		5.1		85.4		0.1		1.7			
22	Tue	2.027		1		17		1.0		16.9		0.1		1.7			
23	Wed	2.707		1		23		5.2		117.5		0.1		2.3			
24	Thu	2.290		2		38		5.2		99.4		0.1		1.9			
25	Fri	2.144															
26	Sat	2.122	2.184		1		26		4.2		78.5		0.1		1.8		
27	Sun	2.141		1		18		4.4		78.6		0.1		1.8			
28	Mon	2.064		2		34		5.0		86.1		0.1		1.7			
29	Tue	2.044		2		34		3.4		58.0		0.1		1.7			
30	Wed	2.160		2		36		2.3		41.5		0.1		1.8			
31	Thu	2.206	2.123	2	2	37	32	3.6	3.7	66.3	66.1	0.1	0.1	1.8	1.8		
Avg		2.252		1		28		4.6		95.6		0.1		1.9			
Max		3.554	2.970	2	2	59	53	18.4	8.8	545.7	254.1	0.1	0.1	3.0	2.7		
Min		1.991	2.087	1	1	17	18	1.0	3.6	16.9	64.2	0.1	0.1	1.7	1.8		
Data		31	5	23	5	23	5	23	5	23	5	23	5	23	5		

MONTHLY REMOVAL SUMMARY

Percent Removal	BOD5	S.S.	Ammonia	Phosphorus
Primary Treatment	50.0	74.1		
	NA	NA		
Secondary Treatment	98.1	94.5		
Overall Treatment	99.0	98.6	99.5	90.2

Phosphorus limit would be 1 mg/l. (compliance achieved)

Total Monthly Flow: (million gallons) 69.8

Percent Capacity (actual flow/design) 49%

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	January	2019

	SLUDGE TO DIGESTER		DIGESTER OPERATION EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge ithdrawn hrs of gal. x 1000	
1	15.4	34.0												
2	15.4	35.0	6.7	90.5	6.9	97.2	27.3		2.7	3.8	73.4	61.9		
3	15.4	35.0	6.7	90.3	6.8	96.6			3.0	3.4	73.9	61.7	14.4	
4	15.4	36.0	6.7	89.2	6.9	93.6	31.1		3.6		74.5			
5	15.4	36.0					21.7	343						
6	15.4	36.0												
7	15.4	36.0	6.7	91.4	6.9	97.7	23.3		2.9		77.7			
8	15.4	37.0	6.8	92.1	6.9	95.5			2.8		77.3			
9	15.4	37.0	6.8	93.2	6.9	97.5			2.7	3.1	76.1	60.4	27.7	
10	15.4	37.0	6.8	93.7	6.9	97.2			2.7	3.2	76.4	62.0	25.5	
11	15.4	37.0	6.8	93.7	6.9	95.9			2.4	3.1	76.4	61.9	23.6	
12	15.4	37.0					24.3							
13	15.4	37.0					21.8							
14	15.4	37.0	6.8	92.7	6.9	96.4	4.4	384	2.6		78.5			
15	16.7	37.0	6.8	94.1	6.9	95.9	2.8		2.6	3.1	77.6	61.9	23.8	
16	15.4	37.0	6.7	94.1	6.9	95.2	8.9		2.6		77.8			
17	18.0	37.0	6.8	91.6	6.9	96.1	1.1		2.5	3.1	75.0	62.0	26.8	
18	15.4	37.0	6.8	93.6	6.9	96.8	34.4		2.5		76.0			
19	15.4	37.0					6.6	370						
20	15.4	37.0					16.1							
21	15.4	37.0	6.8	94.1	6.9	96.3			2.3	3.0	78.5	62.7	18.0	
22	15.4	37.0	6.7	93.4	6.8	93.0			2.4		79.3			
23	15.4	37.0	6.7	93.4	6.9	94.3	3.7		2.6	3.2	75.2	62.1	18.7	
24	15.4	36.0	6.7	93.6	6.8	94.8	9.7		2.7		76.0			
25	15.4	35.0	6.8	93.4	6.9	93.2	4.4		2.4	3.1	76.3	61.3	26.4	
26	15.4	35.0					12.7	267						
27	15.4	35.0					21.5							
28	15.4	35.0	6.7	93.7	6.8	94.6			2.5		78.5			
29	15.4	34.0	6.7	93.2	6.8	96.1	12.8		2.4	3.1	78.5	61.6	26.2	
30	15.4	34.0	6.8	89.8	7.1	91.6								
31	15.4	34.0					2.1							
Avg.	15.5	36.1	6.8	92.6	6.9	95.5	15	341	2.6	3.2	76.6	61.8	23.1	
Max.	18.0	37.0	6.8	94.1	7.1	97.7	34.4	384	3.6	3.8	79.3	62.7	27.7	
Min.	15.4	34.0	6.7	89.2	6.8	91.6	1.1	267	2.3	3.0	73.4	60.4	14.4	
Data	31	31	21	21	21	21	20	4	20	11	20	11		

Once completed, this form should be converted to a pdf document, named appropriately and attached to the corresponding netDMR for submittal.

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page 1 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period	**January**	**2019**		**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			**Precipitation Data**					**CSO Outfall No. 101**						**CSO Outfall No. m**					
Day of Month	**Average Daily Flow (MGD)**	**Peak Hourly Flow (MGD)**	**Time Precip. Began (am/pm)**	**Precip. Duration (Hours)**	**Total Daily Precip. (Inches)**	**Peak Intensity (Inch/hr)**	**Measurement Interval (hr, 30 m, 15 m)**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
1	3.70	3.80	1:00a	1.50	0.06	0.01	15 min												
2	2.70	2.80																	
3	2.60	3.10																	
4	2.30	2.30																	
5	1.90	2.50																	
6	2.10	2.30																	
7	2.30	2.30	11:00a	1.75	0.12	0.02	15 min												
8	2.20	2.20																	
9	2.20	3.20																	
10	2.10	2.40																	
11	2.20	2.30																	
12	2.00	2.50	9:45a	4.00	0.16	0.01	15 min												
13	2.30	2.40																	
14	2.30	2.10																	
15	2.20	2.10																	
16	2.40	2.20																	
17	2.70	2.10																	
18	1.90	1.80																	
19	1.90	2.00	3:45a	3.25	0.13	0.01	15 min												
20	1.90	2.30	5:30p	0.50	0.02	0.01	15 min												
21	2.30	2.10																	
22	2.30	2.10	4:15p	2.00	0.08	0.01	15 min												
23	2.70	3.10	12:00a	6.50	0.30	0.01	15 min												
24	2.50	2.20																	
25	2.20	2.20																	
26	2.30	2.40	6:15p	1.00	0.04	0.01	15 min												
27	2.30	2.30																	
28	2.10	2.10	3:00a	5.75	0.24	0.01	15 min												
29	2.10	2.10																	
30	2.50	2.00																	
31	2.30	2.30	10:00p	0.25	0.01	0.01	15 min												
Totals:	71.50			26.50	1.16			0	Days	0.00		0		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	**Telephone**
David E Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	**Date *(mm/dd/yy)***
David E Ryan	01/22/19

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page:** **2 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period	**January**	**2019**		**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	There were no CSO events for January 2019
2	
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	01/22/19

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** CLASS IV, 4.6 MGD MAIN WWTP OUTFALL		
Report Dates & Status					
Monitoring Period:	**From 02/01/19 to 02/28/19**	**DMR Due Date:**	**03/28/19**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	--	Sample						=	11.2					19 - mg/L		05/WK - Five Per Week	G2 - GRAB-2
					Permit Req.						>=	6 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.3			=	7.6	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	2	--	Sample	=	81.8	=	130.6	26 - lb/d			=	3.6	=	4.7	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	1151.6 MO AVG	<=	1727.4 MX WK AV	26 - lb/d			<=	30 MO AVG	<=	45 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	2	--	Sample	=	2.2	=	3.1	26 - lb/d			=	0.1	=	0.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	72.2 MO AVG	<=	167.8 DAILY MX	26 - lb/d			<=	1.88 MO AVG	<=	4.37 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.5			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	2.541	=	3.082	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
71901	Mercury, total recoverable	1 - Effluent Gross	0	--	Sample								=	2.4	=	2.6	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.								<=	2.4 ANNL AVG		Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
71901	Mercury, total recoverable	G - Raw Sewage Influent	0	--	Sample			=	0.000639	26 - lb/d					=	35	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.				Req Mon DAILY MX	26 - lb/d						Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	2	--	Sample	=	44	=	54	26 - lb/d			=	2	=	2	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	959.7 MO AVG	<=	1535.5 MX WK AV	26 - lb/d			<=	25 MO AVG	<=	40 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	98.4					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	98.3					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	90.9					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	71.16	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_001A_MRO_2019_02.pdf	pdf	208334

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2019-03-20 12:10 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-03-25 12:22 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		
Report Dates & Status					
Monitoring Period:	**From 02/01/19 to 02/28/19**	**DMR Due Date:**	**03/28/19**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.77	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2019_02.pdf	pdf	69000

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2019-03-20 12:15 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-03-25 12:22 (Time Zone: -04:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility		Permit Number	
Chesterton Utility		IN0022578	
Month	Year	Plant Design Flow	Telephone Number
February	2019	4.6 mgd	219-926-1032
E-mail address:	dryan@chestertonin.org		
Certified Operator: Name		Class	Certificate Number / Expiration Date
William M. Williams		IV	WW019285 / 6/30/2020

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches (Total= 1.77)	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Ferrous Chloride Gal/Day	RAW SEWAGE: Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
1	Fri			0.03			200	2.192	7.2						
2	Sat			0.00			175	2.310							
3	Sun			0.00			230	3.305		207	5705.7	400	11025	6.5	21.3
4	Mon			0.04			240	3.372	7.6	126	3543.4	298	8380.5	6.2	17.0
5	Tue			0.28			200	2.925	7.8	109	2659	199	4854.5	4.2	15.8
6	Wed			0.09			160	3.333	7.7	121	3363.5	280	7783.2	6.0	21.1
7	Thu			0.39			170	3.838	7.6	56	1792.5	75	2400.7	2.8	17.3
8	Fri			0.00			200	2.859	7.8						
9	Sat			0.00			230	2.603							
10	Sun			0.08			220	2.581		103	2217.1	71	1528.3	3.4	21.4
11	Mon			0.13			210	2.422	7.6	131	2646.1	245	4948.9	5.3	22.7
12	Tue			0.33			200	3.121	7.7	80	2082.3	128	3331.7	4.3	22.5
13	Wed			0.00			210	2.592	7.6	122	2637.3	192	4150.5	4.4	16.4
14	Thu			0.00			210	2.693	7.2	242	5435.2	578	12982	8.1	19.6
15	Fri			0.00			225	2.674	7.0						
16	Sat			0.00			205	2.475							
17	Sun			0.02			200	2.443		180	3667.4	180	3667.4	5.1	36.3
18	Mon			0.01			175	2.333	6.8	80	1556.6	59	1148	3.9	28.9
19	Tue			0.00			200	2.324	7.0	108	2093.3	133	2577.8	4.9	22.1
20	Wed			0.09			150	2.382	7.7	144	2860.7	293	5820.7	7.6	23.4
21	Thu			0.00			170	2.369	7.4	102	2015.3	173	3418	5.5	22.6
22	Fri			0.00			150	2.297	7.5						
23	Sat			0.25			170	2.475							
24	Sun			0.03			170	2.839		141	3338.5	153	3622.6	4.7	19.4
25	Mon			0.00			180	2.451	7.2	140	2861.8	241	4926.4	6.5	25.2
26	Tue			0.00			200	2.326	7.5	106	2056.3	143	2774	5.1	21.2
27	Wed			0.00			200	2.368	7.7	136	2685.9	235	4641	6.3	25.2
28	Thu			0.00			200	2.288	7.6	143	2728.7	293	5591	7.1	27.6
Average				0.06			195	2.650	7.5	129	2897.3	218	4978.6	5.4	22.4
Maximum				0.39			240	3.838	7.8	242	5705.7	578	12982	8.1	36.3
Minimum				0.00			150	2.192	6.8	56	1556.6	59	1148	2.8	15.8
No. of Data				28	0	0	28	28	20	20	20	20	20	20	20

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): William M. Williams — Date *(month, day, year)*: 3/22/2019

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): David E. Ryan — Date *(month, day, year)*: 3/22/2019

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	February	2019

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1			18	2958	61	5.3		1.76	6770						7.3		12.8	
2			18					1.77										
3	79	73						1.79										0.4
4	52	83	18	3047	59	5.3		1.84	7995						7.3		11.4	0.4
5	55	53	19	3039	63	5.5		1.86	7085						7.3		12.1	0.4
6	55	40	19	2963	64	5.5		1.84	7555						7.4		12.2	0.6
7	44	39	17	2934	58	5.1		1.86	11955						7.4		12.0	0.5
8			20	3059	65	5.6		1.86	7410						7.5		13.0	
9								1.82										
10	70	51						1.83										0.5
11	62	55	19	3153	60	6.3		1.83	6030						7.5		11.2	0.5
12	62	61	18	2873	63	4.9		1.87	7235						7.4		12.3	0.5
13	60	50	19	2839	67	5.4		1.86	7085						7.3		12.6	0.5
14	67	63	20	2976	67	5.2		1.87	6680						7.4		12.3	0.5
15			19	2903	65	5.0		1.87	6500						7.6		13.2	
16								1.88										
17	103	96						1.88										0.5
18	76	74						1.89							7.3		12.3	0.6
19	67	57	20	3136	64	5.2		1.87	6145						7.4		12.2	0.5
20	80	62	20	3082	65	5.1		1.85	7500						7.4		12.2	0.5
21	74	47	20	3091	65	5.0		1.90	7500						7.5		12.0	0.5
22			21	3228	65	5.1		1.90	6485						7.3		12.0	
23								1.91										
24	85	76						1.90										0.5
25	68	64	21	3298	64	5.2		1.87	7100						7.3		12.3	0.5
26	69	55	21	3455	61	5.8		1.84	7020						7.4		12.3	0.4
27	70	54	21	3293	64	5.3		1.83	6930						7.5		12.2	0.5
28	74	55	21	3234	65	5.2		1.82	6490						7.4		12.1	0.5
Avg.	69	60	19	3082	63	5.3		1.85	7235						7.4		12.2	0.5
Max.	103	96	21	3455	67.2	6.3		1.91	11955						7.6		13.2	0.6
Min.	44	39	17	2839	57.94	4.9		1.76	6030						7.3		11.2	0.4
Daily Max														#NUM!				
# of Days above 235														0				
Data	20	20	20	19	19	19		28	19					0	20		20	20

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	February	2019

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease (mg/l)	
1	Fri	2.079															
2	Sat	2.196															
3	Sun	3.205		2		53		4.3		115.0		0.1		2.7			
4	Mon	3.284		2		55		3.6		98.7		0.1		2.7			
5	Tue	2.829		2		47		2.7		63.7		0.1		2.4			
6	Wed	3.255		2		54		7.6		206.4		0.1		2.7			
7	Thu	3.752		2		63		5.4		169.1		0.1		3.1			
8	Fri	2.752															
9	Sat	2.497	3.082		2		54		4.7		130.6		0.1		2.7		
10	Sun	2.475		2		41		9.8		202.4		0.1		2.1			
11	Mon	2.324		2		39		3.1		60.1		0.1		1.9			
12	Tue	3.021		2		50		3.3		83.2		0.1		2.5			
13	Wed	2.479		2		41		3.3		68.3		0.1		2.1			
14	Thu	2.577		2		43		2.0		43.0		0.1		2.2			
15	Fri	2.557															
16	Sat	2.366	2.543		2		43		4.3		91.4		0.1		2.1		
17	Sun	2.327		2		39		3.2		62.1		0.1		1.9			
18	Mon	2.214		2		37		3.6		66.5		0.1		1.8			
19	Tue	2.205		2		37		3.1		57.0		0.1		1.8			
20	Wed	2.273		2		38		4.0		75.9		0.1		1.9			
21	Thu	2.251		2		38		1.3		24.4		0.1		1.9			
22	Fri	2.182															
23	Sat	2.363	2.259		2		38		3.0		57.2		0.1		1.9		
24	Sun	2.727		2		46		3.9		88.8		0.1		2.3			
25	Mon	2.338		2		39		3.2		62.4		0.1		2.0			
26	Tue	2.212		2		37		1.3		24.0		0.1		1.8			
27	Wed	2.250		2		38		2.7		50.7		0.1		1.9			
28	Thu	2.168	2.339	2	2	36	39	0.8	2.4	14.5	48.1	0.1	0.1	1.8	2.0		
Avg		2.541		2		44		3.6		81.8		0.1		2.2			
Max		3.752	3.082	2	2	63	54	9.8	4.7	206.4	130.6	0.1	0.1	3.1	2.7		
Min		2.079	2.259	2	2	36	38	0.8	2.4	14.5	48.1	0.1	0.1	1.8	1.9		
Data		28	4	20	4	20	4	20	4	20	4	20	4	20	4		

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 71.16
Primary Treatment	46.8	72.4			
	NA	NA			Percent Capacity
Secondary Treatment	97.1	94.0			(actual flow/design) 55%
Overall Treatment	98.4	98.3	99.6	90.9	
Phosphorus limit would be 1 mg/l. (compliance achieved)					

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	February	2019

	SLUDGE TO DIGESTER		DIGESTER OPERATION EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge ithdrawn hrs of gal. x 1000	
1	15.4	33.0	6.7	92.5	6.8	97.2	1.6		2.4	3.0	79.5	61.4	27.5	
2	15.4	33.0					16.7							
3	15.4	33.0					8.1	404						
4	15.4	33.0	7.0	90.3	6.9	92.8	16.3		2.5		77.0			
5	15.4	33.0	6.7	93.2	6.8	96.4	5.9		2.6	3.1	76.8	62.4	27.6	
6	15.4	33.0	6.7	93.2	6.8	97.9	12.6		2.6		75.6			
7	15.4	33.0	6.7	93.2	6.8	97.9	2.2		2.4	2.9	73.8	62.5	27.3	
8	15.4	33.0	6.7	93.9	6.9	97.3	6.8		2.7		74.8			
9	15.4	33.0					19.7							
10	15.4	33.0					16.5	347						
11	15.4	33.0	6.7	92.5	6.8	97.9	10.3		2.4		77.9			
12	15.4	32.0	6.8	93.6	6.9	97.9	5.3		2.8	2.9	78.3	62.8	27.3	
13	15.4	31.0	6.7	93.6	6.9	97.9	6.0		2.7		78.1			
14	15.4	31.0	6.7	93.2	6.8	97.7	12.1		2.5		78.2			
15	15.4	29.0	6.7	93.2	6.9	98.2	3.9		2.8	2.9	75.6	62.3	26.2	
16	15.4	29.0					5.6							
17	15.4	29.0					18.3	424						
18	15.4	29.0					14.9							
19	15.4	29.0	6.7	93.9	6.9	96.8			2.5	2.9	78.6	62.1	27.6	
20	15.4	29.0	6.7	93.6	6.8	98.1	8.3		2.5		79.5			
21	15.4	29.0	6.7	93.9	6.8	97.5	2.1		2.5	2.7	78.1	62.9		
22	15.4	29.0	6.6	94.5	6.8	97.9	8.2		2.5		78.5			
23	15.4	29.0					16.8	305						
24	15.4	29.0					21.5							
25	15.4	30.0	6.7	93.2	6.8	97.5			2.6	2.7	78.4	63.1	26.0	
26	15.4	31.0	6.7	93.6	6.8	97.9	5.4		2.6		78.3			
27	15.4	31.0	6.7	93.2	6.9	98.1			2.4		77.9			
28	15.4	31.0	6.7	93.2	6.8	97.9	3.7		2.6	2.8	78.4	63.4	27.8	
Avg.	15.4	31.1	6.7	93.2	6.8	97.4	10.0	370	2.6	2.9	77.5	62.5	27.2	
Max.	15.4	33.0	7.0	94.5	6.9	98.2	21.5	424	2.8	3.1	79.5	63.4	27.8	
Min.	15.4	29.0	6.6	90.3	6.8	92.8	1.6	305	2.4	2.7	73.8	61.4	26.0	
Data	28	28	19	19	19	19	25	4	19	9	19	9	8	

Once completed, this form should be converted to a pdf document, named appropriately and attached to the corresponding netDMR for submittal.

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page 1 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period	**February**	**2019**		**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			**Precipitation Data**					**CSO Outfall No. 001**						**CSO Outfall No. [#]**					
Day of Month	**Average Daily Flow (MGD)**	**Peak Hourly Flow (MGD)**	**Time Precip. Began (am/pm)**	**Precip. Duration (Hours)**	**Total Daily Precip. (Inches)**	**Peak Intensity (Inch/hr)**	**Measurement Interval (hr, 30 m, 15 m)**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
1	2.30	2.10	4:30a	0.75	0.03	0.01	15 min												
2	2.30	2.30																	
3	3.30	3.60																	
4	3.50	3.00	1:30p	1.00	0.04	0.01	15 min												
5	2.70	2.70	9:00p	1.25	0.28	0.08	15 min												
6	3.20	3.20	4:00a	1.50	0.09	0.02	15 min												
7	3.60	5.00	12:30a	3.75	0.39	0.06	15 min												
8	3.00	2.80																	
9	2.60	2.60																	
10	2.50	2.60	1:45a	2.00	0.08	0.01	15 min												
11	2.50	2.30	7:00a	3.25	0.13	0.01	15 min												
12	3.00	3.20	12:00a	6.00	0.33	0.01	15 min												
13	2.50	2.40																	
14	2.80	2.90																	
15	2.30	2.20																	
16	2.10	2.20																	
17	2.00	2.20	4:45p	0.50	0.02	0.01	15 min												
18	2.20	2.30	8:45a	0.25	0.01	0.01	15 min												
19	2.20	2.50																	
20	2.30	2.30	5:30a	2.25	0.09	0.01	15 min												
21	2.10	2.30																	
22	2.20	2.40																	
23	2.50	2.60	12:00p	3.00	0.25	0.03	15 min												
24	2.70	2.80	12:00a	0.50	0.03	0.01	15 min												
25	2.40	2.60																	
26	2.10	2.20																	
27	2.20	2.40																	
28	2.30	2.30																	
29																			
30																			
Totals:	71.40			26.00	1.77			0	Days	0.00		0		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	**Telephone**
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	**Date *(mm/dd/yy)***
David E. Ryan	03/22/19

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page:** **2 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period February	**2019**			**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	There were no CSO events for February 2019
2	
3	
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30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	03/22/19

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** CLASS IV, 4.6 MGD MAIN WWTP OUTFALL		
Report Dates & Status					
Monitoring Period:	**From 03/01/19 to 03/31/19**	**DMR Due Date:**	**04/28/19**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	--	Sample						=	11.5					19 - mg/L		01/30 - Monthly	G2 - GRAB-2
					Permit Req.						>=	6 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.3			=	7.6	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	2	--	Sample	=	67.4	=	98.9	26 - lb/d			=	3.3	=	4.5	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	1151.6 MO AVG	<=	1727.4 MX WK AV	26 - lb/d			<=	30 MO AVG	<=	45 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	2	--	Sample	=	1.9	=	2.9	26 - lb/d			=	0.1	=	0.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	72.2 MO AVG	<=	167.8 DAILY MX	26 - lb/d			<=	1.88 MO AVG	<=	4.37 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.6			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	2.391	=	2.559	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	2	--	Sample	=	45	=	69	26 - lb/d			=	2	=	3	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	959.7 MO AVG	<=	1535.5 MX WK AV	26 - lb/d			<=	25 MO AVG	<=	40 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	98.6					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	98.9					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	90					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	74.135	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_001A_MRO_2019_03.pdf	pdf	216012

Report Last Saved By

CHESTERTON WWTP, TOWN OF	
User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2019-04-24 16:29 (Time Zone: -04:00)
Report Last Signed By	
User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-04-24 16:32 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		

Report Dates & Status

Monitoring Period:	**From 03/01/19 to 03/31/19**	**DMR Due Date:**	**04/28/19**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY

Principal Executive Officer

First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.1	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2019_03.pdf	pdf	68386

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2019-04-23 11:46 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-04-24 16:32 (Time Zone: -04:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility		Permit Number	
Chesterton Utility		IN0022578	
Month	**Year**	**Plant Design Flow**	**Telephone Number**
March	2019	4.6 mgd	219-926-1032
E-mail address:	dryan@chestertonin.org		
Certified Operator: Name		**Class**	**Certificate Number** / **Expiration Date**
William M. Williams		IV	WW019285 / 6/30/2020

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 3.1 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE								
								Ferrous Chloride Gal/Day		Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Fri			0.00				275		2.187	7.6							
2	Sat			0.00				200		2.177								
3	Sun			0.00				200		2.203		176	3234	263	4832	6.1	25.0	
4	Mon			0.00				200		2.126	7.4	152	2695	364	6454	6.7	20.5	
5	Tue			0.00				200		2.128	7.2	192	3408	346	6141	6.8	28.3	
6	Wed			0.00				175		2.107	7.6	210	3690	436	7662	8.3	25.2	
7	Thu			0.00				190		2.057	7.5	172	2951	295	5061	6.9	25.0	
8	Fri			0.00				200		2.090	7.6							
9	Sat			0.66				175		2.671								
10	Sun			0.01				200		2.529		186	3923	334	7045	6.7	20.6	
11	Mon			0.00				190		2.255	7.6	231	4344	487	9159	7.5	19.3	
12	Tue			0.00				200		2.286	7.5	178	3394	380	7245	7.3	23.8	
13	Wed			0.25				220		2.425	7.6	236	4773	318	6431	7.2	19.2	
14	Thu			0.46				210		3.537	7.5	219	6460	383	11298	6.3	13.6	
15	Fri			0.08				180		2.853	7.6							
16	Sat			0.00				180		2.736								
17	Sun			0.01				215		2.668		161	3582	301	6698	6.5	22.0	
18	Mon			0.00				200		2.485	7.6	76	1575	81	1679	3.7	19.7	
19	Tue			0.00				190		2.466	7.5	84	1728	86	1769	3.9	23.8	
20	Wed			0.26				190		2.590	7.7	220	4752	407	8791	6.5	22.0	
21	Thu			0.08				200		2.754	7.6	119	2733	182	4180	5.1	22.8	
22	Fri			0.00				200		2.575	7.6							
23	Sat			0.00				200		2.453								
24	Sun			0.09				180		2.417		138	2782	289	5826	6.2	23.1	
25	Mon			0.01				190		2.308	7.7	104	2002	140	2695	4.1	20.2	
26	Tue			0.00				190		2.259	7.5	133	2506	198	3730	5.3	22.4	
27	Wed			0.09				180		2.276	7.7	158	2999	291	5524	5.9	19.4	
28	Thu			0.11				200		2.333	7.3	189	3677	387	7530	8.0	25.1	
29	Fri			0.45				175		2.403	7.6							
30	Sat			0.54				200		4.191								
31	Sun			0.00				200		3.032		149	3768	225	5690	5.4	17.8	
Average				0.10				197		2.502	7.5	166	3380	295	5973	6.2	21.8	
Maximum				0.66				275		4.191	7.7	236	6460	487	11298	8.3	28.3	
Minimum				0.00				175		2.057	7.2	76	1575	81	1679	3.7	13.6	
No. of Data				31	0	0		31		31	21	21	21	21	21	21	21	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): William M. Williams — Date *(month, day, year)*: 4/22/2019

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): David E. Ryan — Date *(month, day, year)*: 4/22/2019

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	March	2019

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1			21	3145	67	5.2		1.89	6648						7.5		12.0	
2								1.87										
3	80	50						1.88										0.5
4	69	54	21	3263	64	5.7		1.86	6645						7.5		12.3	0.6
5	62	31	21	3311	63	5.6		1.85	7060						7.3		12.5	0.5
6	70	52	21	3145	67	5.6		1.85	6320						7.5		12.4	0.6
7	80	46	21	3264	64	6.4		1.86	6525						7.4		12.3	0.6
8			21	3263	64	5.6		1.87	7285						7.6		11.8	
9								1.89										
10	97	104						1.87										0.8
11	85	74	23	3362	68	6.1		1.92	7320						7.3		12.2	0.6
12	74	53	22	3373	65	5.0		1.95	6510						7.3		11.9	0.6
13	75	54	22	3453	64	5.7		1.93	7125						7.3		12.0	0.7
14	71	82	22	3540	62	5.5		1.96	8605						7.3		11.6	0.8
15			22	3238	68	5.8		1.92	7490						7.4		12.1	
16								1.94										
17	84	82						1.91										0.6
18	48	41	22	3238	68	6.3		1.91	7220						7.4		11.9	0.6
19	57	49	22	3278	67	5.5		1.90	6425					6	7.5		11.9	0.6
20	80	62	21	3174	66	5.4		1.91	6430					2	7.4		11.8	0.7
21	65	53	21	3119	67	5.3		1.91	6800					6	7.3		11.9	0.7
22			21	3218	65	6.2		1.93	7500					11	7.4		12.0	
23								1.92										
24	62	39						1.93										0.6
25	65	37	21	2968	71	6.1		1.93	5700					2	7.4		11.9	0.6
26	70	48	21	2956	71	5.3		1.93	5165					2	7.4		11.8	0.6
27	58	43	22	3138	70	5.8		1.91	6480					4	7.4		11.7	0.6
28	70	21	22	3283	67	5.5		1.90	6140					4	7.3		11.5	0.6
29			22	3192	69	5.9		1.94	6030					1	7.4		11.5	
30								1.99										
31	80	91						1.98										0.6
Avg.	72	56	22	3234	67	5.7		1.91	6734					3	7.395		12.0	0.6
Max.	97	104	23	3540	71	6.4		1.99	8605					11	7.6		12.5	0.8
Min.	48	21	21	2956	62	5.0		1.85	5165					1	7.3		11.5	0.5
Daily Max														11				
# of Days above 235														0				
Data	21	21	21	21	21	21	0	31	21					9	21		21	21

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	March	2019

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease (mg/l)	
1	Fri	2.076															
2	Sat	2.057															
3	Sun	2.085		2		35		2.0		34.8		0.1		1.7			
4	Mon	2.002		2		33		4.2		70.2		0.1		1.7			
5	Tue	2.007		2		33		3.1		51.9		0.1		1.7			
6	Wed	1.984		2		33		0.8		13.2		0.1		1.7			
7	Thu	1.937		2		32		0.5		8.1		0.1		1.6			
8	Fri	1.971															
9	Sat	2.573	2.080		2		33		2.1		35.6		0.1		1.7		
10	Sun	2.420		4		81		2.6		52.5		0.1		2.0			
11	Mon	2.141		2		36		3.0		53.6		0.1		1.8			
12	Tue	2.173		3		54		3.6		65.3		0.1		1.8			
13	Wed	2.318		3		58		5.6		108.3		0.1		1.9			
14	Thu	3.428		4		114		7.5		214.5		0.1		2.9			
15	Fri	2.764															
16	Sat	2.672	2.559		3		69		4.5		98.9		0.1		2.1		
17	Sun	2.552		3		64		3.6		76.7		0.1		2.1			
18	Mon	2.372		2		40		2.2		43.5		0.1		2.0			
19	Tue	2.348		2		39		3.3		64.7		0.1		2.0			
20	Wed	2.480		2		41		4.0		82.8		0.1		2.1			
21	Thu	2.639		2		44		2.3		50.7		0.1		2.2			
22	Fri	2.456															
23	Sat	2.338	2.455		2		46		3.1		63.7		0.1		2.1		
24	Sun	2.301		2		38		2.4		46.1		0.1		1.9			
25	Mon	2.197		2		37		2.5		45.8		0.1		1.8			
26	Tue	2.145		2		36		4.6		82.3		0.1		1.8			
27	Wed	2.166		2		36		3.8		68.7		0.1		1.8			
28	Thu	2.224		1		19		3.7		68.7		0.1		1.9			
29	Fri	2.286															
30	Sat	4.106	2.489		2		33		3.4		62.3		0.1		1.8		
31	Sun	2.917		2		49		4.6		112.0		0.1		2.4			
Avg		2.391		2		45		3.3		67.4		0.1		1.9			
Max		4.106	2.559	4	3	114	69	7.5	4.5	214.5	98.9	0.1	0.1	2.9	2.1		
Min		1.937	2.080	1	2	19	33	0.5	2.1	8.1	35.6	0.1	0.1	1.6	1.7		
Data		31	4	21	4	21	4	21	4	21	4	21	4	21	4		

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 74.135
Primary Treatment	56.9	81.2			
	NA	NA			Percent Capacity
Secondary Treatment	96.8	94.0			(actual flow/design) 52%
Overall Treatment	98.6	98.9	99.5	90.0	
Phosphorus limit would be 1 mg/l. (compliance achieved)					

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	March	2019

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge withdrawn hrs of gal. x 1000	
1	15.4	31.0	6.7	93.2	6.8	97.9	5.1		2.6		78.5			
2	15.4	31.0					29.3	325						
3	15.4	31.0					13.6							
4	15.4	31.0	6.7	93.4	6.9	97.7	7.5		2.4		79.4			
5	15.4	32.0	6.7	93.6	6.8	97.7	3.4		2.6	3.0	79.2	62.5	28.2	
6	15.4	32.0	6.7	93.2	6.8	97.9			2.3	2.9	79.3	63.4	21.6	
7	15.4	32.0	6.8	93.0	6.9	97.5	6.5		2.6		78.6			
8	16.7	32.0	6.7	93.0	6.9	97.5	9.2		2.4		78.5			
9	15.4	32.0					23.1	327						
10	15.4	32.0					21.4							
11	15.4	33.0	6.7	88.9	6.9	91.4	4.5		3.2		76.0			
12	15.4	33.0	6.7	90.3	6.8	94.6			3.4	2.9	76.3	62.2	28.0	
13	15.4	34.0	6.7	91.8	6.8	94.6	9.4		3.0		76.7			
14	15.4	35.0	6.8	92.3	6.9	89.6	11.6		3.2		75.5			
15	15.4	35.0	6.8	93.2	6.9	94.1			3.1	2.8	72.8	61.6	28.7	
16	16.0	36.0					18.3							
17	15.4	36.1					17.8	322						
18	15.4	36.1	6.9	94.3	6.9	92.7			2.7		76.8			
19	15.4	36.1	6.8	96.1	6.9	95.0			2.8	2.7	77.9	62.0	27.3	
20	15.4	36.1	6.8	96.1	6.9	96.1	8.5		2.5		77.9			
21	15.4	36.1	6.7	95.9	6.8	97.5	3.6		2.5	2.8	78.1	61.5	27.2	
22	15.4	36.1	6.7	96.3	6.8	97.7	7.2		2.7		78.3			
23	15.4	36.1					24.3							
24	15.4	36.1					21.9	374						
25	15.4	34.1	6.8	97.3	6.9	97.3	4.3		2.4		78.2			
26	15.4	34.1	6.8	97.2	6.9	98.1	2.3		2.4	2.7	78.6	61.5	24.7	
27	15.4	34.1	6.8	96.8	6.9	97.3	5.7		2.5		79.2			
28	15.4	34.1	6.8	97.3	6.9	97.7	4.2		2.7	2.9	78.7	61.6	27.0	
29	15.4	34.1	6.8	97.5	6.9	97.5	6.2		2.6		77.9			
30	15.4	34.1					24.8	380						
31	15.4	34.1												
Avg.	15.5	33.9	6.8	94.3	6.9	96.1	11.7	346	2.7	2.8	77.7	62.0	26.6	
Max.	16.7	36.1	6.9	97.5	6.9	98.1	29.3	380	3.4	3.0	79.4	63.4	28.7	
Min.	15.4	31.0	6.7	88.9	6.8	89.6	2.3	322	2.3	2.7	72.8	61.5	21.6	
Data	31	31	21	21	21	21	25	5	21	8	21	8	8	

Once completed, this form should be converted to a pdf document, named appropriately and attached to the corresponding netDMR for submittal.

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**								**Page 1 of 2**						**Permit Number:**	**IN0022578**						
Facility:	**Fritz Dietrich Environmental Controll Facility**														**Public Notification Requirements Met?**	**Y**						
Monitoring Period	**March**		**2019**												**Check box if no CSO discharge occurred for the month:**	☑						
Design Peak Hourly Flow (MGD):			**10**	**Design Average Flow (MGD):**				**4.6**	**Measured/Metered (M) or Estimated (E) must be specified**													
WWTP Influent Data			**Precipitation Data**						**CSO Outfall No. 101**						**CSO Outfall No. [#]**							
Day of Month	**Average Daily Flow (MGD)**	**Peak Hourly Flow (MGD)**	**Time Precip. Began (am/pm)**	**Precip. Duration (Hours)**	**Total Daily Precip. (Inches)**	**Peak Intensity (Inch/hr)**	**Measurement Interval (hr, 30 m, 15 m)**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**			
1	1.70	2.10																				
2	1.80	2.20																				
3	1.90	2.20																				
4	2.30	2.10																				
5	1.80	2.10																				
6	1.90	2.20																				
7	1.90	1.90																				
8	2.00	2.30																				
9	2.80	3.90	2:30p	4.75	0.66	0.05	15 min															
10	2.40	2.60	12:00a	0.25	0.01	0.01	15 min															
11	2.30	2.20																				
12	2.40	2.20																				
13	2.20	2.40	3:00a	4.25	0.25	0.02	15 min															
14	3.40	3.30	12:00a	3.75	0.46	0.14	15 min															
15	3.10	2.60	8.75a	2.00	0.08	0.01	15 min															
16	2.40	2.60																				
17	2.70	2.80	9:00a	0.25	0.01	0.01	15 min															
18	2.40	2.30																				
19	2.60	2.40																				
20	2.70	2.60	7:30a	4.75	0.26	0.02	15 min															
21	2.80	2.70	3:30a	1.50	0.08	0.02	15 min															
22	2.60	2.50																				
23	2.60	2.60																				
24	2.60	2.60	4.25p	2.25	0.09	0.01	15 min															
25	2.20	2.30	1:15a	0.25	0.01	0.01	15 min															
26	2.20	2.20																				
27	2.40	2.50	11:15p	0.75	0.09	0.02	15 min															
28	2.10	2.10	12:00a	1.25	0.11	0.02	15 min															
29	3.90	2.40	8:30P	3.25	0.45	0.03	15 min															
30	2.80	5.00	12:00a	5.00	0.54	0.03	15 min															
31	2.90	3.00																				
Totals:	75.80			34.25	3.10			0	Days	0.00		0		0	Days	0.00		0				

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	**Telephone**
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	**Date *(mm/dd/yy)***
David E. Ryan	04/22/19

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page:** **2 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?** **Y**	
Monitoring Period March	**2019**			**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	There were no CSO events for March 2019
2	
3	
4	
5	
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7	
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31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	04/22/19

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** CLASS IV, 4.6 MGD MAIN WWTP OUTFALL		
Report Dates & Status					
Monitoring Period:	**From 04/01/19 to 04/30/19**	**DMR Due Date:**	**05/28/19**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	--	Sample						=	10.5					19 - mg/L		05/WK - Five Per Week	G2 - GRAB-2
					Permit Req.						>=	6 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.4			=	7.6	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	2	--	Sample	=	127.8	=	130.3	26 - lb/d			=	4.8	=	5.3	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	1151.6 MO AVG	<=	1727.4 MX WK AV	26 - lb/d			<=	30 MO AVG	<=	45 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	2	--	Sample	=	2.5	=	4.9	26 - lb/d			=	0.1	=	0.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	72.2 MO AVG	<=	167.8 DAILY MX	26 - lb/d			<=	1.88 MO AVG	<=	4.37 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.5			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	2.859	=	3.217	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Sample								=	5	=	30	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.								<=	125 MO GEO	<=	235 DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51041	E. coli, colony forming units [CFU]	Y - Effluent Gross (Supplementary)	0	--	Sample										=	30	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.											Opt Mon DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51484	Number of Events	Y - Effluent Gross (Supplementary)	0	--	Sample			=	22	5J - #					=	0	4X - # exceed		01/30 - Monthly	RT - RCOTOT
					Permit Req.				Opt Mon MO TOTAL	5J - #						Opt Mon MO TOTAL	4X - # exceed	0	01/30 - Monthly	RT - RCOTOT
					Value NODI															
71901	Mercury, total recoverable	1 - Effluent Gross	0	--	Sample								=	1.7	=	1.1	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.								<=	2.4 ANNL AVG		Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
71901	Mercury, total recoverable	G - Raw Sewage Influent	0	--	Sample			=	0.0003654	26 - lb/d					=	18	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.				Req Mon DAILY MX	26 - lb/d						Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	2	--	Sample	=	49	=	57	26 - lb/d			=	2	=	2	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	959.7 MO AVG	<=	1535.5 MX WK AV	26 - lb/d			<=	25 MO AVG	<=	40 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	98.7					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	98.3					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	91.3					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	85.762	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_001A_MRO_2019_04.pdf	pdf	217808

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-06-20 13:11 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-06-20 13:14 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		
Report Dates & Status					
Monitoring Period:	**From 04/01/19 to 04/30/19**	**DMR Due Date:**	**05/28/19**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	5.97	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2019_04.pdf	pdf	70166

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2019-05-15 15:44 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-05-20 14:20 (Time Zone: -04:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility		Permit Number	
Chesterton Utility		IN0022578	
Month	**Year**	**Plant Design Flow**	**Telephone Number**
April	2019	4.6 mgd	219-926-1032
E-mail address:	dryan@chestertonin.org		
Certified Operator: Name		Class	Certificate Number / Expiration Date
William M. Williams		IV	WW019285 / 6/30/2020

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 5.97 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Ferrous Chloride Gal/Day	RAW SEWAGE: Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
1	Mon			0.00			200	2.717	7.6	188	4260	299	6775	5.9	16.2
2	Tue			0.00			200	2.606	7.5	150	3260.1	280	6086	6.7	23.0
3	Wed			0.00			190	2.446	7.5	151	3080.3	249	5080	5.5	18.4
4	Thu			0.27			200	2.537	7.4	172	3639.3	275	5819	6.0	22.8
5	Fri			0.00			200	2.539	7.5						
6	Sat			0.00			200	2.472							
7	Sun			0.04			200	2.529		176	3712.2	252	5315	5.9	20.8
8	Mon			0.00			180	2.398	7.6	176	3519.9	270	5400	5.8	19.3
9	Tue			0.00			200	2.314	7.3	155	2991.3	216	4169	5.6	21.0
10	Wed			0.05			195	2.291	7.5	166	3171.8	262	5006	6.6	23.7
11	Thu			0.11			190	2.292	7.5	172	3287.8	340	6499	7.4	20.0
12	Fri			0.48			165	2.940	7.5						
13	Sat			0.00			185	2.521							
14	Sun			0.93			200	4.095		164	5601	302	10314	5.8	15.1
15	Mon			0.01			200	3.674	7.6	66	2022.3	257	7875	6.3	11.4
16	Tue			0.00			200	3.082	7.5	137	3521.4	251	6452	5.8	17.4
17	Wed			0.00			150	2.797	7.5	121	2822.6	205	4782	4.9	18.7
18	Thu			0.64			210	3.541	7.4	151	4459.3	292	8623	5.0	16.8
19	Fri			0.00			200	3.236	7.7						
20	Sat			0.00			200	2.953							
21	Sun			0.00			190	2.737		155	3538.1	286	6528	6.5	18.8
22	Mon			0.05			195	2.594	7.6	135	2920.6	287	6209	5.8	18.3
23	Tue			0.03			160	2.562	7.5	141	3012.8	307	6560	5.9	21.1
24	Wed			0.00			150	2.533	7.4	145	3063.2	399	8429	7.2	18.7
25	Thu			0.02			150	2.481	7.4	235	4862.5	433	8959	7.3	24.2
26	Fri			0.09			125	2.393	7.6						
27	Sat			0.87			125	2.984							
28	Sun			0.00			150	3.416		142	4045.5	283	8063	4.9	14.2
29	Mon			1.33			160	5.732	7.5	94	4493.7	314	15011	5.4	10.0
30	Tue			1.05			150	5.923	7.5	61	3013.3	222	10966	4.3	11.2
Average				0.20			181	2.978	7.5	148	3559	286	7224	5.9	18.2
Maximum				1.33			210	5.923	7.7	235	5601	433	15011	7.4	24.2
Minimum				0.00			125	2.291	7.3	61	2022.3	205	4169	4.3	10.0
No. of Data				30	0	0	30	30	22	22	22	22	22	22	22

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): William M. Williams — Date *(month, day, year)*: 5/22/2019

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): David E. Ryan — Date *(month, day, year)*: 5/22/2019

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	April	2019

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	63	77	22	3288	67	5.6		1.92	7260					6	7.5		11.9	0.5
2	69	49	21	3168	66	4.9		1.91	6780					5	7.5		11.6	0.4
3	71	65	21	3183	66	5.3		1.92	6980					8	7.5		11.5	0.4
4	63	69	21	3239	65	4.9		1.93	7330					6	7.5		11.4	0.4
5			20	3132	64	5.3		1.94	7200					4	7.4		11.4	
6								1.92										
7	82	74						1.83										0.5
8	60	98	20	3210	62	4.9		1.81	7100					1	7.4		10.5	0.5
9	69	69	20	3308	60	4.8		1.81	6480					2	7.4		10.8	0.5
10	75	72	20	3178	63	4.6		1.81	6750					1	7.5		11.1	0.5
11	69	70	20	3160	63	5.0		1.81	6250					9	7.4		11.2	0.5
12			18	3033	59	4.4		1.95	8260					0	7.4		10.8	
13								1.92										
14	60	80						1.99										0.6
15	60	109	20	3068	65	5.6		1.98	8950					8	7.4		11.3	0.6
16	48	65	19	3087	62	4.8		1.94	7470					14	7.5		11.0	0.7
17	57	43	19	3168	60	4.8		1.54	7140					3	7.5		10.8	0.9
18	63	58	19	3168	60	4.5		1.98	7300					7	7.5		10.6	0.6
19								1.99						6	7.4		11.1	
20								1.88										
21	55	53						1.88										0.4
22	58	92	19	3171	60	4.7		1.89	6560					0	7.5		10.6	0.4
23	48	65	19	3160	60	4.7		1.91	6965					6	7.5		10.7	0.4
24	54	74	19	3238	59	5.3		1.92	6940					6	7.5		10.6	0.5
25	57	44	19	3212	59	4.6		1.92	6910					9	7.5		10.6	0.5
26			19	3061	62	5.1		1.92	6700					5	7.5		10.6	
27								2.00										
28	64	73						1.95										0.6
29	49	135	20	3129	64	3.4		2.04	7015					5	7.5		10.8	0.5
30	48	141	19	3143	60	5.1		2.10	9060					30	7.6		10.6	0.5
Avg.	61	76	20	3167	62	4.9		1.91	7210					5	7.5		11.0	0.5
Max.	82	141	22	3308	67	5.6		2.10	9060					30	7.6		11.9	0.9
Min.	48	43	18	3033	59	3.4		1.54	6250					0	7.4		10.5	0.4
Daily Max														30				
# of Days above 235														0				
Data	22	22	21	21	21	21		30	21					22	22		22	22

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	April	2019

FINAL EFFLUENT

Day Of Month	Day of Week	Flow		BOD				Total Suspended Solids				Ammonia				Other	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease (mg/l)	
1	Mon	2.603		2		43		4.5		97.7		0.1		2.2			
2	Tue	2.489		2		42		3.1		64.4		0.1		2.1			
3	Wed	2.330		2		39		2.7		52.5		0.1		1.9			
4	Thu	2.428		2		41		3.9		79.0		0.1		2.0			
5	Fri	2.427															
6	Sat	2.353	2.507		2		43		3.8		81.1		0.1		2.1		
7	Sun	2.411		2		40		3.7		74.4		0.1		2.0			
8	Mon	2.275		1		19		3.6		68.3		0.1		1.9			
9	Tue	2.192		2		37		3.4		62.2		0.1		1.8			
10	Wed	2.173		2		36		3.6		65.3		0.1		1.8			
11	Thu	2.170		2		36		3.6		65.2		0.1		1.8			
12	Fri	2.818															
13	Sat	2.393	2.347		2		34		3.6		67.1		0.1		1.9		
14	Sun	4.002		2		67		6.4		213.7		0.1		3.3			
15	Mon	3.541		2		59		6.8		200.9		0.1		3.0			
16	Tue	2.962		2		49		4.6		113.7		0.1		2.5			
17	Wed	2.672		1		22		2.7		60.2		0.1		2.2			
18	Thu	3.424		3		86		2.2		62.9		0.1		2.9			
19	Fri	3.099															
20	Sat	2.819	3.217		2		57		4.5		130.3		0.1		2.8		
21	Sun	2.604		2		43		7.8		169.5		0.1		2.2			
22	Mon	2.462		2		41		6.2		127.4		0.1		2.1			
23	Tue	2.436		2		41		4.9		99.6		0.1		2.0			
24	Wed	2.409		2		40		4.5		90.5		0.1		2.0			
25	Thu	2.359		2		39		3.0		59.1		0.1		2.0			
26	Fri	2.272															
27	Sat	2.870	2.487		2		41		5.3		109.2		0.1		2.0		
28	Sun	3.289		2		55		8.1		222.3		0.1		2.7			
29	Mon	5.651		2		94		7.5		353.7		0.1		4.7			
30	Tue	5.829		2		97		8.4		408.6		0.1		4.9			
Avg		2.859		2		49		4.8		127.8		0.1		2.5			
Max		5.829	3.217	3	2	97	57	8.4	5.3	408.6	130.3	0.1	0.1	4.9	2.8		
Min		2.170	2.347	1	2	19	34	2.2	3.6	52.5	67.1	0.1	0.1	1.8	1.9		
Data		30	4	22	4	22	4	22	4	22	4	22	4	22	4		

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 85.762
Primary Treatment	58.7	73.3			
	NA	NA			Percent Capacity
Secondary Treatment	96.8	93.7			(actual flow/design) 62%
Overall Treatment	98.7	98.3	99.5	91.3	

Phosphorus limit would be 1 mg/l. (compliance achieved)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	April	2019

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge withdrawn hrs of gal. x 1000	
1	15.4	34.1	6.8	97.0	6.9	96.3	3.8		2.7		76.8			
2	15.4	34.1	6.8	97.2	6.9	97.2			2.8	2.8	76.5	61.0	20.5	
3	15.5	34.1	6.8	97.7	6.9	96.4	6.1		2.9		77.3			
4	15.4	34.1	6.8	97.2	6.9	96.6	2.7		3.1	2.8	77.3	61.1	22.4	
5	15.4	34.1	6.8	97.0	6.9	97.7	10.8		2.6		78.3			
6	15.4	34.1					25.3	353						
7	15.4	34.1					18.7							
8	15.4	34.1	6.8	97.0	6.9	96.4			2.7		78.9			
9	15.4	34.1	6.8	97.2	7.0	95.2	8.6		2.8		78.7			
10	15.4	34.1	6.8	96.6	6.9	96.6	1.0		2.8	2.8	78.2	60.6	28.1	
11	15.4	34.1	6.8	97.5	6.9	96.3	9.6		2.7		79.0			
12	15.4	34.1	7.0	95.0	7.1	95.7	7.9		3.1	2.8	77.4	59.9	9.9	
13	15.4	34.1					2.2	364						
14	15.4	34.1					14.9							
15	15.4	34.1	7.0	95.9	7.0	95.4	2.3		2.7		74.4			
16	15.4	34.1	6.8	96.8	6.9	97.2	2.0		2.6	2.9	74.7	60.7	28.2	
17	15.4	34.1	6.8	97.0	6.9	96.6	4.3		3.0		75.8			
18	15.4	34.1	6.8	97.0	7.0	96.8	5.3		3.0	2.8	76.6	60.6	16.1	
19	15.4	34.1					9.4							
20	15.4	34.1					21.1	358						
21	15.4	34.1	6.9				25.2							
22	15.4	34.1	6.8	95.5	7.1	94.5			2.6		78.0			
23	15.4	34.1	6.8	96.6	6.9	97.0			2.6	2.9	78.1	60.1	28.8	
24	15.2	34.1	6.8	97.3	6.9	97.5	7.1		3.3		74.9			
25	15.4	34.1	6.9	95.9	6.9	97.9	1.6		3.3	3.0	76.4	61.5	27.4	
26	15.4	34.1		96.6	6.9	97.7	7.3		3.2		76.7			
27	15.4	34.1					15.8							
28	15.4	34.1	6.8				22.1							
29	16.7	34.1	6.9	96.6	7.0	95.7	10.3	374	2.7		65.0			
30	15.4	34.0		95.5	6.8	95.4	5.4		3.5	2.9	66.3	60.0		
Avg.	15.4	34.1	6.8	96.7	6.9	96.5	9.6	362	2.9	2.9	76.0	60.6	22.7	
Max.	16.7	34.1	7.0	97.7	7.1	97.9	25.3	374	3.5	3.0	79.0	61.5	28.8	
Min.	15.2	34.0	6.8	95.0	6.8	94.5	1.0	353	2.6	2.8	65.0	59.9	9.9	
Data	30	30	21	21	21	21	26	4	21	9	21	9	8	

Once completed, this form should be converted to a pdf document, named appropriately and attached to the corresponding netDMR for submittal.

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page 1 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period	**April**	**2019**		**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			**Precipitation Data**					**CSO Outfall No. 001**						**CSO Outfall No. [#]**					
Day of Month	**Average Daily Flow (MGD)**	**Peak Hourly Flow (MGD)**	**Time Precip. Began (am/pm)**	**Precip. Duration (Hours)**	**Total Daily Precip. (Inches)**	**Peak Intensity (Inch/hr)**	**Measurement Interval (hr, 30 m, 15 m)**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
1	2.70	2.60																	
2	2.20	2.50																	
3	2.20	2.40																	
4	2.20	2.50	12:45a	6.50	0.27	0.01	15 min												
5	2.60	2.60																	
6	2.60	2.50																	
7	2.50	2.40	3:30p	0.25	0.04	0.02	15 min												
8	2.30	2.30																	
9	2.40	2.20																	
10	2.40	2.30	1:15p	1.00	0.05	0.01	15 min												
11	2.40	2.40	11:00p	0.75	0.11	0.04	15 min												
12	2.50	2.90	12:15a	4.25	0.48	0.03	15 min												
13	2.20	2.40																	
14	3.20	5.20	5:20a	9.00	0.93	0.04	15 min												
15	3.60	3.60	12:45a	0.25	0.01	0.01	15 min												
16	3.40	3.20																	
17	2.80	2.80																	
18	3.90	4.40	5:00a	7.50	0.64	0.04	15 min												
19	2.90	3.10																	
20	3.00	3.10																	
21	2.70	2.90																	
22	2.70	2.60	7:45p	0.75	0.05	0.01	15 min												
23	2.40	2.60	7:00a	0.75	0.03	0.01	15 min												
24	2.30	2.50																	
25	2.40	2.40	12:00a	0.25	0.02	0.01	15 min												
26	2.00	2.30	1:30a	2.00	0.09	0.01	15 min												
27	3.50	3.80	11:00a	10.00	0.87	0.02	15 min												
28	3.40	3.20																	
29	5.90	10.80	4:00a	9.00	1.33	0.04	15 min												
30	6.10	11.20	6:30a	6.25	1.05	0.09	15 min												
Totals:	87.40			58.50	5.97			0	Days	0.00		0		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	**Telephone**
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	**Date *(mm/dd/yy)***
David E. Ryan	05/22/19

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page:** **2 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period April	**2019**			**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	There were no CSO events for April 2019
2	
3	
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31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	05/22/19

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** CLASS IV, 4.6 MGD MAIN WWTP OUTFALL		
Report Dates & Status					
Monitoring Period:	**From 05/01/19 to 05/31/19**	**DMR Due Date:**	**06/28/19**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	--	Sample						=	9.5					19 - mg/L		05/WK - Five Per Week	G2 - GRAB-2
					Permit Req.						>=	6 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.3			=	7.6	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	1	--	Sample	=	130.2	=	340.4	26 - lb/d			=	3.6	=	7	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	691 MO AVG	<=	1036.4 MX WK AV	26 - lb/d			<=	18 MO AVG	<=	27 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample	=	3.3	=	7.4	26 - lb/d			=	0.1	=	0.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	60.3 MO AVG	<=	140.1 DAILY MX	26 - lb/d			<=	1.57 MO AVG	<=	3.65 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.5			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	3.872	=	5.433	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Sample								=	4	=	51	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.								<=	125 MO GEO	<=	235 DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51041	E. coli, colony forming units [CFU]	Y - Effluent Gross (Supplementary)	0	--	Sample										=	51	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.											Opt Mon DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51484	Number of Events	Y - Effluent Gross (Supplementary)	0	--	Sample			=	23	5J - #					=	0	4X - # exceed		01/30 - Monthly	RT - RCOTOT
					Permit Req.				Opt Mon MO TOTAL	5J - #						Opt Mon MO TOTAL	4X - # exceed	0	01/30 - Monthly	RT - RCOTOT
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Sample	=	53	=	99	26 - lb/d			=	2	=	2	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	575.8 MO AVG	<=	882.9 MX WK AV	26 - lb/d			<=	15 MO AVG	<=	23 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	98.5					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	97.4					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	88.2					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	120.05	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_001A_MRO_2019_05.pdf	pdf	219256

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2019-06-18 09:57 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-06-21 11:58 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		
Report Dates & Status					
Monitoring Period:	**From 05/01/19 to 05/31/19**	**DMR Due Date:**	**06/28/19**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	8.12	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2019_05.pdf	pdf	74012

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2019-06-18 09:58 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-06-21 11:58 (Time Zone: -04:00)

ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Month	Year	Plant Design Flow	Telephone Number
May	2019	4.6 mgd	219-926-1032

E-mail address: dryan@chestertonin.org

Certified Operator: Name	Class	Certificate Number	Expiration Date
William M. Williams	IV	WW019285	6/30/2020

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches (Total= 8.12)	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Ferrous Chloride Gal/Day	RAW SEWAGE: Influent Flow Rate (If metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
1	Wed			1.12			160	9.076	7.3	62	4693	144	10900	2.3	3.7
2	Thu			0.33			160	6.175	7.5	70	3605	157	8085.4	3.6	9.3
3	Fri			0.03			150	4.593	7.4						
4	Sat			0.00			170	3.905							
5	Sun			0.00			150	3.588		68	2034.8	194	5805.2	4.5	13.6
6	Mon			0.08			150	3.273	7.4	115	3139.1	267	7288.3	4.9	13.1
7	Tue			0.32			130	3.354	7.4	118	3300.7	206	5762.3	4.5	15.2
8	Wed			0.00			140	3.235	7.4	100	2698	225	6070.5	4.7	16.3
9	Thu			1.07			130	5.579	7.2	106	4932.1	242	11260	4.2	10.3
10	Fri			0.01			180	3.859	7.5						
11	Sat			0.18			155	3.525							
12	Sun			0.40			150	3.622		81	2446.8	209	6313.4	5.0	18.8
13	Mon			0.04			130	3.972	7.5	108	3577.7	210	6956.6	4.6	12.4
14	Tue			0.00			130	3.521	7.4	111	3259.5	205	6019.9	4.4	14.4
15	Wed			0.00			130	3.350	7.4	125	3492.4	209	5839.3	4.4	12.2
16	Thu			0.30			140	3.130	7.4	123	3210.8	193	5038.1	4.4	15.3
17	Fri			0.47			140	3.836	7.4						
18	Sat			0.46			140	3.682							
19	Sun			0.08			140	3.701		106	3271.8	160	4938.6	3.8	13.2
20	Mon			0.00			150	3.208	7.6	96	2568.5	175	4682.1	4.5	16.2
21	Tue			0.23			150	3.207	7.5	84	2246.7	162	4332.9	4.2	16.2
22	Wed			0.37			150	3.802	7.5	166	5263.6	331	10496	6.3	19.5
23	Thu			0.15			150	3.348	7.4	119	3322.8	188	5249.4	4.5	13.0
24	Fri			0.02			125	3.322	7.6						
25	Sat			0.01			125	3.117							
26	Sun			0.02			125	2.885		152	3657.3	218	5245.3	5.2	13.7
27	Mon			1.04			140	3.839	7.7	126	4034.2	300	9605.2	5.0	13.2
28	Tue			0.99			150	3.809	7.5	94	2986.1	208	6607.5	4.1	11.9
29	Wed			0.15			140	5.999	7.5	99	4953.1	221	11057	3.5	6.2
30	Thu			0.25			120	4.285	7.5	85	3037.6	175	6254	4.0	10.6
31	Fri			0.00			180	3.628	7.4						
Average				0.26			145	3.981	7.5	105	3442.3	209	6991.2	4.4	13.1
Maximum				1.12			180	9.076	7.7	166	5263.6	331	11260	6.3	19.5
Minimum				0.00			120	2.885	7.2	62	2034.8	144	4332.9	2.3	3.7
No. of Data				31	0	0	31	31	23	22	22	22	22	22	22

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): William M. Williams — Date *(month, day, year)*: 6/24/2019

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): David E. Ryan — Date *(month, day, year)*: 6/24/2019

TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	May	2019

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	70	203	14	2583	54	5.9		2.19	14530					51	7.3		10.5	0.5
2	36	73	19	3308	57	4.8		2.15	11850					7	7.5		10.4	0.4
3			19	3242	59	5.3		2.08	10030					7	7.5		10.4	
4								2.00										
5	43	66						1.96										0.4
6	55	91	20	3222	62	5.4		1.94	8510					7	7.5		10.3	0.5
7	53	53	21	3202	66	5.5		1.97	7290					7	7.5		11.0	0.5
8	43	56	21	3188	66	5.0		2.03	8000					9	7.5		11.1	0.5
9	58	117	16	2830	57	4.7		2.14	14430					22	7.4		10.9	0.6
10			20	3205	62	5.1		2.10	8780					6	7.5		10.9	
11								2.09										
12	56	76						2.10										0.5
13	36	64	20	3039	66	4.9		2.11	8070					4	7.5		11.1	0.5
14	47	49	21	3176	66	4.9		2.09	8270					1	7.5		11.1	0.5
15	63	56	20	3110	64	5.6		2.03	8520					4	7.5		10.8	0.5
16	50	60	21	3183	66	4.9		2.03	8250					8	7.6		10.9	0.5
17			19	3015	63	5.1		2.07	7820					2	7.5		10.7	
18								2.02										
19	49	62						2.05										0.5
20	30	37	20	3092	65	4.9		2.07	7450					7	7.5		10.6	0.5
21	32	34	20	3123	64	5.7		2.10	7380					2	7.5		10.6	0.5
22	44	46	20	2995	67	5.1		2.08	8540					1	7.4		10.6	0.6
23	55	60	20	3028	66	4.9		2.10	7610					0	7.4		10.3	0.5
24			20	3053	66	4.9		2.12	7910					3	7.4		10.6	
25								2.12										
26	66	47						2.15										0.6
27	70	90	19					2.17						0	7.5		9.5	0.6
28	48	61	17	3089	55	5.5		2.17	8345					4	7.4		9.7	0.6
29	47	88	19	2915	65	6.1		2.20	9830					7	7.4		10.4	0.6
30	48	70	19	3067	62	5.2		2.17	8390					2	7.5		10.3	0.5
31				3035		5.7		2.13	7790					6	7.5		10.2	
Avg.	50	71	19	3077	63	5.2		2.09	8982					4	7.5		10.6	0.5
Max.	70	203	21	3308	67	6.1		2.20	14530					51	7.6		11.1	0.6
Min.	30	34	14	2583	54	4.7		1.94	7290					0	7.3		9.5	0.4
Daily Max														51				
# of Days above 235														0				
Data	22	22	22	22	21	22		31	22					23	23		23	22

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	May	2019

FINAL EFFLUENT

Day Of Month	Day of Week	Flow		BOD				Total Suspended Solids				Ammonia				Other	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease (mg/l)	
1	Wed	8.877		2		148		6.4		474.1		0.1		7.4			
2	Thu	6.075		2		101		4.8		243.3		0.1		5.1			
3	Fri	4.504															
4	Sat	3.806	5.433		2		99		7.0		340.4		0.1		5.0		
5	Sun	3.479		1		29		4.2		121.9		0.1		2.9			
6	Mon	3.164		2		53		5.5		145.2		0.1		2.6			
7	Tue	3.249		2		54		4.0		108.5		0.1		2.7			
8	Wed	3.120		1		26		4.4		114.6		0.1		2.6			
9	Thu	5.478		2		91		6.3		288.0		0.1		4.6			
10	Fri	3.738															
11	Sat	3.406	3.662		2		51		4.9		155.6		0.1		3.1		
12	Sun	3.501		2		58		2.8		81.8		0.1		2.9			
13	Mon	3.847		2		64		4.0		128.4		0.1		3.2			
14	Tue	3.450		1		29		3.4		97.9		0.1		2.9			
15	Wed	3.233		2		54		4.1		110.6		0.1		2.7			
16	Thu	3.017		2		50		2.7		68.0		0.1		2.5			
17	Fri	3.719															
18	Sat	3.579	3.478		2		51		3.4		97.3		0.1		2.8		
19	Sun	3.583		1		30		2.5		74.8		0.1		3.0			
20	Mon	3.083		1		26		2.6		66.9		0.1		2.6			
21	Tue	3.085		1		26		2.1		54.1		0.1		2.6			
22	Wed	3.670		1		31		2.1		64.3		0.1		3.1			
23	Thu	3.367		1		28		2.1		59.0		0.1		2.8			
24	Fri	3.194															
25	Sat	2.994	3.282		1		28		2.3		63.8		0.1		2.8		
26	Sun	2.763		2		46		1.7		39.2		0.1		2.3			
27	Mon	3.746		1		31		1.8		56.3		0.1		3.1			
28	Tue	3.706		2		62		5.6		173.2		0.1		3.1			
29	Wed	5.895		2		98		4.2		206.6		0.1		4.9			
30	Thu	4.187		1		35		2.5		87.4		0.1		3.5			
31	Fri	3.530	3.971		2		55		3.2		112.5		0.1		3.4		
Avg		3.872		2		53		3.6		130.2		0.1		3.3			
Max		8.877	5.433	2	2	148	99	6.4	7.0	474.1	340.4	0.1	0.1	7.4	5.0		
Min		2.763	3.282	1	1	26	28	1.7	2.3	39.2	63.8	0.1	0.1	2.3	2.8		
Data		31	5	22	5	22	5	22	5	22	5	22	5	22	5		

MONTHLY REMOVAL SUMMARY

Percent Removal	BOD5	S.S.	Ammonia	Phosphorus
Primary Treatment	52.5	66.1		
	NA	NA		
Secondary Treatment	96.9	94.9		
Overall Treatment	98.5	98.3	99.2	88.2

Phosphorus limit would be 80 % removal. (compliance achieved)

Total Monthly Flow: (million gallons) 120.05

Percent Capacity (actual flow/design) 84%

TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	May	2019

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge withdrawn hrs of gal. x 1000	
1	15.4	34.0	6.7	96.3	6.9	97.2	7.7		2.4		54.7			
2	15.4	34.0	6.8	96.6	6.9	96.4			3.3	2.8	65.9	59.8	26.9	
3	15.4	34.0	6.8	97.2	6.9	96.6	7.4		3.5		67.0			
4	15.4	34.1					37.7	403						
5	15.4	34.1					13.1							
6	15.4	34.1	6.8	97.0	6.9	96.1	2.0		3.3		72.2			
7	15.4	34.1	6.8	97.2	6.9	95.7			3.1	2.9	72.3	58.9	20.8	
8	15.4	34.0	6.8	96.4	6.9	97.2	4.0		3.2	2.9	73.5	59.0	28.2	
9	15.0	34.0	6.8	97.0	7.0	96.1	2.0		3.2	2.8	67.0	59.1	28.8	
10	15.4	34.0	6.8	97.7	6.9	97.5			3.3	2.7	70.0	58.8	27.4	
11	15.4	34.0					8.8	525						
12	15.4	34.0					12.7							
13	15.4	34.0	6.8	95.5	6.9	95.9			3.1	3.1	72.6	57.2	28.3	
14	15.4	34.0	6.8	97.5	6.9	96.6			3.2	2.9	72.8	58.4	28.0	
15	15.4	34.1	6.8	98.1	6.9	97.0			2.8		74.5			
16	15.4	34.0	6.8	97.7	6.9	97.2			3.0	2.9	74.7	58.4	27.2	
17	15.4	34.0	6.8	97.3	6.9	96.8			3.1	2.4	73.1	59.4	20.7	
18	15.4	34.0					28.6	333						
19	15.4	34.0					17.7							
20	15.4	34.0	6.9	96.3	6.9	96.1			2.9	2.9	74.4	58.5	27.8	
21	15.4	34.0	7.0	93.8	7.0	94.8			2.8		75.5			
22	15.4	34.0	6.8	97.0	7.1	94.5			2.9	2.6	75.6	59.2	26.2	
23	15.4	34.0	6.9	95.7	6.9	95.0	13.5		3.1		76.1			
24	15.4	34.0	6.8	96.3	6.9	96.3	3.3		2.8	2.4	73.7	58.1	22.7	
25	15.4	34.0					15.9							
26	15.4	34.0					13.1	310						
27	15.4	34.0					16.3							
28	15.4	34.0	6.8	97.9	6.9	96.8			3.2	2.7	72.2	59.5	23.4	
29	15.4	34.0	6.8	97.2	6.9	95.7	4.4		3.3		71.0			
30	15.4	34.0	6.8	97.3	6.9	95.5	0.9		2.9	2.8	72.0	59.4	27.0	
31	16.7	34.0	6.8	97.5	6.9	95.9	14.8		2.9		73.0			
Avg.	15.4	34.0	6.8	96.8	6.9	96.2	11.8	393	3.1	2.8	71.5	58.8	26.0	
Max.	16.7	34.1	7.0	98.1	7.1	97.5	37.7	525	3.5	3.1	76.1	59.8	28.8	
Min.	15.0	34.0	6.7	93.8	6.9	94.5	0.9	310	2.4	2.4	54.7	57.2	20.7	
Data	31	31	22	22	22	22	19	4	22	14	22	14	14	

Once completed, this form should be converted to a pdf document, named appropriately and attached to the corresponding netDMR for submittal.

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page 1 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
MONITORING PERIOD	**May**	**2019**		**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			**Precipitation Data**					**CSO Outfall No. 101**						**CSO Outfall No. [#]**					
Day of Month	**Average Daily Flow (MGD)**	**Peak Hourly Flow (MGD)**	**Time Precip. Began (am/pm)**	**Precip. Duration (Hours)**	**Total Daily Precip. (Inches)**	**Peak Intensity (Inch/hr)**	**Measurement Interval (hr, 30 m, 15 m)**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
1	8.70	11.70	12:00a	5.75	1.12	0.12	15 min												
2	6.40	8.30	10:00a	3.00	0.33	0.03	15 min												
3	4.50	4.40	1:45a	0.50	0.03	0.01	15 min												
4	4.00	3.80																	
5	3.70	3.60																	
6	3.40	3.10	2:30p	0.75	0.08	0.03	15 min												
7	3.20	3.10	12:15a	1.75	0.32	0.06	15 min												
8	3.10	3.30																	
9	5.50	11.00	1:45a	4.00	1.07	0.14	15 min												
10	3.40	3.70	5:30a	0.25	0.01	0.01	15 min												
11	3.10	3.20	2:00p	3.25	0.18	0.01	15 min												
12	3.80	4.20	5:00p	5.25	0.40	0.02	15 min												
13	3.70	3.80	12:15a	1.00	0.04	0.01	15 min												
14	3.30	3.50																	
15	3.50	3.30																	
16	3.20	3.00	1:15p	1.00	0.30	0.09	15 min												
17	3.20	4.50	12:00a	1.75	0.47	0.09	15 min												
18	3.70	4.90	3:45p	1.50	0.46	0.09	15 min												
19	3.80	3.80	3:30a	1.50	0.08	0.02	15 min												
20	3.40	3.00																	
21	3.00	3.30	5:45a	2.50	0.23	0.02	15 min												
22	3.90	3.70	1:45a	3.00	0.37	0.05	15 min												
23	3.50	3.30	2:15 AM	2.00	0.15	0.02	15 min												
24	2.80	3.10	7:00a	0.50	0.02	0.01	15 min												
25	2.50	3.10	11:45a	0.25	0.01	0.01	15 min												
26	2.30	2.80	2:15a	0.50	0.02	0.01	15 min												
27	3.70	6.70	6:15a	2.75	1.04	0.25	15 min												
28	4.30	7.20	4:00p	2.50	0.99	0.10	15 min												
29	5.10	11.00	3:00a	1.25	0.15	0.04	15 min												
30	4.10	4.60	5:45a	1.75	0.25	0.03	15 min												
31	3.70	3.30																	
Totals:	119.50			48.25	8.12			0	Days	0.00		0		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	**Telephone**
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	**Date *(mm/dd/yy)***
David E. Ryan	06/24/19

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page:** **2 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?** **Y**	
MONITORING PERIOD	**May**	**2019**		**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	There were no CSO events to June 2019
2	
3	
4	
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31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	06/24/19

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** CLASS IV, 4.6 MGD MAIN WWTP OUTFALL		
Report Dates & Status					
Monitoring Period:	**From 06/01/19 to 06/30/19**	**DMR Due Date:**	**07/28/19**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	Dave	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	--	Sample						=	9.5					19 - mg/L		05/WK - Five Per Week	G2 - GRAB-2
					Permit Req.						>=	6 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.3			=	7.6	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	1	--	Sample	=	83.5	=	142.1	26 - lb/d			=	3.4	=	5.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	691 MO AVG	<=	1036.4 MX WK AV	26 - lb/d			<=	18 MO AVG	<=	27 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample	=	2.4	=	3.8	26 - lb/d			=	0.1	=	0.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	60.3 MO AVG	<=	140.1 DAILY MX	26 - lb/d			<=	1.57 MO AVG	<=	3.65 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.6			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	2.843	=	3.081	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Sample								=	5	=	26	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.								<=	125 MO GEO	<=	235 DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51041	E. coli, colony forming units [CFU]	Y - Effluent Gross (Supplementary)	0	--	Sample										=	26	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.											Opt Mon DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51484	Number of Events	Y - Effluent Gross (Supplementary)	0	--	Sample			=	20	5J - #					=	0	4X - # exceed		01/30 - Monthly	RT - RCOTOT
					Permit Req.				Opt Mon MO TOTAL	5J - #						Opt Mon MO TOTAL	4X - # exceed	0	01/30 - Monthly	RT - RCOTOT
					Value NODI															
71901	Mercury, total recoverable	1 - Effluent Gross	0	--	Sample								=	1.39	=	0.79	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.								<=	2.4 ANNL AVG		Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
71901	Mercury, total recoverable	G - Raw Sewage Influent	0	--	Sample			=	0.0007755	26 - lb/d					=	33	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.				Req Mon DAILY MX	26 - lb/d						Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Sample	=	44	=	52	26 - lb/d			=	2	=	2	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	575.8 MO AVG	<=	882.9 MX WK AV	26 - lb/d			<=	15 MO AVG	<=	23 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	98.7					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	98.6					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	87.5					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	85.285	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_001A_MRO_2019_06.pdf	pdf	213998

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2019-07-22 16:19 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-07-24 13:00 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		
Report Dates & Status					
Monitoring Period:	**From 06/01/19 to 06/30/19**	**DMR Due Date:**	**07/28/19**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	Dave	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	3.75	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2019_06.pdf	pdf	69714

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2019-07-18 12:11 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-07-24 13:00 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	PRT Surface Disposal Site	**Discharge:**	**PRT-SL** NON-DELEGATED PRETREATMENT SLUDGE ANALYTICAL RESULTS - SEMIANNUAL		

Report Dates & Status

Monitoring Period:	**From 01/01/19 to 06/30/19**	**DMR Due Date:**	**07/28/19**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

NON-DELEGATED PRETREATMENT SLUDGE ANALYTICAL RESULTS - SEMIANNUAL MUNICIPAL MINOR PORTER COUNTY

Principal Executive Officer

First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
46394	Copper, dry weight	SL - Sludge	0	--	Sample										=	500	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															
46395	Cadmium, dry weight	SL - Sludge	0	--	Sample										=	0.68	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															
78465	Molybdenum, sludge, total, dry weight [as Mo]	SL - Sludge	0	--	Sample										=	9.2	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															
78467	Zinc, sludge, total, dry weight [as Zn]	SL - Sludge	0	--	Sample										=	580	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															
78468	Lead, sludge, total, dry weight [as Pb]	SL - Sludge	0	--	Sample										=	16	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															
78469	Nickel, sludge, total, dry weight [as Ni]	SL - Sludge	0	--	Sample										=	16	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															
78471	Mercury, sludge, total, dry weight [as Hg]	SL - Sludge	0	--	Sample										=	0.41	69 - mg/kg		02/YR - Twice Per Year	GR - GRAB
					Permit Req.											Req Mon VALUE	69 - mg/kg	0	02/YR - Twice Per Year	GR - GRAB
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2019-07-22 12:59 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-07-24 13:00 (Time Zone: -04:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility		Permit Number	
Chesterton Utility		IN0022578	
Month	**Year**	**Plant Design Flow**	**Telephone Number**
June	2019	4.6 mgd	219-926-1032
E-mail address:	dryan@chestertonin.org		
Certified Operator: Name		**Class**	**Certificate Number** / **Expiration Date**
William M. Williams		IV	WW019285 / 6/30/2020

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Precipitation - Inches (Total= 3.75)	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Ferrous Chloride Gal/Day	RAW SEWAGE: Influent Flow Rate (If metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
1	Sat			0.09			150	3.411							
2	Sun			0.00			140	3.205		101	2700	161	4303.5	4.0	14.5
3	Mon			0.00			150	3.048	7.7	131	3330	228	5795.8	4.5	13.5
4	Tue			0.02			130	3.004	7.5	142	3558	300	7516	5.6	17.5
5	Wed			0.28			140	3.001	7.6	120	3003	178	4455	4.0	13.3
6	Thu			0.00			130	2.860	7.5	128	3053	183	4365	4.5	17.1
7	Fri			0.00			110	2.891	7.6						
8	Sat			0.00			135	2.757							
9	Sun			0.16			160	2.824		181	4263	256	6029.4	5.5	19.3
10	Mon			0.00			130	2.667	7.6	187	4159	357	7940.7	6.2	16.2
11	Tue			0.00			150	2.621	7.6	166	3629	407	8896.7	7.2	21.1
12	Wed			0.01			140	2.606	7.6	152	3304	259	5629.1	5.5	18.5
13	Thu			0.57			120	2.920	7.7	163	3970	275	6697	4.8	18.5
14	Fri			0.04			140	2.711	7.6						
15	Sat			0.68			140	3.343							
16	Sun			0.10			140	3.246		138	3736	256	6930.3	4.8	14.9
17	Mon			0.00			140	2.796	7.6	114	2658	179	4174	4.7	13.2
18	Tue			0.00			100	2.724	7.6	111	2522	169	3839.4	4.4	18.1
19	Wed			0.33			150	2.682	7.6	116	2595	149	3332.8	4.3	16.8
20	Thu			0.53			140	4.678	7.6	126	4916	215	8388.1	3.2	12.8
21	Fri			0.00			125	3.197	7.5						
22	Sat			0.00			150	2.956							
23	Sun			0.46			150	3.108		138	3577	233	6039.5	4.7	15.5
24	Mon			0.15			110	3.165	7.5	150	3959	286	7549.3	5.1	14.2
25	Tue			0.00			140	2.834	7.6	117	2765	176	4159.9	4.6	16.4
26	Wed			0.33			140	2.761	7.6	185	4260	299	6885	5.0	16.0
27	Thu			0.00			140	2.892	7.6	117	2822	199	4799.7	4.8	16.1
28	Fri			0.00			140	2.630	7.4						
29	Sat			0.00			170	2.577							
30	Sun			0.00			140	2.571		188	4031	356	7633.4	5.6	18.8
Average				0.13			138	2.956	7.6	141	3467	244	5969.5	4.9	16.3
Maximum				0.68			170	4.678	7.7	188	4916	407	8896.7	7.2	21.1
Minimum				0.00			100	2.571	7.4	101	2522	149	3332.8	3.2	12.8
No. of Data				30.00	0	0	30	30	20	21	21	21	21	21	21

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): William M. Williams — Date *(month, day, year)*: 7/25/2019

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): David E. Ryan — Date *(month, day, year)*: 7/25/2019

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	June	2019

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1								2.06										
2	52	45						2.12										0.5
3	62	81	18	2880	63	5.7		2.09	6645					5	7.5		10.2	0.5
4	42	25	17	2865	59	5.1		2.08	6505					4	7.5		10.2	0.5
5	40	30	18	2908	62	5.1		2.04	7175					3	7.5		9.8	0.5
6	52	42	17	2913	58	4.9		1.96	6945					1	7.5		10.6	0.5
7			17	2817	60	5.1		1.95	6605					4	7.5		10.4	
8								1.95										
9	70	60						1.95										0.6
10	58	54	16	2817	57	5.6		1.95	6070					3	7.4		10.2	0.6
11	46	38	15	2764	54	5.0		1.94	6130					8	7.5		10.0	0.5
12	60	39	15	2768	54	5.7		1.96	6005					5	7.5		10.0	0.6
13	61	63	15	2838	53	4.7		1.95	7065					23	7.5		10.3	0.6
14			14	3013	46	5.2		1.95	7060					6	7.5		10.0	
15								1.94										
16	53	48						1.92										0.7
17	62	62	14	2836	49	5.4		1.92	7440					7	7.4		10.2	0.7
18	52	37	14	2820	50	4.7		1.93	6910					12	7.5		10.2	0.6
19	54	27	13	2813	46	4.7		1.94	6495					3	7.5		10.4	0.7
20	58	60	12	2618	46	4.6		2.01	9280					26	7.3		10.0	0.9
21			13	2895	45	5.6		1.99	7395					8	7.6		10.1	
22								1.97										
23	65	85						1.93										0.6
24	50	44	14	2883	49	4.6		1.98	6520					2	7.4		9.8	0.7
25	48	32	15	2936	51	4.4		1.94	6700					8	7.5		9.8	0.6
26	58	46	15	2891	52	4.6		1.91	6390					8	7.5		9.6	0.6
27	48	50	15	2839	53	4.7		1.92	6550					14	7.5		9.5	0.7
28			16	2868	56	4.5		1.92	6600					1	7.5		9.6	
29								1.91										
30	64	25						1.90										0.7
Avg.	55	47	15.2	2849	53	5.0		1.97	6824					5	7.5		10.0	0.6
Max.	70	85	18	3013	63	5.7		2.12	9280					26	7.6		10.6	0.9
Min.	40	25	12	2618	45	4.4		1.90	6005					1	7.3		9.5	0.5
Daily Max														26				
# of Days above 235														0				
Data	21	21	20	20	20	20		30	20					20	20		20	21

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	June	2019

FINAL EFFLUENT

Day Of Month	Day of Week	Flow: Effluent Flow Rate (MGD)	Flow: Effluent Flow Weekly Average	BOD: CBOD5 - mg/l	BOD: CBOD5 - mg/l Weekly Average	BOD: CBOD5 - lbs	BOD: CBOD5 - lbs/day Weekly Average	Total Suspended Solids: Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia: Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Other: Oil & Grease (mg/l)	
1	Sat	3.309															
2	Sun	3.103		1		26		2.2		57.0		0.1		2.6			
3	Mon	2.934		4		98		4.4		107.7		0.1		2.4			
4	Tue	2.885		1		24		2.2		53.0		0.1		2.4			
5	Wed	2.893		1		24		1.8		43.5		0.1		2.4			
6	Thu	2.738		1		23		1.6		36.6		0.1		2.3			
7	Fri	2.721															
8	Sat	2.641	2.845		2		39		2.4		59.5		0.1		2.4		
9	Sun	2.712		2		45		2.7		61.1		0.1		2.3			
10	Mon	2.543		2		42		3.5		74.3		0.1		2.1			
11	Tue	2.491		2		42		1.8		37.4		0.1		2.1			
12	Wed	2.475		2		41		3.2		66.1		0.1		2.1			
13	Thu	2.806		2		47		3.3		77.3		0.1		2.3			
14	Fri	2.597															
15	Sat	3.250	2.696		2		43		2.9		63.2		0.1		2.2		
16	Sun	3.156		2		53		5.2		137.0		0.1		2.6			
17	Mon	2.702		2		45		4.2		94.7		0.1		2.3			
18	Tue	2.620		2		44		3.5		76.5		0.1		2.2			
19	Wed	2.579		2		43		5.2		111.9		0.1		2.2			
20	Thu	4.580		2		76		7.6		290.5		0.1		3.8			
21	Fri	3.092															
22	Sat	2.835	3.081		2		52		5.1		142.1		0.1		2.6		
23	Sun	2.991		1		25		5.2		129.8		0.1		2.5			
24	Mon	3.050		2		51		4.6		117.1		0.1		2.5			
25	Tue	2.715		2		45		2.1		47.6		0.1		2.3			
26	Wed	2.642		2		44		2.5		55.1		0.1		2.2			
27	Thu	2.788		2		47		2.0		46.5		0.1		2.3			
28	Fri	2.518															
29	Sat	2.464	2.738		2		42		3.3		79.2		0.1		2.4		
30	Sun	2.455		2		41		1.6		32.8		0.1		2.0			
Avg		2.843		2		44		3.4		83.5		0.1		2.4			
Max		4.580	3.081	4	2	98	52	7.6	5.1	290.5	142.1	0.1	0.1	3.8	2.6		
Min		2.455	2.696	1	2	23	39	1.6	2.4	32.8	59.5	0.1	0.1	2.0	2.2		
Data		30	4	21	4	21	4	21	4	21	4	21	4	21	4		

MONTHLY REMOVAL SUMMARY

Percent Removal	BOD5	S.S.	Ammonia	Phosphorus
Primary Treatment	61.1	80.6		
	NA	NA		
Secondary Treatment	96.6	92.9		
Overall Treatment	98.7	98.6	99.4	87.5

Total Monthly Flow: (million gallons) 85.285

Percent Capacity (actual flow/design) 62%

Phosphorus limit would be 80 % removal. (compliance achieved)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	June	2019

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge withdrawn hrs of gal. x 1000	
1	15.4	34.0					22.0							
2	15.4	34.0						377						
3	15.4	34.0	6.8	98.1	6.9	97.5	8.2		2.9		76.3			
4	15.4	33.0	6.8	97.0	6.9	96.8			3.2	2.9	75.8	58.3	28.0	
5	15.4	32.0	6.8	98.1	6.9	97.7			2.9		76.4			
6	15.4	32.1	6.7	97.9	6.9	98.2			3.0	2.8	76.2	59.1	27.4	
7	15.4	31.0	6.7	97.9	6.8	97.5	12.1		2.8		76.9			
8	15.4	31.1					27.6							
9	15.4	31.1					22.9							
10	15.4	30.0	6.7	98.1	6.8	97.5		369	3.0		77.3			
11	15.4	29.0	6.7	98.1	6.9	97.2			3.0	2.9	77.4	58.5		
12	15.4	29.1	6.7	97.0	6.8	97.3	4.4		3.1		76.8			
13	15.4	29.1	6.7	97.9	6.9	97.7	20.4		3.0		77.2			
14	15.4	28.0	6.7	97.9	6.8	97.9			3.1	2.9	77.3	58.9	27.9	
15	15.4	28.1												
16	15.4	28.1					18.4	323						
17	15.4	27.0	6.7	97.9	6.8	97.3			3.2		76.3			
18	15.4	26.1	6.7	97.3	6.8	97.5			3.2	2.9	76.3	58.7	27.9	
19	15.4	25.0	6.7	97.7	6.8	97.5	8.4		3.4		76.0			
20	15.4	25.0	6.8	97.5	6.8	97.5	8.3		2.9	3.1	69.9	58.9	27.3	
21	16.7	25.1	6.9	95.0	6.8	96.6	4.5		2.7		73.0			
22	15.4	25.1					20.4	317						
23	15.4	25.1					16.7							
24	15.4	25.1	6.7	97.3	6.8	96.6	8.7		3.1		76.1			
25	15.4	25.1	6.7	97.9	6.8	97.9	4.4		3.2	3.1	76.2	58.3	22.3	
26	15.4	24.0	6.7	97.7	6.8	97.7			3.0		77.3			
27	15.4	24.1	6.7	98.1	6.8	97.7	3.6		3.3	3.2	75.2	58.7	25.2	
28	15.4	24.1	6.7	97.5	6.8	97.0	7.9		2.9		75.8			
29	15.4	24.1					22.1	282						
30	15.4	24.1					19.1							
Avg.	15.4	28.1	6.7	97.6	6.8	97.4	13.7	334	3.0	3.0	76.0	58.7	26.6	
Max.	16.7	34.0	6.9	98.1	6.9	98.2	27.6	377	3.4	3.2	77.4	59.1	28.0	
Min.	15.4	24.0	6.7	95.0	6.8	96.6	3.6	282	2.7	2.8	69.9	58.3	22.3	
Data	30	30	20	20	20	20	19	5	20	8	20	8	7	

Once completed, this form should be converted to a pdf document, named appropriately and attached to the corresponding netDMR for submittal.

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton**			**Page 1 of 2**	**Permit Number:** **22578**
Facility:	**Fritz Dietrich Environmental Control Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period	**June**	**2019**		**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			**Precipitation Data**					**CSO Outfall No. 101**						**CSO Outfall No. [#]**					
Day of Month	**Average Daily Flow (MGD)**	**Peak Hourly Flow (MGD)**	**Time Precip. Began (am/pm)**	**Precip. Duration (Hours)**	**Total Daily Precip. (Inches)**	**Peak Intensity (Inch/hr)**	**Measurement Interval (hr, 30 m, 15 m)**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
1	3.91	3.40	6:45p	0.75	0.09	0.02	15 min												
2	3.70	3.20																	
3	3.10	3.10																	
4	3.20	2.90	11:30a	0.25	0.02	0.02	15 min												
5	2.90	2.90	2:45 AM	3.00	0.28	0.02	15 min												
6	3.30	2.80																	
7	2.50	2.80																	
8	2.70	2.30																	
9	2.70	2.90	9:00a	1.25	0.16	0.06	15 min												
10	2.70	2.50																	
11	2.50	2.60																	
12	2.70	2.50	7:15p	0.25	0.01	0.01	15 min												
13	3.20	3.20	2:00a	8.00	0.57	0.02	15 min												
14	2.80	2.90	9:45p	1.00	0.04	0.01	15 min												
15	3.50	5.20	10:00a	3.75	0.68	0.08	15 min												
16	3.50	3.40	2:00a	1.00	0.10		15 min												
17	3.00	2.60																	
18	2.90	2.60																	
19	3.00	2.70	7:15p	2.00	0.33	0.04	15 min												
20	5.10	5.40	6:00 AM	3.25	0.53	0.07	15 min												
21	2.50	3.10																	
22	2.70	2.90																	
23	3.10	3.50	7:00a	1.75	0.46	0.13	15 min												
24	3.30	3.20	11:30a	1.25	0.15	0.04	15 min												
25	2.80	2.80																	
26	3.00	3.60	10:00p	1.50	0.33	0.11	15 min												
27	2.90	2.70																	
28	2.60	2.40																	
29	2.60	2.70																	
30	2.60	2.60																	
31																			
Totals:	91.01			29.00	3.75			0	Days	0.00		0		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	**Telephone**
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	**Date *(mm/dd/yy)***
David E. Ryan	07/25/19

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton**			**Page:** **2 of 2**	**Permit Number:** **22578**
Facility:	**Fritz Dietrich Environmental Control Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period June	**2019**			**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	There were no CSO events for June 2019
2	
3	
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29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	07/25/19

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** CLASS IV, 4.6 MGD MAIN WWTP OUTFALL		
Report Dates & Status					
Monitoring Period:	**From 07/01/19 to 07/31/19**	**DMR Due Date:**	**08/28/19**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	--	Sample						=	8.8					19 - mg/L		05/WK - Five Per Week	G2 - GRAB-2
					Permit Req.						>=	6 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.3			=	8	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	1	--	Sample	=	40.9	=	46.2	26 - lb/d			=	2.2	=	2.5	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	691 MO AVG	<=	1036.4 MX WK AV	26 - lb/d			<=	18 MO AVG	<=	27 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample	=	1.9	=	2.1	26 - lb/d			=	0.1	=	0.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	60.3 MO AVG	<=	140.1 DAILY MX	26 - lb/d			<=	1.57 MO AVG	<=	3.65 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.7			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	2.225	=	2.409	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Sample								=	5	=	27	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.								<=	125 MO GEO	<=	235 DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51041	E. coli, colony forming units [CFU]	Y - Effluent Gross (Supplementary)	0	--	Sample										=	27	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.											Opt Mon DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51484	Number of Events	Y - Effluent Gross (Supplementary)	0	--	Sample			=	23	5J - #					=	0	4X - # exceed		01/30 - Monthly	RT - RCOTOT
					Permit Req.				Opt Mon MO TOTAL	5J - #						Opt Mon MO TOTAL	4X - # exceed	0	01/30 - Monthly	RT - RCOTOT
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Sample	=	33	=	40	26 - lb/d			=	2	=	2	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	575.8 MO AVG	<=	882.9 MX WK AV	26 - lb/d			<=	15 MO AVG	<=	23 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	98.9					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	99.2					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	87.8					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	68.972	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_001A_MRO_2019_07.pdf	pdf	220488

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2019-08-12 12:16 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-08-23 12:35 (Time Zone: -04:00)

DMR Copy of Record

Permit

Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		

Report Dates & Status

Monitoring Period:	**From 07/01/19 to 07/31/19**	**DMR Due Date:**	**08/28/19**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY

Principal Executive Officer

First Name:	David	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	2.48	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2019_07.pdf	pdf	67239

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2019-08-12 12:11 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-08-23 12:35 (Time Zone: -04:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility		Permit Number	
Chesterton Utility		IN0022578	
Month	**Year**	**Plant Design Flow**	**Telephone Number**
July	2019	4.6 mgd	219-926-1032
E-mail address:	dryan@chestertonin.org		
Certified Operator: Name		**Class**	**Certificate Number** / **Expiration Date**
William M. Williams		IV	WW019285 / **6/30/2020**

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 2.48 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Ferrous Chloride Gal/Day	RAW SEWAGE: Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l
1	Mon			0.00			130	2.493	7.5	118	2453.4	177	3680.1	5.0	16.7
2	Tue			0.50			140	2.569	7.5	130	2785.3	265	5677.7	6.2	20.0
3	Wed			0.14			150	2.590	7.5	160	3456.1	260	5616.2	5.4	18.2
4	Thu			0.00			150	2.403	7.5	159	3186.5	285	5711.7	5.0	19.5
5	Fri			0.00			140	2.609	7.5						
6	Sat			0.00			140	2.391							
7	Sun			0.00			140	2.399		188	3761.4	337	6742.6	6.5	21.3
8	Mon			0.00			150	2.355	7.6	178	3496	288	5656.5	5.3	21.1
9	Tue			0.00			180	2.287	7.5	162	3089.9	307	5855.6	5.8	20.6
10	Wed			0.00			185	2.246	7.4	189	3540.3	292	5469.6	5.9	21.1
11	Thu			0.00			200	2.301	7.5	185	3550.2	301	5776.3	6.6	23.5
12	Fri			0.00			180	2.211	7.6						
13	Sat			0.00			190	2.236							
14	Sun			0.00			190	2.482		201	4160.7	330	6831	6.4	22.8
15	Mon			0.00			190	2.288	7.5	142	2709.6	282	5381.1	6.8	19.4
16	Tue			0.46			185	2.364	7.4	172	3391.1	330	6506.2	6.2	21.2
17	Wed			0.00			190	2.199	7.5	215	3943	381	6987.4	5.9	22.1
18	Thu			0.58			190	2.460	7.5	137	2810.7	234	4800.8	5.5	19.9
19	Fri			0.00			175	2.920	7.5						
20	Sat			0.00			175	2.334							
21	Sun			0.43			200	2.528		205	4322.1	420	8855.1	7.1	21.2
22	Mon			0.00			200	2.336	7.6	158	3078.2	265	5162.8	5.3	19.6
23	Tue			0.00			190	2.314	7.5	152	2933.4	268	5172.1	6.1	21.0
24	Wed			0.00			190	2.165	7.4	191	3448.7	358	6464.1	7.1	22.2
25	Thu			0.00			170	2.121	7.6	169	2989.5	341	6032	7.3	22.4
26	Fri			0.00			170	2.121	7.5						
27	Sat			0.00			190	2.138							
28	Sun			0.00			190	2.146		188	3364.8	334	5977.8	6.8	24.0
29	Mon			0.36			190	2.205	7.4	153	2813.6	337	6197.3	6.4	23.1
30	Tue			0.01			190	2.134	7.5	88	1566.2	103	1833.1	4.4	25.6
31	Wed			0.00			190	2.210	7.5	116	2138	174	3207.1	3.8	21.8
Average				0.08			175	2.340	7.5	163	3173.4	290	5634.5	5.9	21.2
Maximum				0.58			200	2.920	7.6	215	4322.1	420	8855.1	7.3	25.6
Minimum				0.00			130	2.121	7.4	88	1566.2	103	1833.1	3.8	16.7
No. of Data				31	0	0	31	31	23	23	23	23	23	23	23

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): William M. Williams — Date *(month, day, year)*: 8/23/2019

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): David E. Ryan — Date *(month, day, year)*: 8/23/2019

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	July	2019

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	56	39	17	2843	60	4.6		1.89	5905					4	7.5		9.3	0.8
2	57	35	17	2881	59	4.2		1.91	6525					6	8.0		9.1	0.8
3	64	49	17	2768	61	4.5		1.93	6870					2	7.5		9.2	0.8
4	64	29						1.91						2	7.4		9.3	0.8
5			17	2913	58	4.1		1.91	5875					2	7.5		11.1	
6								1.92										
7	69	70						1.90										0.9
8	68	64	17	2870	59	4.3		1.90	6040					4	7.5		9.4	0.8
9	64	49	17	2859	59	4.5		1.88	5885					7	7.5		9.1	0.8
10	60	53	16	2844	56	4.3		1.85	6170					5	7.4		9.3	0.7
11	64	72	15	2788	54	4.0		1.83	9860					27	7.4		8.9	0.7
12			15	2833	53	4.5		1.79	6055					4	7.5		9.0	
13								1.77										
14	81	46						1.70										0.8
15	68	62	13	2590	50	4.4		1.69	6415					13	7.4		8.9	0.7
16	64	51	14	2388	59	4.3		1.70	5490					10	7.4		8.9	0.7
17	75	57	14	2582	54	4.2		1.71	4960					6	7.4		8.9	0.7
18	67	60	15	2583	58	4.3		1.67	4810					7	7.3		9.2	0.6
19			14	2522	56	4.5		1.74	5390					3	7.3		9.0	
20								1.77										
21	72	75						1.76										0.7
22	70	69	16	2708	59	5.5		1.81	5055					5	7.4		9.2	0.7
23	68	67	16	2571	62	4.6		1.91	6185					7	7.4		9.2	0.6
24	78	56	16	2679	60	4.6		1.90	5080					2	7.4		9.4	0.6
25	73	62	16	2743	58	4.7		1.87	5260					7	7.6		9.1	0.6
26			17	2828	60	4.9		1.87	5940					2	7.5		9.0	
27								1.81										
28	93	85						1.78										0.7
29	70	90	17	3026	56	4.9		1.80	5645					4	7.4		8.8	0.7
30	65	55	17	2963	57	5.1		1.88	5790					4	7.4		9.0	0.7
31	41	39	17	2998	57	5.3		1.85	5845					6	7.4		8.9	0.8
Avg.	67	58	16	2763	58	4.6		1.83	5957					5	7.5		9.2	0.7
Max.	93	90	17	3026	62	5.5		1.93	9860					27	8.0		11.1	0.9
Min.	41	29	13	2388	50	4.0		1.67	4810					2	7.3		8.8	0.6
Daily Max														27				
# of Days above 235														0				
Data	23	23	22	22	22	22		31	22					23	23		23	23

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	July	2019

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease (mg/l)	
1	Mon	2.380		2		40		1.9		37.7		0.1		2.0			
2	Tue	2.463		2		41		1.4		28.8		0.1		2.1			
3	Wed	2.487		2		42		3.4		70.6		0.1		2.1			
4	Thu	2.292		2		38		2.0		38.3		0.1		1.9			
5	Fri	2.501															
6	Sat	2.285	2.409		2		40		2.1		41.6		0.1		2.0		
7	Sun	2.289		2		38		2.6		49.7		0.1		1.9			
8	Mon	2.249		2		38		3.0		56.3		0.1		1.9			
9	Tue	2.174		2		36		2.9		52.6		0.1		1.8			
10	Wed	2.139		2		36		2.0		35.7		0.1		1.8			
11	Thu	2.207		1		18		2.0		36.8		0.1		1.8			
12	Fri	2.118															
13	Sat	2.134	2.187		2		33		2.5		46.2		0.1		1.8		
14	Sun	2.378		2		40		2.5		49.6		0.1		2.0			
15	Mon	2.186		2		36		1.2		21.9		0.1		1.8			
16	Tue	2.279		2		38		2.8		53.3		0.1		1.9			
17	Wed	2.101		2		35		1.8		31.6		0.1		1.8			
18	Thu	2.385		1		20		3.3		65.7		0.1		2.0			
19	Fri	2.312															
20	Sat	2.234	2.268		2		34		2.3		44.4		0.1		1.9		
21	Sun	2.438		1		20		1.9		38.7		0.1		2.0			
22	Mon	2.243		1		19		1.9		35.6		0.1		1.9			
23	Tue	2.219		1		19		2.5		46.3		0.1		1.9			
24	Wed	2.067		2		34		1.8		31.0		0.1		1.7			
25	Thu	2.022		2		34		2.8		47.2		0.1		1.7			
26	Fri	2.024															
27	Sat	2.043	2.151		1		25		2.2		39.8		0.1		1.8		
28	Sun	2.048		2		34		2.2		37.6		0.1		1.7			
29	Mon	2.117		2		35		1.0		17.7		0.1		1.8			
30	Tue	2.051		2		34		1.3		22.3		0.1		1.7			
31	Wed	2.107	2.081	2	2	35	35	2.1	1.7	36.9	28.6	0.1	0.1	1.8	1.7		
Avg		2.225		2		33		2.2		40.9		0.1		1.9			
Max		2.501	2.409	2	2	42	40	3.4	2.5	70.6	46.2	0.1	0.1	2.1	2.0		
Min		2.022	2.081	1	1	18	25	1.0	1.7	17.7	28.6	0.1	0.1	1.7	1.7		
Data		31	5	23	5	23	5	23	5	23	5	23	5	23	5		

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 68.972
Primary Treatment	58.7	80.0			
	NA	NA			Percent Capacity
Secondary Treatment	97.4	96.2			(actual flow/design) 48%
Overall Treatment	98.9	99.2	99.5	87.8	
Phosphorus limit would be 1 mg/l. (compliance achieved)					

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	July	2019

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge withdrawn hrs of gal. x 1000	
1	15.4	24.1	6.7	98.2	6.8	97.9	2.7		2.8		76.2			
2	15.4	24.0	6.7	98.2	6.8	97.5	1.5		3.0	3.2	76.0	58.9	27.7	
3	15.4	24.0	6.6	97.9	6.7	97.9	6.4		2.7		76.0			
4	15.4	24.1					10.3							
5	15.4	24.0	6.7	98.2	6.8	97.5	3.6		2.9	3.0	78.0	59.9	25.8	
6	15.4	24.1					13.7	268						
7	15.4	24.1					17.0							
8	15.4	24.1	6.6	98.2	6.8	98.2			3.3	2.9	77.3	60.9		
9	15.4	24.1	6.6	98.2	6.7	98.1			2.9		76.2			
10	15.4	24.1	6.6	98.2	6.7	98.1	12.1		3.4		77.6			
11	15.4	24.1	6.6	97.9	6.7	97.5	5.4		3.4	2.9	73.1	61.3	20.7	
12	15.4	24.1	6.7	97.2	6.8	97.2			3.0		76.6			
13	15.4	24.1					24.1	258						
14	15.4	24.1					25.4							
15	14.8	23.1	6.6	97.9	6.7	97.2			3.0		78.4			
16	15.4	22.1	6.6	97.9	6.7	97.9	3.7		3.0	3.1	79.2	60.6	27.0	
17	14.8	22.1	6.6	97.9	6.7	97.5	15.3		4.6		63.4			
18	15.4	22.1	6.6	97.9	6.7	97.9			2.6	2.9	77.9	61.2	15.2	
19	16.7	21.0	6.6	97.5	6.7	97.9	16.5		2.7		78.7			
20	15.4	21.1					21.5							
21	15.4	21.1					19.2	261						
22	14.8	21.1	6.6	97.5	6.8	97.7			3.1		79.3			
23	15.4	20.0	6.6	97.7	6.7	97.5			3.3	3.1	79.2	61.3	27.9	
24	14.8	20.0	6.7	96.8	6.7	97.2	16.4		3.5		78.9			
25	15.4	20.1	6.7	97.2	6.8	97.3			3.2	3.1	79.2	61.6	12.2	
26	15.4	20.0	6.6	97.1	6.7	97.3	19.8		2.8		80.5			
27	15.4	20.1					16.1	253						
28	15.4	20.1					19.9							
29	15.4	20.1	6.7	96.4	6.8	96.3	4.0		2.6		81.6			
30	14.6	20.0	6.6	98.2	6.7	98.2			3.5	3.2	76.3	61.0	26.1	
31	15.4	20.0	6.6	97.9	6.7	97.7	7.0		3.4		77.9			
Avg.	15.3	22.3	6.6	97.7	6.7	97.6	12.8	260	3.1	3.0	77.2	60.7	22.8	
Max.	16.7	24.1	6.7	98.2	6.8	98.2	25.4	268	4.6	3.2	81.6	61.6	27.9	
Min.	14.6	20.0	6.6	96.4	6.7	96.3	1.5	253	2.6	2.9	63.4	58.9	12.2	
Data	31	31	22	22	22	22	22	4	22	9	22	9	8	

Once completed, this form should be converted to a pdf document, named appropriately and attached to the corresponding netDMR for submittal.

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page 1 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period	**July**	**2019**		**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			**Precipitation Data**					**CSO Outfall No. 001**						**CSO Outfall No. [#]**					
Day of Month	**Average Daily Flow (MGD)**	**Peak Hourly Flow (MGD)**	**Time Precip. Began (am/pm)**	**Precip. Duration (Hours)**	**Total Daily Precip. (Inches)**	**Peak Intensity (Inch/hr)**	**Measurement Interval (hr, 30 m, 15 m)**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
1	2.60	2.30																	
2	2.50	2.40	7:30p	1.75	0.50	0.24	15 min												
3	2.70	2.60	3:45a	1.00	0.14	0.06	15 min												
4	2.60	2.50																	
5	2.90	2.80																	
6	2.30	2.40																	
7	2.70	2.40																	
8	2.40	2.30																	
9	2.50	2.20																	
10	2.10	2.30																	
11	2.10	2.60																	
12	2.40	2.10																	
13	2.30	2.30																	
14	2.70	2.60																	
15	2.40	2.10																	
16	2.40	2.20	2:15a	2.50	0.46	0.04	15 min												
17	2.20	2.10																	
18	2.20	2.80	9:20a	3.50	0.58	0.12	15 min												
19	1.80	2.60																	
20	1.80	2.40																	
21	2.70	3.10	2:45p	2.00	0.43	0.03	15 min												
22	2.20	2.20																	
23	2.30	2.50																	
24	2.20	2.30																	
25	2.10	2.10																	
26	2.10	2.20																	
27	2.10	2.30																	
28	2.10	2.20																	
29	2.20	2.40	10:00a	2.50	0.36	0.16	15 min												
30	2.10	2.20	6:00a	0.25	0.01	0.01	15 min												
31	2.30	2.20																	
Totals:	72.00			13.50	2.48			0	Days	0.00		0		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	**Telephone**
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	**Date *(mm/dd/yy)***
David E. Ryan	08/23/19

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page:** **2 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period July	**2019**			**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	There were no CSO events for July 2019
2	
3	
4	
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Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	08/23/19

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** CLASS IV, 4.6 MGD MAIN WWTP OUTFALL		
Report Dates & Status					
Monitoring Period:	**From 08/01/19 to 08/31/19**	**DMR Due Date:**	**09/28/19**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	Dave	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	2	--	Sample						=	8.6					19 - mg/L		05/WK - Five Per Week	G2 - GRAB-2
					Permit Req.						>=	7 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.3			=	7.5	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	1	--	Sample	=	56.4	=	63.4	26 - lb/d			=	3	=	3.4	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	691 MO AVG	<=	1036.4 MX WK AV	26 - lb/d			<=	18 MO AVG	<=	27 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample	=	1.9	=	1.9	26 - lb/d			=	0.1	=	0.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	60.3 MO AVG	<=	140.1 DAILY MX	26 - lb/d			<=	1.57 MO AVG	<=	3.65 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.6			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	2.226	=	2.267	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Sample								=	6	=	19	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.								<=	125 MO GEO	<=	235 DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51041	E. coli, colony forming units [CFU]	Y - Effluent Gross (Supplementary)	0	--	Sample										=	19	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.											Opt Mon DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51484	Number of Events	Y - Effluent Gross (Supplementary)	0	--	Sample			=	22	5J - #					=	0	4X - # exceed		01/30 - Monthly	RT - RCOTOT
					Permit Req.				Opt Mon MO TOTAL	5J - #						Opt Mon MO TOTAL	4X - # exceed	0	01/30 - Monthly	RT - RCOTOT
					Value NODI															
71901	Mercury, total recoverable	1 - Effluent Gross	0	--	Sample								=	1.1	=	0	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.								<=	2.4 ANNL AVG		Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
71901	Mercury, total recoverable	G - Raw Sewage Influent	0	--	Sample			=	0.0003689	26 - lb/d					=	21	3M - ng/L		01/60 - Once Every 2 Months	GR - GRAB
					Permit Req.				Req Mon DAILY MX	26 - lb/d						Req Mon DAILY MX	3M - ng/L	0	01/60 - Once Every 2 Months	GR - GRAB
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Sample	=	28.5	=	38.1	26 - lb/d			=	1.5	=	2	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	575.8 MO AVG	<=	882.9 MX WK AV	26 - lb/d			<=	15 MO AVG	<=	23 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	99					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	98.7					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	90					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	69.016	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_001A_MRO_2019_08.pdf	pdf	219167

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2019-09-16 13:13 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-09-16 14:09 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		
Report Dates & Status					
Monitoring Period:	**From 08/01/19 to 08/31/19**	**DMR Due Date:**	**09/28/19**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	Dave	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Value NODI											C - No Discharge				
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Value NODI											C - No Discharge				
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	1.4	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample															
					Permit Req.											Req Mon MO TOTAL	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Value NODI											C - No Discharge				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2019_08.pdf	pdf	68312

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2019-09-16 13:14 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-09-16 14:09 (Time Zone: -04:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number		
Chesterton Utility	IN0022578		
Month	**Year**	**Plant Design Flow**	**Telephone Number**
August	2019	4.6 mgd	219-926-1032
E-mail address:	dryan@chestertonin.org		
Certified Operator: Name	**Class**	**Certificate Number**	**Expiration Date**
William M. Williams	IV	WW019285	6/30/2020

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 1.4 Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED: Ferrous Chloride Gal/Day		RAW SEWAGE: Influent Flow Rate (If metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Thu			0.00			180		2.360	7.4	131	2578.4	202	3976	6.5	24.1	
2	Fri			0.00			175		2.370	7.4							
3	Sat			0.00			185		2.608								
4	Sun			0.00			180		2.412		158	3178.3	216	4345	7.2	24.4	
5	Mon			0.00			190		2.432	7.2	135	2738.2	272	5517	6.0	26.7	
6	Tue			0.03			200		2.323	7.1	171	3312.9	254	4921	6.9	25.7	
7	Wed			0.00			200		2.371	7.4	143	2827.7	177	3500	4.9	24.3	
8	Thu			0.10			205		2.361	7.4	145	2855.2	217	4273	5.1	25.0	
9	Fri			0.00			220		2.332	7.3							
10	Sat			0.00			230		2.339								
11	Sun			0.00			210		2.328		179	3475.4	257	4990	6.5	26.9	
12	Mon			0.25			200		2.389	7.3	143	2849.2	211	4204	5.3	24.1	
13	Tue			0.04			170		2.417	7.3	152	3064	262	5281	5.4	24.7	
14	Wed			0.00			190		2.301	7.4	163	3128	218	4183	5.8	24.1	
15	Thu			0.00			180		2.286	7.4	151	2878.9	237	4518	6.1	26.8	
16	Fri			0.00			175		2.272	7.5							
17	Sat			0.03			125		2.280								
18	Sun			0.41			220		2.465		160	3289.3	222	4564	5.6	21.7	
19	Mon			0.00			150		2.058	7.4	149	2557.4	217	3725	5.6	23.8	
20	Tue			0.20			150		2.049	7.3	163	2785.5	241	4118	6.0	26.2	
21	Wed			0.01			150		2.340	7.4	159	3103	208	4059	5.3	20.2	
22	Thu			0.00			150		2.484	7.3	160	3314.6	211	4371	5.4	23.8	
23	Fri			0.00			150		2.206	7.3							
24	Sat			0.00			150		2.196								
25	Sun			0.00			150		2.248		204	3824.7	282	5287	6.4	23.5	
26	Mon			0.30			150		2.483	7.4	169	3499.7	283	5860	6.2	20.5	
27	Tue			0.00			150		2.308	7.3	185	3561	328	6314	6.9	25.0	
28	Wed			0.00			150		1.614	7.4	161	2167.2	243	3271	7.0	25.5	
29	Thu			0.00			150		2.192	7.4	91	1663.6	111	2029	5.5	24.6	
30	Fri			0.00			150		2.178	7.5							
31	Sat			0.03			150		2.129								
Average				0.05			174		2.295	7.4	156	2983.4	232	4443	6.0	24.4	
Maximum				0.41			230		2.608	7.5	204	3824.7	328	6314	7.2	26.9	
Minimum				0.00			125		1.614	7.1	91	1663.6	111	2029	4.9	20.2	
No. of Data				31	0	0	31	0	31	22	21	21	21	21	21	21	0

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): William M. Williams — Date *(month, day, year)*: 9/16/2019

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): David E. Ryan — Date *(month, day, year)*: 9/16/2019

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	August	2019

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	59	69	16	3037	53	5.0		1.83	5760					6	7.4		9.0	0.7
2			16	3003	53	5.4		1.83	7060					6	7.4		9.0	
3								1.80										
4	84	75						1.80										0.8
5	80	101	13	2578	50	4.3		1.93	5370					4	7.4		8.7	0.8
6	68	58	14	2930	48	4.9		1.88	6350					5	7.4		9.6	0.7
7	72	63	13	2927	44	5.5		1.83	5830					8	7.4		8.6	0.7
8	68	59	13	2868	45	4.8		1.86	5690					7	7.4		8.6	0.6
9			13	2808	46	5.0		1.86	5670					2	7.4		8.6	
10								1.86										
11	89	95						1.83										0.5
12	82	97	14	2887	48	4.6		1.92	6480					5	7.3		8.6	0.5
13	70	75	14	2934	48	4.8		1.90	6560					6	7.4		8.6	0.5
14	72	68	14	2851	49	5.1		1.85	6710					7	7.4		9.0	0.5
15	73	64	14	2820	50	5.0		1.89	6750					10	7.5		8.8	0.5
16			13	2492	52	4.8		1.93	5760					4	7.4		8.6	
17								1.80										
18	85	74						1.83										0.5
19	88	95	15	2745	55	5.1		1.87	5320					7	7.4		8.6	0.5
20	83	67	15	2928	51	5.0		1.92	6140					7	7.4		8.8	0.5
21	70	62	15	2840	53	5.2		1.90	5440					4	7.4		8.7	0.6
22	61	56	14	2693	52	5.3		1.94	6200					19	7.3		9.0	0.6
23			15	2828	53	5.2		1.86	6010					9	7.4		8.8	
24								1.90										
25	97	82						1.90										0.6
26	75	97	15	2746	55	5.0		1.92	5125					5	7.4		8.8	0.6
27	69	61	15	2897	52	4.8		1.94	6480					4	7.4		8.8	0.6
28	72	55	16	3078	52	5.0		1.90	6240					8	7.4		8.7	0.6
29	64	57	16	2943	54	5.2		1.85	5670					10	7.4		9.0	0.6
30			16	3020	53	5.1		1.87	6280					2	7.4		9.1	
31								1.83										
Avg.	75	73	15	2857	51	5.0		1.87	6041					6	7.395		8.8	0.6
Max.	97	101	16	3078	54.645	5.5		1.94	7060					19	7.5		9.6	0.8
Min.	59	55	13	2492	44.414	4.3		1.80	5125					2	7.3		8.6	0.5
Daily Max														19				
# of Days above 235														0				
Data	21	21	22	22	22	22	0	31	22	0	0	0	0	22	22		22	21

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	August	2019

		FINAL EFFLUENT															
		Flow		BOD				Total Suspended Solids				Ammonia				Other	
Day Of Month	Day of Week	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease (mg/l)	
1	Thu	2.253		1		19		2.6		48.9		0.1		1.9			
2	Fri	2.264															
3	Sat	2.503															
4	Sun	2.315		2		39		1.2		23.2		0.1		1.9			
5	Mon	2.331		2		39		4.2		81.7		0.1		1.9			
6	Tue	2.219		2		37		2.5		46.3		0.1		1.9			
7	Wed	2.273		2		38		2.8		53.1		0.1		1.9			
8	Thu	2.268		2		38		2.0		37.9		0.1		1.9			
9	Fri	2.226															
10	Sat	2.240	2.267		2		38		2.5		48.4		0.1		1.9		
11	Sun	2.232		2		37		3.0		55.9		0.1		1.9			
12	Mon	2.297		1		19		3.3		63.3		0.1		1.9			
13	Tue	2.338		2		39		3.6		70.2		0.1		2.0			
14	Wed	2.224		2		37		2.5		46.4		0.1		1.9			
15	Thu	2.214		2		37		3.0		55.4		0.1		1.8			
16	Fri	2.202															
17	Sat	2.200	2.244		2		34		3.1		58.2		0.1		1.9		
18	Sun	2.397		1		20		2.6		52.0		0.1		2.0			
19	Mon	1.982		1		17		3.1		51.3		0.1		1.7			
20	Tue	1.976		2		33		2.6		42.9		0.1		1.6			
21	Wed	2.256		1		19		3.8		71.5		0.1		1.9			
22	Thu	2.411		2		40		3.3		66.4		0.1		2.0			
23	Fri	2.112															
24	Sat	2.118	2.179		1		26		3.1		56.8		0.1		1.8		
25	Sun	2.169		1		18		3.4		61.5		0.1		1.8			
26	Mon	2.409		1		20		4.6		92.5		0.1		2.0			
27	Tue	2.223		1		19		3.4		63.1		0.1		1.9			
28	Wed	2.099		1		18		2.6		45.5		0.1		1.8			
29	Thu	2.109		1		18		3.1		54.6		0.1		1.8			
30	Fri	2.095															
31	Sat	2.061	2.166		1		18		3.4		63.4		0.1		1.8		
Avg		2.226		2		29		3.0		56.4		0.1		1.9			
Max		2.503	2.267	2	2	40	38	4.6	3.4	92.5	63.4	0.1	0.1	2.0	1.9		
Min		1.976	2.166	1	1	17	18	1.2	2.5	23.2	48.4	0.1	0.1	1.6	1.8		
Data		31	4	21	4	21	4	21	4	21	4	21	4	21	4		

MONTHLY REMOVAL SUMMARY					Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons) 69.016
Primary Treatment	51.7	68.6			
	NA	NA			Percent Capacity
Secondary Treatment	98.0	95.9			(actual flow/design) 48%
Overall Treatment	99.0	98.7	99.6	90.0	
Phosphorus limit would be 1 mg/l. (compliance achieved)					

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	August	2019

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge ithdrawn hrs of gal. x 1000	
1	16.7	20.1	6.6	97	6.7	97.5	2.0		3.0	2.8	78.6	62.3	20.0	
2	15.4	20.0	6.6	97.3	6.7	96.6	15.1		2.9		80.8			
3	15.4	20.1					22.0	227						
4	15.4	20.1					11.0							
5	15.4	20.0	6.6	97.7	6.7	96.1			2.8	2.9	80.3	60.7	24.7	
6	15.4	19.0	6.6	97.5	6.7	96.6	5.7		2.9		80.9			
7	15.4	19.1	6.7	96.8	6.8	96.6	12.5		2.7		80.5			
8	15.4	19.1	6.6	97.7	6.7	97.0	4.9		3.1	2.8	76.7	63.1	19.4	
9	15.4	19.0	6.6	97.7	6.7	97.0	10.4	257	2.8		79.3			
10	15.4	19.0					24.4							
11	15.4	19.1					18.2							
12	15.4	19.0	6.6	97.3	6.7	96.4			3.0		80.9			
13	15.4	19.0	6.7	97.5	6.7	97.2			2.8	3.1	79.8	61.5	27.2	
14	15.4	19.0	6.6	97.7	6.7	92.1	6.8		3.1		80.9			
15	15.4	19.0	6.6	97.5	6.7	95.9	7.0		3.3	2.8	81.4	63.5	11.9	
16	15.4	18.0	6.6	97.5	6.7	94.1	16.8		3.1		80.1			
17	15.4	18.0					19.3	220						
18	15.5	18.1					13.5							
19	15.4	18.0	6.6	97.5	6.7	96.6	7.1		3.2		79.2			
20	15.4	18.0	6.8	95.2	6.7	97.0	7.0		2.8		80.7			
21	15.4	18.0	6.6	97.2	6.7	97.0	15.5		2.8		81.5			
22	15.4	18.0	6.6	97.7	6.7	96.3	13.1		3.0		79.7			
23	15.4	18.0	6.6	97.3	6.7	94.3	9.8		2.9		80.3			
24	15.4	18.0					12.7	251						
25	15.4	18.0					11.3							
26	15.4	18.0	6.6	97.3	6.7	97.0	6.6		2.7		81.8			
27	15.5	18.0	6.6	97.5	6.7	96.3	16.7		3.2		80.1			
28	15.4	18.0	6.6	97.3	6.7	96.8			2.9	3.1	76.0	60.5	18.1	
29	15.4	18.1	6.6	97.5	6.7	96.8			2.9	3.2	78.2	61.4	19.4	
30	15.4	18.0	6.6	97.3	6.7	97.0	7.8		3.1	3.1	79.7	61.6	16.2	
31	15.4	18.0					14.8	220						
Avg.	15.4	18.7	6.6	97.3	6.7	96.3	12.0	235	3.0	3.0	79.9	61.8	19.6	
Max.	16.7	20.1	6.8	97.7	6.8	97.5	24.4	257	3.3	3.2	81.8	63.5	27.2	
Min.	15.4	18.0	6.6	95.2	6.7	92.1	2.0	220	2.7	2.8	76.0	60.5	11.9	
Data	31	31	22	22	22	22	26	5	22	8	22	8	8	

Once completed, this form should be converted to a pdf document, named appropriately and attached to the corresponding netDMR for submittal.

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton**			**Page 1 of 2**	**Permit Number:** **22578**
Facility:	**Fritz Dietrich Environmental Control Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period	**August**	**2019**		**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**	**Measured/Metered (M) or Estimated (E) must be specified**	

WWTP Influent Data			**Precipitation Data**					**CSO Outfall No. 101**						**CSO Outfall No. [#]**					
Day of Month	**Average Daily Flow (MGD)**	**Peak Hourly Flow (MGD)**	**Time Precip. Began (am/pm)**	**Precip. Duration (Hours)**	**Total Daily Precip. (Inches)**	**Peak Intensity (Inch/hr)**	**Measurement Interval (hr, 30 m, 15 m)**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**	**Time Discharge Began**	**M or E**	**Event Duration (Hours)**	**M or E**	**Event Discharge (MG)**	**M or E**
1	2.30	2.30																	
2	2.20	2.10																	
3	2.50	2.80																	
4	2.30	2.70																	
5	2.60	2.70																	
6	2.20	2.30	5:15a	0.75	0.03	0.01	15 min												
7	2.40	2.50																	
8	2.40	2.30	1:45a	0.75	0.10	0.04	15 min												
9	2.30	2.30																	
10	2.70	2.40																	
11	2.40	2.40																	
12	2.50	2.30	4:15p	2.75	0.25	0.03	15 min												
13	2.30	2.40	1:30a	0.50	0.04	0.01	15 min												
14	2.20	2.20																	
15	2.50	2.10																	
16	1.90	2.30																	
17	2.20	2.40	7:15a	0.50	0.03	0.01	15 min												
18	2.60	2.70	7:45 AM	1.50	0.41	0.10	15 min												
19	2.00	1.90																	
20	1.90	1.90	1:15p	1.30	0.20	0.04	15 min												
21	2.40	3.00	6:15a	0.25	0.01	0.01	15 min												
22	2.40	2.50																	
23	2.10	2.30																	
24	2.20	2.40																	
25	2.40	2.40																	
26	2.50	2.70	6:30a	2.50	0.30	0.05	15 min												
27	2.30	2.40																	
28	2.20	2.10																	
29	2.20	2.10																	
30	1.80	1.90																	
31	1.80	2.10	6:00a	0.75	0.03	0.01	15 min												
Totals:	70.70			11.55	1.40			0	Days	0.00		0		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	**Telephone**
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	**Date *(mm/dd/yy)***
David E. Ryan	09/16/19

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton**			**Page:** **2 of 2**	**Permit Number:** **22578**
Facility:	**Fritz Dietrich Environmental Control Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period August	**2019**			**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	There were no CSO events in August 2019
2	
3	
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31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	09/16/19

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** CLASS IV, 4.6 MGD MAIN WWTP OUTFALL		
Report Dates & Status					
Monitoring Period:	**From 09/01/19 to 09/30/19**	**DMR Due Date:**	**10/28/19**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
SUBMIT SPECIAL REPORTS AS PER PART1.D., PART 111, AND ATTACHMENT A OF THE PERMIT. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	Dave	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	2	--	Sample						=	8.7					19 - mg/L		05/WK - Five Per Week	G2 - GRAB-2
					Permit Req.						>=	7 DLYAVMIN					19 - mg/L	0	05/WK - Five Per Week	G2 - GRAB-2
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.3			=	7.5	12 - SU		05/WK - Five Per Week	GR - GRAB
					Permit Req.						>=	6 DAILY MN			<=	9 DAILY MX	12 - SU	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	1	--	Sample	=	102.5	=	83.3	26 - lb/d			=	4.6	=	4.7	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	691 MO AVG	<=	1036.4 MX WK AV	26 - lb/d			<=	18 MO AVG	<=	27 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	1	--	Sample	=	2	=	4.7	26 - lb/d			=	0.1	=	0.1	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	60.3 MO AVG	<=	140.1 DAILY MX	26 - lb/d			<=	1.57 MO AVG	<=	3.65 DAILY MX	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								=	0.7			19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.								<=	1 MO AVG			19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	2.446	=	2.859	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG		Req Mon MX WK AV	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
51041	E. coli, colony forming units [CFU]	1 - Effluent Gross	0	--	Sample								=	5	=	34	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.								<=	125 MO GEO	<=	235 DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51041	E. coli, colony forming units [CFU]	Y - Effluent Gross (Supplementary)	0	--	Sample										=	34	3Z - CFU/100mL		05/WK - Five Per Week	GR - GRAB
					Permit Req.											Opt Mon DAILY MX	3Z - CFU/100mL	0	05/WK - Five Per Week	GR - GRAB
					Value NODI															
51484	Number of Events	Y - Effluent Gross (Supplementary)	0	--	Sample			=	21	5J - #					=	0	4X - # exceed		01/30 - Monthly	RT - RCOTOT
					Permit Req.				Opt Mon MO TOTAL	5J - #						Opt Mon MO TOTAL	4X - # exceed	0	01/30 - Monthly	RT - RCOTOT
					Value NODI															
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	1	--	Sample	=	31	=	36	26 - lb/d			=	2	=	2	19 - mg/L		05/WK - Five Per Week	24 - COMP24
					Permit Req.	<=	575.8 MO AVG	<=	882.9 MX WK AV	26 - lb/d			<=	15 MO AVG	<=	23 MX WK AV	19 - mg/L	0	05/WK - Five Per Week	24 - COMP24
					Value NODI															
80091	BOD, carb-5 day, 20 deg C, percent removal	K - Percent Removal	0	--	Sample						=	99					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81011	Solids, suspended percent removal	K - Percent Removal	0	--	Sample						=	98.3					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	85 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
81012	Phosphorus, total percent removal	K - Percent Removal	0	--	Sample						=	88.5					23 - %		05/WK - Five Per Week	CA - CALCTD
					Permit Req.						>=	65 MO AV MN					23 - %	0	05/WK - Five Per Week	CA - CALCTD
					Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample			=	73.379	80 - Mgal/mo									01/30 - Monthly	RT - RCOTOT
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo								0	01/30 - Monthly	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_001A_MRO_2019_09.pdf	pdf	216099

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2019-10-10 14:49 (Time Zone: -04:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-10-23 16:56 (Time Zone: -04:00)

DMR Copy of Record

Permit					
Permit #:	**IN0022578**	**Permittee:**	CHESTERTON WWTP, TOWN OF	**Facility:**	CHESTERTON WWTP
Major:	Yes	**Permittee Address:**	300 LEAGUE LN PORTER, IN 46304	**Facility Location:**	220 BROADWAY CHESTERTON, IN 46304
Permitted Feature:	101 External Outfall	**Discharge:**	**101-C** CSO- OVERFLOW AT THE WWTP		
Report Dates & Status					
Monitoring Period:	**From 09/01/19 to 09/30/19**	**DMR Due Date:**	**10/28/19**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
CSO RECEIVING WATER: EAST BRANCH OF THE LITTLE CALUMET RIVER. MUNICIPAL MAJOR PORTER COUNTY					
Principal Executive Officer					
First Name:	Dave	**Title:**	Superintendent	**Telephone:**	219-926-1032
Last Name:	Ryan				
No Data Indicator (NODI)					
Form NODI:	--				

Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
50037	Duration	EG - Effluent Gross	0	--	Sample											3.1	82 - hr/mo		WH/DS - When Discharging	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	82 - hr/mo	0	WH/DS - When Discharging	RT - RCOTOT
					Value NODI															
74063	Overflow volume [SS0 volume, CSO volume]	EG - Effluent Gross	0	--	Sample										=	0.053	3R - Mgal		AL/EV - All Events	ES - ESTIMA
					Permit Req.											Req Mon MO TOTAL	3R - Mgal	0	AL/EV - All Events	ES - ESTIMA
					Value NODI															
78887	Precipitation, monthly accumulation	EG - Effluent Gross	0	--	Sample										=	8.19	5W - in/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	5W - in/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															
84165	Discharge event observation [Visual Monitoring]	EG - Effluent Gross	0	--	Sample											1	93 - occur/mo		AL/EV - All Events	RT - RCOTOT
					Permit Req.											Req Mon MO TOTAL	93 - occur/mo	0	AL/EV - All Events	RT - RCOTOT
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
IN0022578_101C_CSO_2019_09.pdf	pdf	69947

Report Last Saved By

CHESTERTON WWTP, TOWN OF

User:	jelliott@chestertonin.org
Name:	jodi elliott
E-Mail:	jelliott@chestertonin.org
Date/Time:	2019-12-03 10:48 (Time Zone: -05:00)

Report Last Signed By

User:	dryan@chestertonin.org
Name:	David Ryan
E-Mail:	dryan@chestertonin.org
Date/Time:	2019-12-03 10:59 (Time Zone: -05:00)

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility		Permit Number	
Chesterton Utility		IN0022578	
Month	**Year**	**Plant Design Flow**	**Telephone Number**
September	2019	4.6 mgd	219-926-1032
E-mail address:	dryan@chestertonin.org		
Certified Operator: Name		**Class**	**Certificate Number** / **Expiration Date**
William M. Williams		IV	WW019285 / 6/30/2020

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature (optional)	Total= 8.19 Precipitation - Inches	Bypass At Plant Site ("X" If Occurred)	Collection System Overflow ("X" If Occurred)	CHEMICALS USED	Ferrous Chloride Gal/Day		RAW SEWAGE Influent Flow Rate (if metered) MGD	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l	
1	Sun			0.17				150		2.134		230	4093.4	339	6033.4	6.2	22.9	
2	Mon			0.00				150		2.204	7.5	194	3566	273	5018.1	5.6	18.4	
3	Tue			0.18				150		2.186	7.4	154	2807.6	218	3974.4	5.9	23.2	
4	Wed			0.00				150		2.161	7.5	179	3226.1	240	4325.5	5.7	22.4	
5	Thu			0.00				150		2.139	7.3	163	2907.8	252	4495.5	6.0	24.2	
6	Fri			0.00				150		2.137	7.3							
7	Sat			0.00				150		2.088								
8	Sun			0.01				150		2.136		164	2921.5	253	4507	6.4	22.9	
9	Mon			0.01				150		2.109	7.4	157	2761.5	253	4450	6.6	21.2	
10	Tue			0.00				150		2.122	7.4	160	2831.6	286	5061.5	6.7	25.2	
11	Wed			0.00				140		2.137	7.4	153	2726.9	302	5382.4	7.3	22.8	
12	Thu			0.81				140		2.316	7.3	141	2723.5	374	7224	7.7	23.9	
13	Fri			0.43				150		2.372	7.3							
14	Sat			0.00				150		2.136								
15	Sun			0.68				150		2.560		180	3843.1	241	5145.4	5.7	21.6	
16	Mon			0.00				150		2.288	7.4	168	3205.8	283	5400.2	4.6	21.7	
17	Tue			0.00				150		2.137	7.5	190	3386.3	313	5578.5	7.4	23.5	
18	Wed			0.00				150		2.235	7.4	167	3112.9	257	4790.5	6.0	22.1	
19	Thu			0.00				150		2.177	7.4	167	3032.1	288	5229	6.6	28.3	
20	Fri			0.00				150		2.142	7.5							
21	Sat			0.07				150		2.108								
22	Sun			0.64				150		2.388		204	4062.8	293	5835.4	6.1	22.3	
23	Mon			0.01				150		2.211	7.5	121	2231.2	234	4314.9	6.2	23.4	
24	Tue			0.00				150		2.252	7.4	126	2366.5	345	6479.7	9.4	21.8	
25	Wed			0.00				190		2.147	7.4	158	2829.1	201	3599.1	5.5	21.6	
26	Thu			0.00				150		2.195	7.2	173	3167	211	3862.6	5.8	26.0	
27	Fri			3.45	X			165		4.352	7.4							
28	Sat			0.40				210		5.082								
29	Sun			1.33				190		5.740		79	3781.9	128	6127.6	3.7	12.0	
30	Mon			0.00				190		3.470	7.5	156	4514.6	393	11373	6.7	11.1	
Average				0.27				156		2.529	7.4	163	3186.3	272	5373.1	6.3	21.9	
Maximum				3.45				210		5.740	7.5	230	4514.6	393	11373	9.4	28.3	
Minimum				0.00				140		2.088	7.2	79	2231.2	128	3599.1	3.7	11.1	
No. of Data				30	1	0		30		30	21	22	22	22	22	22	22	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Prepared by or under the direction of (Certified Operator): William M. Williams — Date *(month, day, year)*: 10/23/2019

Signature of principal executive officer or authorized agent (or attested by NetDMR subscriber agreement): David E. Ryan — Date *(month, day, year)*: 10/23/2019

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	September	2019

	PRIMARY EFFLUENT		AERATION							SECONDARY EFFLUENT		FINAL EFFLUENT						
			MIXED LIQUOR					RETURN SLUDGE										
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Temperature - F	Volume - MG	Susp. Solids - mg/l	CBOD5 - mg/l	Susp. Solids - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH - daily low (or single sample)	pH - daily high (if multiple samples)	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1	88	80						1.82										0.7
2	87	91						1.81						2	7.4		8.9	0.6
3	67	51	18	2953	61	5.0		1.90	7930					15	7.4		8.8	0.7
4	70	63	20	3299	61	4.9		1.91	6686					2	7.4		9.1	0.6
5	69	54	20	3278	61	5.2		1.93	6610					6	7.4		9.0	0.7
6			21	3364	62	5.4		1.89	6910					4	7.4		9.1	
7								1.85										
8	79	51						1.82										0.7
9	69	75	20	3212	62	5.2		1.81	6360					1	7.4		9.0	0.7
10	63	48	20	3207	62	5.3		1.83	6610					4	7.5		8.8	0.7
11	65	67	22	3561	62	5.0		1.93	8140					3	7.3		8.7	0.7
12	63	75	24	3866	62	4.8		1.88	7945					2	7.4		8.8	0.8
13			21	3538	59	4.8		1.89	8870					1	7.3		8.8	
14								1.92										
15	88	78						1.91										0.8
16	64	71	21	3573	59	4.5		1.90	6820					7	7.3		9.0	0.7
17	64	45	24	3848	62	4.7		1.92	7520					7	7.4		8.7	0.7
18	70	43	22	3532	62	4.8		1.90	6870					3	7.3		8.8	0.7
19	61	37	20	3297	61	5.2		1.88	6905					7	7.3		8.8	0.7
20			20	3474	58	5.2		1.87	7025					2	7.3		8.7	
21								1.85										
22	86	57						1.86										0.9
23	58	39	20	3467	58	5.2		1.89	7050					6	7.3		8.8	0.8
24	55	37	21	3653	57	5.7		1.87	7525					34	7.3		9.0	0.8
25	72	50	19	3245	59	6.0		1.92	7380					9	7.3		8.9	0.7
26	75	54	19	3340	57	5.6		1.90	6730					7	7.4		9.1	0.7
27			19	3327	57	4.8		2.01	5220					14	7.4		9.1	
28								2.10										
29	34	43						2.11										0.8
30	34	38	20	3603	56	5.9		2.01	8375					11	7.4		9.2	0.6
Avg.	67	57	21	3432	60	5.2		1.90	7174					5	7.4		8.9	0.7
Max.	88	91	24	3866	62	6.0		2.11	8870					34	7.5		9.2	0.9
Min.	34	37	18	2953	56	4.5		1.81	5220					1	7.3		8.7	0.6
Daily Max														34				
# of Days above 235														0				
Data	22	22	20	20	20	20	0	30	20					21	21		21	22

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	September	2019

FINAL EFFLUENT

Day Of Month	Day of Week	Flow		BOD				Total Suspended Solids				Ammonia				Other	
		Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average	Oil & Grease (mg/l)	
1	Sun	2.070		1		17		2.8		48.4		0.1		1.7			
2	Mon	2.139		1		18		3.7		66.0		0.1		1.8			
3	Tue	2.124		2		35		6.7		118.8		0.1		1.8			
4	Wed	2.087		2		35		3.2		55.7		0.1		1.7			
5	Thu	2.067		2		34		3.5		60.4		0.1		1.7			
6	Fri	2.078															
7	Sat	2.012	2.082		2		28		4.0		69.9		0.1		1.8		
8	Sun	2.057		2		34		3.7		63.5		0.1		1.7			
9	Mon	2.031		1		17		4.7		79.7		0.1		1.7			
10	Tue	2.239		1		19		2.6		48.6		0.1		1.9			
11	Wed	2.090		1		17		3.2		55.8		0.1		1.7			
12	Thu	2.004		2		33		5.7		95.3		0.1		1.7			
13	Fri	2.302															
14	Sat	2.051	2.111		1		24		4.0		68.6		0.1		1.7		
15	Sun	2.495		2		42		3.7		77.0		0.1		2.1			
16	Mon	2.417		2		40		3.7		74.6		0.1		2.0			
17	Tue	1.954		2		33		2.9		47.3		0.1		1.6			
18	Wed	1.959		2		33		3.6		58.9		0.1		1.6			
19	Thu	2.091		2		35		2.5		43.6		0.1		1.7			
20	Fri	2.054															
21	Sat	2.024	2.142		2		36		3.3		60.3		0.1		1.8		
22	Sun	2.313		2		39		4.0		77.2		0.1		1.9			
23	Mon	2.347		1		20		4.7		92.1		0.1		2.0			
24	Tue	1.952		1		16		4.1		66.8		0.1		1.6			
25	Wed	2.015		2		34		5.3		89.1		0.1		1.7			
26	Thu	2.107		1		18		5.2		91.4		0.1		1.8			
27	Fri	4.247															
28	Sat	5.032	2.859		1		25		4.7		83.3		0.1		1.8		
29	Sun	5.638		2		94		12.5		588.1		0.1		4.7			
30	Mon	3.383		1		28		9.1		256.9		0.1		2.8			
Avg		2.446		2		31		4.6		102.5		0.1		2.0			
Max		5.638	2.859	2	2	94	36	12.5	4.7	588.1	83.3	0.1	0.1	4.7	1.8		
Min		1.952	2.082	1	1	16	24	2.5	3.3	43.6	60.3	0.1	0.1	1.6	1.7		
Data		30	4	22	4	22	4	22	4	22	4	22	4	22	4		

MONTHLY REMOVAL SUMMARY

Percent Removal	BOD5	S.S.	Ammonia	Phosphorus
Primary Treatment	58.7	79.1		
	NA	NA		
Secondary Treatment	97.6	91.9		
Overall Treatment	99.0	98.3	99.5	88.5

Phosphorus limit would be 1 mg/l. (compliance achieved)

Total Monthly Flow: (million gallons) 73.379

Percent Capacity (actual flow/design) 53%

MONTHLY REPORT OF OPERATION
ACTIVATED SLUDGE TYPE WASTEWATER
TREATMENT PLANT - STANDARD

State Form 53463 (R4 / 12-18)

Name of Facility	Permit Number	For Month Of:	Year
Chesterton Utility	IN0022578	September	2019

	SLUDGE TO DIGESTER		DIGESTER OPERATION											
			EAST AND WEST											
Day Of Month	Primary Sludge Gal. x 1000	Waste Act. Sludge Gal. x 1000	pH	Temperature - F	pH	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD mg/l or NH3-N mg/l	Total Solids in Incoming Sludge %	Total Solids in Digested Sludge %	Volatile Solids in Incoming Sludge %	Volatile Solids in Digested Sludge %	Digested Sludge withdrawn hrs of gal. x 1000	
1	15.4	18.1					17.8							
2	15.4	18.1					8.3							
3	15.4	18.0	6.6	96.6	6.7	96.4	6.0		2.8	3.2	81.4	61.7	5.6	
4	15.4	18.1	6.6	97.7	6.7	97.3			2.8	3.1	81.1	63.8	24.2	
5	15.4	18.0	6.6	96.8	6.7	97.0			2.8	3.0	79.3	62.2	24.0	
6	15.4	18.1	6.6	96.6	6.7	96.1	6.3		2.9		80.3			
7	15.4	18.0					31.4	232						
8	15.4	18.0					12.9							
9	15.4	18.0	6.6	97.3	6.7	96.4			2.5		81.6			
10	15.4	18.1	6.6	97.0	6.7	97.2			3.0	3.0	80.2	62.2	27.6	
11	15.4	18.0	6.6	97.7	6.6	97.2	8.0		3.0		77.6			
12	15.4	18.0	6.6	97.5	6.7	96.4	1.4		2.9	2.7	76.4	63.6		
13	15.4	19.1	6.6	96.6	6.7	96.8	13.8		4.1		71.5			
14	15.4	19.1					25.3	247						
15	15.4	19.0					16.6							
16	15.4	20.1	6.6	96.6	6.7	97.0			3.0	2.8	79.0	63.2	19.4	
17	15.4	20.0	6.7	96.3	6.7	97.5			3.0		70.7			
18	15.4	20.0	6.7	96.1	6.7	97.2	11.0		3.0		75.0			
19	15.4	20.0	6.7	96.4	6.7	95.9	2.2		3.0	2.7	77.2	62.6	27.1	
20	15.4	21.1	6.7	97.2	6.7	97.2	12.0		2.9		80.2			
21	15.4	21.1					26.5	236						
22	15.4	21.1					19.8							
23	15.4	22.1	6.7	97.0	6.8	96.6			3.2	2.7	77.4	63.0	22.0	
24	15.4	22.0	6.7	97.2	6.8	96.6			3.5		70.3			
25	15.4	22.0	6.7	96.8	6.7	97.7	9.4		3.3		71.0			
26	15.4	22.1	6.7	96.8	6.8	96.8	1.5		3.0	2.7	75.3	62.6	27.4	
27	15.4	22.1	6.7	96.6	6.8	97.3	8.2		3.2		75.7			
28	15.4	22.0												
29	15.4	22.0					8.7							
30	16.7	23.0	6.7	97.0	6.7	97.7	9.3		4.3		67.4			
Avg.	15.4	19.8	6.7	96.9	6.7	96.9	12.2	238	3.1	2.9	76.4	62.8	22.2	
Max.	16.7	23.0	6.7	97.7	6.8	97.7	31.4	247	4.3	3.2	81.6	63.8	27.6	
Min.	15.4	18.0	6.6	96.1	6.6	95.9	1.4	232	2.5	2.7	67.4	61.7	5.6	
Data	30	30	20	20	20	20	21	3	20	9	20	9	8	

Once completed, this form should be converted to a pdf document, named appropriately and attached to the corresponding netDMR for submittal.

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	Chesterton, IN				Page 1 of 2		Permit Number:	IN0022578
Facility:	Fritz Dietrich Environmental Controll Facility						Public Notification Requirements Met?	Y
Monitoring Period	September	2019					Check box if no CSO discharge occurred for the month:	☐
Design Peak Hourly Flow (MGD):	10	Design Average Flow (MGD):	4.6		Measured/Metered (M) or Estimated (E) must be specified			

WWTP Influent Data			Precipitation Data					CSO Outfall No. 001						CSO Outfall No. [#]					
Day of Month	Average Daily Flow (MGD)	Peak Hourly Flow (MGD)	Time Precip. Began (am/pm)	Precip. Duration (Hours)	Total Daily Precip. (Inches)	Peak Intensity (Inch/hr)	Measurement Interval (hr, 30 m, 15 m)	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E	Time Discharge Began	M or E	Event Duration (Hours)	M or E	Event Discharge (MG)	M or E
1	1.90	1.90	1:30a	2.50	0.17	0.02	15 min												
2	2.00	2.30																	
3	2.20	2.20	8:00a	1.50	0.18	0.02	15 min												
4	2.00	2.00																	
5	2.10	2.40																	
6	2.20	2.30																	
7	2.00	2.20																	
8	2.00	2.20	1:15p	0.25	0.01	0.01	15 min												
9	1.90	2.00	4:45a	0.25	0.01	0.01	15 min												
10	2.00	2.20																	
11	2.20	2.20																	
12	2.30	5.10	12:00a	2.50	0.81	0.25	15 min												
13	1.50	3.50	6:15a	0.75	0.43	0.20	15 min												
14	2.40	2.20																	
15	2.40	3.00	1:45a	4.25	0.68	0.03	15 min												
16	2.20	2.30																	
17	2.10	2.20																	
18	2.50	2.50																	
19	2.30	2.30																	
20	2.10	2.20																	
21	2.10	2.20	5:30p	0.75	0.07	0.03	15 min												
22	2.40	2.90	1:30a	4.00	0.64	0.09	15 min												
23	2.30	2.10	12:00a	0.25	0.01	0.01	15 min												
24	2.20	2.30																	
25	2.20	2.20																	
26	2.30	2.30																	
27	4.80	11.80	11:45a	11.00	3.45	0.22	15 min	8:53p	m	3.10	m	0.053	m						
28	4.70	8.90	12:00a	5.75	0.40	0.02	15 min												
29	6.20	10.30	4:15a	4.75	1.33	0.18	15 min												
30	3.50	4.40																	
31																			
Totals:	75.00			38.50	8.19			1	Days	3.10		0.053		0	Days	0.00		0	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	10/23/19

National Pollutant Discharge Elimination System (NPDES)
CSO Monthly Report of Operation (CSO MRO)
State Form 50546 (R3 / 7-13)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

City:	**Chesterton, IN**			**Page:** **2 of 2**	**Permit Number:** **IN0022578**
Facility:	**Fritz Dietrich Environmental Controll Facility**			**Public Notification Requirements Met?**	**Y**
Monitoring Period September	**2019**			**Check box if no CSO discharge occurred for the month:**	☑
Design Peak Hourly Flow (MGD):	**10**	**Design Average Flow (MGD):**	**4.6**		

Day of Month	Comments (further explanation as to why each CSO event occurred)
1	
2	
3	
4	
5	
6	
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26	
27	motor controlled sluice gate for influent flow control was inadvertantly cycling open and closed causing water to go over overflow wall.
28	
29	
30	
31	

Typed or Printed Name and Title of Principal Executive Officer or Authorized Agent	Telephone
David E. Ryan	219-926-1032

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Signature of Principal Executive Officer or Authorized Agent	Date *(mm/dd/yy)*
David E. Ryan	10/23/19